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**From Impartiality to Humanitarian Triage:  
An Ethnography of Three Non-Governmental  
Projects in Pakistan**

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Thesis submitted for the degree of PhD in Development Studies  
2015

Department of Development Studies  
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## Abstract

This thesis explores humanitarian actors' practices of triage implemented in the name of *impartiality*, one of the moral principles they consider as being at the core of their action. It does so through the ethnography of three international NGOs' ongoing projects in Pakistan (2011-2012) using a socio-anthropological approach that considers aid projects as 'arenas' in which actors interact and negotiate their interests.

The dissertation first establishes that the claim to impartiality is ubiquitous in the humanitarian discourse, and presented by practitioners as a self-evident commitment to allocate assistance 'based on needs only', i.e. without discrimination, and proportionally to people's situations. Yet, in practice, given limited resources and environmental constraints, humanitarian organisations have to perform operations of inclusion and exclusion, deciding who will and who will not be helped and of those who will, who takes priority. This is conceptualised in this thesis as *humanitarian triage*.

While aid practitioners describe *humanitarian triage* as an evidence-based and value-free process, scholars argue that the interests and prejudices of aid organisations' personnel, bureaucracies and donor institutions are the primary drivers behind the allocation of humanitarian resources. By unveiling the actors' explicit and implicit assumptions concerning *who* is a 'good victim', and *what* constitutes acceptable resources or environmental constraints, this thesis yet demonstrates that neither sole evidence nor crude institutional interest alone drives humanitarian triage. In practice impartiality is indeed interpreted and translated, first into *policies* and then into *practices* shaped by three main factors: the ability or inability of actors to challenge major internal and external constraints (organisational trajectory, insecurity, donor relationships); the normative assumptions of staff and institutions on what is 'good' for the people they help; and the position aid institutions take about the pervasive and politically blinding exhortation to efficiency.

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## List of abbreviations and acronyms

ALNAP	Active Learning Network for Accountability and Performance
BFO	Breastfeeding Officer
CBO	Community Based Organisation
CFS	Child Friendly Space
CIA	Central Intelligence Agency
DRR	Disaster Risk Reduction
ECHO	European Union Humanitarian Aid and Civil Protection department
ER	Emergency Room
ERRP	Emergency Response and Recovery Program
EU	European Union
FATA	Federally Administered Tribal Areas
FGD	Focus Group Discussion
FRC	Federal Relief Commission
GHD	Good Humanitarian Donorship
GoP	Government of Pakistan
HoM	Head of Mission
HR	human resources
IARA	Inter-Agency Rapid Assessment
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IDP	Internally Displaced Person
INGO	International Non Governmental Organisation
KAP	Knowledge, Aptitude and Practice
KPK	Khyber Pakhtunkhwa
MCH	Mother and Child Health
MEAL	Monitoring, Evaluation, Accountability and Learning
MSF	Médecins Sans Frontières
MSNA	Multi Sector Needs Assessment
NATO	North Atlantic Treaty Organization
NDMA	National Disaster Management Authority
NGO	Non Governmental Organisation
NOC	No Objection Certificate
NWSP	North West Frontier Province
OCA	Operational Centre Amsterdam
OCB	Operational Centre Brussels
OCHA	Office for Coordination of Humanitarian Assistance
OCP	Operational Centre Paris
OECD	Organisation for Economic Co-operation and Development
OFDA	Office for US Foreign Disaster Assistance
PDMA	Provincial Disaster Management Authority
PHED	Public Health Engineering Department
PHF	Pakistan Humanitarian Forum

SCI	Save the Children International
sitrep	situation report
Solidarités	Solidarités International
TLC	Temporary Learning Center
TMA	Tehsil Municipal Administration
TNSM	Tehrik-e-Nifaz-e-Muhammadi
TTP	Tehrik-e-Taliban
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
US	United States (of America)
USAID	US Agency for International Development
WASH	Water Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

## Chapter 1

### Anthropology of humanitarian impartiality: an introduction

“The feeling one has of one’s own utter inadequacy in such extraordinary and solemn circumstances is unspeakable. It is indeed, excessively distressing to realize that you can never do more than help those who are just before you – that you must keep waiting men who are calling out and begging you to come. (...) Then you find yourself asking: ‘why go to the right, when there are all these men on the left who will die without a word of kindness or comfort, without so much as a glass of water to quench their burning thirst?’” (Dunant 1986, 72–73)

#### Introduction

One of the specificities of individuals and organisations acting under the humanitarian banner is to claim to be guided by moral principles. Humanity, impartiality, independence and neutrality are widely considered as “the core principles” of humanitarian action (Barnett and Weiss 2008, 3), serving both as a statement of humanitarian organisations’ “common identity and purpose” and as a “guide for action”.<sup>1</sup>

The interpretation and translation of humanitarian principles into practice have oftentimes divided aid actors and fuelled wider controversies. As illustrated by the debates over the role of the International Committee of the Red Cross (ICRC) during the Second World War and its ‘neutral’ attitude toward the extermination of European Jews (Favez, Fletcher, and Fletcher 1999), most controversies, however, have revolved around the meanings and implications of the principles of neutrality and independence, leaving other principles such as humanity and impartiality critically unexamined. Reflecting a commonly held view in the aid world, Yves Daccord, the general director of the ICRC, argued in 2012 that the one principle unifying humanitarian action was impartiality, “the backbone of the ICRC’s work and the one that distinguishes it from other relief actors”. He insisted that impartiality “remains the core of humanitarian action”, defined as “a commitment to put the needs of the

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<sup>1</sup> <http://www.ifrc.org/who-we-are/vision-and-mission/the-seven-fundamental-principles/>

people at the centre of the response” (Daccord 2012), with the implication not to discriminate against people on the basis of who they are, and of providing an assistance that is proportionate to these ‘needs’. The claim to impartiality or needs-based assistance is explicitly made by other humanitarian aid actors, be it the United Nations (UN) agencies, the 515 non governmental organisations (NGOs) and Red Cross and Crescent societies who are signatories of the International Red Cross and Red Crescent Movement Code of Conduct, or the donor governments that endorsed the *23 Principles and Good Practice of Humanitarian Donorship*.

However, being impartial (assisting people ‘based on their needs only’) is not more self-evident than being neutral or independent as the epigraph of this chapter illustrates. Writing about his experience of the Solferino battlefield after combat, Henry Dunant, one of the founders of the Red Cross Movement, describes a common reality of relief workers of having to prioritise whom to assist when the number of victims overrides the capacity of assistance. Humanitarian resources (financial, human, logistical) are always insufficient to comprehensively meet people’s shortfalls. In practice, in the middle of a disaster or a crisis, means and environment constraints oblige humanitarian organisations to make choices about whom to assist first, if at all.

This reality is usually masked when impartiality is described as the ‘selection’ or ‘targeting’ of people according to their needs: it overshadows those who are *not* selected or targeted in the process of only designating those who *are* included. The rhetoric of impartiality de facto hides the hierarchy of life that is established in the process of assisting people *impartially*, ‘according to their needs’. In fact impartiality is as much a principle of inclusion as a principle of exclusion.

Moreover, ‘needs’ is a hazy notion. While needs theorists like Abraham Maslow (1987) attempted to provide a descriptive framework establishing a hierarchy of needs “transcending local political and cultural differences” (R. Rubenstein 2001, n.p.), Gilbert Rist, for instance, insisted that “the construction of universal or transcultural norms constitutes an aberration”: “men are never alone and are born in societies that in a way dictates their ‘needs’”<sup>2</sup> (Rist 2007, 273).

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<sup>2</sup> My translation.

Assessing needs is not a neutral exercise, but conveys the value system of those evaluating them. In the same vein, Jean-Pierre Olivier de Sardan describes how aid actors in the development arena frequently identify needs as precisely whatever it is that they are equipped to deliver. An organisation is tempted not to recognise a 'need' unless it fits with what it can actually supply. On the other hand, people declaring their needs know all too well that if they ask for something the organisation cannot provide they are very likely to get nothing (Olivier de Sardan 2005, 85–86). The notion of need is indeed intrinsically relational; it is contingent on who is formulating and who is appraising it. The purpose of my dissertation is therefore to describe and analyse, through field ethnography, the practices of *triage* conducted in the name of *impartiality* by three international humanitarian NGOs working in Pakistan between 2011 and 2012.

The expression "humanitarian triage", coined by Peter Redfield in reference to "the medical tradition of prioritization in crisis settings" (Redfield 2008b, 197), appears indeed more appropriate to account for the hierarchies humanitarians create among people and situations in the name of 'needs' and 'impartiality'. Originating from the medical field, where it designates the process of determining the order and priority of treatment for patients when resources or conditions do not allow treating them all, the notion of triage provides arguably a heuristic concept to analyse the practices of impartiality by humanitarian actors. As commented by Lachenal et al.,

As a both indispensable and unbearable medical act (...) sorting manifests the brutal and common fact that all lives do not have the same value. (...) Instead of being outraged, there is a need to take the sorting practices seriously, their strengths and weaknesses; to describe the context in which they take place; to study their logics and tools; to question their values and to measure what room for manoeuvre its subjects, doctors and patients have. (Lachenal, Lefève, and Nguyen 2014b, 3)<sup>3</sup>

The notion of triage invites us to look at the practices of impartiality (assisting people according to their needs), from the points of view of their encompassed *promise of fairness*, of their *sorting logics* governing micro and macro allocation of resources,

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<sup>3</sup> My translation.

and of the situation of *scarcity* of resources that makes the recourse to triage a necessity in the first place.

Lachenal et al. argue that triage is “*the ethical paradigm of contemporary medicine, whose problems, debates and language now seem natural and ordinary, but whose extraordinary normative presuppositions remain to be critically examined*”<sup>4</sup> (Lachenal, Lefève, and Nguyen 2014b, 22 [emphasis added] ). I contend that impartiality (or *humanitarian triage*) is *the ethical paradigm of humanitarian assistance, which can be studied through the ethnography of humanitarian triage practices.*

In line with Didier Fassin’s work on moral anthropology, I intend to apprehend humanitarian actors’ morality “in acts and discourses to understand what men and women do which they consider to be moral or good or right or generous” (Fassin 2012, 6). Using primarily the methodology and concepts developed by the socio-anthropology of development, as well as by the sociology of medical triage, this study considers what is a *fair* allocation of resources for three humanitarian organisations working in Pakistan. Second, it identifies and analyses for each of them *the sorting logics*, i.e. the “lines of coherence” (Olivier de Sardan 1995, 127) influencing who is assisted, with what priority and how, at the *macro* and at the *micro* level depending on the scope of their impact. Third, the situation of scarcity that constrains action and hence triggers the process of *humanitarian triage* in each project is identified and analysed. The main research questions are: What rhetoric do aid workers mobilise to justify who will be assisted and, of those, in what priority and how? Which daily practices of aid workers contribute to the sorting mechanisms identified and how? In particular, how do they explicitly assess ‘priority needs’? How do they define, produce and use quantitative and qualitative ‘evidence’? Which internal and external resources and environmental constraints weigh on triage practices? How are these constraints considered, accepted, and challenged by aid workers? To what extent does the relationship each organisation has with the other actors of the humanitarian arena and the vision it has of its social role influence its practice of triage? To what extent do people’s representations, beliefs and practices come

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<sup>4</sup> My translation.

together to form humanitarian macro and micro *sorting logics*? What are the politics underpinning these *sorting logics*?

My study shows that while aid practitioners and experts describe *humanitarian triage* as a value-free process, they rely on a series of implicit and explicit normative assumptions on who is a 'good victim', as well as on what represents an acceptable resource or environmental constraint. It illustrates the variety of internal and external social dynamics framing humanitarian *sorting logics*, as well as the diversity of triage ethics and policies that can result from them. Demonstrating the heuristic value of ethnographies of aid bureaucracies, my study challenges the positivist view of impartiality as an apolitical 'guide for action' while underscoring the need for public deliberation on the pros and cons of various policies of impartiality.

My research focuses on humanitarian actors and not on those at the recipient end of assistance for practical as well as analytical reasons. First, a study of recipients would have realistically required more time than I had to conduct ethnographic research, as well as several language skills to engage with the lives of those affected by floods and conflict. Second, humanitarian impartiality exists essentially in the discourse of humanitarian actors; therefore my research is focused on how some of *their* practices embody *their* idea of impartiality. As often as possible I met and talked to those they called the 'beneficiaries'. I used these encounters the same way I met with donors or Pakistani authorities, as pieces that contributed to my ethnographic work centred on the International NGOs (INGOs). Studying how those at the recipient end perceive<sup>5</sup> INGOs' *humanitarian triage* would constitute a whole other research endeavour.

This introductory chapter continues, first, with a section explaining how, as an ex-humanitarian practitioner, I came to this research. I describe how my practical field experience incited me to engage in an anthropological research path exploring the diversity of aid policies and practices masked by the lofty rhetoric of principles. Second, I clarify how I delineated my ethnographic field research. I explain why the projects run in Pakistan by three INGOs, each with a different relationship to the aid

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<sup>5</sup> For more on the perception of those at the recipient end of humanitarian projects see Abu-Sada (2012) and Anderson et al. (2012).

system, represent a relevant object to conduct an anthropology of *humanitarian triage*. In the third and fourth sections, I justify the use of an anthropological methodology. I describe how, in the field, I used the methodological approach developed by the socio-anthropology of development to follow the thread on three ongoing projects through a seven month ethnographic immersion in the daily life of aid workers of three INGOs in Pakistan between October 2011 and August 2012. I then explain how the concepts of projects as ‘arenas’ in which actors interact and negotiate their interests, and in which ‘logics’ of *humanitarian triage* can be analysed helped me to make sense of my ethnographic observations once back from the field. The last section presents the outline of the dissertation.

## **The path to research**

### **Experience as a practitioner**

For five years, I was a humanitarian practitioner. I started in 2005 as an intern for nine months at the head office of the international non-governmental organisation (NGO), Solidarités International in Paris, became a finance and human resource officer (and coordinator) in Sri Lanka in 2006 and then a ‘flying’ finance manager in 2007 travelling to various countries in Asia and Africa to end up in 2008 as a regional director of programmes for Asia based in Paris, a position I left to start this research in 2010.

The relatively small size of the INGO I worked for gave me the opportunity to do a bit of everything very early on and this first experience showed me the wide range of considerations that humanitarian practitioners face on a daily basis. Even as an intern I was in direct contact with teams in the field, supporting them in getting what they needed from the head office. I was like their internal ‘lobbyist’ in Paris, making sure that their requests were not forgotten because of all the other requests coming from other countries. Together with the Asia desk manager, I attended long meetings with the human resources department about which profile or candidate would fit best the dynamic of the team on each field base. We received emails and weekly reports detailing field constraints as various as issues with the landlord of the office or unexpected technical issues concerning the drilling of wells. I could see that

maintaining a good relationship with institutional donors was as important as the quality of the project proposal we were submitting to them. In parallel, there were important discussions with country directors about how long we should consider the aftermath of the December 2004 tsunami to be an 'emergency' response phase, and whether we should become involved in a longer term response or find another actor that would take over our activities. I worked almost night and day to adapt to the field rhythm, but I lacked the first hand experience of it.

I was hired in 2006 as a field administrator and sent to the east coast of Sri Lanka, where activities to facilitate post-tsunami access to water projects were still being implemented a year and a half after the disaster. This was my first experience of what I initially perceived to be a 'humanitarian bubble' abroad, i.e. the ensemble of international actors revolving around humanitarian assistance. I was in Sri Lanka, apart from the people with whom I was working directly, all were connected to the international relief apparatus, and it felt like the specificities of the Sri Lankan context were more like a blurry backdrop: I had Sri Lankan colleagues, and was eating Sri Lankan food but we were speaking English and our relationship was framed by our respective responsibilities in the project implementation: to me they were accountants, logisticians and water engineers before being Sri Lankans, not to mention their Muslim or Sinhalese identity. Compared to my professional responsibilities for managing humanitarian finances and accounting, and human resources, knowing about Sri Lanka appeared to me as less of a priority. It was different for more senior colleagues, and also later on for me. My perspective on things changed on August, 4<sup>th</sup> 2006 when seventeen Sri Lankan staff of Action Against Hunger were killed in the office of the organisation a few kilometres north of where we were based (BBC News 2013). This event pulled me out of the 'bubble' and made me begin to think more about Sri Lanka, its recent history, its social and political tensions and its political crisis.

After nine months in Sri Lanka, I became a member of the newly created 'emergency response cell'. I was still an administrator, but had to develop a lot of other competencies different from the ones I had learnt so far, as we were five persons managing at least two or three country responses at the same time. I flew from one emergency to the other, stayed only for short periods in countries where in

most places Solidarités<sup>6</sup> did not yet have an office. Our job was to set up an office and launch an emergency response in these countries where a disaster or a surge of hostilities had just happened. In little more than a year I had worked in Kenya, Central African Republic, Democratic Republic of Congo and Bangladesh and supported projects from a distance in Somalia and Southern Sudan. These ‘missions’ were essentially a matter of action and reactivity. The projects we designed were mostly short-term ‘relief’ projects, following a ‘fire brigade model’.

I was asked to replace the head of this emergency response team when he left. I accepted, but decided after a few months that I preferred a position that would oversee the implementation of projects and not only launch them. As the Asia desk manager I was responsible for programmes in Afghanistan, Bangladesh, Thailand, Myanmar, and later Pakistan.<sup>7</sup> This position allowed me to take a step back, to spend less time in the field and hence have a slightly more distanced analysis of humanitarian action. These two years were the longest period I spent without changing my job position,<sup>8</sup> and I used them to work on strategic overviews of our presence in Asia: questions revolving around relevance and the added value of our action, or around the negotiation of access to ‘the beneficiaries’ with national and local authorities, as well as with other non state actors, and institutional donors. I faced constraints related to the life of the organisation: internal organisational dynamics, work style, structural issues etc. I felt quite distinctly that I lacked the time to step back and think critically.

### **The principles of humanitarian action: from system level analyses to studies from the actors’ perspective**

I was asked to contribute to the five-year strategy of the organisation. I delved into readings about humanitarian action. I started by reading literature published by the Overseas Development Institute, the Active Learning Network for Accountability and Performance (ALNAP), or the Feinstein International Center. One of the main issues

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<sup>6</sup> At the time the organisation’s name was “Solidarités”. The name was only changed to “Solidarités International” in 2010.

<sup>7</sup> I also temporarily supervised Central African Republic and Burundi. Many Solidarités’ projects were in African countries, and for the sake of a balanced repartition among the regional desk teams I had to supervise one African country up until Solidarités sent a team to Pakistan again in May 2009.

<sup>8</sup> It is interesting to note that as a humanitarian practitioner I considered two years to be a long time. This shows that the time space of humanitarian action and research differ greatly.

addressed by this literature at that time was the “dramatic shrinkage of humanitarian space” (Donini et al. 2008, 15). Aid actors were deploring an increasing inability to access victims of conflicts and natural disasters, due to physical insecurity and/or increased control over their activities by governments eager to reassert their sovereignty. These difficulties were described as “blurring the lines” (Macrae 2000, 51) between political, military and humanitarian action. On the one hand, western states were often accused of abusing the humanitarian label by using a humanitarian narrative to justify going to war in Afghanistan and Iraq, and by engaging in relief activities in order to conquer the hearts and minds of the population during pacification campaigns. On the other hand, some humanitarian actors were accused of having contributed to the confusion between humanitarian and military action by accepting funds from governments at war in Iraq, Afghanistan and Pakistan, and to have participated in the pacification efforts of their donor governments. According to this literature, the lack of respect for humanitarian principles, both by states and humanitarian agencies, had delegitimised the whole humanitarian enterprise, exposed, as a result, to a growing hostility emanating from armed groups and southern governments, considering aid agencies as tool of Western or United Nations intervention policies.

I *felt* (I use this word deliberately as I am reporting a subjective opinion of that time) there was a gap between what I was reading and what I had experienced professionally. In my view this literature was not presenting the diversity of aid actors and policies. While I felt some NGOs had indeed abandoned any pretence to be neutral, independent or impartial (while still considering themselves ‘humanitarian’) I thought others managed to negotiate their room for manoeuvre with local political forces, as well as to navigate their institutional donors’ financial dependency in order to implement relief projects that fitted their own nongovernmental and not-for-profit agenda. Solidarités International (hereafter referred to as Solidarités) belonged in my view to the latter category. I started to realise that behind the same humanitarian discourse claiming allegiance to humanitarian principles, a wide range of practices and policies could coexist. Yet, this diversity of views and practices was underrepresented in the expert literature. I started to think about ways to contribute to the debate and eventually chose the research path as a way to acquire the

necessary analytic and research skills to study humanitarian practices and enrich the discussion.

My first encounter with the academic literature on humanitarian aid was confusing. Prominent scholars such as Mariella Pandolfi and Zoe Marriage, considered humanitarian principles as a façade, hiding what was, according to them, the real drive of humanitarian aid: “responding to the priorities of international donors and bureaucratic frameworks” (Pandolfi 2003, 376). While providing a stimulating reading of the asymmetrical power relationships between relief actors and their so-called beneficiaries, this literature depicted the humanitarian “industry” (Pandolfi 2000, n.p.) or “assistance” (Marriage 2006, 2) as a coherent whole organised around the subjugation and control of indigent people. Overshadowing the diversity of practices and situations, as well as the power of local institutions, this reading presented in my view the same limit as the more practitioner-oriented literature and its general conclusions about the ‘shrinking of the humanitarian space’. In addition, in considering aid agencies as passive instruments in the hands of western governments, it did not do justice to the complexity of processes at work within aid bureaucracies. As a former practitioner, I had experienced, for instance, the interdependence between donors, institutions and implementing agencies, the weight of professional logics and concurrency (logistics, accountancy, hydrology, etc.) in decision-making processes, and the significant freedom managers had in choosing whom to prioritise for assistance and how.

I shared Peter Hoffman and Thomas Weiss’ point of view, who wrote, reflecting upon the importance of social sciences in the study of humanitarian actors: “We know much more about aid work than we do about aid workers. The vast majority of examinations of humanitarianism concentrate on system-level analysis” (Weiss and Hoffman 2008, 284). What were needed, in my view, were inside studies of international humanitarian NGOs, comparable to the work anthropologists had produced on United Nations agencies (Atlani-Duault 2007; Fresia 2009), or on institutional donors (Mosse 2005).<sup>9</sup> This is why I turned to sociology and

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<sup>9</sup> The ICRC is an institution within which it would be very difficult to do ethnography, because of the confidentiality of its work, thanks to which it secures its mandate of advocating for the respect of international humanitarian law (Stillhart 2010). The ICRC allows publications about the Red Cross

anthropology<sup>10</sup> and to the socio-anthropology of development approach in particular, deciding to explore the diversity of humanitarian policies and practices hiding behind the rhetoric of principles through the lens of the least controversial one: impartiality.

### **Delineating the field**

My research considers the ‘humanitarian configuration’ and its non-governmental actors as a relevant object of study for development studies. Within this large field, focusing on three projects in Pakistan between 2011 and 2012 run by different NGOs, each of which have developed specific relationships to the aid system and its coordination mechanisms, appeared particularly relevant to grasp the diversity of *humanitarian triage* practices.

### **The ‘humanitarian configuration’ and its non-governmental actors**

As the aid actors that claim to uphold the principle of impartiality are actors that call themselves humanitarian, this research can be affiliated more specifically with the anthropology of humanitarianism that a few scholars have attempted to map in the past few years (Saillant 2007; Dozon and Atlani-Duault 2011; Redfield and Erica Bornstein 2011). Defining a field like the anthropology of humanitarianism faces the initial challenge of delineating the boundaries of ‘humanitarianism. Since it is almost impossible to find a universally applied definition of the word because of the diversification of its uses in recent years, it is a challenge to locate and study it from an anthropological perspective. To overcome this challenge, Laetitia Atlani-Duault and Jean-Pierre Dozon rely on the assumption<sup>11</sup> that “there is humanitarian aid quite simply when groups claim to implement humanitarian action and organize to this end an intervention apparatus applying to other social groups” (Dozon and Atlani-Duault 2011, 400). This research adopts this definition as it escapes the normative approach

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movement, and even publishes together with Cambridge University Press a quarterly journal “on international humanitarian law and humanitarian action and policy, during armed conflict and other situations of violence”: the International Review of the Red Cross (<https://www.icrc.org/eng/resources/international-review/>). Yet articles are either written by people external to the institution (Brauman 2012), or by people working for the ICRC (Grombach Wagner 2005) who adhere to the authorised view of the institution.

<sup>10</sup> My research is more inspired by anthropological than sociological *literature*. Yet I fully acknowledge the proximity with qualitative sociology in terms of *methodology*, and in terms of the *nature* of the field I studied: western transnational organisations (Dodier 2012, 21–22).

<sup>11</sup> Borrowed from Jean-Pierre Chauveau who applied it to “development” (Chauveau 1985).

of defining *what is* and *what is not* humanitarian to then include all which *claim to be* humanitarian as a legitimate object for anthropology of humanitarianism.<sup>12</sup>

So just as 'Development' is an object of study for social sciences, 'humanitarianism', 'humanitarian action', 'humanitarian projects' or the 'humanitarian apparatus' constitute a field of research for social sciences and not just an element of context or an abstract concept. Just as much as Olivier de Sardan speaks of a "developmentalist configuration" to describe "a complex set of institutions, flows and actors, for whom development constitutes a resource, a profession, a market, a stake, or a strategy" (Olivier de Sardan 2005, 2), one could speak of a 'humanitarian configuration' defined as a complex set of institutions, flows and actors, for whom humanitarian action or relief constitutes a resource, a profession, a market, a stake, or a strategy. The humanitarian configuration often emerges in countries affected by conflict or natural disasters, and may involve different actors than in the 'developmentalist configuration' such as the military, specific relief donors like the European Union Humanitarian Aid and Civil Protection department (ECHO) or 'emergency NGOs', but can in principle be studied in a similar way.

Defining what NGOs are is a challenge too, as some have noted (Vakil 1997; Martens 2002). The term was coined in 1945 in article 71 of the UN Charter referring to international "societal actors" (Martens 2002, 271) engaging with the UN and generalised in the 1980s to any societal actor (national or international) engaging even outside the UN. Since 'NGO' does not fit a particular legal status,<sup>13</sup> and can characterise an organisation involved in any kind of field, its main feature is that it is a *non-state* actor. Unlike the ICRC or UN humanitarian agencies, NGOs are not mandated by states. They are autonomous in as much as they define their own *raison d'être*, their own norms. Yet, while claiming their autonomy vis-à-vis the states, NGOs are being simultaneously engaged in some forms of dependency (mostly financial)

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<sup>12</sup> Francine Saillant offered another approach establishing that what characterized humanitarianism best was its capacity to embrace so many actors, and situations, and hence decided to study what was *excluded* from this embracing structure, what fell in its interstices ("entre-lieux" in French) (Saillant 2007).

<sup>13</sup> Even though since 1991 there has been a European Convention on the Recognition of the Legal Personality of International Non-Governmental Organizations that "follows Belgian law and recognizes the national law of the respective state in which the NGOs has its headquarters" (Martens 2002, 276–277)

either vis-à-vis donor-states, multilateral organisations (mostly the UN system) or vis-à-vis so-called 'host states' where they operate (Donini 2012b).

This mix of autonomy and dependency appears all the more interesting to study than most ethnographic studies of humanitarian aid actors have so far concentrated on United Nations agencies or donor institutions. Among the anthropological accounts of NGOs (Hilhorst 2003), few focus upon organisations that have a history of providing relief in conflict settings. Peter Redfield did work for several years on an institutional ethnography of MSF, partly relying on fieldwork in Uganda and partly on interviews of numerous MSF staff outside Uganda and provides an anthropological account of issues specific to the provision of international relief like the emergence of sets of standardised relief kits (Redfield 2013, 78) or the problem of neutrality (Redfield 2013, 117). Like Redfield, my research focuses on humanitarian NGOs having a history of being involved in relief programmes in conflict settings and natural disasters<sup>14</sup> and on a claim specific to them. It does so, however, through the study of *three* projects of international NGOs in Pakistan.

### **Three projects of international non-governmental organisations in Pakistan**

The choice of the three INGOs was made in a landscape of diverse organisations: Some humanitarian INGOs claim to be secular others to be faith-based<sup>15</sup> (from various religions); some claim to be engaged solely in relief work, others to be 'doing development' as well; they differ in size, country of origin, and their source of funding (private funds versus institutional funding); some prioritise expatriate staff, others local staff, some have a centralised governance, others have a decentralised one,<sup>16</sup> and ultimately (almost) none of this is static: many of the NGOs' characteristics (governance, expertise, human resources policies and size etc.) evolve over time.

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<sup>14</sup> Most such organisations have extended their relief activities to natural disaster responses, and claim to uphold the same principles as in conflict settings.

<sup>15</sup> "Faith-based NGOs are different from secular NGOs in that their 'identity and mission are self-consciously derived from the teachings of one or more religious or spiritual traditions'" (Benedetti 2006, 851).

<sup>16</sup> NGOs with 'centralised' governance take key strategic decisions at their head offices, and attempt to control country offices from there. In recent years, some very big NGOs have attempted to decentralise their governance to country offices, keeping only support and back office at the head office.

I chose the three NGOs among actors having a history of working in conflict settings according to their position at the time of fieldwork (2011-2012) towards western states and, more particularly, towards the donor governments and United Nations system that play a key role in the macro allocation of humanitarian resources. In the 2000s a major trend emerged among actors of the humanitarian sector to structure their relationships in order “to improve the effectiveness of their collective responses”.<sup>17</sup> This trend was initiated, under the label of the ‘humanitarian reform’, by the United Nations Emergency Relief Coordinator in 2005 and supported by the main donor states. Aiming at “more effective partnerships between United Nations and non-United Nations humanitarian actors”,<sup>18</sup> the reform involved new funding mechanisms as well as a whole United Nations bureaucracy. The “clusters” were the reform’s most visible manifestation. Clusters are sector-specific forums of coordination (food, health, water and sanitation, shelter, education, protection, etc.) set up at the local, regional, national, and international levels and specifically tasked with “informing strategic decision-making for the humanitarian response through coordination of needs assessment, gap analysis and prioritization”.<sup>19</sup> Clusters are supposed to play a key role in defining priority needs, orienting and coordination, but they are mostly headed by UN agencies. Although INGOs are engaged with them, not all INGOs have the same level of involvement.

For this research I chose three INGOs with a history of working in conflict settings and which had developed different positions towards UN-led coordination mechanisms. I did not want to choose actors according to the nature of the work they implement in the field: development, relief, emergency, reconstruction, etc. as the extent of each of these categories can be debated and as most actors do several types of work. Rather, I intended to choose among actors who claim to be humanitarian and to uphold the principle of impartiality: these are characteristics of actors having a history of working in conflict settings. The positions of NGOs towards humanitarian reform are related more generally to the type of relationship they, as non-state actors, have developed with states over time. Save the Children

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<sup>17</sup> The objectives are phrased as follows: “to improve capacity, predictability, accountability, leadership and partnership”, <http://www.unocha.org/what-we-do/coordination-tools/cluster-coordination>

<sup>18</sup> [http://www.unocha.org/annualreport/2006/html/part1\\_humanitarian.html](http://www.unocha.org/annualreport/2006/html/part1_humanitarian.html)

<sup>19</sup> <https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach>

International<sup>20</sup> and Médecins Sans Frontières International are two of the five humanitarian INGOs' federations who altogether accounted for 38% of the total humanitarian expenditure by INGOs in 2010 (Taylor et al. 2012, 28–29). The relief ambitions of Save the Children International (SCI) in conflict settings can be traced back to its origin; it was founded in 1919 to provide food for child victims of the post-war blockades in Austria and Germany. SCI has a dual mandate and in 2012 through its claims and budget allocations, the organisation prioritised its role during humanitarian emergencies<sup>21</sup> (Save the Children International 2012b). “Humanitarian programmes”<sup>22</sup> (Save the Children and Mariam Jamal 2012, 17) represented the biggest share (32%) of SCI expenditures by programme area in 2011 (next to education, health and nutrition, child protection, child poverty and livelihoods, HIV and AIDs, and child rights governance). SCI is an INGO that is additionally actively involved in supporting the structuring of the humanitarian sector. Historically, Eglantyne Jebb, one of the founders of the organisation, was involved in the drafting of the Declaration of the Rights of the Child for the United Nations. Additionally, in more recent years the organisation has been co-chairing, together with United Nations Children’s Fund (UNICEF), the education cluster at the international and sometimes at the national levels. Médecins Sans Frontières (MSF), in contrast, has attempted for the past decade or so to distance itself from UN-led coordination mechanisms, especially in certain countries not participating in the coordination forums, driven by the fact that the organisation relies almost entirely on private funding<sup>23</sup>. MSF adopted progressively<sup>24</sup> what some within the organisation called an “isolationist position” (Brauman and Neuman 2014, 12). The organisation grew out of the involvement of a few doctors in the Biafra war in Nigeria at the end of the 1960s

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<sup>20</sup> It used to be called ‘Save the Children Alliance’ until 2012.

<sup>21</sup> The word “humanitarian” is used in internal documents to speak about what is related to relief.

<sup>22</sup> Humanitarian programmes are not those that reached the biggest number of children, as SCI supported 9 million of them with critical emergency relief and recovery as well as preparedness training, while it reached 39 million children with HIV/AIDs prevention and care programmes (which included a mass media campaign reaching 25 million children in Bangladesh) (Save the Children 2013, 3). As a matter of fact humanitarian programmes have a higher cost per beneficiary.

<sup>23</sup> In 2002 the “public institutional” income of MSF international (i.e. coming from state donors) amounted to 19.2% of its total income of €365.7 million (MSF 2003, 78); in 2012 it was 11% of €937.7 million (MSF 2013, 98).

<sup>24</sup> Braumand and Neuman (2014) clearly showed that MSF had had different positions towards other aid actors in the past.

(Taithe 2004; Vallaey 2004; Davey 2014) and continued over time to be involved in all the major conflict settings around the world. Solidarités has an intermediate position: according to its founder, the organisation has, on the one hand, a historical affiliation with the “sans-frontiériste” movement (Davey 2014),<sup>25</sup> and as such aspires to preserve its independence from states in particular. On the other hand, the INGO has always depended upon state donors’ funding: 88.2%<sup>26</sup> of the 2012 Solidarités budget came from institutional donors (Solidarités 2012a, 28). Therefore when the major donors supported the ‘humanitarian reform’, they expected their ‘partners’ (meaning the NGOs they funded) to participate in this new form of cooperation. Solidarités is an example of an organisation that navigates the international UN-led cooperation bureaucracy, participating in coordination forums, being funded by states, but not actively involved in the structuring of the relationships among humanitarian actors.

In 2011, when I started fieldwork, these three organisations were (and had been for several years, even if sometimes in a discontinuous manner) providing relief to Pakistani people fleeing conflict or to victims of natural disasters. North West Pakistan had been affected by conflict since 2004, and Pakistan saw the international aid apparatus deploy following a massive earthquake in 2005. By 2010, the attitude of the Pakistani authorities towards international relief actors tended to be representative of what was described more generally as a “resurgence of sovereignty or the growing confidence in more and more governments that they can resist the prescriptions and perceived intrusions of Western-oriented institutions and states” (Kent 2011, 952). This “resurgence of sovereignty” would allegedly be associated with an “overall decline in host government respect for humanitarian principles” (Stoddard et al. 2010, 44).

Pakistan was the first country where the ‘cluster approach’ was tested, beginning in 2005 in the aftermath of the Kashmir earthquake. It is, as well, a country

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<sup>25</sup> Solidarités International was born as Solidarité Afghanistan in 1980. It organised “Caravan for Afghanistan” providing relief to Afghans inside Afghanistan, crossing the Afghanistan-Pakistan border illegally in the footsteps of Médecins Sans Frontières, hence distancing itself from Anglo-Saxon NGOs providing relief to Afghan refugees in the camps in Pakistan. Solidarités deployed assistance *only* in conflict settings up until the 2004 Asian tsunami.

<sup>26</sup> Grants amounted to 83.3% and in-kind donations to 4.9% of an annual budget of €56.9 million (Solidarités 2012a, 28).

where donor governments and UN agencies have key strategic and political interests due to their involvement in what they called the ‘pacification and reconstruction of Afghanistan’, the role of Pakistan in the Afghan conflict and concerns about the export of terrorism. Therefore, Pakistan appeared a relevant context to study some of major political constraints weighting on *humanitarian triage*. My study examines the various practices of triage adopted by three humanitarian NGOs, each with a different relationship to the aid system, in a country eager to affirm its sovereignty.

### **Inside the field**

My research follows the methodological approach developed by the socio-anthropology of development, following the thread of an ongoing project in its *planned* and *field* version through a seven-month ethnographic immersion in the daily life of the workers of three NGOs in Pakistan between October 2011 and August 2012.

### **A critical anthropology of development approach**

The anthropology of humanitarianism has inherited the rich legacies of the anthropology of development subfield as it uses the same methodological approach. The anthropology of development, with which my research is affiliated, is anchored in field research and “based on extended fieldwork and participant observation of the social and symbolic transactions of communities” (Mosse 2006, 938).

These “communities” can be groups of aid workers, as much as groups of people at the recipient end of development projects, and the interaction between these two types of groups is at the core of most of the works in the anthropology of development. The approach is non normative and operates through the fine-grained study of the practices and discourses of actors, as well as the critical analysis of what these practices and discourses produce for those at the recipient end of the projects. The analysis is qualitative by nature and often mobilises a comparative analysis. It is inductive as it builds up knowledge from field observations and analyses rather than a deductive approach that tests or illustrates theoretical hypotheses thanks to data collected in the field. As Didier Fassin puts it, an inductive approach allows the study:

to be more attentive to the complexity and subtlety of local arrangements of the social than scrupulously faithful to any

grand theory that would possibly account for it. (...) as if human action and social life resisted being defined by one theory or another. (Fassin 2012, 8)

My research aims at a critical distance and does not claim to *serve* humanitarian action as a primary objective. *Critical* anthropology of development (or of humanitarian action) can be contrasted with development anthropology, which is a branch of anthropology that is aimed at the service of development projects. Development anthropologists are often called in as experts in order to support the implementation of a development project (Crewe and Axelby 2012, 40–42). They act as “cultural brokers” (Atlani-Duault 2009, 24), either in identifying why people do not react to the project activities as originally planned or, for instance, in helping the development agency to better understand local cultures. I relied instead on an analysis of the practices and discourses of humanitarian actors (their behaviours), understanding their motives from their perspective, and analysing representations that emerge from their behaviour (the meaning they give consciously or not to their own behaviour). Such an approach draws particular attention to *interactions* among the various actors involved and the *ideological premises* of project designs (Atlani-Duault 2007, 10–11).

### **The thread of an ongoing project**

Following the thread of an *ongoing project* appeared to be the best way to overcome the complexity of scales and scopes of transnational organisations’ activities – and therefore interactions and representations. Studying *humanitarian triage* of INGOs, hence, consisted in the study *within* organisations of the various logics leading to the inclusion and exclusion of people in the process of providing relief. Within each organisation the research followed one project.<sup>27</sup> The project is generally presented as coherent, at least in its *planned version*.<sup>28</sup> This coherence is however challenged during implementation in several ways: first when the project as it was planned ‘meets its public’ or the target-population, and second when the various agendas

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<sup>27</sup> Each of the three NGOs studied has a different definition of “project” or the unit within which a group of activities make sense in relation to each other, as chapters 4, 5 and 6 show.

<sup>28</sup> J-P Olivier de Sardan uses the expression “the project ‘on paper’” (Olivier de Sardan 2005, 141) in opposition to the project *in practice* or what I call the ‘field version’ of the project; however some project management tools, which can be “paper” elements of the project, contribute to unveiling the complexity of the ‘field version’ of the project just as much as field observations and interviews.

concealed in policy documents emerge as partly contradictory. As demonstrated by David Mosse,

policy discourse generates mobilising metaphors ('participation', 'partnership', 'governance') whose vagueness, ambiguity and lack of conceptual precision is required to conceal ideological differences so as to allow compromise and the enrolment of different interests, to distribute agency and to multiply the criteria of success within project systems. (Mosse 2005, 230)

Behind these metaphors the technical agenda, the donor agenda, the expected conformity of the project with recognised standards in the sector (see, for example, The Sphere Project 2011) or the agenda of the organisation of the project frequently produce tensions once the implementation starts (Olivier de Sardan 2005, 140–141; Mosse 2005). In Thomas Bierschenk's words:

Project implementation does not mean carrying out an already-planned programme but is a constant process of negotiation (...) The groups involved compete with one another for the economic, political or even symbolic resources provided by the project. This usually means that projects are neither complete failures nor completely successful in the light of the original goals. The success of the project, rather, is selective due to the differing extent to which the strategic groups involved or affected can appropriate resources resulting from that project, which depends on their political pull. But while the project presents a common arena of negotiation for all groups involved, they act according to their own interests, using very different frames of reference for social interaction, rationalisation of action and cultural views of the world. (Bierschenk 1988, 146)

The implementation phase is therefore key to understanding logics of *humanitarian triage* at work, which is why it is an *ongoing project*<sup>29</sup> that delineates the ethnographic field within each organisation. Following ongoing projects implies consideration of elements of the *planned version* as well as of the *field version* of the project.

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<sup>29</sup> Even though the average relief project lasts from between a few weeks to twelve months, it would have been impossible to manage to organise fieldwork so that the projects studied ran consecutively with each taking a maximum of four months. Therefore it would have been practically impossible to do three ethnographies of entire projects (from planning to end of the implementation) within a year of fieldwork.

Each INGO had several ongoing projects, and the choice about which project to follow was made according to their stage of implementation: I chose projects that were not too early in their implementation phase and not too close to the end so that I could observe ongoing activities. Two projects (the MSF and SCI ones) were related to the conflict in the north west of Pakistan (see chapter 4), and one (Solidarités) to the 2011 floods in North Sindh. All three were considered by the INGOs' top management as typical of their positioning in Pakistan.

### Ethnographic immersion

Overall this research is based on close to eight months of fieldwork, and most of the material was collected over seven months of intensive ethnographic investigation done between October 2011 and August 2012, as the following figure shows.<sup>30</sup>

**Figure 1 Fieldwork timetable**

2010	Aug-10	Sep-10						
Pakistan								
Europe								
Independent								
2011	Oct-11	Nov-11	Dec-11					
Pakistan								
Europe								
MSF								
2012	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Pakistan								
Europe								
Solidarités				SCI				

My fieldwork was multi-sited (Marcus 1995), not only because it was situated within three organisations but also because it followed ‘the story’ of a project, the people and the processes related to that project. Spending time within each NGO, as well as navigating each of the projects, allowed me to map out the various “groups involved”, and to explore their own “frames of reference for social interaction” (Bierschenk 1988, 146). I collected many elements of the *planned version* of the

<sup>30</sup> The first independent trip was dedicated to an overall analysis of the humanitarian sector in Pakistan since the 2005 earthquake and relied mainly on interviews. These preliminary data helped frame the initial research project, build local contacts and prepare for the ethnographic work.

projects (mostly electronic documents, but some paper) including, in particular, the central document, sometimes called the project proposal, sometimes the operational strategy, which detailed the purpose of the project, the means invested to reach expected results and the indicators that could be used to follow up progress in the implementation. Some interviews done with people outside of the organisation (donors funding the project, for instance), or with people who had contributed to the design of the project but had not been updated on the ongoing implementation phase contributed to illuminate the *planned version* of the project: they told the story of how the project proposal was negotiated among the various stakeholders (experts, managers, donors, authorities, etc.). As each INGO has its own internal processes, documents related to the *planned version* of each project are presented in the chapters dealing specifically with the analysis of each case study (chapters 5, 6 and 7).

The *field versions* of the projects could be analysed thanks to material gathered while immersed with teams in Islamabad and in the locations where project activities were implemented. Practically, I spent time on project sites with people implementing project activities and in the field offices when possible (in Mehar and Nawabshah in Sindh with Solidarités, and in Peshawara, Dargai and Timergara in Khyber Pakhtunkwa with MSF OCB), in the coordination offices of the three INGOs in Islamabad, and at the head offices in Europe when relevant.<sup>31</sup> Overall, I spent five to eight weeks with each organisation in Pakistan during which, whether in Islamabad or in the field, I could live and work at the same pace as the INGO's staff, share their daily life and professional routine, as well as more informal moments, in order to understand their points of reference upon their work, the project, and what constituted priorities for them. I was accepted in most meetings, and even sometimes invited to join external meetings when those were related to the project.<sup>32</sup> In addition to these thorough observations I conducted 201 90-minute (on

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<sup>31</sup> Save the Children is very much decentralised; doing fieldwork at the head office appeared secondary. Head offices in the US and the UK were very rarely referred to by interviewees in Pakistan and most decisions seemed to be made in Islamabad and some upon approval of the regional office in Singapore. Although I could not afford to go to Singapore, I carried out skype interviews with people from the office there.

<sup>32</sup> I also attended some more general meetings in order to observe whether and how elements of the project were mentioned.

average) interviews, 169 of them in Pakistan. All interviewees were formally asked for their agreement to be interviewed and the majority were recorded (again, with permission). Prior to meeting, all interviewees were given a two-page document presenting my research purpose, questions, and methodology. I interviewed 58 MSF staff, 50 Solidarités staff, and 43 SCI staff, selected and contacted via each organisation's staff contact lists which I had been given. The rest were interviews with other actors in the humanitarian sector in Pakistan (donors, Pakistani authorities, UN agencies, and other NGOs; see appendices 1, 2, 3 and 4 for the list of interviews). Some interviewees had been previously known to me, some I was introduced to by other interviewees and some were chosen because they were publicly listed as contacts in relevant organisations, for example on the Pakistan page of the Humanitarian Response website. Within the three organisations the work language was English: meetings were in English and the majority of the staff spoke English (with the exception of a few watchmen and construction work supervisors). I did most of the interviews in English and, as I speak French, some in French when it was easier for the interviewee (within Solidarités and MSF). When I interviewed Pakistani non-English speakers, some INGO staff speaking the language of the person I interviewed kindly acted as a translator for me. Since a major element of this research is about unpacking internal organisational dynamics, I was particularly cautious about not doing any harm to the people interviewed and to the organisations themselves. For the first issue, people were always cited on the basis of anonymity at all levels in the dissertation, situating them for the sake of clarity, however only with elements keeping them in a group of several people. The three INGOs' names were not changed as they did not request it, and there was some information that I withheld from the dissertation on the grounds of confidentiality or to protect the informant.

Following the project story made me interview people with different responsibilities from all departments (logistics, finance and accounting, security management, programmes, etc.), and from all hierarchical levels from the watchman to the country director in Pakistan, and up to the executive director at the head office when relevant. A list of the key questions I wanted to cover guided the interviews. However they happened as discussions and I also adapted to what people were

telling me. I was interested in people's daily activities, as well as their knowledge and opinion of their organisation, but people could speak about these in many different ways. I favoured the recent life story style, as I felt it was easier for people to share their experience as a story rather than answering a long list of questions. To put the rest of the interview in perspective, I started with a question about their professional path before joining the NGO; then I asked them to tell me the story of their professional path since they had joined the organisation. This was the core of the interview and what they chose to tell me spontaneously was also subject to analysis. Depending on how detailed their story was, I asked them questions about their daily activities, their work routines and relationships (internally and externally), as well as the tools they used. I asked them to show me their tools (mostly Excel spreadsheets for their activities, indicators or budget follow-up), which sometimes led to awkward situations of people not finding, in their own computer folders, files they had just described as their daily tools. It was the occasion for them to clarify that they had told me about how they should *in theory* use these tools, but were in fact using only some of them. It was a way to verify the difference between what they said they were doing and what they did in practice.

I systematically added a question about which activity took most of their time. Their answers sometimes surprised me and balanced back my bias as an ex-aid worker who used to do things in a certain way, prioritising certain activities over others. Sometimes people mentioned what they thought should have been prioritised but could not be for some reasons; they then explained to me the difference between the ideal and the real prioritisation. This allowed them to depart from their official job description. It happened frequently that what was lower on people's own priority list should have been prioritised more highly according to their job description. These contradictions between how things should have been according to the internal bureaucracy, and how they actually were helped me identify certain key logics.

The second part of the interview revolved around the knowledge and opinion of the people of their organisation. My questions within the three INGOs were virtually the same regardless of the hierarchical levels and the departments, and did not revolve around 'impartiality' as such – even though many mentioned the

principle spontaneously. Neither was I mentioning the word 'triage' that is not familiar to nonmedical humanitarian staff. Each of the interviews, piece of observation or documents gathered was like a piece of a puzzle that I would then have to assemble in order to reconstitute the logics underlying *humanitarian triage*.

### **From field to desk**

Even though the emphasis is very often put on the fieldwork, *ethnography*, as its etymology shows, is as much about the writing. As a matter of fact, anthropology is nothing without the intellectual journey of writing up once away from the field: Mosse clearly describes the challenge as well as the necessity of creating and maintaining a "boundary between social life and ethnographic analysis (field and desk)" (Mosse 2006, 948), when it comes to find "the truth of an ethnographic account" (Mosse 2006, 949). This applies as a general rule in anthropology, yet it counts even more in the field of development or humanitarianism, in which institutions produce their own stories of the projects under the form of various reporting or project evaluations. This section clarifies two main concepts used for the analysis of field data: the 'arena', and the 'logics'.

This research does not particularly emphasise the economic dimension of projects (as is often done by actors themselves who focus on the budget and on financial constraints or benefits), or its performance (as it is often done by project evaluators and requested by donors), and does not attempt to describe it as a coherent whole. Instead the project that delineated fieldwork can be considered at the analysis stage as an arena defined as a "social space" (Olivier de Sardan 2005, 189) within which a variety of actors interact, forming groups with common interests that compete for influence, and negotiate some form of room for manoeuvre. Analysing the project as an arena helps reveal its political dimension. The kind of politics at play relies upon the tensions and power relations among the various actors, which consider the project as "a system of resources and opportunities" (Olivier de Sardan 1995, 173) which can be used in various ways. For Olivier de Sardan, the arena is defined precisely by the intertwining of two types of power: the power of anyone in their relationships to others that emerges in collective action and the power "instituted" that is concentrated and used by a few people (the power of a

few)<sup>33</sup> (Olivier de Sardan 1995, 174). Data collected in the field were analysed thanks to this double view of the politics of a development (or a humanitarian) project. The contradictions that exist among actors, or between what is said/written and done were used to understand the social complexity that is at stake within humanitarian projects, beyond the consensual façade provided by documents and institutional rhetoric (Olivier de Sardan 1995, 177). Disagreements or conflict between actors of the project arena can emerge because of their social or professional position, but also because of certain strategies they adopt (sometimes counterintuitive when in relation only to their position) (Olivier de Sardan 1995, 176). The methodology analysed both (the position and the strategy) in order to make sense of the social fabric of the projects. Studying complexity involves not only the challenge of understanding it, but also of presenting it in an ordered way.

This is where the idea of 'logics' was useful. The concept is here again borrowed from Olivier de Sardan, who defines it as follows:

'Logics' will simply mean lines of coherence which the observer can deduce based on empirical observation of sets and of specific differential practice, without casting judgment on any particular sociological theory of the subject, of rationality, or of 'habitus'. (Olivier de Sardan 2005, 151 footnote 1)

The analysis situates actors' logics in their current context ("synchronic context") as well as in their historical trajectory ("diachronic context") (Olivier de Sardan 2005, 139) structuring at least part of these logics. The institutional and geopolitical context and trajectory are introduced in chapter 4 and referred to in each of the three ethnographic accounts that constitute the core chapters (5, 6 and 7) of the dissertation. The way the logics emerge in the analysis is through the recognition in the field material (interviews as well as observation notes) of lines of coherence, sometimes emerging from the analysis of contradictions, and sometimes from consensual views of people interviewed on certain things. These chapters are structured around key logics underlying the *humanitarian triage* of each project. The comparative ambition is rooted in the choice of the three INGOs and maintained

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<sup>33</sup> Olivier de Sardan gives a few examples: "gaining access to a position of power with the help of one's network of social relations, gaining personal wealth because of this position, distributing a part of this wealth to enhance one's network of 'contacts'" (Olivier de Sardan 2005, 186).

through a symmetrical analytical methodology.<sup>34</sup> Chapter 8 bridges elements of the three ethnographic accounts together, in order to draw more general conclusions.

### **Dissertation outline**

Chapter 2 situates impartiality in humanitarian discourses. It demonstrates the centrality of this operational principle in the humanitarian rhetoric, and shows how actors use the *impartiality* banner to differentiate themselves from other stakeholders in crisis settings: they rely on the special status that international humanitarian law, and voluntary norms and charters provide to impartial humanitarian actors in conflict settings. The chapter shows that the claim to impartiality is ubiquitous in the humanitarian sector: it can be found in internal organisational doctrine documents, in international norms and standards widely shared and used by humanitarian actors from NGOs to donors and UN agencies, as well as in advocacy documents. And yet impartiality is never debated among actors, not even when the Red Cross published its own comments about the principles of humanitarian action showing that there are many practical obstacles to the strict application of impartiality in the delivery of assistance. Instead, most actors agree on the fact that impartial assistance must rely on solid evidence, collected with the greatest possible rigour. They have in fact a positivist perception of impartiality that echoes the practice of medical triage.

Chapter 3 develops the parallel established between impartiality and medical triage and argues that impartiality can be studied through the ethnography of *humanitarian triage*. The chapter first explores the social sciences literature that critiques humanitarian moral claims, and shows that this literature mainly remains at the surface of what is behind the claim of impartiality in practice. The second section shows that borrowing from the social sciences literature focusing on medical triage enables us to extend the critique of impartiality through the ethnography of *humanitarian triage*. In the third section I describe how I structured such an ethnographic study in Pakistan over the 2011 and 2012 period.

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<sup>34</sup> According to Olivier de Sardan, “comparing localized sites (whether on the basis of residence, profession, status, religion, or institution), within the production of data itself and away from the old monographs, seems on the contrary to be still largely underused in socio-anthropology and to come under the future of the discipline rather than its past”. (My translation)

Chapter 4 tells the story of the ‘humanitarian configuration’ in Pakistan mostly in the recent period (2005-2012) and introduces the various actors at play, their relationships, as well as their own macro *humanitarian triage*. It shows first how the newly formed Pakistani state prioritised military and nuclear investments over social services ones, rendering its population particularly vulnerable to natural hazards and conflict consequences. Second, it describes the recent and progressive formation of the humanitarian ‘configuration’ in Pakistan as internal war and a major earthquake affected the country at the beginning of the century. A third section elaborates upon the tensions that emerged and settled between international humanitarian actors and Pakistani authorities showing a state that has the ability to maintain a form of sovereignty over what happens on its soil, and humanitarian actors who adapt in order to create their own room for manoeuvre. The three INGOs’ trajectories in Pakistan are situated throughout the chapter providing key elements of background for the following chapters dedicated to the ethnographic studies of one project of each INGO implemented in Pakistan in 2011-2012.

Chapter 5, 6 and 7 analyse the *humanitarian triage* of the three projects studied. Chapter 5 presents a study of a hospital project implemented by Médecins Sans Frontières Operational Centre Brussels (MSF OCB) at the border with the Federally Administered Tribal Areas (FATA) not far from Afghanistan. The analysis of this project shows in a first section how its humanitarian triage was strongly influenced by a strategic logic of treating the wounded of the ‘Global War on Terror’ and hence be operationally active in areas as close as possible to the Afghan border and to the conflict going on in the FATA between the Pakistani military and Pakistani Taliban. The second section of the chapter argues that the energy invested by MSF staff to be different from other aid actors somewhat maintained the macro triage described in the first section. MSF attempted to shape its image as being *different* from other humanitarian actors, and appeared in practice different for other reasons than those the organisation developed rhetorically: providing secondary health care free of charge in a District Headquarter hospital of north Khyber Pakhtunkhwa (KPK) was indeed distinctive and consistent with the strategic objective. The third section delves into the micro-triage of the project showing that three groups of staff sharing different interests had three types of influences: the *support staff* reduced significant

external administrative constraints paving the way for the political staff who promoted the above-described strategic logic through thorough negotiations of acceptable work conditions in areas often considered by other aid actors as off-limits for westerners. The section then describes how the last group, the *medical staff*, had a very important influence on humanitarian triage on a daily basis (micro-triage) as they had the latitude to expand clinical practices in the hospital even if they were not for war wounded. In this chapter I finally argue that the interpretation MSF made of impartiality prioritised Pashtun population, opposed the cost-effective logic widely promoted by aid actors (as chapter 6 and 7 show) at the cost however of a populist leaning towards a certain interpretation of the Pashtun 'culture'.

Chapter 6 elaborates on a version of impartiality that was underpinned by a humanitarian triage mainly influenced by a narrow and field-based interpretation of the project proposal. Solidarités implemented a project in the Sindh province (in the south of the country), whose ambition was to provide access to water and sanitation infrastructures to some 130,000 people affected by the 2010 floods. The study of the project, halfway through its implementation period, shows how the assumptions the Solidarités staff made of their organisation's capabilities delineated the boundaries of a project that then excluded other geographical areas of the country and excluded offering other types of assistance to people affected by the 2010 floods. This macro-triage instead of being acknowledged and questioned was in fact taken as the starting point of Solidarités managers' daily work and hence micro-triage. Additionally even though the proposal stated 'the most vulnerable' should be prioritised, social inequalities were not at the level of micro triage considered as relevant selection criteria during implementation. The chapter shows how the rhetoric of 'emergency response' and of prioritising 'the most vulnerable' concealed practices that mainly emphasised meeting 'the target' (number of people stated in the proposal) and the technical quality that the Solidarités field managers misinterpreted as being expected by the donor and non negotiable. This chapter shows how, in the absence of an institutional interpretation of policy, the field team maintained the implementation of activities simply *because* they were in the proposal, even though they could see some were irrelevant (or not a priority for flood-affected people).

Chapter 7 describes a humanitarian triage mainly determined by the security management of the organisation and its willingness to assist as many people as possible (which in the humanitarian jargon is referred to as 'coverage'). Save the Children International's project was a multi-sector response to the internal displacement of people from the Khyber Agency in the FATA in 2012. After the description of important elements of background, the chapter demonstrates that security management mostly implemented in line with the Pakistani authorities' interpretation of the political situation acted in fact as a significant excluding factor. The chapter then describes that a second triage logic was the perception that child education and protection was an emergency, and hence a priority, regardless of what the Khyber Internally Displaced Persons said. This relied on a de-contextualised and apolitical view of education part of a wider approach of a response segmented in sectors of activities: education, health care, food aid and cash distribution were activities implemented by different teams each following their own logic and differently influencing the micro-triage of the project. Overall they all contributed to maximising the number of people assisted following the logic of 'efficiency' perceived as positively loaded. The chapter demonstrates that such a politically blind humanitarian triage ended up almost siding with the Government of Pakistan, which through its military was a party to the very conflict triggering the displacement.

In conclusion chapter 8 argues that MSF, Solidarités and SCI displayed three different interpretations of impartiality through three versions of humanitarian triage showing that a *universally fair* version of impartiality does not exist. Yet the argument is not that the aid practitioners' claim to assist people 'on the basis of needs' is a lie; it is a claim that can be *interpreted* in many different ways that are all but self-evident. The chapter emphasises the complexity and intricacies of humanitarian triage that were set out through the detailed accounts of three of them, and argues that stepping back allows to identify six main factors that impact significantly humanitarian triage and that could apply to any kind of international humanitarian actor: first the organisation's history; second the relationships the organisation and its staff have to other actors of the 'humanitarian configuration'; third the staff daily practices and the influence of 'strategic groups' that form around specific interests; fourth the ability to identify and challenge the invisible rationing often regarded as a

de facto constraint; fifth the influence of the staff normative assumptions on what is good for the people they attempt to assist; and finally the position taken with regard to the moral imperative of efficiency, pervasive in the aid sector. References to the cases studied of this dissertation illustrate each one of these factors bringing the analysis together. A last section finally sketches out a future research agenda that would tackle related issues not covered in this research, and expresses implications of this research for humanitarian practitioners.

## Chapter 2

### The practitioners' rhetoric of impartiality

#### Introduction

The first section of this chapter demonstrates that despite the principle of impartiality being so fundamental to humanitarian actors, they have never challenged its meaning or practical implications. Instead, actors have relied heavily on its consensual definition of assisting people *on the basis of their needs only*, a practice interpreted by practitioners as necessitating norms and rigour in collecting evidence<sup>35</sup> upon which choices have to be based. The first part of this section starts with a historical trajectory of the use of the principle of impartiality by humanitarian actors, placing the Red Cross and the Geneva Conventions at the origins of its use as the core operational humanitarian principle. The second part employs an analysis of the discourse of impartiality to show that the word is used widely, and in a largely consensual manner by all types of humanitarian actors from non-governmental to governmental, local and international. The third part demonstrates that in spite of its wide use, the principle of impartiality has remained unexamined and in the shadow of heated debates about other operational principles such as neutrality and independence.

The second section of the chapter surveys what impartiality entails for aid actors, beyond the stated commitment to non-discrimination and proportionality. Despite Jean Pictet's work that shows that applying the principle of impartiality involves many practical challenges (Pictet 1979), most humanitarian actors describe the process of prioritising their beneficiaries as a value-free and technical process resulting from evidence-based needs assessment. The last part of the chapter shows that this positivist perception of impartiality very much echoes the practice of medical triage and supports the view of impartiality as a form of humanitarian triage.

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<sup>35</sup> Defined as "information that helps to substantiate or prove/disprove the truth of a specific proposition" (Knox Clarke and Darcy 2014, 7).

## **The rhetoric of impartiality: ubiquitous and unexamined**

The reference to impartiality as a distinctive feature of humanitarian organisations can be traced back to the first Geneva Convention (1949). Since then impartiality has appeared as a ubiquitous claim in contemporary humanitarian discourse, granting special status to relief organisations according to international humanitarian law and its commentators. It provides the Red Cross movement, NGOs, UN agencies and donors with a legal and moral currency to ascertain their legitimacy and autonomy. Yet, while the stated neutrality and independence of humanitarian actors have fuelled heated debates among practitioners and academics since the end of the Cold War, the meaning and implications of the principle of impartiality have never been critically examined.

### **At the origin of the claim for impartiality: the Geneva Conventions**

The definition of a ‘humanitarian organisation’ as ‘impartial’ emerged with the Geneva Conventions texts. The ICRC is cited in the Geneva Conventions (and additional protocols) as an “impartial humanitarian organisation” in charge of providing care to the victims of war (respectively wounded soldiers, shipwrecked, prisoners of war and civilians in Conventions I, II, III and IV).<sup>36</sup> While the ICRC is mentioned as an example of a humanitarian organisation, any other organisation that would be “impartial” could legally claim the same status as the ICRC as reinforced by the phrasing “International Committee of the Red Cross or any other impartial humanitarian organization” found in all four 1949 Geneva Conventions. The fourth Geneva Convention, for example, in relation to the protection of civilian persons in time of war, states:

... the International Committee of the Red Cross or any other impartial humanitarian organization may, subject to the consent of the Parties to the conflict concerned, undertake for the protection of civilian persons and for their relief. (*Fourth Geneva Convention 1949, 172*)

In the context of international humanitarian law, it is the word “impartial” that defines the humanitarian relief action (Bouchet-Saulnier 2014, 218). As explained by

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<sup>36</sup> For example in Convention I: “The wounded and sick shall be collected and cared for. An impartial humanitarian body, such as the International Committee of the Red Cross, may offer its services to the Parties to the conflict” (First Geneva Convention 1949, 37).

the commentary of the Conventions, “[t]he International Committee is mentioned both on account of its own special qualifications and as an example of a humanitarian organization whose impartiality is assured”.

“Impartial humanitarian organizations”, such as the ICRC, are recognized by international humanitarian law as having certain rights in conflict settings such as the ability to implement humanitarian activities aimed at the relief of victims of war and their protection (*First Geneva Convention* 1949, 38), also referred to as the “right of humanitarian initiative” (Bouchet-Saulnier 2014, 220).<sup>37</sup> This implies, according to Françoise Boucher-Saulnier, chief legal advisor of Médecins Sans Frontières in France and the author of a practical guide to humanitarian law that:

Every impartial humanitarian organisation is entitled to:

- free access to victims in situations of conflict, especially to the wounded and sick;
- the right to freely evaluate the humanitarian needs of the victims;
- the right to undertake relief actions when the civilian population is suffering undue hardship owing to a lack of supplies essential to its survival;
- the duty to monitor that such assistance is supplied without any discrimination, except for that based on need, and that it reaches the most vulnerable;
- the right to treat the sick at all times and in all places in conformity with the principles of medical ethics. (Bouchet-Saulnier 2014, 220)

Among the four principles usually upheld by humanitarian organisations (humanity, impartiality, neutrality, independence), impartiality is the only one to be applied to relief organisations in the 1949 Conventions.<sup>38</sup> Neutrality and independence apply to states, military facilities or individuals instead. The following expressions are used several times: “neutral powers”, “neutral country”, “neutral government”, “neutral territory” in all four Conventions, and “neutral port”, “neutral warships”, “neutral vessels” and “neutral military aircraft” in the Second Convention. “Neutral observers” (*Second Geneva Convention* 1949, 74) and “neutral physician or doctor” (*Third Geneva Convention* 1949) are also mentioned to respectively qualify people checking that international humanitarian law is being respected, and doctors

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<sup>37</sup> The right to access is guaranteed only where parties to the conflict are unable or unwilling to provide such support. The first line of responsibility is to the conflict actors.

<sup>38</sup> Humanity appears as somehow contained in the adjective “humanitarian”.

appointed by the ICRC to form mixed medical commissions in charge of examining prisoners of war. According to the Third Geneva Convention, these doctors must also “be entirely *independent* of the Parties to the conflict, which shall grant them all facilities in the accomplishment of their duties” (*Third Geneva Convention* 1949, 152) [emphasis added]. This is almost the only mention of “independence” in international humanitarian law and it applies again to individuals, and not to organisations.

The word impartiality was used as early as March 1864 in field reports of the International Committee delegates (Bugnion 2000, 33). It qualified activities of the Red Cross, notably its duty to provide *equitable* relief (Bugnion 2000, 69). According to François Bugnion,<sup>39</sup> author of a legal and historical account of the ICRC (and one of the main biographical works about the organisation<sup>40</sup>), humanity and impartiality were “the foundation of the Red Cross activities” (Bugnion 2000, 178). Indeed, two years earlier, non-discrimination among the warwounded was one of the main reasons Henry Dunant put pen to paper as he believed all wounded deserved care regardless of their nationalities. The importance of not distinguishing between the wounded on the basis of nationality appears several times in *A Memory of Solferino* (Dunant 1986 [1862]). Dunant repeatedly emphasises the importance of “showing the same kindness to all these men whose origins were so different, and all of whom were foreigners to them” (Dunant 1986, 72 [1862]); he praises some French doctors for not differentiating among nationalities when treating the wounded, and criticises some Italian doctors who showed no compassion for the Austrian wounded and considered them with little care without the slightest feeling of guilt. Recalling the Christian roots of the Red Cross values, Dunant reports as exemplary the testimony of a countess who allegedly “gave exactly the same attention to the Austrians as to the Allies, and made no difference between friends and enemies. ‘For’, she said, ‘Our Lord Jesus Christ made no such distinctions between men in well doing’” (Dunant 1986, 100 [1862]).

In 1965, after a century of experience, the National Red Cross and Red Crescent Societies, the ICRC and the International Federation of Red Cross and Red

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<sup>39</sup> François Bugnion worked for the ICRC from 1970 to 2006 and has been a member of the assembly of the ICRC since 2010.

<sup>40</sup> For another, see (Pictet 1985).

Crescent Societies, (together forming the 'Red Cross Movement'), proclaimed the fundamental principles of the Red Cross during the XX<sup>th</sup> International Conference: "The Fundamental Principles are at once operational and aspirational. They serve both as a guide for action and as the Movement's common identity and purpose".<sup>41</sup> Aimed at establishing a "guide for action" and a "common identity" for all Red Cross actors whatever their background, the discourse of principles appears to have been stimulated by a quest for unity and coherence throughout the Red Cross movement.

The proclamation emphasises humanity and impartiality. For the Red Cross Movement, an impartial organisation "makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours only to relieve suffering, giving priority to the most urgent cases of distress". Five other operating principles were added: neutrality, independence, voluntary service, unity and universality. Impartiality is mentioned second after humanity, and precedes neutrality and independence, establishing a form of hierarchy among these principles. Jean Pictet, theorist and commentator on the Red Cross Movement doctrine, confirmed this hierarchy by explaining that both humanity<sup>42</sup> and impartiality were "substantive" principles whilst the others were "derivative" principles. For Pictet, "substantive" principles qualify the *objective* of humanitarian action, they "stand above all contingencies and particular cases; they inspire the organization and determine its acts" (Pictet 1979, 8), whereas "derivative" principles qualify the *ways and means*, which will "assure the Red Cross of the confidence of all parties" (Pictet 1979, 31).

### **Humanitarian actors' rhetoric of impartiality**

Other organisations, which claim to be "humanitarian" – be they NGO, UN agencies or donor agencies – include impartiality or part of the Red Cross definition at some stage in their own institutional discourse.

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<sup>41</sup> <http://www.ifrc.org/who-we-are/vision-and-mission/the-seven-fundamental-principles/>

<sup>42</sup> For more details on the origin of the idea of humanity see (Fiering 1976; Senarclens 1999, 31–32; Barnett 2011, 49–56).

### ***The NGO consensus***

The diversity of humanitarian NGOs has been described in various ways in the academic literature, mainly in the form of typologies differentiating “classicists” from “Solidarists” (Weiss 1999) or European from American including a subdivision of religious, “Dunantists”, and “Wilsonians” (Stoddard 2003), or again French versus Anglo-Saxon (Blanchet and Martin 2006); or finally “principled”, “pragmatists”, “Solidarists”, and “faith based” (Donini et al. 2008). Arguably, whatever their categorisation, none of these organisations engaged in relief would deny respecting the principle of impartiality. Most of them stand behind the main reference and normative documents of the humanitarian sector, which endorse and put forward impartiality and other humanitarian principles as aspirational and operational principles, i.e. the Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (hereafter called the ‘Code of Conduct’) and the Sphere Handbook. Furthermore, some NGOs include impartiality (among the three other main principles) in their organisations’ mandates,<sup>43</sup> while others do not but regularly use it (often next to the principle of humanity) in their self-narrative and advocacy campaigns.

In the Code of Conduct,<sup>44</sup> a self-policing document developed in 1994 in the aftermath of the response to the victims of the genocide of Tutsis in Rwanda, the second principle is that “[a]id is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone”. None of the four aforementioned main principles were named as such in the Code, but their definition or key implications were used instead as some actors “preferred less prescriptive terminology” (Peter Walker cited in Hammond 2015, 94).

Even though the Code of Conduct drafted by Red Cross members has a Christian trajectory (Dunant 1862), it is viewed by aid practitioners as consistent with

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<sup>43</sup> Unlike the ICRC or UN humanitarian agencies, NGOs are not mandated by states. They are self-mandated and define their own *raison d’être* in documents variously titled mission statement, charter, constitution, etc. which for reasons of simplicity I will refer to as their “mandate”.

<sup>44</sup> For more information about the genesis of the Code of Conduct, as well as its legitimacy ten years later see (Walker 2005; Hilhorst 2005).

Muslim values, in particular on the basis of the principle of impartiality, as expressed by the Humanitarian Forum:<sup>45</sup>

The 1994 Red Cross/NGO Code of Conduct was formulated in the spirit of neutrality and impartiality, taking into account Christian and Muslim perspectives amongst others.

Whilst the 1994 Red Cross/NGO Code is an impartial and non-religious document, the principle of aid without discrimination echoes the Islamic Five Fundamentals of Protection, which similarly state that vulnerable people must be helped without prejudice.<sup>46</sup>

A few years after the launch of the Code of Conduct, in an attempt to provide humanitarian actors with technical guidance and a set of minimum standards in the delivery of relief, the Sphere Handbook was developed. In the introductory “charter”, impartiality (sometimes equated to “non-discrimination”) is by far the principle most often referred to: there are thirty-two occurrences of the words “impartial” or “impartiality” against thirteen of “humanity”, two of “neutrality” or “non-partisan”, and twenty-four of the words “independence” or “independent” (The Sphere Project 2011). The text of the Sphere Humanitarian Charter is also in line with the fundamental principles of the Red Cross, and states that:

Assistance must be provided according to the principle of impartiality, which requires that it be provided solely on the basis of need and in proportion to need. This reflects the wider principle of non-discrimination: that no one should be discriminated against on any grounds of status, including age, gender, race, colour, ethnicity, sexual orientation, language, religion, disability, health status, political or other opinion, national or social origin. (The Sphere Project 2011, 22)

The Sphere Handbook has become a common reference for the vast majority of humanitarian actors. In addition, as of February 2014, 522 organisations were signatories to the Code of Conduct including all of the biggest, building de facto a large consensus, at least rhetorically, for respect for the principle of impartiality.

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<sup>45</sup> The Humanitarian Forum defines itself as “a network of key humanitarian and development organisations from each of Muslim donor and recipient countries, the West and the multilateral system (...) [that creates] dialogue and understanding between humanitarian and development organizations from Muslim countries or denominations, and their Western and multilateral counterparts from the West and multi-lateral system”. - See more at: <http://www.humanitarianforum.org/pages/en/about-us.html#sthash.mumhdQem.dpuf>.

<sup>46</sup> Now only available via the 'waybackmachine' site at <https://archive.org/web/>.

Among (and beyond) the Sphere signatories, one group of NGOs include humanity, impartiality, neutrality and independence in their mandates and use them in press statements or policy documents to assert their specific positioning as humanitarian organisations. MSF, for instance, commits itself in its charter to “offering assistance to populations in distress, (...) without discrimination” as well as observing “neutrality and impartiality in the name of universal medical ethics” (MSF 1971). The details of the organisation’s operating principles are introduced by the following sentence: “MSF’s actions are guided by medical ethics and the principles of independence and impartiality”, putting an emphasis on impartiality and independence. While the reference to neutrality has fuelled heated controversies within the organisation (Terry 2000), impartiality appears as a consensual principle. In a policy document defining the common interpretation of the MSF charter, all MSF sections reaffirmed in 1996 that impartiality was a “founding principle” (MSF 1996), adding:

Impartiality is defined by the principles of non-discrimination and proportionality :

- non-discrimination in regards to politics, race, religion, sex or any other similar criteria,
- proportionality of assistance as it relates to the degree of needs - those in the most serious and immediate danger will receive priority.<sup>47</sup>

MSF is not the only non-governmental organisation that refers to the principle of impartiality in its mission statement. Solidarités included in Article Three of its Charter that: “Aid is provided impartially and always tailored to the needs of the threatened populations” (Solidarités 1980). The idea of impartial or needs-tailored assistance is emphasised in the organisational values, and then restated on occasions to reaffirm their intentions. As an example, Solidarités was one of the sixteen relief organisations that was forced by the Sudanese Government to close its offices in Sudan in March 2009 after the International Criminal Court issued an arrest warrant for President Omar el-Bashir on war crimes charges (IRIN 2009). The implicit accusation against these organisations was that they had supplied the International

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<sup>47</sup> Contradictory definitions of “proportionality” circulated later in internal policy documents. In 2006, an updated document complementing the Chantilly Principles stated that MSF’s priority was to “provide medical assistance to the most vulnerable people in crisis” and “to contribute to the survival and relief of as many people as possible” (MSF 2006).

Criminal Court with information that compromised the Sudanese president. Solidarités denied the accusation in a press statement, reiterating that it “strongly emphasize[d] its principles, in particular the provision of impartial aid on the sole basis of the populations’ humanitarian needs, whilst retaining full independence” (Solidarités 2009). For MSF or Solidarités International, principles are presented as constitutive of their *raison d’être* and apply regardless of the operational context. Impartiality is frequently emphasised as the fundamental operating principle differentiating them from other types of actors in conflict settings (Pictet 1979; Brauman and Louarn 2011; Daccord 2012).

A second cluster of humanitarian NGOs tend not to include principles in their mandates or mission statements, but regularly use them in public statements or policy papers. The adherence of Save the Children International (SCI) to these principles is addressed at length in a report the organisation published about the state of the humanitarian apparatus and agenda in 2010. The context of this publication was the growing concern of humanitarian actors that the western international military engagement in Iraq and Afghanistan was compromising the image of western international relief actors:

The international security agenda stemming from the ‘War on Terror’, with the associated drive for increased coherence of international policy, is blurring the lines between humanitarian activity and other political or military activity. Non-humanitarian actors, including the military and the private sector, are being used to deliver aid, while in many places both governments and non-state warring parties are attempting to exercise greater political control over humanitarian work. (Dempsey and Kyazze 2010, vi)

The recommendations that followed relied heavily on the assertion that humanitarian actors had to behave according to the humanitarian principles they claimed and that states had to refrain from using humanitarian principles rhetoric to describe and justify their political and military agendas:

The humanitarian system must respond to challenges to its neutrality, impartiality and independence. In doing this it must maintain a strong emphasis on humanitarian principles. If not based on principles, it is hard to describe aid delivery as humanitarian; instead it becomes simply an

extension of the wider political or military agenda. (Dempsey and Kyazze 2010, 19)

SCI<sup>48</sup>, attempting to clarify its working framework for humanitarian emergencies in an internal policy paper, defined its principles establishing a hierarchy of primary, secondary, and tertiary principles. Humanity and impartiality were presented as the two primary principles, impartiality being defined as:

providing humanitarian assistance in proportion to need and with respect to urgency, without discrimination based upon gender, age, race, impairment, ethnicity and nationality, or by political, religious, cultural or organizational affiliation. (Save the Children International 2011, 16)

The definition recalls that of the Red Cross (Pictet 1979) and, as historian Emily Baughan noted, from its beginning the organisation claimed not to discriminate according to “nationality, religion and the political views of [the children’s] parents” (Baughan 2013, 117), evidence that the idea of non-discrimination (implied in the principle of impartiality) belongs to the organisation’s founding values.

A few years ago, some NGOs such as the International Rescue Committee<sup>49</sup> (Stoddard 2003, 3), had used principles in general and impartiality in particular in public discourses justifying their desire to preserve an operational space free from US foreign policy interference. The year after the US Agency for International Development (USAID) issued a report entitled “Foreign Aid in the National Interest” (USAID 2002), and while NGOs were receiving funds from USAID at the same time that the US military deployed troops in Iraq and Afghanistan, International Rescue Committee Vice President George Biddle told a US Congress subcommittee on May, 13<sup>th</sup> 2003 that, “Humanitarian assistance must be provided on an impartial basis to ensure that all civilians in need have fair and equal access to aid (Biddle 2003), going on to say that “establishing a close and trusting relationship with the communities

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<sup>48</sup> SC’s US branch used to be classified among the Wilsonians and the UK branch among the Dunantists (Stoddard 2003, 3). All Save the Children recently merged their international programmes and created Save the Children International which does not include principles of humanitarian action in its “about us” section of its website. It is therefore classified among the pragmatic NGOs.

<sup>49</sup> The International Rescue Committee was created in 1933, the initiative of Albert Einstein to assist Germans suffering under Hitler, and refugees from Mussolini’s Italy and Franco’s Spain.

that aid agencies serve and being seen and known to be impartial and independent of the military are the only way to work effectively in a post-conflict setting”.<sup>50</sup>

***United Nations agencies and (state) donors join the fray***

United Nations humanitarian agencies like the UNICEF or the World Food Programme (WFP) do not explicitly state principles of humanitarian action in their mission statement, but they do, however, benefit from the endorsement of four main principles by the General Assembly of the United Nations through the adoption of two resolutions. Resolution 46/182 was passed in 1991 and entitled “Strengthening of the coordination of humanitarian emergency assistance of the United Nations”. It stated that “[h]umanitarian assistance must be provided in accordance with the principles of humanity, neutrality and impartiality” (United Nations General Assembly 1991), to which *independence* was added in 2003 through Resolution 58/114.<sup>51</sup> Definitions of the principles are not given in the resolutions, however the UN Office for Coordination of Humanitarian Assistance (OCHA) gave definitions fitting the Red Cross ones:

Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions. (OCHA 2010)

A few years after the humanitarian NGOs and UN agencies, donor agencies in charge of managing emergency foreign assistance on behalf of their government or intergovernmental institutions also endorsed the rhetoric of the principles of humanitarian action through the “Principles and Good Practice of Humanitarian Donorship” initiative (often referred to as the Good Humanitarian Donorship (GHD)), which resulted from a meeting held in 2003 in Stockholm. The GHD contained a definition of humanitarian action including its objective, guiding principles (humanity, impartiality, neutrality and independence), and operational range of activities (food,

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<sup>50</sup> <http://www.rescue.org/news/congressional-hearing-irc-outlines-security-and-coordination-needs-iraq-and-afghanistan-3736>.

<sup>51</sup> Resolution 58/114 recognised that “independence, meaning the autonomy of humanitarian objectives from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented, is also an important guiding principle for the provision of humanitarian assistance” (United Nations General Assembly 2003).

water and sanitation, shelter, health services, etc.). The GHD also included general operating principles as well as good practices in donor financing. Lastly it was associated with an implementation plan forming the basis of a monitoring plan. The main idea was that this text would serve as “a common platform (...) to assist [the donors] in forming their responses to humanitarian crises” (GHD 2003, 2).

The GHD was launched in the context of a massive increase in humanitarian funding. The Organisation for Economic Co-operation and Development (OECD) emergency aid intended for the immediate relief of victims of wars and natural disasters had doubled between 1990 and 2000 (Macrae et al. 2002, 3), representing more than 10% of OECD Official Development Assistance as opposed to less than 3% at the end of the Cold War. Johan Schaar, head of division for humanitarian assistance of the Swedish International Development Cooperation Agency, which convened the Stockholm meeting, situated the context of the initiative as follows:

At the turn of the millennium, my colleagues and I found donor behaviour to be dysfunctional, irrational, and sometimes arrogant. Whether people who were living in desperate conditions because of conflict or natural calamities would be assisted at a level guaranteeing some dignity seemed to depend on no real assessment of what threatened their safety and survival. (...) And although a balance of sustenance, services, and protection must be provided to ensure a dignified life, this was far from the rule. (Schaar 2007, 37)

From another perspective a report published the year before the GHD, which had an important influence on it (Schaar 2007) established clearly that,

The 1990s saw an erosion of the high degree of trust that had previously existed between official donors and their operational humanitarian partners. On the one hand, donors grew increasingly sceptical of their partners’ operational competence, both in terms of achieving technical standards, and in terms of their ability to navigate safely a very complex political environment in the field. On the other, many agencies sensed that official donors were using their humanitarian aid for political purposes. (Macrae et al. 2002, 64)

By the time the Stockholm meeting was organised, some of the donor states involved had troops in Iraq and Afghanistan. In 2001, while military doctrine was counting on “civil-military cooperation” and on relief activities to win the “hearts and

minds” of the population in Afghanistan, US Secretary of Defense Colin Powell called on humanitarian NGOs:

More than ever, governments and intergovernmental organizations must work in partnership with NGOs if compelling problems are to be effectively addressed. (...)

And I want you to know that I have made it clear to my staff here and to all of our ambassadors around the world that I am serious about making sure we have the best relationship with the NGOs who are such a force multiplier for us, such an important part of our combat team. (Secretary Colin Powell 2001)

According to Schaar, for humanitarian donors agencies “it was necessary to make a clear statement about the civilian nature of humanitarian action” (Schaar 2007, 40). Rallying “some well established and accepted language” (Schaar 2007, 39) and adopting the rhetoric of principles of humanitarian action served that purpose. Impartiality was defined as “the implementation of actions on the basis of need, without discrimination between or within affected populations” (GHD 2003), and translated for donors in the operational general principles as follows: “Allocate humanitarian funding in proportion to needs and on the basis of needs assessments” (GHD 2003).

The GHD was a self-legitimising initiative for donors’ bureaucracies through which they adopted the humanitarian doctrine already established for other actors in the Code of Conduct and the Sphere Charter. A little more than ten years later, the GHD had grown from sixteen countries plus the European Commission to forty-one members.<sup>52</sup> The initiative gave the donors the opportunity to use the principles’ rhetoric in their policy documents (European Commission 2007; UK Aid 2012, 6; Office for Foreign Disaster Assistance 2014, 1) and potentially improve their domestic public image towards, as well as among, implementing partners. It may also have improved the negotiating power of humanitarian branches within international aid

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<sup>52</sup> Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, ECHO, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Korea, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, UK, and USA.

governmental agencies with regard to securing a fair share of the overall aid budget for *relief* assistance, as a study based on a donors' survey seemed to indicate:

Many [donors] report that it [the GHD] has helped them defend principled positions in the face of pressure from influential actors at home – “we signed up to this international agreement, now we must abide by its provisions” – allowing donors, for example, to move ahead with reducing funding earmarks, increasing flexibility in financing arrangements and refusing to cut funding to ongoing crises in favour of new, heavily mediated events. (Scott 2014, 9)

The reference to impartiality is thus central to the institutionalisation of the humanitarian sector, as it grants humanitarian actors a special status in international humanitarian law. It is, as well, ubiquitous in the humanitarian discourse. For humanitarian NGOs, UN agencies and donors, the rhetoric of impartiality provides a legal and moral currency to defend their legitimacy and autonomy in the face of the politics of States and non-State armed groups. However, unlike the principles of neutrality and independence, the meanings and implications of the principle of impartiality have rarely been debated among aid practitioners and academics.

### **An unexamined principle**

Debates about the principles of humanitarian action and the politics of assistance have been ongoing since they were originally claimed by humanitarian organisations. Yet the principle of impartiality has not fuelled much controversy. This absence of dispute stands in stark contrast with the heated debates, which, since the end of the Cold War, have challenged humanitarian actors' claim to neutrality and independence.

In a famous paper issued at the outset of the Rwandan genocide, the organisation African Rights severely criticised what they called “neutrality” or the “obsession with neutrality” (de Waal and Omaar 1994, 28) of humanitarian organisations in “political emergencies” or war.<sup>53</sup> The paper accused humanitarian

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<sup>53</sup> I am not arguing that debates on neutrality started in the 1990s; it is common knowledge that the ICRC was accused of passive complicity with the crimes committed by the Nazis during the Second World War, as the organisation strictly adhered to its principle of neutrality and did not denounce publicly the crime its delegates witnessed in the concentration and extermination camps, playing the card of silent diplomacy instead (Favez, Fletcher, and Fletcher 1999).

organisations of being “integrated into processes of violence and oppression” (de Waal and Omaar 1994, 3), as in certain countries they were “witnesses to atrocities, but chose to be silent witnesses” (de Waal and Omaar 1994, 3). According to African Rights, organisations who choose to remain neutral risk the possibility of prolonging war as they provide material assistance, strategic protection (keeping logistics routes open for relief delivery and hence also for war logistics) and legitimacy for the controlling authority (by giving them credentials they may not deserve and fulfilling their responsibility of ensuring care services for their population) (de Waal and Omaar 1994, 4–5).

African Rights defended the primacy of the principle of ‘solidarity’ as based on human rights, on “consultation with and accountability to the people with whom solidarity is expressed; shared risk and suffering with the people; concrete action in support of the people and their cause (...)” (de Waal and Omaar 1994, 27). It exemplified this with “community-implemented relief programmes in Eritrea and Tigray” or the “array of international organisations that assisted in the fight against apartheid in South Africa” (de Waal and Omaar 1994, 27). In African Rights’ view, ultimately, neutrality makes organisations act politically blindly in “political emergencies”, and exposes them to “manipulation by cynical politicians, in both ‘donor’ and ‘recipient’ countries, who use the resources and moral platform to further their own ends” (de Waal and Omaar 1994, 39).

For Hugo Slim, instead, “solidarity can all too easily become solidarity with excessive and uncoordinated violence” (Hugo Slim 1997, 348), as it is a “principle which was right for those who backed long-established (and often non violent) resistance movements like the civil-rights movement in the USA or the liberation movements in South Africa and Eastern Europe (...) but in wars like those in Somalia, Liberia, and Sierra Leone, the ‘good’ sides are not so clearly identifiable” (Hugo Slim 1997, 348). A few years later, Thomas Weiss made the case that the environment in which humanitarian actors operate changed after the end of the Cold War and that the time of “classical” or “minimalist” humanitarianism, “abiding strictly by traditional principles” (Weiss 1999, 6) was over. He hypothesised that “placing humanitarian activities within a conflict resolution framework could ultimately work in favour of humanitarian interests, to bring substantially more benefits to victims

than myopic or misplaced humanitarianism” (Weiss 1999, 17). To support his argument, he described initiatives from donor states including the Dutch, Canadian, British and Swedish governments who had just reorganised to foster programmatic connections between humanitarian assistance and conflict resolution.

The brutality of events in Bosnia, Somalia, Rwanda, Liberia, Afghanistan and Sierra Leone in the aftermath of the Cold War had, in Weiss’ words, had “shaken humanitarians to the core”, and triggered in particular “a collective identity crisis among aid workers in war zones as well as among those who analyse such efforts” (Weiss 1999, 1). Should humanitarian actors tackle the root causes of people’s suffering? Or should they stand by the principle of neutrality and refuse to engage in peace-building initiatives? This was also debated keenly among practitioners, and some argued that if humanitarian actors had been able to feed war (Keen 1994), they should be able to feed peace (Anderson 1999), paving the way to what was then labelled “new humanitarianism” (Macrae 2002), seeking to link relief, development, conflict resolution and societal reconstruction (Duffield 2001a).

The North Atlantic Treaty Organization (NATO) intervention in Kosovo (1999) as well as the US-led invasions of Afghanistan (2001) and Iraq (2003) proved to be an opportunity for proponents of the “new humanitarianism”. Some NGOs actively took part in peace-building activities (Goodhand 2006) and relief programmes, feeding the Western “stabilisation strategies” (Collinson, Elhawary, and Muggah 2010). As illustrated by Duffield (2001a), this move was encouraged by western governments such as the United States and the United Kingdom, which had used a humanitarian rhetoric to justify their military enterprise – with Tony Blair, for example, using the expression “humanitarian war” to describe the NATO intervention in Kosovo in 1999. Donors such as the UK Department for International Development were encouraging humanitarian organisations to “work with states and international organizations that are seeking to establish a democratic, law-abiding, rights-observing, market-oriented, economically rational state that provides improved conditions for all of its citizens” (Barnett and Snyder 2008, 151). Moreover, stabilisation doctrines relied on the premise that security and development were mutually reinforcing and that aid projects (and organisations) should be used in counter-insurgency strategies to ‘stabilise’ areas that had first been securitised militarily (UK Stabilisation Unit 2008).

As Duffield contended, it thus became more and more difficult for NGOs to “separate their own development and humanitarian activities from the pervasive logic of the North’s new security regime” (Duffield 2001a, 16).

In the post 9/11 era, NGOs were highly dependent on western donors’ funding. Scholars therefore feared that “if a significant proportion of their income comes from official government channels, NGOs will resemble more an instrument of foreign policy and less a force for change and advocacy” (Macrae 2003). ‘New humanitarianism’ also had its internal critiques. The humanitarian actors contributing to the promotion of the liberal peace and democratic agenda in Iraq and in Afghanistan “shouldn’t be surprised to be made responsible for any possible failure (...) and will also have to share responsibility for the loss of an independent humanitarian space” contended some MSF members at the beginning of the 2000s (Crombé and Lemasson 2003). More generally, MSF denounced the “new humanitarianism” as fuelling a “deadly confusion” between humanitarian and military action (Weissman 2004).

After several major targeted attacks against aid workers in Iraq (de Torrente 2004) and Afghanistan (Crombé 2011) the idea that new humanitarianism had contributed to the ‘shrinking of humanitarian space’ emerged (Groupe URD 2006). With the progressive demise of the liberal peace agenda as a backdrop, a practitioner literature developed, promoting a return to neutrality and humanitarian principles as a remedy against a perceived growing insecurity and hostility toward humanitarian organisations (Lara Olson 2006; Thürer 2007; Donini 2009). Humanitarian practitioners held stabilisation initiatives responsible for a blurring of the lines between western military and western aid organisations, and opposed the following argument to those in favour of “new humanitarianism”:

a more modest humanitarian enterprise, closer in ambition and intent to classical, time-tested humanitarian principles, stands a better chance of saving and protecting larger numbers of lives than does today’s increasingly politically-driven and militarized forms of relief. (Donini 2009, 8)

For the past ten years, practitioner and academic literatures have been arguing that humanitarian principles are now to be ‘respected’ (by actors involved in the conflict) or ‘adhered to’ (for humanitarian agencies), but with very few attempts

to clarify what each of these principles entails (Harvey 2013). The respect of humanitarian principles is described as a self-evident and straight-forward attitude (to the point of being referred to as “a management task for which managers need to be held accountable” (Leader 2000, 4)) supposed to automatically guarantee access, security (Macdonald 2011; Whittal 2011a) and quality.

In parallel, others have argued that these principles are neither a shield protecting aid workers from insecure environments (Hammond 2008), nor a magic key to open a physically non-existent humanitarian space (Elhawary and Collinson 2012; Hammond and Vaughan-Lee 2012; Magone, Neuman, and Weissman 2011). They have pushed the argument, saying:

The political manipulation of humanitarians is not a shift away from their original courses or the reason for their recent difficulties but the primary condition of their action. The main challenge for aid agencies is not to preserve a space free of all political manipulation but to negotiate compromises reflecting the best balance possible between their interests and those of political powers. (Weissman 2013, 501)

In all these debates, proponents and opponents of the new humanitarianism, practitioners believing in the power of principles or those arguing for negotiated compromise often refer to impartiality as a guide and identity marker for humanitarian action. But they do not examine it critically, assuming that being impartial and assisting people based on their needs only is a straightforward process that is hardly debatable – except from a technical point of view.

### **Impartiality and the ‘science of triage’**

All of the above-mentioned definitions of impartiality in the humanitarian context converge on the idea of fair resource allocation through prioritisation of needs (and its implied non-discrimination), and the provision of assistance that is proportionate to these needs. Unpacking the notions of non-discrimination and proportionality, the Red Cross doctrine commentator Jean Pictet has, however, pointed out the ambiguities of such notions and the dilemmas raised by their operationalisation. For other aid practitioners, assisting people according to their needs remains primarily a technical challenge, relying on scientific norms, protocols and evidence, and the ongoing improvement of techniques of collection and analysis. This positivist view of

impartiality, as relying on a fair and objective ranking of needs, presents many similarities with the logic of medical triage that originated on the Napoleonic battlefield and has since been extended to many aspects of medical and public health practices.

### **Impartiality as non discrimination and proportionality**

In his commentary on the fundamental principles of the Red Cross, Pictet unpacks impartiality into three notions: non-discrimination, proportionality and impartiality (which I will call 'personal objectivity' to avoid confusion in our discussion). He stresses that non-discrimination has extended over time to prevent other types of discrimination identified in the twentieth century: race, religious beliefs, class or political opinions.

While Pictet defines it as an "absolute" requirement "that authorities accord the same humane treatment to all victims" (Pictet 1979, 25), he recognises the limit of the principle, adding that "however, in exceptional circumstances, it may be necessary to make a choice" (Pictet 1979, 25). Pictet acknowledges that when it comes to choosing among people, several logics can be followed, and he gives the following examples:

I know of several cases where doctors have only treated the sick, wounded or starving who still had a chance of survival, leaving those for whom there was no longer any hope to die. (...) Red Cross worker (...) may, for example, give priority to those who have family responsibilities rather than to those who do not; to the young instead of to the old; to women instead of men. It may also be left to chance. (Pictet 1979, 25)

Pictet argues that the logic followed can be based upon "personal reasons, so long as they are exempt from self-interest" and adds "who has the right to reproach him? Who, after all, can claim to hold the scales of perfect justice?" (Pictet 1979, 25). He clearly differentiates between non-discrimination and equality but would rather seek equity or giving "to each individual not the same thing but that which is appropriate to him personally because of his nature and particular situation" (Pictet 1979, 26). He notes, however, that:

Such a manner of distribution is not impossible when we are concerned with a small number of persons, but it is not practical in terms of the whole community. For one thing, the

individual cases, which are inevitably complex, are then so numerous that we would soon be totally lost. (Pictet 1979, 26)

While not always possible at the individual level, proportionality should be sought at the level of a given population, Pictet suggests. The principle of proportionality means that assistance should be given to people according to the “degree of their suffering” and priorities should be established according to the “degree of urgency”. In other words, prioritisation should be “based upon degrees of needs” (Pictet 1979, 27). Proportionality relies on the assumption that there is pressure on available resources. Pictet asserts that people tend to donate to a cause to which they can easily relate, and gives this example:

Let us consider the magnificent display of solidarity which followed the catastrophe in Frejus, a little town in the south of France virtually destroyed by the collapse of a dam. The sum received was enormous, some millions of francs, for the two or three thousand victims for whom new homes were built. Very good, but at the same time an ICRC delegate returned from the Far East with a report on the misery suffered by hundreds of thousands of displaced persons. An appeal was launched on their behalf at the same time as the appeal for the Frejus victims – but only a ridiculously small amount was collected. (Pictet 1979, 29)

The assumption is that people donating money select on personal grounds rather than according to the degree of needs. Pictet does not blame them, and argues that the ICRC exists precisely to “restore the balance,” seeking donations and caring “for those who otherwise receive nothing”. He therefore implicitly admits that proportionality applies not only to individual cases, but also to populations.

The third component of impartiality, according to Pictet, applies at the individual level and can be labelled as personal objectivity. He rates this component as secondary to the previous two. It is defined as “a personal quality of an individual called upon to make a judgment or choice”, which “sets aside the subjective distinctions”. In other words “he is impartial who, in taking action, does so without prejudice” (Pictet 1979, 32). As clearly identified in this commentary, a person has to have sufficient freedom to act without prejudice. Pictet speaks about freedom from external influences but also what he calls “internal freedom” or freedom from “passion, psychic complexes and preconceived ideas” (Pictet 1979, 32). Also

according to this dimension of impartiality, someone who could potentially be guilty of a serious crime should not be excluded from humanitarian assistance if they need it.

While identifying impartiality with the commitments to non-discrimination, proportionality and objectivity in the delivery of assistance, Pictet implicitly points to the ambiguity and limits of those principles when it comes to their operationalisation: on the one hand *it may be necessary to discriminate* between victims who have the best chance of survival and others, between those who have family responsibilities and those who do not, between the young and the old, women and men. On the other hand, *it may be impossible to assist any individual in proportion to his/her specific needs*, to supply what is “appropriate to him personally because of his nature and particular situation”. While raising these issues, Pictet does not provide any guidance, except in calling on humanitarian actors to be “exempt from self-interest”, to neutralise their own subjectivity and personal inclination and to counter-balance the emotionally driven response of the public. Thanks to Pictet’s comments, the Red Cross movement is the organisation that has elaborated the most on the definition of impartiality, yet this has never triggered debates, either in the public sphere or among organisations, about the different ways of understanding and implementing impartiality.

### **Impartiality as evidence-based programming**

Within other organisations, which claim to be humanitarian and impartial, there is not such a reflexive approach. The main discussion that can be linked to impartiality has indeed focused on the quality of needs assessment and evidence used in that process. Peter Walker, who was part of the group which designed the Sphere standards, said in 2013: “if you believe in impartiality, you have to be evidence based. You can’t be impartial if you don’t know what the range of choices are”<sup>54</sup> (Peter Walker cited in Knox Clarke and Darcy 2014, 5). According to Walker, reflecting a

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<sup>54</sup> Even François Grünewald who strongly criticised the Sphere Project partly designed by Peter Walker said: “To reply in the best possible manner to the needs of each, not in a standardised way but in an adapted way; there lies the foundation of the principle of impartiality” (Grünewald and de Geoffroy 1999, 2). Both would agree that using evidence, assessment, and evaluation is necessary to uphold the principle of impartiality.

widely-held view in the aid sector, the assurance that a response is impartial or needs-based can only rely on evidence solidly collected and used. For aid practitioners, *real* impartiality depends on the quality of evidence used to identify and quantify needs.

The humanitarian practitioners' literature calling for evidence-based programming fits in a greater context of the promotion of evidence-based policy applied to the public sector that emerged towards the end of the 1990s, resulting from a number of factors including:

the growth of an increasingly well-educated and well-informed public; the explosion in the availability of data of all types, fuelled by developments in information technology (IT); the growth in size and capabilities of the research community; an increasing emphasis on productivity and international competitiveness, and an increasing emphasis on scrutiny and accountability in government. (Davies, Nutley, and Smith 2000, 2)

All these factors were relevant to the aid sector and constituted the general societal and institutional context in which the first sector-wide assessment promoting the role of evidence for needs-based assistance was conducted. *A Joint Evaluation of Emergency Assistance to Rwanda* was produced in the aftermath of the genocide. It was undertaken by twenty-one people with a wide range of backgrounds and assessed assistance to victims of the genocide and civil war inside Rwanda (April 1994-late 1994), as well as assistance to those who fled to Tanzania, and Zaire (evaluation extended until July 1995) (Borton 1996, 1). Study III of the evaluation was the first to look at how the whole humanitarian sector had performed, and its conclusions promoted the role of evidence in humanitarian policy and practice to specifically improve actors' preparedness (evidence enabling the predictability of disasters), performance (evidence on actors' effectiveness), and accountability (based on the transparency of evidence). The report was highly critical of the 'lack of professionalism' of certain NGOs (not all) in the midst of what was at the time one of the largest refugee outflows with some of the highest mortality rates ever recorded in a refugee population (Borton 2014).

Since the 1990s, the humanitarian sector has progressively developed norms, and standardised practices defining which affected population's needs were to be

looked after and how. While organisations, attempting to depart from a certain amateurism (Dodier 2011, 204–209), developed their own tools<sup>55</sup> and emergency kits,<sup>56</sup> some norms and standards were also developed for the entire sector. Following the aforementioned Sphere Humanitarian Charter, a handbook of more than four hundred pages fixed indicators and minimum standards for “activities which meet the urgent survival needs of disaster-affected populations” (The Sphere Project 2011, 9), in water supply, sanitation and hygiene promotion, food security and nutrition, shelter, settlement and non-food Items and Health Action. The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) was established in 1997, (in the aftermath of the *Joint Evaluation of Emergency Assistance to Rwanda*) as a “mechanism to provide a forum on learning, accountability and performance issues for the humanitarian sector”.<sup>57</sup> The *Joint Evaluation of Emergency Assistance to Rwanda* had “led to demands for increased professionalization of the humanitarian sector”<sup>58</sup> hence ALNAP’s focus on assessing practices and producing regular recommendations to improve assessment, effectiveness and accountability techniques. According to ALNAP, efficiency – defined as “a measure of how economically resources/inputs (funds, expertise, time etc.) are converted to results” (OECD 2002, 21) - exists through its measurement, accountability through the ability to communicate and act upon achievements and failure and impartiality through the ability to identify and rank needs.

At the turn of the century, however, practitioners of the humanitarian sector concluded that evidence was not collected systematically enough (Darcy and Hofmann 2003):

In many of the most serious humanitarian situations, the study found a dramatic lack of crucial information available to decision-makers, in particular relating to mortality, morbidity and malnutrition – and the risk factors contributing to these.

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<sup>55</sup> MSF, for instance, created Epicentre, its epidemiological centre in 1987 in an attempt to produce its own health statistics.

<sup>56</sup> See the history of the logistics within Médecins Sans Frontières and in particular the emergence of emergency kits (Vallaey 2004, 334–336; Redfield 2008a; Redfield 2013, 78–90; Vidal and Pinel 2011, 29–31), but also the creation of Epicentre, its epidemiological centre in 1987 (Vidal and Pinel 2011, 31–33) that implements “multi-centred trials” or “meta-analysis” of several geographical locations (Dodier 2011, 209–213).

<sup>57</sup> <http://www.alnap.org/who-we-are/our-role>

<sup>58</sup> *Ibid.*

The kinds of needs assessment required to generate this are being conducted only sporadically. While the ability to gain access for assessment has some bearing on this, it cannot explain the discrepancies in practice between different contexts. In many cases, it appears that information is not available because its collection has not been prioritised. (Darcy and Hofmann 2003, 64)

After 2010, the literature moved on to the conclusion that there was enough “evidence” collected, but that it was not being used for decision-making (including decisions on priority setting) (Darcy et al. 2013). The issue identified was the poor quality of “evidence” triggering a failure to use it: “many humanitarian evaluations do not use academically recognised qualitative methods, and fail to meet basic quality standards related to accuracy, representativeness, and relevance” (Knox Clarke and Darcy 2014, 39). Strong criticism continued on the general low consultation of the potential “beneficiaries” in assessing their needs (Knox Clarke and Darcy 2014, 40; Binder, Koddenbrock, and Horváth 2013, 8).

The humanitarian practitioners’ literature debates at length the technicality of how to gather and make accessible information in order to form an impartial judgement. Recommendations underline that “[e]vidence should be packaged in ways that make it easily accessible: short reports in jargon-free language, infographics, and searchable ‘portals’ (...) and available in a timely manner”(Knox Clarke and Darcy 2014, 51 and 70; see also ACAPS 2012). The underlying assumption is that promoting “evidence” will prevent or reduce decisions being based on political, or fundraising grounds (Knox Clarke and Darcy 2014, 55) perverted by the necessity “to meet the needs of international organisations, rather than those of affected people” (Knox Clarke and Darcy 2014, 69). “Performance”, “effectiveness”, “quality of assistance”, “evidence” and “professionalisation” are all presented as interrelated in this literature and overall the objectivity of “evidence” collecting and analysing techniques is presented as the key to impartial assistance. This literature conveys a positivist view of humanitarian action whose impartiality would be sustained by a greater recourse to science (Dijkzeul, Hilhorst, and Walker 2013).

## Impartiality as triage

The positivist view of impartiality as implying an evidence-based process, relying on recognised norms and standardised procedures, and leading to quantification and ranking of needs by order of priority, is very similar to the logic of medical triage described by Lachenal et al. There are indeed many parallels to be drawn between biomedical practices and international relief practices, as both take care of people. Both have a practice that is often described as ‘asymmetrical’ as the doctor possesses technical knowledge and the power to cure while the aid worker’s hand that gives is metaphorically above the hand that receives. Both claim to help or treat *impartially*, without discriminating among patients or beneficiaries, even when scarcity of resources obliges them to choose whom to assist first from among a priori equally deserving people.

The medical practice of triage was inherited from Dominique-Jean Larrey, chief surgeon in command in Napoleon’s army (Blagg 2003; Mitchell 2008).<sup>59</sup> Traditionally upper ranks were treated first and lower ranks as well as enemy prisoners last. Larrey, in line with his direct involvement in the French Revolution, believed that the wounded should be taken care of according to the severity and urgency of their condition rather than their rank. He famously wrote: “the most dangerously wounded should be prioritised, disregarding ranks and distinctions. The less wounded can wait that their brothers in arms, horribly mutilated have been bandaged and operated”<sup>60</sup> (Larrey 1812, III:4). Larrey’s innovation was to claim that on the battlefield people should be equal in their access to health care and prioritised if critically wounded. At the time non-discrimination was not yet a commonality of medical ethics: Hippocrates himself had denied care to the Persians when they were stricken by a plague, because he saw them as enemies (Pictet 1979) and it was not until 1948 that the World Medical Association officially endorsed non-discrimination.<sup>61</sup>

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<sup>59</sup> Although Lachenal, Lefève, and Nguyen (2014a, 6) note that the linearity of the historical trajectory of the idea of triage is debatable, I rely here on the consensus in the triage literature that the medical practice of sorting patients in emergency can be traced back to Dominique-Jean Larrey, even though he never used the word himself.

<sup>60</sup> My translation.

<sup>61</sup> In the Geneva Declaration which was ratified three months before the Universal Declaration of Human Rights by the United Nations General Assembly, and then amended several times.

Fifty years after Larrey, Henry Dunant was advocating for indiscriminate access to relief for all wounded on the battlefield. This later gave birth to the principle of impartiality, and echoed Larrey's idea of triage, even though there were no direct connections between the two men and their initiatives. Larrey was inspired by the values of the Enlightenment and the French Revolution, in which he was actively involved. In line with the French Republican motto 'Liberty, Equality, Fraternity', he applied the abolishment of social privileges to access to health on the battlefield (Nestor 2012) making the origin of medical triage a political statement. Dunant spoke of "compassion" or "Christian devotion" (Dunant 1986, 109) showing the influence of Christian values in his fight for an egalitarian consideration of the wounded during warfare.<sup>62</sup> Both innovated an ethical drive towards fairness of relief on the battlefield, believed that there should not be any social or political discrimination regarding access to relief and that people should be taken care of according to their health condition only.

However the two men provided no guidance as to *what* should be the distributive commitments if choices had to be made among the worst-off. Dunant ambiguously put forward "the moral sense of the importance of human life" as well as the "energy which gives one a positive craving to relieve as many as one can" (Dunant 1986, 73), which refers to two different distributive logics: the first is a duty-based, placing the value of human life above all else, and the second, maximalist, placing the optimisation of the number of lives saved above the individual interests. Larrey mentioned only two categories of people: those who could not wait as they had been "horribly mutilated" and those who had been "lightly wounded" (Larrey 1812, III:4) hence providing an oversimplified picture of the reality.<sup>63</sup> Larrey and Dunant, through their claims and practices, make a promise of fairness, however the ethical basis remains undetermined.

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<sup>62</sup> Incidentally these characters embody two of the main genealogical origins of western humanitarianism: the Enlightenment and Christianity (Brauman 2000, 29). Missionaries and colonialism are two other major ancestors of modern humanitarianism, historians agree (Taithe 2004; Lachenal and Taithe 2009).

<sup>63</sup> The idea of resource maximisation emerged explicitly only later in the genealogy of the concept of triage, and still in the military context. After the Crimean War, Russian military medicine manuals formalised the idea that the objective of triage was to maximise military troops, hence prioritising those who would be able to return to the frontlines (Lachenal, Lefève, and Nguyen 2014b, 6).

The use of the notion of triage was generalised during World War I following the logic of the “greatest good of the greatest number” (Iserson and Moskop 2007, 277). It was not until much later that civilian uses of triage techniques in emergency departments of hospitals were developed:<sup>64</sup> triage was applied as a priority-setting technique to provide fair access to care for all, on the basis of one’s health status. Today in many countries medical triage is systematically implemented in emergency rooms of hospitals.

When described by medical practitioners, triage is treated as a scientific technique. The World Health Organization (WHO) defines medical triage as “the sorting out of patients into priority groups according to their need and the resources available” (WHO 2005, 3). Medical triage is framed by protocols. It must be *swift*: according to the American Simple Triage and Rapid Treatment people should be triaged in less than sixty seconds. According to the WHO, children should be triaged in less than twenty seconds (WHO 2005, 4). Medical triage must be *rigorous*: checklists of emergency signs such as the “ABCD method”,<sup>65</sup> for instance, frames the classification of patients into phases or levels. Each emergency level is attributed a colour: often it is red for “immediate” care, yellow when care can be “delayed”, green when it is “minor” and black for a deceased or dying person. The WHO has a three-level scale: red for “emergency”, yellow for “priority” and green for “queue” (WHO 2005, 5). The South African system has a five-level scale with target times for care for patients: red patients should be sent immediately to the resuscitation room, orange patients should be taken care of in less than ten minutes, yellow patients in less than an hour, blue patients should be sent to a doctor within two hours for certification, and green patients are considered non-urgent (Western Cape Government 2012, 7). In guidelines, triage scales are presented as “scientific” (Western Cape Government 2012, 3), triage algorithms are developed and patients’ physiology is scored (Western Cape Government 2012).

The same formalism is widely used in the humanitarian sector. Set up by the Food and Agricultural Organisation and World Food Programme, together with

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<sup>64</sup> Weinerman, Rutzen, and Pearson (1965) quoted in Iserson and Moskop (2007).

<sup>65</sup> Airway, Breathing, Circulation/Coma/Convulsion and Dehydration are successively evaluated as to determine the degree of urgency of care that must be delivered to the person.

several NGOs, the Integrated Food Security Phase Classification, for instance, claims to be an “evidence-based approach” that can classify “the severity and magnitude of food security (...) to provide decision makers with a rigorous analysis of food insecurity along with objectives of response”.<sup>66</sup>

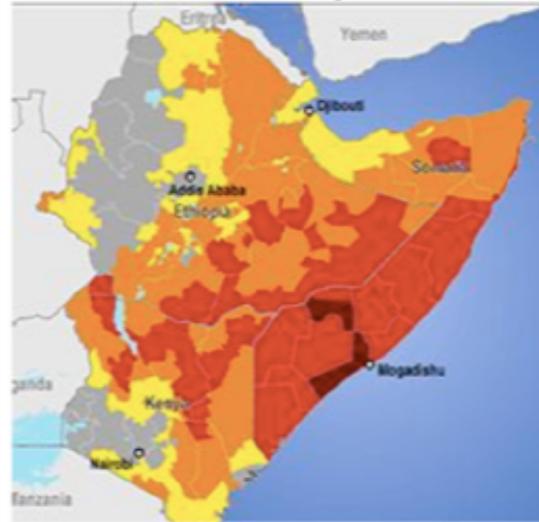
**Figure 2 The Integrated Food Security Phase Classification Table and maps**

Phase Classification		Key Reference Outcomes <i>Current or imminent outcomes on lives and livelihoods. Based on convergence of direct and indirect evidence rather than absolute thresholds. Not all indicators must be present for classification..</i>	Strategic Response Framework <i>Objectives:</i> <i>(1) mitigate immediate outcomes, (2) support livelihoods, and (3) address underlying causes</i>
1A	Generally Food Secure	<b>Crude Mortality Rate</b> < 0.5 / 10,000 / day	Strategic assistance to pockets of food insecure groups Investment in food and economic production systems Enable development of livelihood systems based on principles of sustainability, justice, and equity Prevent emergence of structural hindrances to food security Advocacy
		<b>Acute Malnutrition</b> <3 % (w/h <-2 z-scores)	
<b>Stunting</b> <20% (h/age <-2 z-scores)			
<b>Food Access / Availability</b> usually adequate (> 2,100 kcal ppp day), stable			
<b>Dietary Diversity</b> consistent quality and quantity of diversity			
1B	Generally Food Secur	<b>Water Access / Avail.</b> usually adequate (> 15 litres ppp day), stable	
		<b>Hazards</b> moderate to low probability and vulnerability	
2	Moderately / Borderline Food Insecure	<b>Civil Security</b> prevailing and structural peace	
		<b>Livelihood Assets</b> generally sustainable utilization (of 6 capitals)	
		<b>Crude Mortality Rate</b> <0.5 / 10,000 / day; U5MR<1 / 10,000 / day	
		<b>Acute Malnutrition</b> >3% but <10 % (w/h <-2 z-score), usual range, stable	
		<b>Stunting</b> >20% (h/age <-2 z-scores)	
		<b>Food Access / Availability</b> borderline adequate (2,100 kcal ppp day); unstable	
		<b>Dietary Diversity</b> chronic dietary diversity deficit	
		<b>Water Access / Avail.</b> borderline adequate (15 litres ppp day); unstable	
		<b>Hazards</b> recurrent, with high livelihood vulnerability	
		<b>Civil Security</b> Unstable; disruptive tension	
3	Acute Food and Livelihood Crisis	<b>Coping</b> "insurance strategies"	
		<b>Livelihood Assets</b> stressed and unsustainable utilization (of 6 capitals)	
		<b>Structural</b> Pronounced underlying hindrances to food security	
		<b>Crude Mortality Rate</b> 0.5-1 / 10,000 / day; U5MR 1-2 / 10,000 / dy	
		<b>Acute Malnutrition</b> 10-15 % (w/h <-2 z-score), > than usual, increasing	
		<b>Disease</b> epidemic; increasing	
		<b>Food Access / Availability</b> lack of entitlement; 2,100 kcal ppp day via asset stripping	
		<b>Dietary Diversity</b> acute dietary diversity deficit	
		<b>Water Access / Avail.</b> 7.5-15 litres ppp day, accessed via asset stripping	
		<b>Destitution / Displacement</b> emerging; diffuse	
4	Humanitarian Emergency	<b>Civil Security</b> limited spread, low intensity conflict	
		<b>Coping</b> "crisis strategies"; CSI > than reference; increasing	
		<b>Livelihood Assets</b> accelerated and critical depletion or loss of access	
		<b>Crude Mortality Rate</b> 1-2 / 10,000 / day; >2x reference rate, increasing; U5MR > 2 / 10,000 / day	
		<b>Acute Malnutrition</b> >15 % (w/h <-2 z-score), > than usual, increasing	
		<b>Disease</b> Pandemic	
		<b>Food Access / Availability</b> severe entitlement gap; unable to meet 2,100 kcal ppp day	
		<b>Dietary Diversity</b> Regularly 3 or fewer main food groups consumed	
		<b>Water Access / Avail.</b> < 7.5 litres ppp day (human usage only)	
		<b>Destitution / Displacement</b> concentrated; increasing	
5	Famine / Humanitarian Catastrophe	<b>Civil Security</b> widespread, high intensity conflict	
		<b>Coping</b> "distress strategies"; CSI significantly > than reference	
		<b>Livelihood Assets</b> near complete & irreversible depletion or loss of access	
		<b>Crude Mortality Rate</b> > 2 / 10,000 / day (example: 6,000 / 1,000,000 / 30 days)	
		<b>Acute Malnutrition</b> > 30 % (w/h <-2 z-score)	
		<b>Disease</b> Pandemic	
		<b>Food Access / Availability</b> extreme entitlement gap; much below 2,100 kcal ppp day	
		<b>Water Access / Avail.</b> < 4 litres ppp day (human usage only)	
		<b>Destitution / Displacement</b> large scale, concentrated	
		<b>Civil Security</b> widespread, high intensity conflict	
<b>Livelihood Assets</b> effectively complete loss; collapse			

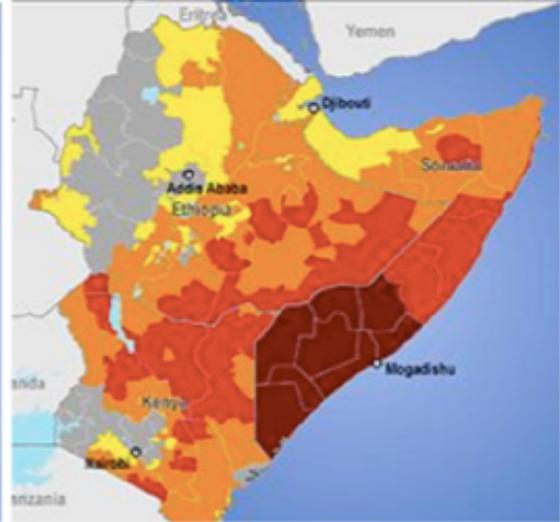
Source: (IPC Global Partners 2006, 4)

<sup>66</sup> <http://www.ipcinfo.org/>.

Current situation - July 2011



August-December forecast



Source: (ACAPS 2011, 1)

Figure 3 A medical triage tag

Nº 615142		Nº 615142	
<b>EVACU-AID™</b>		<b>TRIAGE TAG</b>	
CONTAMINATION:		NO YES	
Respirations ___ Yes ___ No		Circle type below:	
Perfusion ___ +2 SEC ___ -2 SEC		  	
Mental Status ___ Can do ___ Can't do		UNCONSCIOUS ___	
Mark * ORIENTED ___ DISORIENTED ___			
Time	Pulse	B/P	Respiration
Time	Drug Solution		Dosage
Major Injuries: _____			
Destination: _____			
 			
Notes: _____			
Allergies: _____			
Prescriptive Medication: _____			
Personal Information			
Name: _____			
Address: _____			
City: _____	St: _____	Zip: _____	Phone: _____
Male ___	Female ___	Age: _____	Weight: _____
<b>DECEASED</b>		<b>DECEASED</b>	
<b>IMMEDIATE</b>		<b>IMMEDIATE</b>	
<b>DELAYED</b>		<b>DELAYED</b>	
<b>MINOR</b>		<b>MINOR</b>	

Source 1: <http://www.sosproducts.com/product-p/45795.htm>

The Integrated Food Security Phase Classification publishes regular reports that include severity ranking mapped out according to a colour scale from green to dark brown - green being the “minimal” level of severity and dark brown signalling “famine”, which requires immediate and significant relief provision. These maps are the basis of assistance priority settings, and resemble a form of macro triage operated by humanitarian actors. The visual similarities (see figure 2 & 3) between the classic triage tag used in emergency department of hospitals to visualise who should be treated first (1) and the humanitarian practitioners’ mapping of categories about the levels of access to regions of a country (2) or the level of food insecurity (3) illustrate the common aspiration to create scientific categories.

## **Conclusion**

This chapter established the importance in the humanitarian rhetoric of the principle of impartiality, conceived as a distinctive and entitling quality granting humanitarian organisations certain rights and privileges. It also showed that in spite of its importance, the principle of impartiality was never the object of debates among practitioners and remained unexamined by scholars. Humanitarian actors did and do rely on a consensual working definition of an impartial assistance as *assistance based on needs only*, the latter being understood as a fair and rational allocation of resources relying on scientific norms, evidence, and protocols comparable to medical triage.

Medical and humanitarian triage are both presented as a *technical* exercise guaranteeing a *fair* allocation of limited resources thanks to scientific protocol and the quality of evidence underpinning the assessments of needs. Yet anthropologists and sociologists have questioned this positivist view of triage, highlighting the unquestioned normative assumption they rely upon as well as the crucial influence of non-clinical/non-technical factors on sorting logics as the next chapter demonstrates.

## Chapter 3

# From radical critiques of ‘needs-based’ assistance to the study of triage practices

### Introduction

The positivist view of impartiality is challenged in two ways by the social sciences literature. In the first section of this chapter I consider how researchers from the fields of anthropology and development studies argue that the allocation of humanitarian assistance that I include in *humanitarian triage* as explained in chapter 2, is not guided by concern for the life and wellbeing of its so-called beneficiaries, but is primarily driven by the interests and prejudices of aid organisations’ personnel, bureaucracies and donor institutions. Section two discusses how social scientists researching medical practices show that triage techniques that have the appearance of scientific rigour are actually eminently dependent on non-clinical considerations and encompass a whole range of ethical logics and social drivers. The third section explains how, following on from these lines of enquiry, my research, through an ethnography of the daily practices of aid workers, explores the diversity of the logics underpinning *humanitarian triage* practices that determine who they prioritise for assistance and how. I describe how I conducted this ethnography, first unpacking the challenges of negotiating access inside three international NGOs to study their daily practices of triage, and then detailing the benefits and challenges of being a former aid worker and a woman doing fieldwork in Pakistan.

### **The academic critique of the humanitarian prerogative to decide on who to include (and who to exclude) in the assistance web**

As noted in chapter 1, anthropologists and development studies scholars have shown interest in international humanitarian action, considering groups and institutions which *claim to be* humanitarian legitimate objects of study. Despite the fact that moral principles and impartiality in particular is central to humanitarian actors, the anthropology of humanitarianism does not directly address this theme, rather showing, from various angles, the impact of humanitarian assistance on those who

receive it, emphasising the power asymmetry between the humanitarian actors and those they claim to help. This section separates two types of critiques: the domino-centric critique of anthropologists and the radical critique of development studies scholars.

### **Anthropologists and the domino-centric critique**

Considering the literature on topics related to humanitarianism within the field of political anthropology, Laetitia Atlani-Duault and Jean-Pierre Dozon identify three main branches of work.<sup>67</sup> The first includes anthropologists who, having mainly worked on development and its effects, then extended their field of investigation to humanitarian aid (Atlani-Duault 2007; Atlani-Duault and Vidal 2009; Olivier de Sardan 2011; Apthorpe 2012). These anthropologists followed a rhetorical shift of the actors themselves who had changed their designation of types of projects and situations from 'development' to 'humanitarian' aid.

The second branch includes anthropologists who work on refugees, displaced people and migrations in general, as well as on the assistance that is provided to them by humanitarian actors (Harrell-Bond 1986; Malkki 1996; Hammond 2004; Agier 2002; Agier 2008; Fresia 2009). They shed light on the experience of those who migrate, and how they survive and adapt to their situation as well as on the assistance that is part of their daily equation. This literature also develops a critique of the humanitarian apparatus imposing itself as a form of "humanitarian government" (Agier 2010, 34).<sup>68</sup>

A third branch includes researchers coming from a medical anthropology perspective who often focus on the power of humanitarian action on the bodies of the recipients, referring to the work of Michel Foucault or Giorgio Agamben (Pandolfi 2003; Fassin 2007a; Fassin 2007b; Pandolfi 2008). This category echoes the one described by Bornstein and Redfield as having an "interest in the political status of life" (Redfield and Erica Bornstein 2011, 23) to the extent that some speak about

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<sup>67</sup> As their overview identifies mainly francophone literature, I use their categories and enrich them with Anglophone references.

<sup>68</sup> This analysis echoes the work of Mark Duffield who writes about western states as "Metropolitan states (...) governing the borderlands" through various aid "technologies" (Duffield 2001b, 308); see also Duffield (2001a) and Duffield (2007).

“therapeutic citizenship” when people’s political voice emerges only in their access to treatment in “a world where sometimes the only way to survive is by having a fatal illness called HIV” (Nguyen 2010, 182).

A fourth category could be added, to include ethnographies of natural disasters like famines, landslides, earthquakes or floods (Oliver-Smith 1996; de Waal 1997; Fassin and Vasquez 2005; Revet 2007; Revet and Langumier 2013), exposing the social and political causes and consequences of these events. This literature relies on the idea that disasters are particularly interesting situations in which to observe how a society is structured and how its members react to such events (Revet 2007, 13). Relief actors are part of what these ethnographies study in the aftermath of a disaster. Sandrine Revet’s ethnography of the 1999 landslide in Venezuela emphasises everything that this disaster *produced* – as opposed to the intuitive idea that disasters mainly cause destruction.

Even though the topic of impartiality is not directly addressed in this literature, some of the above-cited scholars approaching humanitarianism from the perspective of camps set up by aid organisations and ‘bare life’ have incidentally produced a radical critique of humanitarian rhetoric and of the dehumanising practice of categorising people. They contend that the claim to assist people based on “need alone” (Sphere Project 2011, 37) serves merely as a façade for a variety of logics mainly driven by aid bureaucracies’ institutional self-interests and western donors’ political agendas.

Mariella Pandolfi, a Canadian anthropologist who worked on the Balkans in the post-communist period, describes choices about what to do, and who to help first, as both messy and driven by the bureaucracy of aid, rather than based on what people might request. She relies especially on Giorgio Agamben’s notion of “bare life” (see Agamben 1998) who defines it as the isolation of “the absolute political substance that (...) allows the total definition of the subject’s identity in demographic, ethnic, national or political terms” (Pandolfi 2003, 374) to criticise the power of “humanitarian management” (Pandolfi 2003, 374) to categorise individuals as “refugees, legal or illegal immigrants, or traumatized victims” (Pandolfi 2003, 374) and thus reduce “subjective trajectories, of individuals, of men and women, to bodies” (Pandolfi 2003, 374). She argues that where the “humanitarian apparatus” is

set up, “individuals become a ‘population’ to be numbered, ethnicized, and catalogued” (Pandolfi 2003, 376). She adds that:

human beings are pigeonholed [into] labels by means of which it is possible to activate procedures such as fundraising, protocols, the establishment of transversal and transnational institutions and, ultimately, of a business whose importance and amplitude is concealed by charitable pietas. (Pandolfi 2003, 381)

For Pandolfi this humanitarian “state of exception is legitimised by the category of emergency” (Pandolfi 2003, 376), which is in fact constructed and which sets the institutional framework within which humanitarian actors follow a “logic of action” (Pandolfi 2003, 376). Without mentioning impartiality explicitly, she at least implies that other logics are driving the allocation of assistance. She describes the “logic of action” as “responding to the priorities of international donors and bureaucratic frameworks” (Pandolfi 2003, 376) and implies that humanitarian choices on whom to assist (first) and how to assist them are rather:

Emotional (...) multiple and confused, and are often experienced in contradictory ways by single individuals, who may experience a mixture of pietas and cynicism, of the desire for adventure and the necessity to be present in the mediatised arena, of money and emergency, of bureaucracy and anti-ideology. (Pandolfi 2003, 377)

Based on her observations of the aid landscape in Albania in 1999, she argues that the media drive actors in and out of a “humanitarian disaster” (Pandolfi 2003, 378), and that there is a “supply-effect of emergency” (Pandolfi 2003, 380) according to which organisations provide what they have, rather than what people need. Furthermore, the imperative to act, which she refers to as the “do something syndrome” (Pandolfi 2003, 380), promotes action – any action – often at the expense of questioning its relevance. In short, the author pictures humanitarian assistance as based on many things other than the “needs of the population”. Pandolfi does not, however, give detailed descriptions of the logics of aid allocation and delivery; she does not describe humanitarian organisations from the inside, nor does she depict their perspectives on how and why they do what they do.

Michel Agier also critiques the moral claims by humanitarian actors that they assist people based on needs only. There is for him “a functional solidarity, ‘organic’

in the Durkheimian sense, between the humanitarian world (the hand that cares) and the police and military ordering (the hand that strikes) on the part of the world as a whole” (Agier 2011, 5). He nuances his view, however, by saying: “I do not see this connection as an institutional one, and certainly not a manipulating intentionality that need only be denounced for the critique of humanitarianism to be complete” (Agier 2011, 5). In this context he analyses the meaning and effect of humanitarian categories used in the allocation of aid. He argues that terms like “displaced person” or “refugees” do not tell us anything about the violence people may have encountered to be pushed into one of these categories (for example, escaping a bombing of their village or mass massacres) (Agier 2002, 31). For Agier “emergency is only interested in victims, and according to humanitarian principles, victims do not have any political or social affiliation, and hence no voice”<sup>69</sup> (Agier 2002, 123). However he shows very clearly that considering people as victims only is a truncated vision of a complex reality. He describes the social complexity that exists behind classic humanitarian categories. In Colombia, for example, he explains that among those who are labelled “*desplazado(a)*” (Spanish: displaced person) there are guerrillas, paramilitary and their supporters, delinquents, and ordinary farmers (Agier 2002, 59). For Agier, establishing categories (and figures) is a political act:

It is based on simple tautologies, i.e. on closed circuits of reasoning in which figures can only confirm the arbitrary definitions given a priori in specific political contexts according to the ‘devastating logic of categorizations’ (Varikas 2007, 181). Definitions of this kind are not based on any universal and fixed scientific framework, they have only the appearance of scientific rigour. (Agier 2011, 33)

He backs up his argument by showing how fluid and negotiable these categories are. First, he demonstrates that the same person can successively be an “internally displaced person”, a “refugee”, an “illegal immigrant”, and an “asylum seeker” (Agier 2008, 53–54; Agier and Lecadet 2014, 21). Second, he gives several detailed descriptions of situations in which people categorised as “vulnerable”

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<sup>69</sup> My translation.

organised themselves politically and negotiated their rights using the very categories created by their caretaker (often an international organisation).<sup>70</sup>

Agier's approach makes an important point: humanitarian organisations do not escape politics despite the "totalitarian fiction" (Agier 2010, 33) they believe in, according to which all people should be equal, and that makes them act as if they had "the power of life (to make live or survive) and the power of death (to let die) over the individual it considers the absolute victim" (Agier 2010, 33). The power of Agier's critique resides in the subtle balance between a critical perspective on the humanitarian apparatus and a thorough empirical study of various humanitarian situations (of people living in camps in particular). On one hand, Agier considers the humanitarian apparatus as a locus of power "where control and assistance are entangled" (Agier 2010, 43). He therefore understands priority setting not only as a technical act to identify, analyse and classify the needs of the worst-off in order to optimise scarce resources, but also as the expression of the power asymmetry residing at the core of humanitarianism, whose primary function is to manage 'the undesirables' (Agier 2011) on behalf of governments. On the other hand he provides very rich empirical material which shows that humanitarian practices are challenged by their recipients and are constantly renegotiated among the various stakeholders.

### **The radical critique of development studies**

Zoë Marriage investigates why NGOs adopt objectives of humanitarian principles and human rights in violent contexts. Her critique, which is described in detail here, is representative of a type of critique also made by other academics such as Alex de Waal, who asserts that "Western charities are guilty of philanthropic imperialism" (de Waal 1995). Marriage develops a radical critique of international assistance to countries at war, relying on interviews done along what she describes as "a journey" through Sierra Leone, Congo, Rwanda, Sudan and Kenya. She contends that despite the humanitarian discourse of principles, assistance is distributed "unevenly" to "people who substantiate the dominant ideology by stoking its moral credibility"

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<sup>70</sup> See Robins (2009) for another enlightening example of how humanitarian norms can be used as tools for emancipation of those initially seen and categorised as victims.

(Marriage 2006, 177), as opposed to their claim of a fair prioritisation of assistance based on people's "needs only". For Marriage,

Certain forms of violence are abhorred, and assistance is bestowed symbolically on its victims. Other forms (or locations) of violence are ignored, depending on how the morality activity reflects on the aid provider. (Marriage 2006, 183)

She gives the example of Sierra Leone which did not attract international attention (and hence funding) until the Revolutionary United Front started amputating hands, kidnapping people and forcing children to enlist as soldiers. She also states the example of Rwanda where the funding flowed after the 1994 genocide and argues that international interest was aroused by the moral question "how could they (the mostly Hutu who perpetrated genocide) do that?" rather than driven by a political analysis of state coercion and control (Marriage 2006, 185). For Marriage, the logic is institutional; she observes that NGOs used categories to describe people's situations but that there was no evidence that they had considered their needs:

NGOs used terminology that was endorsed by their donors, and rescued the official line by overlooking some people and labelling others 'inaccessible'. More formal processes included introducing categories that redefined particular groups, using existing terminology to connote the worth of interventions, and introducing new objectives (such as peace). (Marriage 2006, 94)

Marriage asserts that in reality assistance is provided to the "politically backwards" (Marriage 2006, 177) and the "victims of moral outrage" (Marriage 2006, 183) as it is these groups that serve humanitarian institutional purposes. She pushes the critique to the extreme and argues that "there is no causal link between the rules and the delivery" (Marriage 2006, 212) and that "assistance does not ensure survival, basic needs are not fulfilled, and any goods transferred are more pitiful than charity" (Marriage 2006, 192).

Such a critique is all encompassing. It defines "assistance" as taking the form of "relief, development and peace projects, pursued through material or service provision, income generation, infrastructural support or advice" (Marriage 2006, 2), the word used to refer to projects, actors or money flow. Marriage provides a macro analysis of international assistance, taking into account views of all kinds of aid as

well as the recipients of projects. She does not focus on one type of actor, nor does she provide a detailed account of their perspective or descriptions of practices from inside those actors, be they assisted or assisting.

All these social scientists thus challenge the humanitarian practitioners' narrative, which identifies the provision of relief on the basis of needs as a technical and value-free process grounded in the objectivity of scientific evidence and protocols. The social scientists identify in particular the issue of asymmetrical power relationships between relief actors and their so-called "beneficiaries". This asymmetry is manifest in the arbitrary power of aid actors to define the categories of victims and needs in their own terms.

The limit of the anthropological and development studies critiques of the humanitarian "industry" (Pandolfi 2000), "apparatus" (Agier 2011) or "assistance" (Marriage 2006) is that it does not unpack the humanitarian apparatus as much as it focuses on the so-called "beneficiaries". Humanitarian actors are depicted as a coherent whole organised around the domination and control of deprived populations. The nuances about the daily practices of people ending up in 'camps', as thoroughly observed and described by Agier, indicates that there might be as much nuance to be observed on the side of aid workers and encourages further critical scrutiny. What are the various logics affecting aid allocation and delivery at the level of aid agencies and practitioners? How do humanitarian bureaucracies function? What are the perspectives of aid actors on what they do and why? These questions have been explored by social scientists working on medical triage which presents many similarities with humanitarian triage as described in chapters 1 and 2, and as further detailed in the following section.

### **A social scientist perspective on medical triage**

Both impartiality and triage can be defined as a fair and rational way, based on scientific norms, protocols and evidence, to allocate limited resources when conditions do not allow treating or assisting all deserving or needy people. Social scientists researching medical practices have shown, however, that even though triage techniques have the appearance of scientific rigour, they are eminently dependent on non-clinical considerations.

In a multi-disciplinary book attempting to thoroughly grasp what is at stake in the notion of medical triage, Lachenal et al. (2014) critically examine the scientific claim of triage in the medical context. As rigorous as each emergency triage system may be, there is, as mentioned above, room for a diversity of methods, implying that there is no one universal medical triage, scientifically recognised as the most effective in saving lives. Nor has any study ever compared the different mass casualty triage algorithms regarding ease of use, reliability and effectiveness (Jenkins et al. 2008).

Moreover, triage does not begin and end in the emergency room. As Lachenal et al. points out, it implies debates related to:<sup>71</sup>

choices, ahead of medical practices, among pathologies and populations about collective health resources allocation (macro allocation) and, on the other hand to ethical, social and medical criteria used to define individual patient's access to scarce resources (micro allocation).<sup>72</sup> (Lachenal, Lefève, and Nguyen 2014b, 8)

As mentioned in chapter 1, the notion of triage implies a promise of fairness, and involves sorting logics that are macro and micro allocations of resources made necessary by a situation of scarcity. This literature points to two types of dimensions underpinning medical triage: ethical logics and social factors. I show in the following paragraphs that both echo realities of the humanitarian practice touched upon by two scholars in particular.

### **Diversity of ethical logics**

The ethical debate on triage in its wider meaning emerged in the medical sector in the 1960s from an attempt by the Swedish Hospital of Seattle to allocate as fairly as possible a newly developed and extremely expensive technique for people with renal failure: dialysis (Lachenal, Lefève, and Nguyen 2014b, 13). The hospital elected seven members to form the “Admissions and Policies Committee of the Seattle Artificial Kidney Center at Swedish Hospital” (hereafter ‘the Committee’) as a “microcosm of society at large” (Alexander 1962, 106). The Committee had to decide upon the first ten patients who would be granted access to a medical trial involving this technique and an article of Life magazine described in details a series of meetings of the

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<sup>71</sup> See also Scheunemann and White (2011) who use the expression “macro triage” and micro triage”.

<sup>72</sup> My translation.

Committee to choose two out of five patients. The purpose of this initiative was to create a “buffer for the medical profession” (Alexander 1962, 117), freeing doctors from the moral burden and emotional pressure of these life-or-death choices. As none of the patients considered by the Committee would survive until another treatment facility became available, their health situations were considered equally urgent.

The members of the Committee established a list of non-medical criteria including the number of dependents, past work performance and future potential service to society as well as “emotional stability” also referred to as “character and moral strength” (Alexander 1962, 110) and debated until they reached a decision about whom to choose. This triggered a vivid debate in the United States, and started discussions on the ethics of rationing in medicine: given that there is a limit to the amount of public money available to fund treatment, how is it possible to allocate it in the most ethical way? Should scarce public resources be allocated so that the treatments’ outcomes are maximised, prioritising their efficiency? This would make it a consequentialist (or utilitarian) approach. Or should this allocation be driven by medical principles that the society guarantees to all, regardless of particular circumstances and cost? This would correspond to a deontological (or duty-based) approach.

From a deontological perspective some actions are seen as intrinsically right, regardless of their end result. Within the deontological approaches, some distinguish between egalitarian (treating individuals equally) and “prioritarian” (favouring the worst off) conceptions of justice (Scheunemann and White 2011), and introduce the less rational “rule of rescue” describing “a powerful psychological impulse to attempt to save those facing death, no matter how expensive or how small the chance of benefit” (Scheunemann and White 2011, 1628).

In the case of the Committee, doctors used their medical authority to establish the initial selection criteria: children and patients over forty-five years of age should be excluded upfront. The justification for these exclusions was that the treatment might torment and traumatise a child and the diet restrictions could compromise their growth, whereas people over forty-five were allegedly too likely to develop other complications (Alexander 1962, 106). The doctors’ criteria followed a double

logic: medical deontology not to harm excluded children, and a consequentialist logic excluding those over forty-five. Overall the consequentialist approach prevailed as they tried to maximise the treatment's chance of success.

The Committee then alternated with a second criterion, which was deontological but neither egalitarian nor prioritarian (as in not favouring the worst off): only residents of the State of Washington were considered, as they were the people whose tax had paid for the research that initially developed the treatment. The group judged that these patients *deserved* to be prioritised.<sup>73</sup> Most of the arguments raised in the debate following the first layers of selection fell into the consequentialist category: the members rated men “with the highest potential of service to society” against the future burden on society of the family of the deceased depending on the level of their financial provisions and number of children (Alexander 1962, 110). They also tried to rate the probability that the people selected would follow through with the treatment so as not to waste the opportunity that could have been offered to someone else. They determined that a doctor's mentioning that his patient was active in church work was a sign of “character and moral strength” (Alexander 1962, 110).

Finally, an aircraft worker with six children and a small businessman active in church were selected, making moral strength and number of dependents decisive criteria – together with an evaluation of the burden unselected people would leave on society after their death. Had the committee refrained from choosing on the grounds that any choice was ethical, they would have re-established the arbitrary nature of chance (or fate) which does not avoid discrimination (Crozier 2014, 299). When the Committee first met they contemplated the idea of having a human lottery by drawing straws (Alexander 1962, 123). This would have been the typical deontological egalitarian approach (equivalent to refusing to choose) based on the idea that establishing a hierarchy of lives is morally wrong. Anticipating this difficulty, one of the members of the Committee revealed to a *Life* magazine journalist that he was initially hesitant about joining it but he said: “I knew I was capable and felt I would be impartial” (Alexander 1962, 115). The intention to be *fair* seems to have

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<sup>73</sup> However if one wanted to extend the logic, they should have prioritised those who paid more taxes, which the Committee did not do.

given the committee its own moral legitimacy and self-declared responsibility not to let the arbitrary nature of chance produce *unfair* selection. Finally, members of the Committee acted intuitively and pragmatically following diffuse arguments of cost-efficiency mixed with their own moral judgments constructing the identity of the ‘good.’<sup>74</sup>

Here the practice of triage involved several ethical logics intervening at different steps of the process, and showed that ultimately the outcome of triage is almost certainly bound to be open to debate, as “no principle is sufficient or fully satisfying to take into account all moral questions of triage. It relies therefore upon complex sets of principles oriented either towards utility or towards equality”<sup>75</sup> (Lachenal, Lefève, and Nguyen 2014b, 19). This dissertation demonstrates that the same could be said about humanitarian triage, and describes in detail what Jennifer Rubenstein advances in her article on the distributive commitments of international NGOs.

Rubenstein argued that there was a wide range of distributive commitments that could not necessarily be assigned to one or other of the consequentialist/duty-based dichotomy. She showed that some commitments were explicit and others implicit. For instance, providing aid according to need, maximally reducing harm, being efficient (or avoiding waste) or involving aid recipients in distributive decisions (democratic ethics) was often openly claimed, whilst other commitments remained rather implicit: promoting local and large-scale equality (the egalitarian approach), avoiding distributing aid on the basis of who *deserves* it most as all have rights to access to basic necessities, or providing aid in a diverse array and large number of countries “to show that they [NGOs] do not discriminate against anyone” (J. C. Rubenstein 2008, 227).

In the same way that Lachenal et al. did with medical triage (Lachenal, Lefève, and Nguyen 2014b, 19), Rubenstein argued that most of the time NGOs’ distributive

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<sup>74</sup> The costs that were discussed by the committee were the direct costs of the treatment spent on each patient, as well as the burden on society resulting from the death of those who would not be chosen. Those who would cost society more dead than alive (and, presumably, once again contributing to society) were thus prioritised.

<sup>75</sup> My translation.

commitments<sup>76</sup> came about as the result of a mix of several ethical postures and different trade-offs at different stages. While considering the moral and ethical reasons why aid is allocated the way it is, Rubenstein interestingly sets aside external constraints imposed on NGOs (such as donors' requests, or attacks on aid workers, etc.) to concentrate exclusively on NGOs' distributive commitments. She contends that clarifying the latter "can help to guide decisions about which external constraints NGOs should most forcefully resist or try to alter" (J. C. Rubenstein 2008, 217). Within the academic corpus of literature about humanitarian action, Rubenstein's work is important as she goes beyond institutional discourses that NGOs display (in the Code of Conduct, for example), to give concrete examples of actors' practices and she elaborates a significant, even if not comprehensive, list of humanitarian actors' distributive commitments, such as "maximally reducing harm" (J. C. Rubenstein 2008, 221), being efficient (J. C. Rubenstein 2008, 222), prioritising "victims of intentional violent harm" (J. C. Rubenstein 2008, 223), promoting local and large-scale equality (J. C. Rubenstein 2008, 225–226), providing aid in a diverse array and large number of countries "to show that they do not discriminate against anyone" (J. C. Rubenstein 2008, 227) or avoiding distributing aid "on the basis of desert" or "moral worthiness" (J. C. Rubenstein 2008, 230).

### **Plurality of social factors**

Ethical logics are intertwined with social factors. As medicine made scientific progresses, it did not appear that the logics of patients' prioritisation became *more scientific* or less influenced by non-medical rationales. Instead most of the literature on the topic (for example, Bizouarn, Fiat, and Folscheid 2001; Ridderstolpe et al. 2003; Walton et al. 2007) converge to state that non-medical factors have a significant influence on choices made on patients' prioritisation – in accordance with research undertaken on the influence of the social context on clinical decision-making. Starting from the critique of medical research investigations which assumed that physicians took decisions in "socially insular clinical settings" (Clark, Potter, and McKinlay quoted in Walton et al. 2007, 445), these studies concluded that other than

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<sup>76</sup> The GPPI report builds scenarios with recommendations for German humanitarian assistance policy on how to allocate aid budgets, which mobilise mixed ethical categories such as "selective duty-based" (Binder, Koddenbrock, and Horváth 2013, 26).

clinical factors, decisions were influenced by: the characteristics of the patient (age, gender, socioeconomic status, and race), the doctor's professional and personal history, the doctor-patient interaction, and the doctor's relationship to his profession, to the health care system in general and the medical institutions which he has a relationship with (Eisenberg 1979; Clark, Potter, and McKinlay 1991).

Access to cardiac surgery, since it is an expensive part of hospitals' budgets, involves prioritisation of patients. Prioritisation practices have been researched from an ethical perspective so as to evaluate their fairness and legitimacy (Walton et al. 2007) and results of qualitative research showed that despite the existence of a tool to assist doctors in priority setting, the Urgency Rating Score, and despite decisions appearing to be based *strictly upon clinical criteria*, non-clinical criteria had a strong impact on decision-making. According to one interviewee of this study,

Even if an urgency score says a patient can wait, and the surgeon feels that this patient really can't, they have that, again, intuitive knowledge. So they're going to do a patient sooner, even if their score says that they can wait. (Walton et al. 2007, 452)

Many surgeons in this study claimed that the Urgency Rating Score was not "reflective of the complexity of patients who they are assessing and the reality of the system in which they work" (Walton et al. 2007, 452). These pieces of research did not conclude that those who have the power to decide upon other people's critical situation do it in a cynical way, however they showed that non-clinical criteria like a patient's advanced age or lifestyle choices, as well as a doctor's being overly fatigued or pressured over resource utilisation, resulted sometimes in "unfair and inconsistent decisions" (Walton et al. 2007, 444).<sup>77</sup>

In a similar way, Redfield argued that despite the aspiration humanitarians have to objectivity when it comes to project or beneficiary selection, the choices they make are influenced by a whole set of heterogeneous factors such as the individual biographies of people involved in programme implementation, organisational history, or funding, among others (Redfield 2013, 172–173). He pointed out that when it

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<sup>77</sup> Philippe Bizouarn, an anaesthesiologist and philosopher, conducted a very insightful study on the decisions of a team of senior cardiologists and surgeons all working in the same department. He showed that despite being familiar with one another and working as colleagues, they decided differently about the same patients' cardiac surgery possibilities (Bizouarn 2014, 268).

comes to deciding what cause to take up and what to let go, “the position of any humanitarian organization grows more complicated at the level of operational practice” (Redfield 2008b, 197). And, in his view, “humanitarian triage” goes from prioritising people at the field level (micro triage) to a “global triage” (Redfield 2014, 81) that is operated by relief agencies among various crises and plagues as they are confronted by the question: “Amid a world of endless needs, what causes should be taken up, and what to let go?” (Redfield 2008b, 196): a question that echoes that of macro allocation or macro triage in the medical sector.

Inspired by the literature on medical triage, and in line with Rubenstein and Redfield’s work, my research conceives *humanitarian triage* as the visible side of impartiality. As such, impartiality can be studied ethnographically through observation of the daily practices of humanitarian actors that influence who they assist, where and how. Studying impartiality beyond institutional public statements implies access *inside* organisations, which, as an ex-practitioner, I deemed feasible. The last section of this chapter explains how I accessed my field inside international NGOs, and how I dealt with my position as an ex-humanitarian INGO worker and as a woman whilst collecting the data analysed in the following chapters of the dissertation.

### **Conducting ethnographic study of humanitarian triage**

Whereas most work in the critical anthropology of humanitarianism focuses ethnographically on the perspective of the recipients, and does not describe the internal dynamics of humanitarian organisations, most of my research relies on the ethnographic study of three INGOs’ projects in Pakistan focusing on the actors’ perspective from *within* their organisation. Attempting to shed light on *how* humanitarian actors upheld the principle of impartiality in practice and not *whether* they *were* impartial, this non-normative approach required classic ethnographic methods of immersion and encounters.

### **Negotiating access inside non-governmental organisations**

The first phase of fieldwork was negotiating access to three INGOs in Pakistan. I needed both to raise interest and to get people to trust me. In order to raise interest,

I situated my research within practitioners' concerns and phrased my objectives in a language that would not be too academic (but also not exclusively that of the practitioners as I needed to position myself as a researcher). For example, in the two-page summary of my research, I did not use the word "triage" and referred to a literature that practitioners can easily access. Researching the theme of prioritisation of beneficiaries proved to be an important topic for practitioners, too, and the argument that there was a need to know more about daily practices and the reality of the humanitarian job in academia triggered their enthusiasm. I also made it clear that I would not expect to take up too much of their time. I did not expect my work to be at the top of their professional priority list, and rightly so, as it would not bring anything to them in the short term. I clarified that I was not going to deliver recommendations as consultants do, and shared with them that this was a point upon which I had to be careful precisely because I had previously been a practitioner. The second challenge was to bring them to trust me enough to let me in to their daily professional lives.

As mentioned in chapter 1 I chose international NGOs that had a history of working in conflict and disasters settings, as they were the ones that claimed to uphold the principle of impartiality. From among them I chose three NGOs, each with a different relationship to western states and in particular to UN-led coordination (that was supported by those states): MSF was the ideal self-declared outsider (Brauman and Neuman 2014), and Solidarités had an intermediate position as explained in chapter 1. I sensed Solidarités would grant my request and invested more work in convincing the two others.

I knew the Solidarités and MSF head offices had a strong influence over their country programme and so I made sure I obtained approval from managers in Paris and Brussels first. Of course, this was not to say that I was not going to have to work on some form of acceptance of my presence in the field. For Solidarités, I knew people in the head office and they trusted me. Following my resignation as desk manager, I had been elected as a board member and I decided to resign this position also to avoid any conflict of interest. I knew the Pakistani staff based in Islamabad (we had been colleagues), and they did not oppose my field visit in Pakistan. Solidarités even offered to cover my travel expenses to Pakistan, as well as the

insurance costs, in order to facilitate fieldwork. The organisation did not ask me to sign a different contract from the normal one they needed (a volunteer contract) to trigger all the administrative procedures (visa and insurance requests). I clarified my methodology before leaving and with people at each new location of fieldwork. We had an informal<sup>78</sup> agreement that I was there for my research *only* and that I would, as much as possible, debrief them upon my results: I presented my preliminary results in Islamabad at the end of my fieldwork in Pakistan. Despite the contradictions I pointed out between what they claimed and what I observed, they did not try to influence the outcome of my research.

Approaching MSF was not as easy since it was more ‘foreign territory’ – albeit not as much as it would have been for someone who had never worked in the humanitarian sector. Based upon people I knew from my previous practitioner work, I first got in touch with the MSF office in London, who put me in contact with the person based in Brussels who was responsible for programmes in Pakistan. OCB (Operational Centre Brussels) was the biggest operational branch of the MSF movement<sup>79</sup> and at the time the one with the greatest access to conflict-affected areas in Pakistan. I shared a summary of my research project with the Brussels MSF desk manager and mentioned a recent briefing paper about humanitarian action in Pakistan that I had written (Péchéayre 2011b). It was June 2011 and we discussed a departure at the end of September 2011. In mid-September he sent me a ‘volunteer agreement’ contract which I suggested modifying around copyright and confidentiality issues in order to be able to use the data I collected without exposing the interviewees, and to be able to keep editorial control over my thesis and other publications related to this part of my field research. The director of operations approved, and the HR person put me in touch with different persons for all the administrative issues (mainly my visa) and pre-departure briefing. The country director was also copied on these emails at an early stage, and the Brussels desk manager requested I send them a work plan so that I could discuss the organisation and feasibility of the study with the Pakistan country director when I arrived there.

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<sup>78</sup> I had formalised and provided a two-page summary on my research objective and methodology.

<sup>79</sup> The MSF movement includes five “operational centres”, which supervise international programmes: in France, Belgium, Switzerland, Spain and the Netherlands. At the time of fieldwork, the Brussels operational centre was the largest of the five.

The choice of the third NGO came a little later. When I started to think that Save the Children International (SCI) would suit the criteria of my third case, I was in Pakistan and had interviewed the SCI country director as one of the interviews external to my case studies. Through the content of the interview, and from what I knew about SCI already, I understood that the organisation was decentralised and that many decisions were incumbent upon the country director in each country, even though they depended upon the regional office in Singapore. I decided to approach SCI through its country director in Pakistan, seeking approval from the regional office in Singapore only if needed. The country director and deputy country director for emergencies responded positively to my request and sent me a contract from Save the Children US, based on their template for interns. Although they trusted me based on our meeting in Islamabad, my relationship with the organisation was framed by a written “acknowledgment of obligations” contained in a contract that specified among other things that I should “not disclose, directly or indirectly, to any third party any portion of the Confidential Information without prior written permission from Save the Children-USA” (Save the Children Federation 2012, 2), with the widest possible definition of “Confidential Information”.<sup>80</sup> They attached to this contract under the rubric “responsibilities/scope of work” my research methodology summary (which mentioned explicitly that it relied upon observations, interviews and the collection of internal documents). As such, I took this to mean that they did not consider my planned research to fall foul of their confidential information clause. As with the two other organisations, I offered to debrief them at the end of my fieldwork but the offer was not taken up; they said they trusted my judgment and were willing to facilitate my research without expecting anything particular in return.

### **Within international non-governmental organisations as an ex-practitioner**

Once in the field, during two of my ethnographic stays (with MSF and Solidarités), I lived with the expatriate staff in Islamabad and in the field bases, and benefited from

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<sup>80</sup> “Confidential Information means written (in any media), graphic or pictorial non-public information that Save the Children-USA designates as being confidential, or any other information, whether written, oral or observed, which under the given circumstances would reasonably be deemed by someone in Save the Children-USA’s position to be confidential” (Save the Children Federation 2012, 2).

daily informal conversations with them at home or during social events outside work hours. During work hours, I was accepted as an 'office nomad': I moved from one desk to another, depending on where there was space, circulating freely in the office space. I could feel the atmosphere of each office space and fieldwork site when outside the office visiting projects. I also spent time outside the organisation spaces (field and office) in order to interview donors, UN staff and people from other NGOs.

My fieldwork with Solidarités was not such a different experience, despite my history within the organisation, once I made it clear that I had no affiliation whatsoever with Solidarités anymore. On one hand I could not say that my social links with the head office had no influence on my relationships with the people I spent time with in the field, but acknowledged it in my analysis of the data. On the other hand everything seemed a little more familiar than when I stayed with the two other NGOs.

My immersion within SCI was different for several reasons. First, there was no expatriate guesthouse, and most of the staff were Pakistani (there were three expatriate employees). The organisation housed me in what used to be the country director's house, and I was offered a desk in the Islamabad office. As the only foreigner in the open space,<sup>81</sup> I socialised easily with the Pakistani staff. Second, SCI did not allow me to spend time in Peshawar where the project activities were being implemented as they rated it "too dangerous". My field observations were thus concentrated at the Islamabad level, where many discussions happened and many decisions were taken, but I was able to adapt my field methodology to carry out all my planned site interviews via Skype, 'following the story' and 'the people' of the project. During these interviews I covered my head, as I would have done in Peshawar and observed that my presence in the SCI Islamabad office made people relatively comfortable in speaking to me. Although I was far away and could not share informal moments with the staff based in Peshawar, I managed to create a form of proximity, when I told people that it was the fifth time I had come to Pakistan, that I had worked for an INGO too, and that I had already gone to Peshawar and even further north in KPK. Not all of the Skype interviewees were Pashtun so I

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<sup>81</sup> The three expatriate employees had their own office spaces.

also mentioned my previous visits to other provinces such as Sindh. This helped to break the ice before I went on to asking them about their daily work. I did about a third of my interviews by Skype (fifteen in total), without changing the framework of the interviews. I met the Communication, Media and Advocacy coordinator based in Peshawar during one of her stays in Islamabad, and she offered to provide me with visuals (pictures and films) of the activities implemented. She shared the pictures taken for fundraising purposes, but these were of limited value to me as they were mostly portraits of children aimed at soliciting the donating public. I asked her if she would take pictures for me of the SCI staff distributing food or non-food items, or doing promotion sessions, as well as of the Peshawar office, which she kindly did. I knew Peshawar and as a former practitioner was familiar with the type of activities implemented by SCI there and could easily visualise various descriptions given in interviews. Without claiming that as a former practitioner I did not need to go to the field, I feel I could understand what people were describing better than someone who would have never *seen* mobile clinics or distribution activities before, for instance. Visualising is an important part of the ethnographic experience. To see people, spaces, locations, and interactions helps to supplement and add perspective to what people recount in interview. For instance, I could see from a picture that the mobile clinic consisted of vast open spaces under tents with no private areas – this complementary information helped me understand the SCI medical approach, which was to include as many people as possible. Being able to visualise a distribution being described in an interview allowed me to judge whether to ask more specific questions or just not ask basic questions that would have interrupted their story.

The project is an object of study that is not reduced to the implementation of its distribution, construction or promotion activities. In reality quite a significant part of what determines the nature of a project happens elsewhere from its place of implementation: in the SC case conception, writing up and validation of the project as well as its follow-up involve people based in the Islamabad offices. The sector specialists, for instance, validate the technical approaches and the MEAL (Monitoring Evaluation Accountability and Learning) unit of SCI, independent from other management structures, had staff based in Peshawar who reported to Islamabad. Field Monitoring Reports were discussed in Islamabad as well as in Peshawar. The

internal documents associated with the project were numerous and were not centralised. I collected them from each of the interviewees by email, something that would have been impossible had I not had access to the Pakistan SCI office in Islamabad.

During fieldwork there was a subtle balance to be found between the need to gain the trust of the staff of these organisations and the risk of being too embedded and not having the critical distance necessary to observe things that are somehow invisible to practitioners through familiarity. Maintaining 'enough' distance to secure a critical insight was a continuous process. I always introduced myself in a transparent way, as an apprentice researcher as well as a former practitioner, insisting on my willingness to depart from my practitioner's positioning. I refrained from giving my opinion about operational issues. I clarified that I received no salary from the INGOs to do this research. Educated Pakistanis, who made up most of the Islamabad staff of the three INGOs, knew what a PhD was and perceived it as being very prestigious and were more interested in this aspect of my identity than in my past as a practitioner.

Yet throughout fieldwork, many situations and discussions (in meetings as well as outside work hours) felt familiar. I could feel the benefits of having been in my informants' position before, as I understood the 'humanitarian language', and understood the subtext of certain comments in meetings. Of course, I had to learn acronyms and expressions specific to each of the NGOs but I knew many from my previous experience. I knew what "WASH" or "FOODSEC" meant; I knew what a "sitrep", a "BFU", the "HIP", "IASC" and "ERWG" were. I also knew from my previous experiences of Pakistan who the NDMA, PDMA and FDMA were.<sup>82</sup> I knew how to interpret the expression "in the field" depending on the context it was used and by whom, etc. I did not speak Urdu, Pashtu or Sindhi but I spoke 'humanitarian' fluently. I also could share some of the humanitarian practitioners' habits, such as sharing one's past experiences in the field (and not only in Pakistan). It is something humanitarians commonly do: they speak about their experience of the 'field' like war

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<sup>82</sup> Acronyms in order of appearance: Water, Sanitation and Hygiene; Food Security; Situation report; Budget Follow-Up; Humanitarian Implementation Plan; Inter-Agency Standing Committee; Early Recovery Working Group; National Disaster Management Authority; Provincial Disaster Management Authority; Federal Disaster Management Authority.

veterans speak about their experience of combat (Dauvin and Siméant 2002, 142). The access I could gain was not just about entering these three NGOs in Pakistan, there also was a micro access related to the degree of openness people would have with me on a daily basis. On this point I felt my presence was all the more accepted because people saw me *doing* things: interviewing people, going to the field, attending meetings of all sorts, or sitting in front of my computer writing notes. I was not in the organisational chart, but I was *working*, and as such I was part of their 'working community'. This experience was similar with the three NGOs. As time passed I became more and more comfortable with my researcher status and this was mirrored by people asking fewer and fewer questions about my practitioner experience.

### **As a woman in Pakistan**

The last element of positionality that deserves attention is that of doing field research as a woman in Pakistan. I never felt undermined by my position as a woman in Pakistan, yet I have to say I probably owe it to my position as a *foreign non-Muslim* woman, yet respectful of local customs.

As a foreigner on Pakistani soil, your first realization of the different attitude towards women comes at the airport immigration desk; you queue in the "unaccompanied – ladies and children" line. This line is much shorter than the many others, as few Pakistani women (and hence children) travel abroad. It was some sort of privilege I owed to all the other women who did/could not fly outside the country. Except for the few rich Pakistani families that send their children to travel or study abroad in the US or the UK, or those who live abroad, most Pakistani women never cross the national border. Also, while Pakistani women in bigger cities like Islamabad or Karachi, are not subject to a strict dress code, most cover their head with a simple coloured veil. In remoter places women do not leave their homes without their husbands or brothers, usually wear traditional *salwar kameez* and cover their entire face.

Many European men shared with me the awkwardness of their experience of *seeing* so few women during their stay in Pakistan. Several friends of mine particularly disliked this situation, and while talking to them I realised I did not

experience this awkwardness as much on a daily basis. I did wear long sleeves, a traditional salwar kameez and most of the time covered my head when meeting with Pakistani people outside the office – in particular with government officials, as I did not know what they expected and preferred to avoid upsetting them. They usually only commented on my head being covered when they found it funny, and I then uncovered it. I had been used during my previous work experience to adjust my clothing on the basis of what was considered as acceptable, taking into account the usual greater tolerance towards foreigners for certain things. I never really gave it much thought, as it also was a source of curiosity and amusement for me. I liked understanding the codes, and ‘nosing around’ in local shops or seeing what was in the market. It also was a way to start connections with my female colleagues, asking them about what was considered as appropriate, or for shop recommendations where I could get local outfits.

It became a different experience when I was told that I would have to cover my face fully in order to be able to do ethnography in north-west Pakistan close to the Tribal Areas during the fieldwork with MSF. MSF had decided that outside the office and house, foreign women had to cover up just like local females did. I looked at it as an experience: I learnt how to tie a long piece of fabric over my head, on my hair and forehead, behind my ear and back on my mouth, throwing the length of the scarf over my shoulder to make it hold over my nose. I could see how it felt on my skin, and how I breathed with a piece of fabric over my mouth and nose, and how I needed to hold it when getting out of the car to make sure it would not fall down. I realised how much peripheral vision was lost, and how I looked like another person in the mirror. In all honesty, it lasted only a few minutes every day in the vehicle that took us to and from the house or the hospital and was therefore not such an extreme experience. Inside the hospital it was accepted that we covered only our hair, and we wore what we wanted inside the house.

These adaptations allowed me to be as discreet as possible, in order not to become the centre of attention but rather to be able to observe people getting on with their normal daily work and habits as much as possible. I adapted partly out of respect, and partly out of interest. These adaptation efforts were tradeoffs against my access to sharing these small pieces of life that were entirely foreign to me.

During the entire ethnographic period only once did someone refuse to be interviewed by me because I was a woman, a mullah in Dargai who was described to me as very influential. As the MSF field coordinator had a good relationship with him he had offered to ask the mullah whether he would agree to be interviewed. It was reported to me that he refused in a very respectful manner, saying he apologised but explaining he was not allowed to meet with a woman. Otherwise I was able to interview men on my own as long as I left a door open, or I was in an open space (a courtyard or a garden). Finally I could meet and interview as many women as I wanted which would not have been possible had I been male. Overall, I would argue that being a (foreign non-Muslim) female allowed me more opportunities for interaction than if I had been a male.

## **Conclusion**

Social scientists have demonstrated that the positivist perception that aid practitioners have of impartiality and its needs-based interpretation should be questioned, as humanitarian actors exercise power over those they claim to help. Some have pushed the critique as far as arguing that the humanitarian industry is serving western states' foreign policy as well as their own institutional interests. Yet these critiques do not rely on detailed and lengthy observations of humanitarian bureaucracies from the inside, as they have mostly set their focus on the consequences of assistance for its recipients. Additionally, studies of medical triage showed that in practice it was underpinned by numerous ethical logics and social factors, which needed to be observed through fine and lengthy ethnographic methods. I therefore chose to delve into the daily practices of humanitarian actors and conduct an ethnography of humanitarian triage in three INGOs' projects in the Pakistan humanitarian configuration (as defined in chapter 1) in order to unveil what was behind the rhetoric of impartiality. My research speaks both to development studies scholars having an interest in humanitarianism, and to the anthropology of development. It provides the former with empirical material that both furthers and challenges existing macro analyses and contributes to the expansion of the latter in conflict and natural disaster settings. In other words, it deals with a field mostly researched by development studies (the ethics of humanitarian action), but utilises

an anthropological approach that unpacks the logics of the humanitarian triage within each project. The following chapter presents the actors and historical trajectory of this humanitarian configuration and unpacks its dynamics at the time I did my triple ethnography (2011-2012) providing key elements for the understanding of chapters 5, 6 and 7.

## Chapter 4

### The 'humanitarian configuration' in Pakistan<sup>83</sup>

#### Introduction

The presence of foreign humanitarian actors in Pakistan is not new. However it is only relatively recently that these actors have been providing relief to *Pakistani* citizens. In the early 1980s, Pakistan witnessed the mass arrival of people from Afghanistan, fleeing first the Soviet invasion and then the civil war, who sought shelter in camps settled around Peshawar.<sup>84</sup> Many foreign actors came to Pakistan to assist these Afghans. More recently, a devastating earthquake in 2005, the emergence of internal conflict and floods in 2010 and 2011 have affected millions of Pakistani citizens<sup>85</sup> directly, and international humanitarian organisations have expanded their range of activities to provide assistance to them. This chapter provides an account of how the 'humanitarian configuration' formed throughout these various crises that attracted international attention and actors. Actors in this humanitarian configuration are from both international and national origins; they are state and non-state actors, as well as armed and non-armed groups. As far as possible (i.e. taking into account security and privacy requirements) they are identified specifically by name or type of organisation in order to show the diversity and complex entanglement of relationships in which the three INGOs considered in the next three chapters are working.

The chapter is divided into three sections. The first provides a short but key overview of Pakistan as a state that prioritised the military protection of its territory over the social and economic care of its population. The second section describes the formation of the 'humanitarian configuration', i.e. the complex set of institutions, flows and actors for whom humanitarian action or relief constitutes a resource, profession, market, stake, or strategy (see Chapter 3). Although I mention the 1980s

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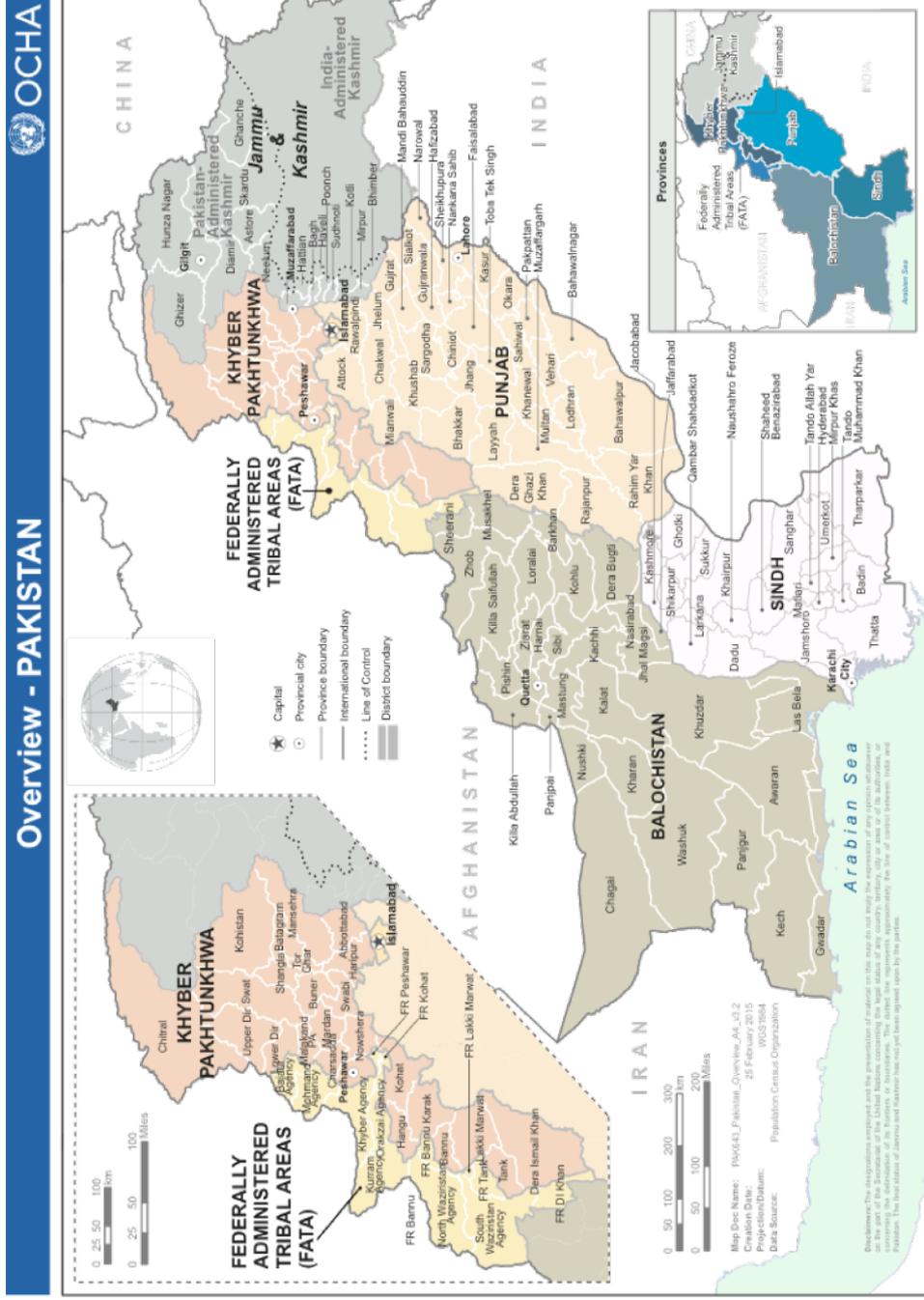
<sup>83</sup> This chapter is based on and expanded from a chapter published in Donini (2012b).

<sup>84</sup> Peshawar is the capital city of a province, which used to be called the North West Frontier Province (NWFP) until its name changed to Khyber Pakhtunkhwa (KPK) through the 18<sup>th</sup> Amendment of the Constitution of Pakistan passed in 2010.

<sup>85</sup> The earthquake affected 3.5 million people and resulted in the loss of 73,338 lives according to the Pakistani Earthquake Reconstruction and Rehabilitation Authority ([erra.pk/eq2005.asp](http://erra.pk/eq2005.asp)). The 2010 floods affected about 20 million people in the entire territory.

and the humanitarian response to the influx of Afghan refugees, this section draws mainly upon the post-earthquake 2005-2008 period which saw the arrival of a large number of international aid actors and the creation of a Pakistani disaster management bureaucracy as well as the intensification of the war between the Pakistani army and local insurgent groups. The third section deals with the political dynamics that framed the humanitarian configuration during three successive and overlapping periods: first, the peak of the civil war between the Pakistani army and Islamist groups in 2009; second, the aftermath of the 2010 flood, and third, the period of my fieldwork (2011-2012) when the humanitarian configuration was still engaged with the ongoing conflict and displacement of populations in northern Pakistan and also dealing with the consequences of the 2010 and 2011 floods. Throughout the chapter the three INGOs I studied are situated in order to describe their involvement in the wider context of the humanitarian configuration in Pakistan.

Map 1 Pakistan Administrative Overview



Source: UN OCHA

## **A state that protects its borders more than it cares for its population**

It is important in grappling with the humanitarian configuration in Pakistan to understand its structural backdrop, in particular concerning the country's prioritisation of military over social services expenditures in relation to Pakistan's incapacity to redistribute wealth through the taxation system and its reliance on foreign aid (mostly from the US). This section starts first with a short political history of Pakistan explaining the importance of its military power. It then shows how Pakistan has been tied to Western geopolitics through significant foreign aid funding of the country's military. Finally, this section examines the state of three key social service sectors corresponding to the projects I studied: access to health, education, and water and sanitation.<sup>86</sup>

## **Territorial threats and the role of the military**

Threats to Pakistan's territorial integrity have been ongoing since it gained independence in 1947, as disputes emerged with India over Jammu and Kashmir,<sup>87</sup> and with Baloch nationalists over the province of Baluchistan in the first year of the state's existence. These disputes remain unresolved. The Afghan-Pakistani border brought its lot of contentious history: in 1893, the government of colonial British India imposed the 'Durand Line' on the Emir of Afghanistan, Abdur Rahman Khan, as the official border between Afghanistan and the British Empire. Yet Afghanistan never officially recognised it, and Pashtuns on both sides of the Line have never accepted the idea of their homeland being cut in half. Pakistan's sense of nationhood has also been shaped by its loss of East Pakistan (where a Bengali majority was ruled by western Pakistan elites), after India recognised (and gave military aid to) the newly named and independent state of Bangladesh in December, 1971.

Pakistani state formation has been very much shaped by the ubiquitous role of the military and security apparatus. Since the country's first Constitution in 1956,

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<sup>86</sup> MSF primarily worked on health issues, SC on education and Solidarités on access to water and sanitation. All three organisations, however, included people's exposure to health risks in their assessment of the situation.

<sup>87</sup> First Kashmir War (1948), Second Kashmir War (1965), Kargil War (1999).

there have been three military coups and Pakistani generals have governed directly for more than half of the country's history. Even Zulfikar Ali Bhutto, who was a declared social democrat and was elected in 1971 as the country's president after fourteen years of military dictatorship, was obsessed by India's nuclear progress and famously said: "If India builds the Bomb, we will eat grass or leaves, even go hungry, but we will get one of our own" (Russell 1985). This set the trajectory of the Pakistani nation, which prioritised its nuclear capabilities over many other pressing needs. At the time of fieldwork,<sup>88</sup> the country had the fastest-growing nuclear arsenal in the world and would soon be the fifth largest nuclear power (Riedel 2011). With 617,000 active personnel in a country of over 180 million, the Pakistan Armed Forces is the sixth largest in the world. While the 1973 constitution clearly affirms the primacy of the democratically elected civilian government over the country's armed forces, in practice the military establishment exercises considerable influence over major national policy decisions and their implementation.

### **Pakistan and foreign aid**

As reported by the International Crisis Group, foreign aid to Pakistan was characterised by "abrupt swings from high levels of aid to sudden cut-offs, with aid patterns determined by geo-strategic policies and priorities rather than the needs of the people" (ICG 2012a, 2).

As the main worry of the Pakistani military has always been to contain the Indian threat, Pakistan sought external support very soon after its creation, siding with the West in the Cold War (Jaffrelot 2013, 609). This initially brought the country substantial economic and military assistance (mostly from the US), which was slowed down by the 1965 and 1971 wars between Pakistan and India and by the launch of the Pakistani nuclear programme in 1974 (ICG 2012a, 2–3). Pakistan regained geostrategic importance when the Soviet Union invaded Afghanistan in 1979. In 1982 the US gave \$400 million in civilian assistance and almost \$500 million in military assistance (ICG 2012a, 3). At the end of the Cold War, US military aid

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<sup>88</sup> As far as possible the statistics about Pakistan in this chapter are dated around the period of fieldwork, i.e. around 2011-2012.

ceased and civilian aid dropped to \$27 million in 1992 (ICG 2012a, 3). The Government of Pakistan (GoP), unable to organise a redistribution of wealth through taxation, decided to take an International Monetary Fund structural adjustment package in 1988 (ICG 2012a, 3). In 2001, the Al Qaeda attacks in the US triggered an American release of “\$600 million in emergency cash to Pakistan” (ICG 2012a, 4), as well as extensions of grants and loans from the EU, Japan and Canada. Since then, the majority of aid has come from the US, channelled through the Coalition Support Fund dedicated to reimbursement for logistical and military support to US military operations, such as the Shamsi Airfield and Dalbandin air bases in Balochistan. On the civilian side the US allocated direct budget support to individual Pakistani ministries, but public spending to the social sector did not seem to increase. Instead billions were diverted to expand military budgets (ICG 2012a, 4).

### **Access to education, health and water and sanitation in Pakistan**

Pakistan has experienced constant increases in its per capita income over the past decade, but indicators such as infant mortality and literacy remain among the worst in the world. Studying the politics of service delivery in Pakistan in the 1990s, Zahid Hasnain, economist at the World Bank, argues that:

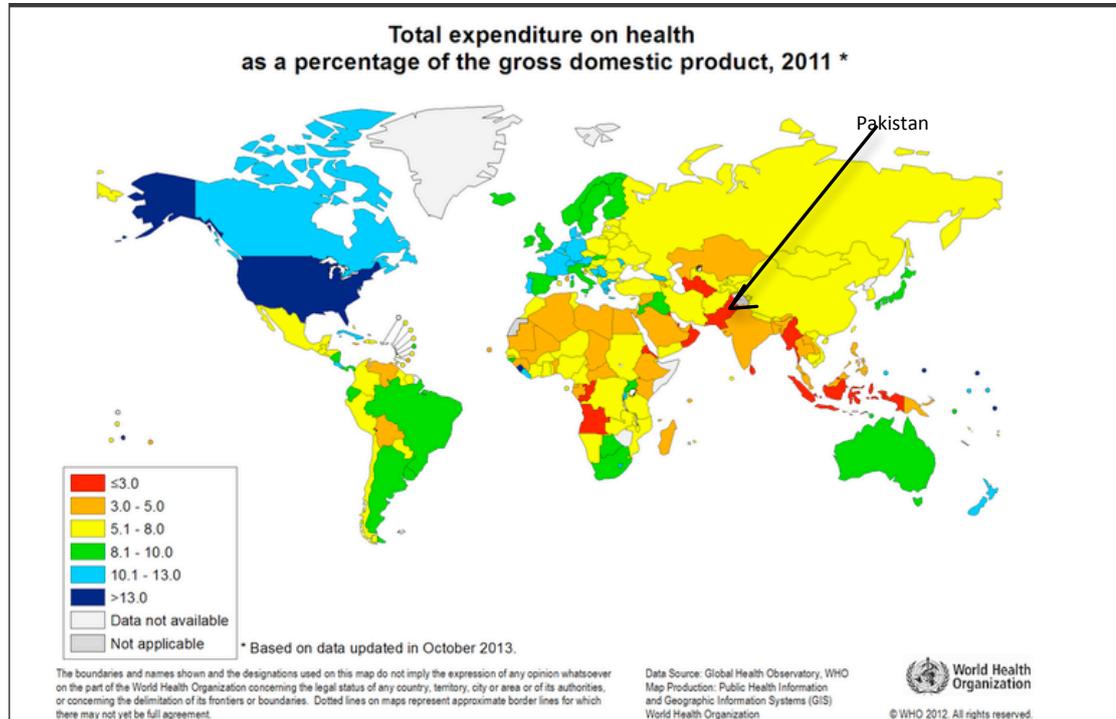
growth in Pakistan appears to have less of an impact on social sectors than in other countries—between 1960 and 1998, as per capita GDP more than doubled in Pakistan, infant mortality declined by 43 percent, as compared to a decline of 73 percent in a group of low income countries that on average grew at the same rate.

This stagnation was particularly disappointing given that the 1990s was also the period of the Social Action Programme, which was up to that point the most concerted effort at improving service delivery in the country’s history. (Hasnain 2005, 132)

State investment in social services have always been very low in Pakistan: less than 3% of Pakistan’s GDP is spent on public health (see Map 2 below for a comparison with other states), 2.42% on education (Rahman 2010, 236), and even less on water and sanitation. Additionally, salaries have consumed the bulk of expenditures

whereas non-salary expenditures like medical equipment, medicine or textbooks and blackboards have been neglected (Hasnain 2005, 134).

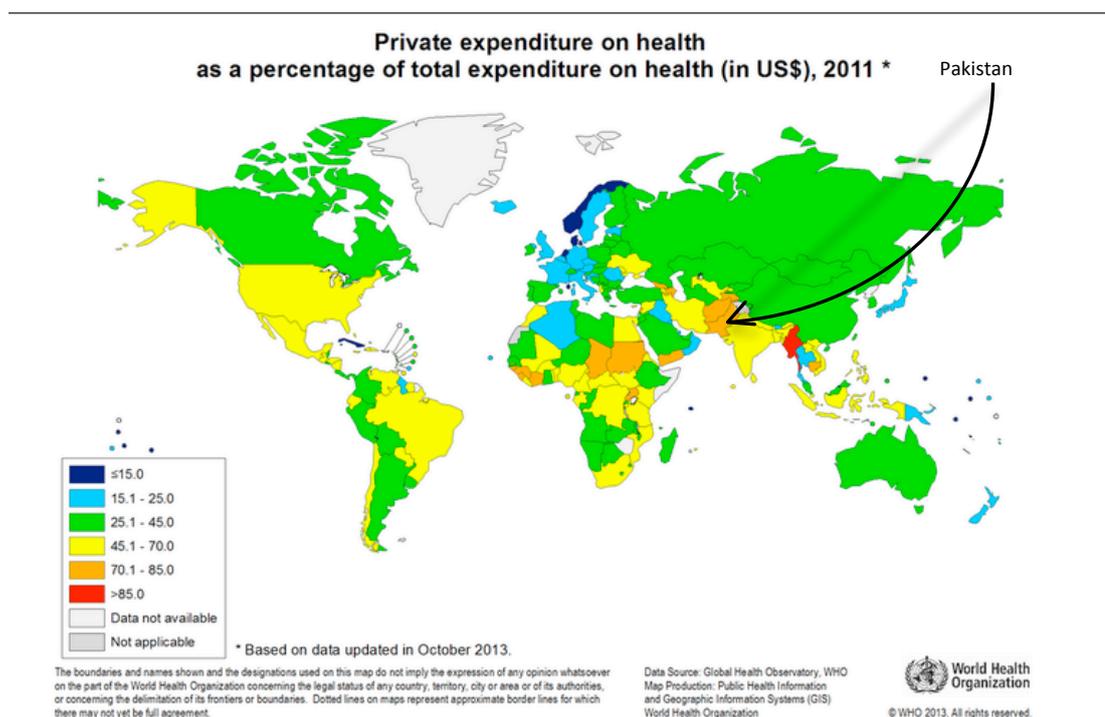
**Map 2 Total expenditure on health as a percentage of the GDP, 2011**



Source: [http://www.who.int/health-accounts/expenditures\\_maps/en/](http://www.who.int/health-accounts/expenditures_maps/en/)

Many argue that health has never been a high priority for the GoP, and as in Pakistan “78.08% of the population pay out of pocket at the point of health care” (Nishtar et al. 2013, 2193) (three-quarters of the health services are provided by private health institutions) , “households with lower incomes are increasingly at risk of becoming poor as a consequence of health payments even though they spend less than rich households and generally seem to have less access to care and forego health care” (Nishtar et al. 2013, 2198).

**Map 3 Private expenditure on health as a % expenditure on health (in \$), 2011**



Source: [http://www.who.int/health-accounts/expenditures\\_maps/en/](http://www.who.int/health-accounts/expenditures_maps/en/)

The 18th Constitutional Amendment (passed in 2010) abolished the Ministry of Health to devolve the health management budget to local governments and this resulted in a “fragmentation” of the health offer (Nishtar et al. 2013, 2195, see Table 1). In fact, Pakistan’s levels of chronic malnutrition are comparable to some Sahel countries: “Between 2001 and 2010 the levels of stunting among young children increased from 37.6% to 50% in Punjab and from 48% to 51.8% in Sindh (World Health Organization 2010; Sindh Department of Health 2011; Punjab Department of Health 2011). Among the main structural causes of stunting are the lack of access to enough nutritious food, to enough clean water and to health facilities” (Péchaire 2011a, 131). Together with Nigeria and Afghanistan, it is one of only three countries in the world where polio has not yet been eradicated (WHO 2012). In recent years other major epidemic outbreaks like measles have exposed a lack of vaccination coverage, attributed by some to insufficient trained medical personnel and vaccination resources (Riaz 2013). Scandals over deadly medicines contamination in 2012 also pointed to the issue of weak medicines regulation (World Health Organization 2013; see also Dawn 2012). In another indicator of the Pakistan health system’s weaknesses, in a 2012 report entitled *Ending Newborn*

*Deaths*, Save the Children US reported that Pakistan had the highest rate of first day deaths and stillbirths at 40.7 per 1000 births<sup>89</sup> (Save the Children USA 2014, 3).

Concerning education, Hasnain argues<sup>90</sup> that “teachers were recruited primarily on patronage grounds, and the schools built were of poor quality because of the commissions given to the contractors” (Hasnain 2005, 136). The literacy rate in 2011-2012 remained low – 58% overall (59% in Sindh and 50% in KPK) (Omer Farooq 2012, 136). The coverage of private schooling has been rising over most of the past 35 years (Nelson 2009, 591): even though a National Education Policy was issued in 2009 and most recent education statistics show that 64% of students were enrolled in public institutions (Ministry of Education 2013, 5), this was mostly due to relatively high levels of enrolment in primary education (6-10 years old) as 88% of primary institutions are public (Ministry of Education 2013, 8). More than 60% of middle (11-13 years old) and high schools (14-15 years old) as well as higher secondary level institutions (16-17 years old) are, in fact, private (Ministry of Education 2013, 10–12–13).<sup>91</sup>

Access to drinking water seems to be less of an issue than education in Pakistan. The WHO lists Pakistan as one of the countries in 2012 in which more than 90% of the population use improved drinking water sources.<sup>92</sup> Yet definitions of what ‘access to drinking water’ means vary depending on the source; for example, in 2009, according to the GoP National Drinking Water Policy, only around 65% of Pakistan’s population was considered to have access to safe drinking water (Ministry of Environment 2009, 4).<sup>93</sup> Additionally international NGOs specialising in

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<sup>89</sup> Followed by Nigeria, Sierra Leone, Somali, Guinea-Bissau and Afghanistan.

<sup>90</sup> Zahid Hasnain’s work relies on an analysis of the 1988-1999 period even though it was published in 2008. At the end of his article, Hasnain comments on the devolution plan announced in 2000 by Pervez Musharraf’s military government and implemented in 2001-2002 aiming at transferring administrative and financial power to local governments. The theory of political devolution was that: “bringing government closer to the people increases the accountability of elected policy-makers to the public, and creates the necessary incentives for these policy-makers to act on the public’s demands for improved service delivery” (Hasnain 2005, 149). Yet Hasnain argues that “devolution has resulted in considerable political tensions between the provincial and local governments” (Hasnain 2005, 149) especially when they belonged to different political parties, hence assuming that devolution will not dramatically change the patronage dynamics of service delivery in Pakistan.

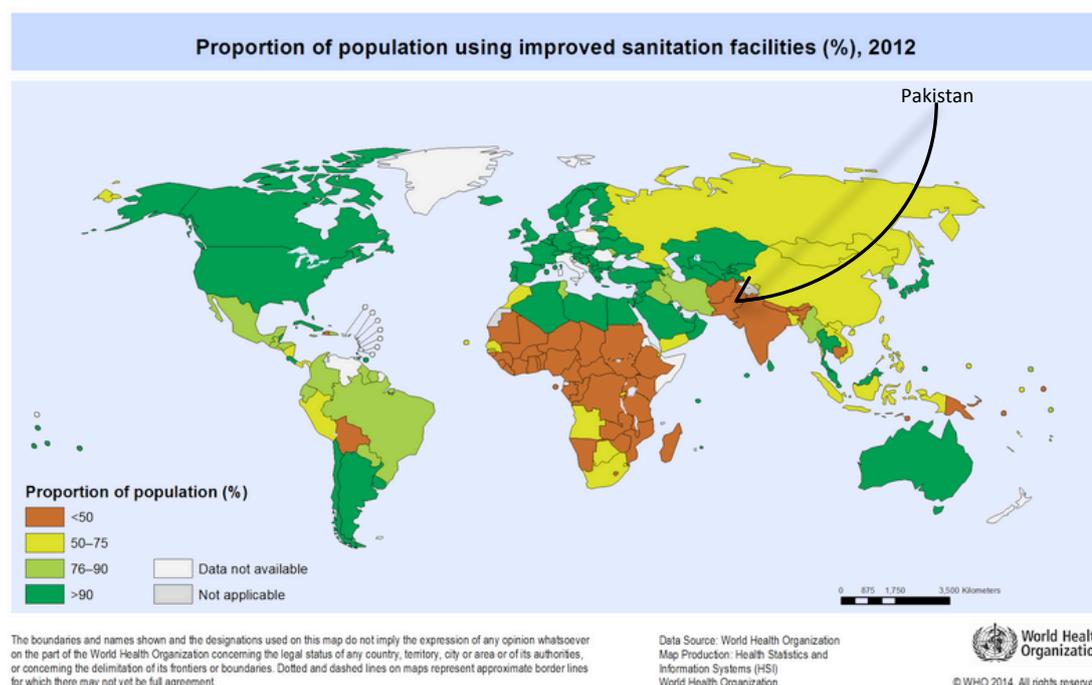
<sup>91</sup> Universities are mostly public (57%) (Ministry of Education 2013, 17).

<sup>92</sup> [http://gamapserver.who.int/mapLibrary/Files/Maps/Global\\_water\\_2012.png](http://gamapserver.who.int/mapLibrary/Files/Maps/Global_water_2012.png)

<sup>93</sup> The definition the Pakistan National Drinking Water Policy gives of safe drinking water is that: “at least 45 and 120 liter per capita per day of drinking water is available for rural and urban areas, respectively, within the house or at such a distance that the total time required for reaching the

water access and donors have claimed that official data (both from the GoP and WHO) is inaccurate (Water Aid 2009, 13) and that: “Pakistan faces a multidimensional water crisis that claims hundreds of thousands of lives every year” (NOREF 2010, 1). In terms of access to sanitation facilities, Pakistan again falls into the world’s worst category as the following WHO map shows.

**Map 4 Proportion of population using improved sanitation facilities (%), 2012**



Source: [http://gamapserver.who.int/mapLibrary/Files/Maps/Global\\_sanitation\\_2012.png](http://gamapserver.who.int/mapLibrary/Files/Maps/Global_sanitation_2012.png)

## The formation of an international ‘humanitarian configuration’ in Pakistan

As noted above, only a few international relief actors were working in Pakistan in the 1980s; their numbers really increased after the 2005 earthquake, which is when a ‘humanitarian configuration’ dedicated to Pakistani citizens started to form. This section is divided into three periods: first, a rapid overview of the 1980s assistance to the Afghan refugees; second, an account of the emergence of the international humanitarian configuration for Pakistani populations; and third, a description of the transition period between the 2005 earthquake and the 2009 Swat offensive which

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water source, collecting water and returning to home is not more than 30 minutes” (Ministry of Environment 2009, 3–4). This policy cites figures asserting that around 65% of Pakistan’s population is considered to have access to safe drinking water.

triggered a massive displacement of people, as well as the reactivation of the international humanitarian bureaucracy.

### **Roots: Peshawar in the 1980s**

Although Pakistan was not a signatory to the 1951 Convention relating to the Status of Refugees, beginning in the 1980s, the country became host to millions of Afghan refugees. ICRC and numerous NGOs and UN humanitarian organisations provided assistance, while Pakistani authorities, and in particular the Inter-Services Intelligence (Donini 2012a, 72), maintained tight control over the overall relief system. Save the Children was among the (mostly of Anglo-Saxon origin) INGOs that arrived in Pakistan in 1980 to assist Afghan refugees in the 345 “Afghan Refugee Villages” of between 5000 to 8000 people each settled along the border with Afghanistan from Chitral in the north to Quetta in Balochistan (Centlivres 2014, 53). These INGOs, as well as UN agencies such as UN High Commissioner for Refugees (UNHCR) and WFP, had to work together with the Pakistani Commissionerate Afghan Refugees which was coordinating assistance to the refugees. As the Pakistani authorities supported the various Afghan political opposition parties, many of which had bases in Peshawar, it was decreed that all refugees had to be politically affiliated with one of these parties in order to receive an identity card and therefore be entitled to registration as a refugee and to receive assistance. Since international financial support to Afghan political parties was proportional to the representation they claimed, refugees were instrumental for these parties to gain influence and accumulate resources. Reciprocally, Afghan refugees used their refugee status to benefit from international assistance and used their temporary status to be welcomed as guests of the Pakistani Pashtuns, to whom they were often related through distant tribal links (Centlivres 2014, 55).

Other INGOs (mostly of French origin) arrived in Pakistan in order to assist Afghans inside Afghanistan, and to organise secret cross-border missions. The most famous example was MSF, whose members’ stories of crossing the border illegally under women’s traditional blue burkas and hiding in the Afghan mountains with the Mujahidins are told in biographical works about the organisation (Vallaey 2004) and works of fiction based on true stories such as the comic series *The*

*Photographer* (Guibert 2009). As already mentioned (see Chapter 3), those who were to create Solidarités a few years later organised ‘caravans’ that left Peshawar to cross the border into Afghanistan. They were close to people from MSF and other French INGOs, including Aide Médicale Internationale<sup>94</sup> and Amitiés Franco Afghanes<sup>95</sup>, but had very few relationships with organisations working inside Pakistan except for the ICRC: “We didn’t go to the same meetings, we didn’t work the same way. It was altogether two different worlds”,<sup>96</sup> Alain Boinet told me in an interview. He went on to say that all the staff recruited in Peshawar were Afghan except for the security company and the cook-cleaner. He added that contact with Pakistani authorities was made only to renew visas and obtain exit permits. He added that Pakistani Intelligence Services were probably watching them, and knew what was going on but that they never got in their way. From his point of view, Peshawar was the city of Afghans in exile before being the capital city of the North-West Frontier Province (NWFP) of Pakistan.

During the 1980s most foreign humanitarian organisations worked for Afghans, assisting them as victims of the Soviet invasion. The macro-triage logic that differentiated humanitarian actors was mainly their assistance modus operandi, insofar as some would take assistance *across the border* and others worked *within Pakistani Afghan refugees* villages. Another key difference between the two macro-triage logics was that relief provided across the border was significantly smaller in terms of physical volume of food, medicines, and clothes and hence in the number of people reached. This assistance was symbolic, and attempted to show political solidarity against what the organisations saw as Socialist oppression in the Cold War era. Overall, the assistance was funded by western foreign aid and was enshrined in a Cold War logic of opposing the Soviet Union (Terry 2002).

### **Emergence: 2005 earthquake**

When the 2005 earthquake struck, regardless of their previous expertise, organisations working in Pakistan mobilised to assist those affected. International

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<sup>94</sup> Medical Assistance International (my translation).

<sup>95</sup> Franco-Afghan Friendship (my translation).

<sup>96</sup> My translation from French, (as are all other interviews conducted in French and used as citations in this dissertation).

relief organisations stepped in alongside Pakistani development organisations,<sup>97</sup> benefiting from their knowledge of local networks and society. Pakistani civil society played a major role in the response, which was eventually considered “the largest philanthropic response by Pakistanis that the country [had] ever experienced” (Wilder 2008, 4).

Pakistani state institutions, with the exception of the military, were ill-prepared for major emergencies; the army rapidly took the lead, giving rise to what was rated as one of the best examples of international<sup>98</sup> civil-military cooperation in a major disaster (Wilder 2008; Andrabi and Das 2010). Major General Farooq Ahmad was appointed to head the newly established Federal Relief Commission (FRC) in charge of coordinating the emergency response (mostly distributing tents, blankets, food rations and medicines) and talked of a “non-interfering coordination” (Nadeem and Mc Leod 2008):

The military has assets, mobility, means, organization and wherewithal, and can provide national, district and local coordination infrastructure for NGOs, civil society and international support to “plug in to.” Most importantly, they can work in distant areas, hard-to-reach and perhaps “insecure” regions. (Nadeem and Mc Leod 2008)

The authors noted, however, that humanitarian actors were better equipped than the military to assess ‘vulnerabilities’ of the affected populations and prevent certain groups from being marginalised.

The response to the disaster provided the United Nations with an opportunity to pilot its newly adopted Humanitarian Reform mechanisms (see Chapter 1), including the ‘cluster system’ for assigning responsibilities to key actors in disaster response. Cluster coordination meetings took place in the emergency shelter, health, nutrition, water sanitation and hygiene, food security, education, protection, emergency telecoms and logistics sectors (Stoddard et al. 2007, vii–viii). Clusters and the FRC were aligned as the FRC had “decided to structure itself using

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<sup>97</sup> Most Pakistani NGOs were created in the 1980s and the 1990s and, until 2005, were development organisations working at grass-roots level, mainly on structural, social, economic, and health issues. The Edhi Foundation appears to be somewhat atypical in its expertise on emergency assistance. Founded in 1951, it provides medical aid, family planning, and emergency assistance through over three hundred centres across the country, in big cities, small towns, and remote rural areas.

<sup>98</sup> It included US, British, NATO, and Australian military forces working together under Pakistani leadership.

the cluster approach as well” (Stoddard et al. 2007, 21, footnote 36). Far from clashing with military initiatives, some have even argued that, ironically, “the military found it easier to adapt to the new Cluster system than did the humanitarian world” (Nadeem and McLeod 2008). An evaluation conducted in February 2006 recommended improvements based on the Pakistan experience, but overall assessed the clusters as having “successfully provided a single and recognizable framework for coordination, collaboration, decision-making and practical solutions in a chaotic operational environment” (Inter Agency Standing Committee 2006, 2). The FRC was set up with United Nations Development Program (UNDP) funds, and used the clusters to facilitate the overall coordination of national relief efforts. As a result, Pakistan is one of the rare cases where national and international coordination mechanisms were perceived as complementary and mutually beneficial.

Two major legacies of the earthquake response included the development of Pakistani infrastructures to deal with disasters and the dynamics that shaped relations between humanitarian actors and the Pakistani military. In the aftermath of the earthquake, the Pakistani government created institutions responsible for disaster preparedness and response at national, provincial, and local levels. The National Disaster Management Authority (NDMA) was defined as responsible for policymaking and coordination at the national level. Provincial Disaster Management Authorities (PDMAs) were “mandated to effectively set up a system to look after disasters and calamities whether natural, man-induced, or accidents”.<sup>99</sup> PDMAs were to become the backbone of emergency responses at the provincial level.

The earthquake response was considered one of the best ever implemented in the context of a natural hazard event of such a scale. Close cooperation between relief agencies and the Pakistani armed forces was a significant issue, and humanitarian actors came to accept this arrangement as the most effective way of addressing urgent needs, including the organisation of camps and providing earthquake victims with basic medical, water, sanitation, and food assistance.

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<sup>99</sup> [http://www.pdma.gov.pk/About\\_PDMA.php](http://www.pdma.gov.pk/About_PDMA.php)

Notwithstanding widespread reports of relief efforts by local organisations linked to Islamist groups (termed militant organisations by the GoP) in the aftermath of the earthquake, a study published in 2010 showed that:

the presence of militant organizations at the village level was extremely limited even in villages close to the fault-line—of all organizations, these had the lowest coverage and even at their highest point right next to the fault-line, not more than ten percent of households reported receiving assistance from such an organization. (Andrabi and Das 2010, 22)

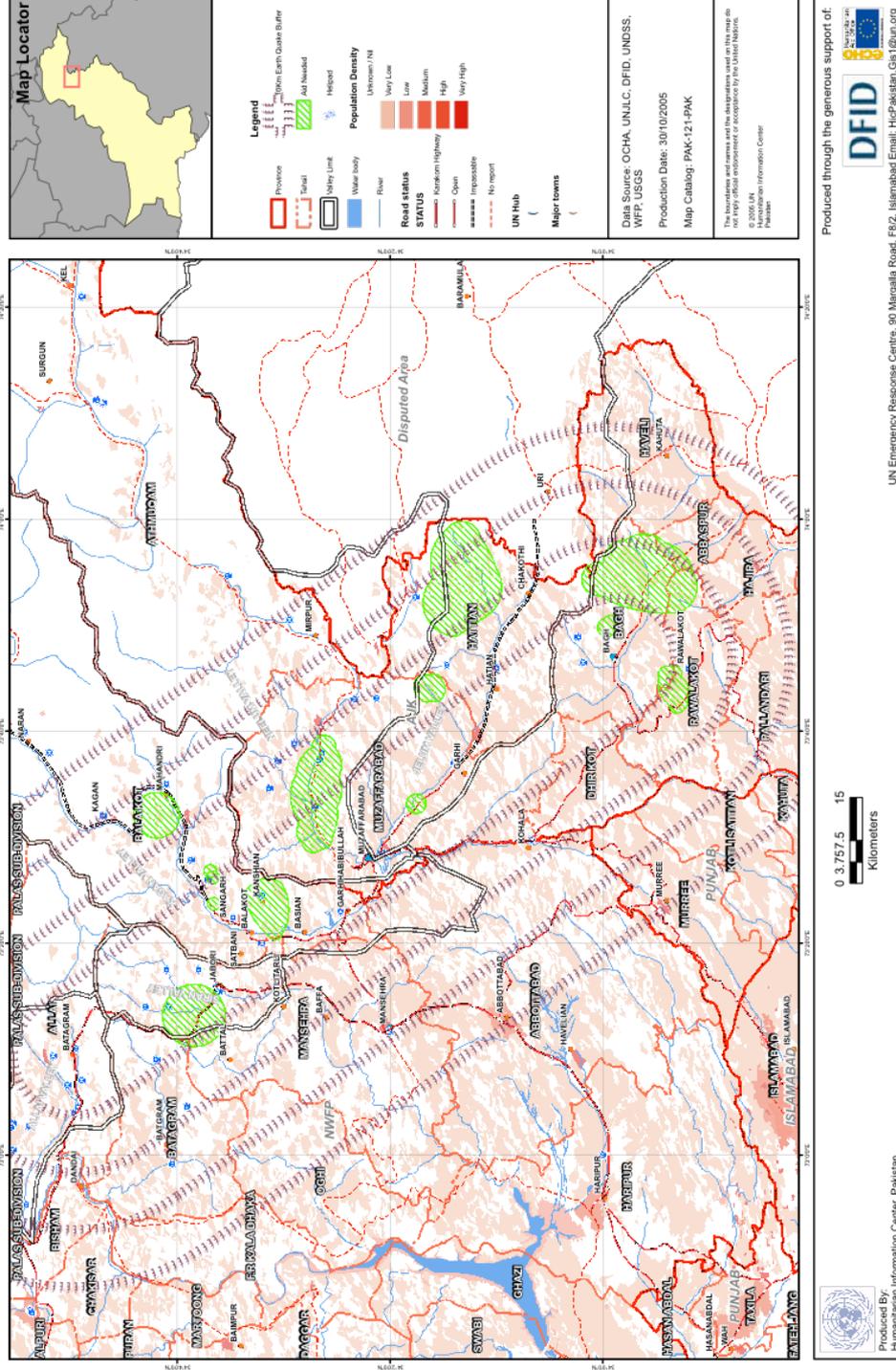
MSF, already present in other areas of the country, started relief very rapidly, doing outpatient consultations, referring more severe cases to inpatient facilities, and distributing tents, blankets and hygiene kits to people wounded or displaced by the earthquake. Over the following six-month period, MSF also vaccinated over 30,000 people against diseases such as measles and ran three hospitals to provide surgery and post-operative care in Mansehra, Bagh and Hattian.<sup>100</sup> MSF logisticians also constructed latrines and shelters as medical teams identified their lack as the cause of many illnesses.

Solidarités decided to send an assessment team to Pakistan about a week after the earthquake. This delay was the result of internal discussion about whether or not the organisation would institutionalise its capacity to provide relief in the aftermath of hazards: until the organisation had implemented projects in Sri Lanka and Indonesia after the 2004 tsunami, it had worked exclusively in conflict/ post-conflict settings. The team that supervised the 2005 assessment and response in Pakistan did not seem to benefit from the institutional memory of Solidarités' presence there in the 1980s. Peshawar in the 1980s was considered rather to be an annex of Afghanistan rather than Pakistani territory. Solidarités' projects in 2005-2007 were focused on the urgent provision of water and sanitation to earthquake victims in the Mera (Allai Valley) and Batera camps (near Manshera) (see map 5) as well as the reconstruction of destroyed rural water networks to provide sustainable water and sanitation infrastructures.

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<sup>100</sup> [www.msf.org/pakistan-activity-report-2006](http://www.msf.org/pakistan-activity-report-2006)

Map 5 2005 Earthquake affected areas



Source: UN Information Center, 2005, October 30<sup>th</sup>

Save the Children alliance's response, by contrast, was significant. Its assistance was in Bagh, Muzzaferabad, Allai Tehsil, Mansehra, and F.R. Kala Dhaka. It offered a wide range of assistance from distribution of drinking water, milk packs, tents, tarpaulins and food, to the set up and management of tented schools and safe play spaces for children aged four to ten. It also constructed livestock barns for people who had come down from the Allai with their cows, buffalos and bulls. The alliance also operated the Bana Allai Field Hospital and supported the livelihoods of people who were displaced – through “cash for work” activities or “vocational training” for women in camps (Save the Children 2005).

### **The 2007-2008 'transition' phase**

Within two years of the onset of the disaster, the relief period had come to an end and the majority of INGOs that had arrived in Pakistan to help in the aftermath of the earthquake had left the country. For some NGOs such departures were encouraged by the reduction of funds available for relief work. Relief funds came mostly from the US and the EU, as well as other donors from the OECD (Development Initiatives 2008, 11). Since 2001, the US and many EU countries had been involved in Afghanistan reconstruction, yet relief funds coming from these countries to Pakistan in 2005 were not so tightly linked to the western foreign policy agenda (Wilder 2008, 43). Hence, funding of the Office of US Foreign Disaster Assistance (OFDA) by the US and the European Community Humanitarian Aid Office (ECHO) by the EU dropped drastically in 2007: OFDA from \$69.4 million in 2006 (OFDA 2007, 64) to \$1.9 million in 2007 (OFDA 2008, 77), and ECHO from €10 million in 2005 (ECHO 2005, 1) to €1 million in 2006 (ECHO 2006, 1) and zero in 2007. Solidarités, for instance, at the end of their relief response project in 2006, launched several new needs assessments in Kashmir in an attempt to stay in Pakistan but failed to convince donors of the added value of their presence and had to leave the country when they ran out of funds at the beginning of 2007. In some cases humanitarian organisations, like MSF's Operational Centre Paris (OCP), decided that their mandate no longer applied to recovery and reconstruction

needs<sup>101</sup> and chose to leave. Clusters were put on hold. Those NGOs that remained, like the Save the Children alliance, staffed their teams with development-experienced personnel and pursued strategies geared towards addressing structural issues and long-term recovery.

The Pakistani authorities, which considered the cluster experience to have been a successful model of coordination, volunteered to participate in the One UN approach when this initiative emerged in 2007. The One UN concept was geared, primarily, to post-conflict situations and was concerned with “more coherent programmes, reduced transaction costs for governments, and lower overhead costs for the UN system.”<sup>102</sup> Paradoxically, that same year, internal conflict between the Pakistani Taliban and the military was to become much more violent. Pakistan was selected to pilot the ‘Delivering as One’ approach, with one leader (a UN Resident Coordinator), one budget, one programme, and one office for all UN agencies, but as it was being set up the country descended into internal conflict and the roll out of the post-conflict One UN apparatus was postponed.

Even though Pakistani military attacks against insurgents based in the FATA region were reported as early as 2004, it was the 2007 attacks by the Pakistani army on the Red Mosque in Islamabad that turned certain Pakistani Talibans against state authorities. The Red Mosque of Islamabad stood, according to journalist Carlotta Gall, “at the center of Pakistan’s support for jihad in Afghanistan and throughout the Muslim world” (Gall 2014). She added “Maulana Abdul Aziz, delivered fiery Friday sermons excoriating Musharraf for his public stance on the fight against terrorism and his dealings with the American government.” Students of the mosque started demonstrating, and:

Several months after the protest began, a group of students made a midnight raid on a massage parlor and abducted several Chinese women.

Remonstrations from China, Pakistan’s most important regional ally, pushed Musharraf to take action. (Gall 2014)

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<sup>101</sup> MSF OCB, the MSF section I studied, decided to stay and went back to its initial aim to work as close as possible to FATA where fighting between the Pakistani army and insurgents was taking place (see Chapter 5).

<sup>102</sup> <https://undg.org/home/guidance-policies/delivering-as-one/>

Elite Pakistani commandos were sent and fought against Pakistani insurgents for ten hours – a battle that claimed more than one hundred lives. This event signalled the end of the ceasefire between the Pakistani Taliban (like the Tehrik-e-Taliban) and the Inter-Services Intelligence (ISI) that had been signed in 2005 when the military was facing armed resistance in the FATA. The agreement had been that the Tehrik-e-Taliban Pakistan (TTP) would not attack government officials or allow foreign insurgents to operate on Pakistani soil in return for which the Pakistani military would stop military operations, withdraw from areas controlled by the TTP and financially compensate families affected by the operations.

The emergence of those who are commonly called the Pakistani Taliban was the result of several social and historical factors, three of which are discussed here. First, sectarian tensions between Shias and Sunnis provided significant foreign resources to Sunni extremism particularly in the 1970s, as Mariam Abou Zahab describes:

The Iranian revolution inspired Shia communities in Pakistan and to counter this trend, Saudi Arabia, Iraq and Kuwait started patronising Wahabis and other non-Shias. Pakistan became a primary battlefield: it shares a border with Iran, has a sizeable Shia population (15 to 20%) and Zia had made it the center of US sponsored Sunni Islamism. (Abou Zahab 2002, 115)

Saudi Arabia and other Gulf states are, indeed, often quoted as major providers of financial as well as human resources, sending combatants to jihadist groups in Pakistan (Jaffrelot 2013, 564). The Pakistani support for the jihad in Afghanistan during the Soviet invasion in the 1980s gave rise to a generation of Pakistani fighters (for example, the Lashkar-e Taiba) who were able to export the militancy style to support the struggle over Kashmir and, sometimes, to turn it against the Pakistani state institutions. The TTP led by Baitullah Mehsud, for instance, was formed by Al Qaeda members and had, as mentioned, an agreement with the Inter-Services Intelligence that they could operate from Pakistani soil as long as they did not launch attacks against Pakistani authorities, or support foreign jihadists. They respected the agreement and mainly targeted NATO troops in Afghanistan from South Waziristan until the military attack on the Red Mosque (Islamabad) on July, 10<sup>th</sup> 2007, but then redirected (together with the Tehrik-e-Nifaz-e-Muhammadi

(TNSM) in Swat and Buner) their energy against Pakistani authorities (Jaffrelot 2013, 557–558). The setting for these political and historical opportunities was that of structural weakness: the Pakistani government had failed over the years to improve social and economic conditions for its population and, in particular, for its youth. Many in turn chose jihad over unemployment and feudal oppression. These young people from modest origins (coming from minority clans or tribes, and the poorest social classes) who engaged in militancy, did so partly because the insurgents' claim to be fighting for an Islamic revolution in Pakistan echoed their aspirations for social justice<sup>103</sup> and “a rightful share in national resources” (Abou Zahab 2002, 116).

Between November 2008 and February 2009 there was a progressive move by the TNSM/TTP to impose Sharia law upon the Swati population, which the GoP even agreed to officially as a way to attempt to settle tensions. Yet as the rumour emerged that the group was planning to move even further south towards Islamabad, the GoP launched a major military campaign to eradicate those they called “the militants” from what used to be a rich Pakistani holiday destination. This military operation pushed millions of people out of the Swat Valley. Humanitarian actors at this time were still in a post-earthquake early recovery mode. They were not positioned or mobilised to react swiftly and had little sensitivity to the risks faced by some affected populations when relief was organised in cooperation with the Pakistani military, one of the parties to the conflict, as the next section demonstrates.

## **The politics of the ‘humanitarian configuration’ (2009-2012)**

### **2009-2010: politics in conflict settings**

By the end of 2009, fighting between the Pakistani army and non-state armed groups had triggered the displacement of up to 4.2 million people (ICG 2010, 1). Although Pakistani army operations against insurgents in South Waziristan had started as early as 2004 and caused significant displacement, prior to 2008 almost

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<sup>103</sup> For Jaffrelot, Pakistan “was created by an elite who were worried about protecting their status while escaping first the influence of the Hindu majority in India, then escaping the influence of the masses in Pakistan. The civil-military establishment prevailed without sharing power for sixty years, repressing or betraying social movements” (Jaffrelot 2013, 570 my translation).

no international aid actor had investigated whether their help was needed in the KPK and FATA areas. People of the FATA in particular had a long history of being hostile to any foreign presence. Even while under British colonial rule, mullahs were armed to protect their territories and Pashtun populations from foreign intrusion (Jaffrelot 2013, 569), and until 2002 the Pakistani military had not entered the FATA since independence in 1947 (Abbas 2010, 9).

In 2008, after counter-insurgency military operations in FATA had displaced more than half a million people, some international aid organisations started to react. The ICRC, which until then had been mostly assisting Afghan refugees, expanded its programmes to include Pakistanis affected by the conflict. It opened offices in Karachi, Lahore, Mingora (in the Swat Valley), and in the FATA. Its budget grew from approximately \$20 million in 2008 to \$100 million in 2009 and \$130 million in 2010 (the figure before the onset of the floods which would propel the figure still higher); the number of its employees working in these areas increased from 200 in 2008 to 1,300 in 2010.<sup>104</sup> Many NGOs also scaled up their presence to assist the conflict-affected population. In the south of KPK they were mostly Pakistani NGOs, whose administrative access to certain areas was facilitated by the fact that they had had a field presence before the displacement. In the north of KPK, in the Malakand and Lower Dir districts (see maps in Chapter 5), MSF had been actively building networks with provincial authorities and local mullahs since May 2004, anticipating regional instability in the aftermath of the Taliban withdrawal from Afghanistan. MSF OCB started medical relief activities in Lower Dir for people displaced by hostilities in Bajaur (FATA) in August 2008.

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<sup>104</sup> Author's interview with the head of the ICRC delegation in Pakistan, August 24, 2010.

**Map 6 Map of the Federally Administered Tribal Agencies and the Khyber Pakhtunkhwa districts**



Source: Detail of map 1 UNOCHA

### ***Humanitarian actors and counter-insurgency operations***

When Pakistani military operations intensified, and especially when the so-called by Pakistani authorities “stabilisation”<sup>105</sup> initiative started in Swat in April 2009, the GoP asked many international humanitarian actors to assist in managing the massive displacement of populations induced by its military campaigns. As a result, humanitarian agencies were embedded in the GoP’s “stabilisation” strategy. The Pakistani army’s counter-insurgency operations in the Malakand division (KPK) in

<sup>105</sup> See “Malakand Comprehensive Stabilisation and Socio-economic Development Strategy” (August 2009), available on the pdma.gov.pk website.

April 2009 had triggered the flight of more than 2.8 million inhabitants near Peshawar. Three months later, in July, the Pakistani military initiated a mass return of the displaced. By mid-August, the government announced that 1.6 million Internally Displaced Persons (IDPs) were back in their areas of origin, sending the message that it had accomplished a successful security operation. The GoP also made it clear that it expected aid actors to help returnees reconstruct their lives.

Throughout the crisis the GoP called on international aid agencies, first to assist the people forcibly evacuated from its area of military operations, then to support their return and reinstallation after the completion of ‘security operations’. Once again, the emergency response was mostly coordinated by the Pakistani military, through its Special Support Group – a dedicated military unit “constituted to supplement the national and provincial efforts for efficient management of IDPs, especially those of Malakand Division”.<sup>106</sup> The GoP accompanied its military effort to rid the Swat Valley of insurgent elements with state of the art communication campaigns about how they had freed the people from “wildness” and “extremism”. For instance, a video posted on the Special Support Group website on 8<sup>th</sup> November 2009<sup>107</sup> is introduced by a message saying “Swat – Switzerland of Pakistan” and beautiful pictures of the once touristic Swat Valley. Phrases such as “occupied by extremists” and “wildness all around” follow, accompanied by violent images of turbaned people cutting someone’s leg or shown with heavy weapons and carrying dead bodies. The next section of the video is entitled: “The Government of Pakistan would never tolerate extremism” and shows pictures of the Pakistan Air Force. What follows under the heading “The world stepped ahead” is a series of pictures of all the relief provided by the Pakistani military: immense neatly set-up camps, food, medicines, fans and helicopters, as well as a picture of Pakistani military personnel together with what appear to be (from their clothing) people from Arab Gulf countries and from the US. The video ends with images of colourful Pakistani trucks returning smiling people to their homes.

Yet little advocacy was done by aid agencies to prevent or denounce the circumstances in which IDPs were sometimes forced to return to their areas of

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<sup>106</sup> <http://www.supportidps.blogspot.fr/>.

<sup>107</sup> [https://www.youtube.com/watch?feature=player\\_embedded&v=x\\_F8PcFjao](https://www.youtube.com/watch?feature=player_embedded&v=x_F8PcFjao).

origin. Aid workers who were working there then told me in interviews that the Pakistani authorities would turn off the electricity and water in camps, for instance, so that people would have no alternative but to leave. Additionally, collaboration with the Pakistani military meant most actors were, however reluctantly, complicit in the fact that relief would in some instances discriminate against families suspected of supporting the ‘militants’. Some shared their beneficiary lists with the army, providing them with information they could use to track some families down; others were given beneficiary lists by the army from which those suspected of supporting the insurgents had been excluded; and sometimes the military pressurised NGOs to change their beneficiary list and exclude those suspected of supporting the insurgents.

When the Swat Valley assault started, there was thus a certain level of trust between aid actors and the Pakistani military, and a low degree of vigilance on the part of aid actors about how to avoid being used as ‘hearts and minds’ agents. One of the first critical papers on the topic was published in September 2009 and spoke about “a clash of principles” (Humanitarian Policy Group 2009) arguing that “humanitarians [had] not spoken out against the conduct of hostilities and the politicization of the emergency response” and “that aid agencies [were] faced with the dilemma of engaging with and supporting government efforts to promote stability or maintain a principled approach” (Humanitarian Policy Group 2009, 1). The issues of violence against non-combatants and of relief operations partiality were neither on the agenda among humanitarian actors, nor a topic of debate with their Pakistani interlocutors. The issue of access was at the centre of the compromises humanitarians were to make. From 2009 onwards the GoP restricted access to KPK and FATA in general. INGOs wanting to implement programmes in Pakistan had to submit an application to the Economic Affairs Department of the Ministry for Finance and Economic Affairs for each project and obtain a project “No Objection Certificate” (NOC) and then travel NOCs for their movements to certain areas of the country including the FATA, Balochistan, Kashmir and certain parts of KPK. This process officially was supposed to take seven days, but in practice it often took several months and could be “used to control access to pressure NGOs to accept instructions about providing assistance to particular beneficiaries”

(Cosgrave, Polastro, and Zafar 2010, 49). For example, in the south of KPK in the summer of 2010, access to areas bordering South Waziristan (Dera Ismael Khan and Tank) had been denied to humanitarian actors for months when hundreds of thousands of people had been displaced and there was limited understanding of the impact of the war on these displaced civilians. When access was eventually permitted, it was restricted to Pakistani personnel, thus preventing international organisations from involving expatriates who would have been less exposed to local pressure to share their beneficiary list with the military. Humanitarian actors developed ad hoc strategies of sub-contracting their responses or sending their key local staff to implement programmes in order to reach the 428,000 people who had fled South Waziristan to Tank and D.I. Khan. Pakistani staff were strongly pressured by the Pakistani army to operate under its umbrella. The Mehsud tribe (the dominant tribe in South Waziristan and also the tribe of Baitullah and Hakimullah Mehsud, successive heads of the TTP) were specifically accused of attacking Pakistani military personnel and infrastructure all over the country and were targeted in the war effort by the military (Amnesty International 2010). Mehsudi families who had managed to flee conflict-affected areas of South Waziristan were mostly denied assistance.

Since May 2009, the Special Support Group had been responsible for security clearances and ultimately had the power to refuse access and, thus, assistance to at-risk groups in KPK/FATA. As one observer noted, “[t]he Pakistani armed forces not only decide where, when and how to conduct anti-Taliban operations, but also—primarily through the civil-military Special Support Group—largely dictate the terms of the humanitarian response” (Young 2010).

When interviewed, most INGOs’ top management relied on the rhetoric of principles of independence and impartiality to explain their work; however, facts proved that very few could pride themselves on assisting conflict-affected people regardless of which tribe they belonged to.

In addition to GoP access restriction, the deployment of aid operations to areas controlled by the Taliban was impeded by the difficulties of negotiating security guarantees with Pashtun local authorities. Pashtuns living in the tribal areas where the Taliban were located had long been suspicious of, or hostile to, contacts

with the Western world. The co-optation of humanitarian agencies by the Pakistani military probably did not improve the perception of foreign relief agencies amongst local residents and NGOs. Moreover public statements by the UN Special Envoy for Assistance that “aid must follow Pakistan military gains” and efforts to eradicate insurgents in the FATA, did not help (Georgy 2010). In the face of such a highly politicised environment, some humanitarian agencies developed protective and deterrent measures. Without necessarily being the primary targets, humanitarians were indeed targeted several times. On October 5, 2009, the WFP office in Islamabad was attacked by a suicide bomber, killing five people. On February 18, 2010, four aid workers working for Mercy Corps were kidnapped 125 miles north of Quetta. One was killed and the three others were released on July 15, 2010. On March 10, 2010, seven people working for World Vision were killed in their office in Mansehra district. In Islamabad, as well as in Peshawar, massive prison-like aid compounds mushroomed. Such “fortified aid compounds” (Duffield 2010b, 452) were designed to keep the local world out; while they may have served some protective function, they were intimidating and symbolic of the recent militarisation of security management in the aid sector deemed counterproductive to the building of trust as a basis for access to vulnerable populations.<sup>108</sup>

### ***The ambiguous role of the UN***

The UN humanitarian agencies illustrated how siding with the GoP prevented them from accessing some of the conflict-affected people. In 2010, the very existence of a UN Special Envoy for Assistance in Pakistan, in addition to a Resident Coordinator (RC) and a Humanitarian Coordinator (HC), demonstrated the ambiguity and in-built tensions within the UN’s coordination machinery and the leadership challenges it faced. On the one hand, UN agencies belonged to the One UN arrangement and were therefore expected to support Pakistani institutions. On the other hand, the UN humanitarian reform initiative had entrusted the humanitarian country team (HCT) with the responsibility of coordinating the response and in so doing to uphold the principles of neutrality and impartiality. Some UN officials interviewed in 2010 described this as a “clash between the two reforms” (author interview 2010).

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<sup>108</sup> For a detailed discussion of security management by aid workers see Dandoy and Pérouse de Montclos (2013) and Fast (2014).

Historically close to the GoP, the United Nations was blamed for not wanting to “confront the government and acknowledge the scale of the problem” (Humanitarian Policy Group 2009, 3), that is, the leading role of the Pakistani army in deciding which IDPs from FATA/KPK aid organisations were allowed to assist. The long-established UN agencies in Pakistan were wary of jeopardising their good relationship with Pakistani authorities. Similar criticisms about the UN’s behaviour at a later stage of the response were formulated as follows:

Instead of advocating for a more needs-based registration criteria or overcoming exclusion errors by supplementing government beneficiary lists with agencies’ own lists of vulnerable individuals (as was done, for example, by the ICRC and several NGOs), most members of the HCT simply continued to base their response on what they knew to be flawed registration lists [provided by the government]. (Bennett 2009, 13)

A view supported by several people I interviewed was that in 2008–9, the UNHCR and the UN WFP, by working closely with the GoP, which was a party to the conflict, essentially contributed to making negotiations with the GoP very difficult for other humanitarian actors. Some humanitarian agencies were striving to operate more independently, for instance without armed escorts, and to deploy expatriate staff to locations of greatest concern. The ability of the HC to support humanitarian organisations willing to challenge the control of the Pakistani army over the distribution of aid was generally rated as very low, although it was not clear whether this was for personal or structural reasons. The HC was sometimes blamed for not being strong enough in “defending principles” in HCT meetings (Bennett 2009, 12), but also seen as having his hands tied, given the leverage of agencies that controlled the largest humanitarian UN budgets in the country and which tended to align with the government.

Reported tensions within the HCT reflected a lack of unity and the struggle to make different responsibilities coexist. Several aid workers referred positively, however, to the role of the UN OCHA as the main entity that had invested in efforts to strengthen the autonomy of aid organisations from the Pakistani authorities with regard to whom they should assist and how. For example, in February 2010, OCHA managed to push the issue of the sharing of beneficiary lists on to the agenda of the

joint GoP/UN Policy and Strategy Committee and to have the committee agree “that nominal lists of beneficiaries (i.e., beneficiary names) [would] not be shared with the civil or military authorities”.<sup>109</sup> In order to try to improve civil-military coordination in Pakistan, OCHA drafted guidelines in 2010 and, while waiting for the Pakistani military to sign them,<sup>110</sup> circulated them within humanitarian actors. The same year OCHA also launched a pilot vulnerability assessment of people affected by the Swat displacement, aimed at addressing exclusionary errors. This eventually became a multi-agency (NGOs as well as UN) effort to refine the targeting of beneficiaries by the humanitarian agencies after the Swat crisis, called the IDP Vulnerability and Profiling Assessment (IVAP).

Attempts to overcome the access constraints imposed by Pakistani authorities through NOC and security clearances were probably the least successful. As an illustration, OCHA managed to obtain authorisation to send expatriates, under armed escort, to monitor assistance in Dera Ismael Khan and Tank, but their convoy was stopped at the entry check-point of the district, and the mission was aborted. Despite OCHA’s effort to negotiate operational freedom with Pakistani authorities, the UN experience in 2008–10 shows that its decision to stand by the Pakistani government translated into its agencies prioritising assistance to those that the GoP identified as the acceptable and priority victims. The GoP did not want to describe the situation as one of “internal conflict” and this impacted negotiations over the UN’s response framework, which had to be approved by the NDMA. As one UN staff member recalled, the negotiation process of the 2010 Pakistan Humanitarian Response Plan (PHRP) was long and arduous and the Pakistani authorities demanded a rephrasing of several aspects of the original wording as Figure 4 shows.

**Figure 4 Table of contentious words for the PDMA in 2009**

SN	PHRP original wording	Agreed version with GoP
1	Areas of conflict	Areas of origin/return
2	Army	Security forces
3	Armed opposition group/leadership	Militants
4	Active conflict	Insecurity

<sup>109</sup> Action Points of the Policy and Strategy Meeting held on June 23, 2010, at the Civil Secretariat, Peshawar.

<sup>110</sup> In early 2012 the military had still not signed them.

5	Conflict	Crisis/insecurity or security situation
6	Conflict affected areas	Affected areas or areas of origin
7	Conflict related needs	Needs of affected population
8	Conflict Zones	Areas of origin/areas of habitual residence
9	Conflict environment	Insecure environment
10	Conflict and displacement crisis	Security situation/displacement
11	Conflict areas	Areas of origin
12	Cessation of hostilities	Conclusion of security forces' operation
13	Counter-insurgency	Security activities
14	Complex emergency	Crisis/situation
15	Expansion of conflict	Expansion of operations/insecurity
16	Militant Groups	Militants
17	Military operations	Security services operations
18	Military actions / activities	Security services operations
19	Insurgence	Crisis/insecurity
20	Pakistan Army	Security forces
21	Fighting	Insecurity/operations
22	Ongoing fighting	Insecure areas
23	Ongoing military operation	Ongoing crisis/operations
24	Fleeing fighting between militants & Pakistan Army/forces/military	Fleeing generalized violence
25	Fleeing the fighting	Fleeing insecure areas
26	Growing nature of humanitarian emergency	Growing humanitarian needs
27	Taliban groups	Militants

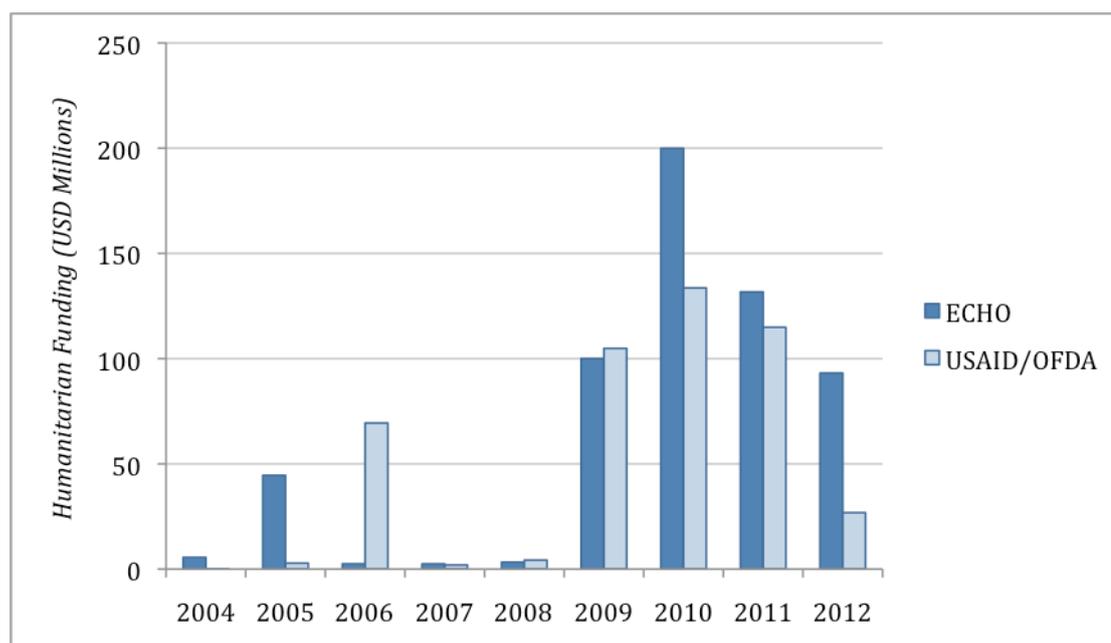
All words that referred to war (fighting, insurgence, conflict, hostilities, counter-insurgency) or the military (army, forces) or to the political existence of the Taliban (armed opposition) were systematically replaced with words referring to (in)security or violence of “militants”. The GoP refused to communicate about war and its political dynamics. The UN officer who shared this information with me insisted that this was the result of a *negotiation* process and not just simple compliance with the Pakistani authorities:

There are other words that the GoP was not happy with but we insisted and managed to get through (for example, they wanted to replace 'displaced' with 'dislocated' but we argued that this is global terminology that we follow). (...) The words we changed to did not affect the overall nature of what we were saying.

#### **NGOs and the donors**

International donors allocated significant funding to the assistance of IDPs from 2009 onwards, as the following table shows.

**Figure 5 OFDA and ECHO Funding per year (2004-2012)**



Sources: USAID/OFDA: OFDA Annual Reports per Fiscal Year (October 1st to September 30) and ECHO: EDRIS (European Emergency Disaster Response Information System) per calendar year

Most humanitarian actors were pragmatic. Some accepted US funds and deployed significant programmes in the Swat Valley, assisting people to return to their home villages. Save the Children was one of them, and did not hide its US financial support. A page on the organisation’s website from that time (and still available in 2015) contained an article titled: *U.S. Provides Emergency Food Vouchers to Half a Million Flood-Affected People in Pakistan* (Save the Children USA 2010).

A few humanitarian actors attempted to avoid being passively manipulated. Some could afford to do so and others ended up not doing anything at all. MSF and the ICRC<sup>111</sup> both made explicit efforts to avoid association with the United Nations and other NGOs. In Pakistan, MSF and ICRC, for instance, shared a similar approach thanks to which they could help people in the politically sensitive areas of KPK, FATA, and Baluchistan. They explicitly and loudly affirmed their will to remain ‘independent’ and ‘neutral’ as a ‘means to provide protection and assistance to all affected by the conflict’ – including those belonging to the tribes from which

<sup>111</sup> It is worth noting that other NGOs had developed acceptance strategies that relied on a principled approach and negotiation; see, for example, Ingrid Macdonald (Norwegian Refugee Council), “Securing Access through Acceptance in Afghanistan and Pakistan,” *Humanitarian Exchange Magazine* 49 (January 2011), available online.

insurgents originated (see Chapter 5 for more details about MSF organisational practices in Pakistan) and relied upon pragmatic negotiations that entailed a search for common interests and acceptable compromises. One characteristic of this kind of approach was that it took time and consumed a lot of resources and was not seen as cost-effective compared to programmes of other organisations embedded in the GoP's stabilisation" strategy. For example, it took MSF OCP more than six months to negotiate access locally to work in a weapon-free hospital in Hangu (see map 6). Neither MSF nor ICRC would claim that it had an exclusive recipe for negotiating and maintaining access; however, trying to escape the pressures of Western donors and the GoP was part of the strategy of both organisations in order to reach war-affected people in areas where Taliban were present at a time when most of the aid actors were focused on government-held areas.

Finally Solidarités, which had run out of funds and left Pakistan in 2007, sent an assessment team to Swat in May 2009 but was never able to provide relief to Swat displaced people. I was the Asia Regional Director sitting at the head office in Paris and supervising the assessment team at the time. In Islamabad the head of the Solidarités assessment team was approached several times by the OFDA person as they were looking for implementing partners with field information and our team had gone to Mingora, the capital of the Swat district, to assess the situation. We decided to systematically refuse US funds to work in the midst of a military campaign we saw as largely supported by the US, which additionally had been launching drones attacks in the FATA since the mid-2000s (Jaffrelot 2013, 548). Our position was a *principled* one: I firmly believed that taking US funds was, in this specific situation, unacceptable for us. Yet we could not find other funds and it cost the organisation its very presence in the country as Solidarités did not have enough private funding to sustain a team in Pakistan for more than three months.

### **2010 floods: politics in a 'natural disaster'**

Resulting from heavy monsoon rains, the floods affected the Indus River basin. This was a slow-moving and insidious disaster and unfolded over several weeks starting on 22 July, 2010, in Baluchistan. The floods then hit KPK, which ended up with the highest figure of casualties, and flowed down to the Punjab, Pakistan's breadbasket.

Finally, they reached Sindh, where evacuations were better organised, and the impact less disastrous than elsewhere. Tremendous habitat and infrastructure damage, however, could not be avoided. On 14 August, the World Bank estimated that crops worth one billion dollars had been destroyed, threatening to cut the country's economic growth by half (Batty and Shah 2010). The floods swamped villages stretching from the Himalayas to the Arabian Sea, affecting about 20 million people and killing close to 2,000.

The 2010 floods were a catastrophic experience for the Pakistani people, many of whom were already struggling to survive in precarious circumstances. The scale of the flooding and attendant devastation was unprecedented. While the response was, in many respects, a race against time to rescue and provide succour to the stranded and homeless, it was also a competition to win "hearts and minds". Arriving on top of the crisis associated with the military's counter-insurgency and stabilisation efforts, the floods were an opportunity for Western donors and the GoP to enhance their image in Pakistani society and in the local and global media as the biggest providers of relief. The rhetoric surrounding relief efforts served this purpose while also actually helping people. Humanitarian actors, confronted with the unprecedented nature of the flooding, coupled with security restrictions, had to make drastic choices about whom to assist first, and whether fighting potential manipulation by Western donors and GoP was a priority.

***"Army Zindabad!" and the underlying stabilisation rhetoric***<sup>112</sup>

The Pakistani military played a critical and dominant role in orchestrating the provision of relief and it used this role to try to improve its public standing by 'winning the hearts and minds' of the people of Pakistan with the support of Western donors. Even though the Pakistani government was widely blamed for being slow in responding to the catastrophe, its military institutions were at the fore of the response: sixty thousand troops were deployed in rescue and relief operations, and as of 27 August, 2010, they had rescued 800,000 people and set up over 100 Army Relief Camps across the country (Inter Services Public Relations 2010). As one of the main actors on the ground in the south of the country, the

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<sup>112</sup> *Zindabad* means "long live" in Urdu. See Haider (2010).

Pakistani military took part in UN coordination platforms. NATO and other international military forces provided resources as well as logistics support to the Pakistani authorities (Benitez 2010). Never, before 2008, had the United States provided so much foreign assistance to Pakistan during a period of civilian rule. Such assistance, apparently, was not focused on buying Pakistan's support for US foreign policy but rather "to help stabilise Pakistan itself" (Wilder 2010, 407).

Simultaneously, the GoP enforced a restricted-access policy to conflict areas, especially in the FATA. Even when the GoP issued an NOC waiver in mid-August for certain parts of the KPK to speed up the international response, the most sensitive districts of FATA and KPK remained effectively 'no-go' areas – allegedly for 'security reasons'. Access for expatriates to Dera Ismael Khan and Tank remained blocked, even as the response needed to be scaled up swiftly and some INGO emergency surge protocols required the presence of expatriates. Similarly, the GoP refused to authorise the United Nations Humanitarian Air Services (UNHAS) to deploy helicopters in KPK/FATA, where the use of Pakistani aircraft by humanitarians was the most problematic.

Local organisations linked to Islamist groups<sup>113</sup> and political parties moved quickly, and their relief efforts benefited from their proximity to local populations. Although there should not be anything surprising about Islamic organisations working at the grass-roots level in a Muslim country, once again, this phenomenon raised concerns in the media (Haider 2010) as to whether the actions of such groups would spread support for Islamist extremists. At the time of writing, there was no solid proof for such concerns. However, the fear that Islamist groups would manipulate assistance was widely used in the media to mobilise donations: "[u]nless we act decisively, large parts of flood-stricken Pakistan will be taken over by the Taliban" wrote Ahmed Rashid in the British Newspaper *Telegraph* (Rashid 2010). This line of argument became so pervasive that, even when trying to advocate for the depoliticisation of humanitarian aid, the director of Church World Services, used the same underlying argument of 'stabilisation' strategies:

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<sup>113</sup> Jamaat-ud-Dawa is a prominent example of an Islamic organisation thought to be a front for Lashkar-e Taiba (LT, Army of the Pure), founded in the 1990s in Afghanistan for the Kashmir Jihad and operating from Pakistan, near Lahore.

If the international community does not come up with support at this time of need, the flood-survivors' children will go in droves to the *madrassas* because they have food there. If you don't send aid to where the need is, people will be more vulnerable to the militant organizations that believe in violence. They have nothing left, so we will be pushing them into the arms of these militant groups whose the humanitarian wings are providing help. (Fernando and Parvez 2010)

The 'stabilisation' agenda had been an underlying rationale for the overall international aid strategy in Pakistan since at least 2008. The floods did not escape this logic and along these lines, Richard Holbrooke, the US administration's Special Representative for Afghanistan and Pakistan at the time, said: "If we do the right thing, it will be good not only for the people whose lives we save but for the US image in Pakistan. The people of Pakistan will see that when the crisis hits, it's not the Chinese. It's not the Iranians. It's not other countries. It's not the EU. It's the US that always leads" (cited in Masood, MacFarquhar, and Shanker 2010). This logic attracted substantial resources for the response, and the United States was the swiftest to react after the start of the floods and eventually contributed approximately \$630 million. It was by far the largest donor, accounting for 33% of the total amount of donations recorded by the United Nations.

#### ***Humanitarian choices***

In such a compound crisis, international humanitarian actors were faced with a set of choices about the kind of funding used (private or from institutional donors attached to states, some such as the US having a direct foreign interest in Pakistan for instance) and whether a partnership with military forces would be established, both of which influenced the scope and nature of their response.

Most of the international funds that were allocated to international humanitarian actors for the floods response came from institutional donors. Despite their scale, the 2010 Pakistani floods attracted very little international public attention, and therefore very little in private donations outside Pakistan. In comparison, a Red Cross campaign in the United States raising funds via mobile phone donations raised \$31 million for the Haiti earthquake response but only about \$10,000 for Pakistan later in the same year (Zaidi 2010). The vast majority of

humanitarian actors depended on institutional donors. Even if the Good Humanitarian Donorship principles required donors to “support humanitarian action that is explicitly neutral and impartial in its intent” (Collinson, Elhawary, and Muggah 2010, 293), the perception in Pakistan seemed to be that Western funds often came with an agenda attached. As more than 64% of the funds allocated for the floods in 2010 came from countries involved in the war in Afghanistan,<sup>114</sup> most humanitarian actors were concerned with issues of perception. On one hand, funds were needed to assist flood-affected people. On the other, donor funds exposed humanitarian implementing actors to a political dependency that might prevent them from gaining the trust of Pakistani people in certain areas, or over time. Eventually, most humanitarian agencies provided assistance financed by Western donors. This was the case of SCI and Solidarités, which this time managed to raise EU funds considered by the organisation’s members as less compromising in Pakistan than US funds. In conflict-affected areas, however, MSF staff reported that they had come across people who did not trust assistance funded by states supporting the Pakistani authorities (Whittal 2011a) which showed that the ability of a humanitarian actor to demonstrate financial independence was a solid tool to gain trust and access.

The other major question humanitarian actors had to answer was whether they would cooperate with the military. As already described, working hand in hand with the military in 2005 had been considered a positive experience, ‘enabling’ complementarities and enhancing effectiveness. However, in 2010 such collaboration could distort humanitarian priorities in favour of the military’s agenda. Logistics and access were two critical issues shaping the timeliness and effectiveness of the emergency response. Logistics were a major challenge, with millions of people isolated on strips of land, unable to move to assistance points, and very difficult to reach. The humanitarian response was especially slow in Sindh, Punjab, and Baluchistan for two main reasons: access to certain areas was physically impossible, and most humanitarian organisations had no pre-flood presence in Punjab and Sindh. As a result, some humanitarian actors used Pakistani

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<sup>114</sup> The calculation is derived from the table titled “Total Humanitarian Funding Per Donor in 2010, available online on the [fts.unocha.org](http://fts.unocha.org) website.

military transport assets at the onset of the emergency, invoking the 'last resort' principle of the guidelines on the use of foreign military and civil defence assets in disaster relief (OCHA 2006). The last resort principle states that "foreign military and civil defence assets should be requested only where there is no comparable civilian alternative and only the use of military or civil defence assets can meet a critical humanitarian need" (OCHA 2006, 4). The WFP used military planes and helicopters<sup>115</sup> to deliver food in remote areas of Punjab and Sindh until at least September, 2010. The issue was discussed in a HCT meeting, and WFP obtained an exceptional validation from the HC on the grounds of 'last resort' until UNHAS was able to take over. Together with the military rescue operations, the bulk of the response was provided by WFP, which in October, 2010 was reaching 6.5 million people across the country and by January, 2011 providing food for more than 5 million people a month (World Food Program 2011).

There was a lively internal debate among UN agencies on whether to use the NATO air-bridge requested by the GoP, considering the role of NATO in neighbouring Afghanistan and the US use of drones in Pakistan. The HCT finally ruled out the option of using the NATO air-bridge on the basis that this was not a last resort situation because non-military alternatives were available (Bennett 2011).

MSF, SCI and Solidarités all decided that they would not use any military assets to deliver assistance. The European Aeronautic Defence and Space Company offered a \$200,000 donation to Solidarités in the aftermath of the 2010 floods that the organisation declined. The initiative had emerged from the Pakistani European Aeronautic Defence and Space employees who collected some \$100,000, which the organisation offered to double for a greater donation to a non-profit relief organisation. Solidarités refused on the basis that European Aeronautic Defence and Space was selling helicopters to the Pakistani military, which appeared to the top management as contradictory to Solidarités's mandate. MSF went a step further and declined any kind of funds associating them with donor governments or the

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<sup>115</sup> Both the Pakistani and other governments lent assets.

United Nations, and refused to be mentioned in any UN public reporting, such as “who? does what? where?” data, in order to maintain control over their image.<sup>116</sup>

Facing the volume of needs and the complexity of the political background, organisations had to make choices about their operational positioning. Some decided that their priority was to reach as many people as quickly as possible, which often meant taking donor money, and sometimes using military assets, while respecting the Pakistan civil-military guidelines in order to mitigate the risk that ‘aid’ would be perceived as taking sides. Others considered that in the age of the ‘citizen reporter’, information on what agencies do and data on the origins of their funds travelled fast. For these actors, preserving an ‘impartial space’ for assisting people in the long run demanded financial independence and not using military assets, even if this resulted in helping fewer people.

### **2011-2012 floods and ongoing conflict: Politics in low intensity disasters**

The 2011-2012 humanitarian configuration did not have fixed and immutable characteristics; on the contrary, in tracing its short historical trajectory I attempt to show that it is constantly evolving and that different actors speak about their relationships or view of the context in various ways and this may well change over time. It is therefore worth attempting to describe the relationships and opinions of actors I interviewed while I was doing the ethnographic studies of the three projects. The humanitarian configuration in which I did most of the fieldwork for this dissertation resulted from the above-described 2005-2010 trajectory and was characterised by a radicalisation of the tension between certain international humanitarian actors and Pakistani authorities.

#### ***Pakistani sovereignty reaffirmed***

When the international humanitarian actors I interviewed between November 2011 and July 2012 discussed their experience in Pakistan, they very often started with a mention of “external factors that really made the situation flip around” as one country representative of an international organisation described it. Like many others interviewed in November 2011, one told me: “After Raymond Davies and the

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<sup>116</sup> So did the ICRC.

CIA [US Central Intelligence Agency] vaccination scheme, everything changed". Another added: "Now, the government is very suspicious of NGOs". People referred to two key episodes in US-Pakistan diplomatic relations that had happened in the course of 2011. The first one started on 27<sup>th</sup> January when the Pakistani police arrested Raymond Davis, an American citizen who had just killed two Pakistani nationals on the streets of Lahore. Davis claimed to be a simple American diplomat, and Barack Obama urged Pakistan to free him under the Vienna Convention that granted him diplomatic immunity. Davis was "charged with two counts of murder and one of illegal weapon possession" (Walsh 2011a) and convicted, yet he was freed after "relatives of the dead men pardoned him in court" (I. Khan 2011). The diplomatic incident had been solved thanks to "'blood money', or *diyat*, a custom under Shariah that compensates the families of victims for their dead relatives" (Mazzetti 2013). This episode triggered many protests in large cities across Pakistani:

Demonstrators set tires ablaze, clashed with Pakistani riot police and brandished placards with slogans like "I Am Raymond Davis, Give Me a Break, I Am Just a C.I.A. Hit Man". (Mazzetti 2013)

According to Declan Walsh, the Guardian and then New York Times correspondent for Pakistan from 2004 to May 2013, "Pakistanis [saw] the episode as more evidence of imperialistic arrogance" (Walsh 2011a).

**Picture 1** Jamaat-e-Islami protest after the Raymond Davies scandal in Lahore, February 2011



Pakistani rage at the United States — in particular at the drone attacks in the tribal areas — found focus with the Raymond Davis affair. Ilyas J. Dean/PAK/Newscom

Source: Mazzetti 2013

The second episode foreign humanitarian workers in Pakistan referred to as a ‘game changer’ regarding their situation in Pakistan revolved around a fake vaccination campaign organised by the CIA when planning the killing of Osama bin Laden in Abbottabad. Osama bin Laden was killed in Pakistan by an American Central Intelligence Agency operation on 1st May, 2011 (Walsh, Adams, and MacAskill 2011) and in July the media exposed a story related to the preparation of the operation: in an attempt to confirm the presence of Bin Laden and his family in a compound in Abbottabad, a highland town north of Islamabad, the CIA had organised a fake vaccination campaign hoping to find a match for Bin Laden’s DNA (Shah 2011). The CIA had hired a Pakistani doctor, Shakeel Afridi, to supervise the campaign who was arrested by the Pakistani authorities three weeks after Bin Laden’s death. Shortly afterwards allegations surfaced in the media (Walsh 2011b)

that in 2008 an official from Save the Children had introduced Dr Afridi to the CIA (Leiby 2012). These allegations were never proven and the organisation consistently denied any link with the fake vaccination campaign (Leiby 2012). Yet the reputational damage was done. Pakistani authorities intensified their scrutiny and control over any foreign activity on their soil and international humanitarian workers saw the successive 2011 episodes as making their relationship with the GoP difficult. Some comments made by the Pakistani authorities I interviewed during the same period confirmed the international humanitarian actors' feelings. Some alluded to the fact that there were rumours that some international NGOs had been involved in terrorist anti-state activities, and as one said: "If NGOs were honest then more than 80% of our problems would have been solved" (Author's interview 2011).

#### ***A short emergency phase after the 2011 floods***

The 2010 floods had impacted people's livelihoods so badly that at the start of the autumn 2011 many international actors like Solidarités for instance (see Chapter 6) were still working on the post-2010 flood response. Then in 2011 more floods came. These were not as bad as the 2010 ones, but they still affected more than 9 million people, mostly in Sindh, and came as an additional burden on relief agencies. Abnormal rains had started to trigger floods at the beginning of August 2011, but the GoP did not call for assistance until more than a month later, announcing at first that it could respond to urgent needs on its own. At the district level, however, it was clear to several interviewees that people were asking for more help than the government was able or willing to provide. Many NGOs told me they had sent assessment teams to Sindh without authorisation, in order to assist an advocacy campaign supported by a group of NGOs and UN agencies to try and get the NDMA to officially recognise the emergency. The President of Pakistan eventually called for assistance from the United Nations on 7 September, 2011 and the international UN-led humanitarian apparatus activated: this meant financial appeals could be launched, the emergency response cluster system could be reactivated, and aid actors could officially assess the situation of the people on the ground. This was one of many acts of passive resistance towards international aid actors by the GoP.

Pakistani authorities had always controlled foreign presence on its soil, as any sovereign state that could would, but delays in obtaining any kind of authorisation to travel or work in the affected areas increased. INGOs have always been subject to a long administrative process of registration with the Economic Affairs Division.<sup>117</sup> During the emergency, the Pakistan authorities authorised some NGOs to operate without their registration process having been completed, granting them an 'Interim Permission', which gave the same entitlements, but for shorter periods, and could be extended. Many of the INGOs I interviewed had been working under Interim Permissions for several years, having renewed them repeatedly. Project NOCs for relief and early recovery projects were issued for a six-month period after a very lengthy process involving multiple government offices. The issue of the travel NOC as already mentioned as difficulty to access certain areas of the country became more acute with the 2010 floods that affected almost all provinces. I was told that there was no consistency between provinces as to how to apply for a NOC, which only increased delays. Obtaining NGO visas for international staff also became an increasing problem as the GoP attempted to reduce the number of international personnel. Some expatriates working in Pakistan were refused visa renewals while others saw their visas cancelled without a clear explanation; some requests took so long that the organisations' head office had to reassign people recruited abroad to another country instead.

Following the 2011 floods, in line with their policy to maintain a tight hold over foreign aid initiatives on its territory, Pakistani authorities rapidly declared the emergency phase over and transitioned to an 'early recovery' phase from January 2012 onwards. This was not just a matter of words: it had institutional and political implications. OCHA ensured the coordination during the emergency phase and, as already mentioned, it had a history of challenging the Pakistani authorities. The NDMA asked the UNDP to lead the early recovery phase as, in effect, UNDP was much closer to the Pakistani authorities than OCHA. As already mentioned UNDP had funded the Federal Relief Commission coordinating the emergency response in 2005 together with the emerging cluster system, and had also seconded many

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<sup>117</sup> For Pakistani NGOs, the process is different. They have to register within their province of origin at the Social Welfare Department, and sign a Memorandum of Understanding.

personnel to PDMAAs. In 2010 UNDP had much less coordination experience than OCHA, which had long been designated at the global level as the agency in charge of coordinating other humanitarian actors. Regardless, Pakistan asked UNDP to set up an Early Recovery Working Group, to provide the exact equivalent kind of service that the clusters did during an emergency, but during the early recovery phase. UNDP was also the agency that had organised the 'One UN' programme for Pakistan, and many of my interviewees did not see it as an independent agency with regard to the GoP.

At the end of 2011 the Pakistani military launched operations in the Khyber Agency (FATA) and ordered civilians to leave the agency. People started to move to the Peshawar district, as it was the closest one outside the conflict area, and the Pakistani authorities claimed that civilians and flood victims did not need additional relief as the military was taking care of them. In March 2012 however, they could not handle the number of people and authorised international actors to step in (see Chapter 5).

#### ***A humanitarian sovereignty under the radar?***

Humanitarian actors have developed a passively defiant attitude towards the Pakistani authorities over the years. I observed this during informal social occasions when staff complained repeatedly about the arbitrary refusal of a visa or NOC. They remained, however, relatively low profile, and compliant with Pakistani rules.

Several international donors I interviewed in 2012 expressed their frustration that NGOs did not advocate more openly for "the respect of humanitarian principles". They felt they did more than NGOs themselves on that level. One donor observed:

We work in the coordination mechanism to maintain a space for principled humanitarianism. We fund the principled humanitarian actors in priority; we fund the unprincipled ones to try and influence them; and we lobby the government directly too. (Author's interview 2011).

Humanitarian actors had ways other than advocacy of adapting to this situation. First they developed their own independent analyses of people's needs and maintained a strategic distance from UN and PDMA-led comprehensive

assessments. For instance, they used the Multi Sector Needs Assessment (MSNA)<sup>118</sup> as an overview of what donors might fund, or cited them instrumentally when responding to the UN “Flash Appeal”<sup>119</sup> (the guidelines of the appeal specified that projects had to be consistent with the MSNA data). One Country Director commented on the MSNA saying: “this is mostly communication, but not useful information for us. It is probably necessary, but definitely not sufficient”. Although the GoP/PDMA validated the content of these assessments, many doubted the relevance and truthfulness of the information contained, which explained why they preferred to assess local situations themselves. Second, none of the NGO staff I interviewed used the ‘Beneficiary Selection and Targeting Guideline’ designed by the ‘protection cluster’. I interpreted this as a sign of the independence of NGOs’ activities. Third, the most significant signs of room for manoeuvre that humanitarian actors attempted to create for themselves were the many other coordination forums they created outside the official clusters and early recovery working groups (which were co-chaired by UN and PDMA staff). Some gathered similar types of actors like the Pakistan Humanitarian Forum (PHF) for INGOs, the Humanitarian National Network for Pakistani NGOs, the Muslim INGO Forum established in 2011 or the Donor Forum, in which major donors shared information and attempted to coordinate their appeals. Other coordination circles were organised thematically, for example, Paksafe, where NGOs shared information about security management. The Forum on Refugees was created as an ad hoc group under the umbrella of PHF, its members international and national NGOs working with Afghan refugees as these organisations found the issue of Afghan refugees was not tackled in the cluster meetings dedicated to assistance for Pakistanis affected by the floods or conflict. The PHF also created thematic working

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<sup>118</sup> The MSNA used to be called the Multi-cluster Rapid Assessment Mechanism (McRAM) and started in 2008 with the intention of a collaborative post disaster assessment. When PDMA attempted to take the leadership of this macro assessment in 2011, it changed its name to the Multi Sector Needs Assessment (MSNA).

<sup>119</sup> “The flash appeal is a tool for structuring a coordinated humanitarian response for the first three to six months of a new emergency. The UN RC/HC triggers it in consultation with major stakeholders within two days of a major disaster or in response to an ongoing or slow-onset crisis. It contains an analysis of the context and of humanitarian needs (citing whatever specific needs assessments are available, as well as any other evidence such as informal reports, remote sensing, background data, and inference), response plans (at the general strategic level as well as sector plans including specific proposed projects), and information on roles and responsibilities.” (United Nations 2009, 3)

subgroups like the Advocacy Working Group for NGOs willing to contribute to advocacy on issues – for example, in 2012 the new NGO guidelines that had been issued by the Economic Affairs Department or the Disaster Risk Reduction Working Group (sharing good practice about disaster risk reduction). The Sukkur Group was formed during the 2010 floods response in Sukkur (Sindh) in order for NGOs (international and national but only present at the local level) to coordinate and share information in meetings to which Pakistani authorities and, in particular, the Pakistani army was not invited. This type of response coordination body had been tested in 2009 by the same NGOs. Staff explained to me that they needed this restricted group in order to “not compromise on humanitarian principles”. One of those who initiated these temporary coordination groups explained: “Nobody wants to formally face the comments of the army”. As Paul Knox Clarke notes more generally, “coordination” and “leadership” have very often been referred to “in the same breath” (Knox Clarke 2013, 6), while it can be useful to consider the two separately:

‘leadership’ as relating to efforts that guide a single set of common actions forming a single plan, and coordination as relating to efforts to ensure complementarity and prevent overlap between diverse actions and diverse plans. (Knox Clarke 2013, 6–7)

Using these definitions, this multi-layered coordination shows a general willingness of humanitarian actors in the humanitarian configuration in Pakistan to collaborate in order that their responses not overlap. At the same time they displayed an exigency to preserve their independence over their own operational choices and avoid being constrained by a “single plan”, especially as the Pakistani military was increasingly attempting to shape this plan.

## **Conclusion**

The humanitarian configuration described in this chapter was formed in a country whose authorities had decided ensuring territorial sovereignty was the highest priority. Historically, overall investments in the military and nuclear capacity preceded and overtook those in social services. When Pakistan was struck by an earthquake in 2005 the Pakistani military proved to have a strong relief capacity and

to be able to collaborate with newly arrived international humanitarian actors for the good of the affected people, according to international aid agencies. Yet, when the same relief actors started to respond to the displacement of populations and other human damage caused by what the Pakistani authorities termed 'law enforcement operations' against Islamist insurgents, tensions progressively grew between the GoP and some aid agencies, as well as among aid actors with different views about the legitimacy, extent, modality and consequences of the GoP's often successful attempts to subjugate international humanitarian aid to its counter-insurgency strategy. In the aftermath of the 2010 floods, the relationships between actors of the humanitarian configuration had become more complex than in 2005. Each actor (the civilian and military branches of the GoP, the Pakistani Taliban and Pashtun local authorities, the UN, NGOs, donors, etc.) was more aware of the others' priorities and attempted to secure their own room for manoeuvre.

It is in this complex humanitarian configuration of local, national, international, state and non state, armed and non-armed actors with relationships built upon a history of various types of interests since 2005 that the projects I studied took place in 2011-2012. In Chapters 5, 6 and 7 I unpack, from inside these humanitarian organisations, how choices about how to assist people and who to prioritise are shaped by their own organisational interests, opportunities and constraints as well as by the wider humanitarian configuration described here.

## Chapter 5

### **Médecins Sans Frontières: a strategic and populist interpretation of impartiality**

#### **Introduction**

The MSF project this chapter focuses on was a set of secondary health care services provided in the district hospital of Timergara in Lower Dir (Khyber Pakhtunkwa) – not far from the border with Afghanistan in the north-west of Pakistan. As mentioned in chapter 4, since 2004 this area had been affected by growing tensions between the Pakistani military and Pakistani Taliban groups. In these regions people lived with the constant threat of bombings in public places, military operations, extra-judicial killings and American drones targeting Afghan Taliban rear bases. The MSF project I studied between October 2011 and January 2012<sup>120</sup> had an annual budget of approximately €2 million (in 2011) and originated in the aftermath of a massive displacement following a Pakistani military operation in the Bajaur Agency (FATA) in August 2008. Between 200,000 and 300,000 people had crossed the FATA border to go to safer areas in the neighbouring districts of KPK, Lower Dir and Malakand, and MSF started to provide basic medical care to some of these people in a camp called Munda in Lower Dir (KPK) at the border with Bajaur (FATA). In March 2009, MSF moved its activities about 30km away to the District Headquarters Hospital of Timergara, the capital city of Lower Dir, to offer emergency and surgical care.

Before I arrived in Pakistan, I was briefed on the phone by the Brussels-based head of what MSF called "Cell 4" – the team in charge of MSF 'operations'<sup>121</sup> in Iraq, Afghanistan and Pakistan. According to him, the Timergara project was the project that best fitted their overall ambitions in Pakistan: "The goal was (...) to treat all victims of bomb blast in the area or victims of the conflict".

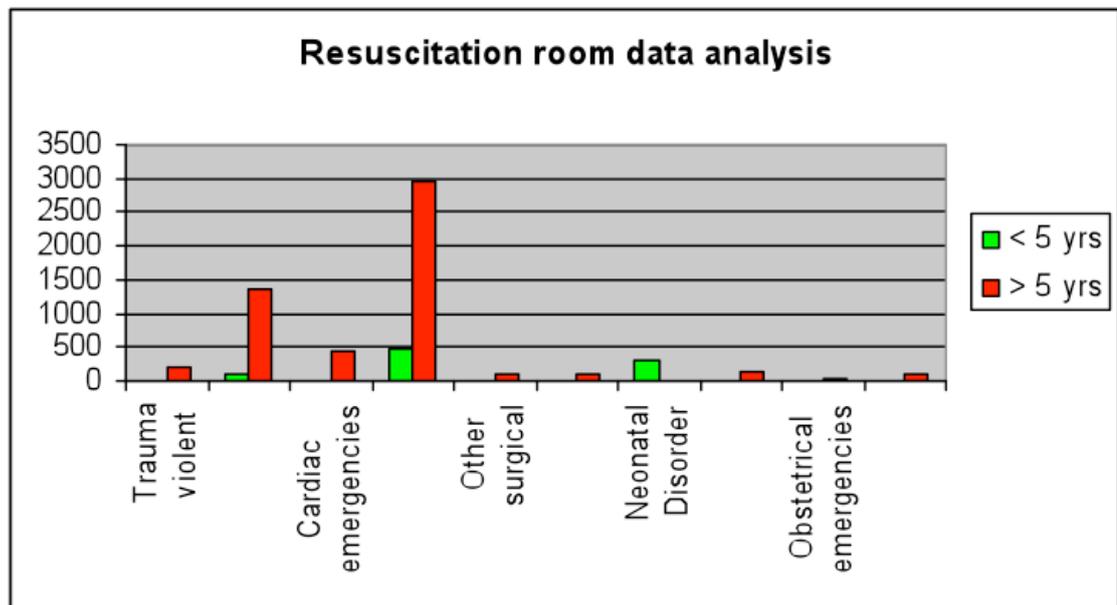
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<sup>120</sup> I spent two months in Pakistan until December 2011 and visited the head office in Brussels in January 2012.

<sup>121</sup> In the MSF language 'operations' is more or less synonymous with activities, response or projects.

This project was the product of a long negotiation process with various stakeholders: the Pakistani administration to obtain travel NOCs for international staff, the local administrative and religious authorities to get their support, and the Ministry of Health to negotiate the repartition and coordination of health services in the District Headquarters Hospital of Timergara. MSF was the only humanitarian actor who had expatriates based in this very conservative area of Pakistan. For the MSF teams, the exposure to attacks or kidnappings were real, but the MSF OCB management considered these risks acceptable in order to be able to care for the “war wounded”: however, looking at internal medical data in 2011, most of the patients admitted to the emergency ward had cardiac, obstetric or mental health issues and only 25% of patients admitted to the resuscitation room were “trauma patients”, only 2% of which could be attributed to war episodes (MSF OCB 2011a; MSF OCB 2011c) – the others being related to traffic or domestic accidents.

**Figure 6 MSF Resuscitation room data during the 3<sup>rd</sup> quarter of 2011**



Source: (MSF OCB 2011d, 3)

Additionally, the northwest of Pakistan was not particularly deprived of medical services compared to the rest of the country, as an MSF internal evaluation report confirmed:

There is little in terms of medical data or analysis which suggests that the needs in KPK are in any way greater than elsewhere in the country, except perhaps the cultural limitation on female access to health care due to highly conservative cultural and religious attitude. (Stringer 2011, 4)

As described in chapter 4, Pakistan generally underinvested in its national health system and created a situation in which the Ministry of Health paid salaries to medical staff, the majority of whom spent more time in their private practices than in the state hospitals.

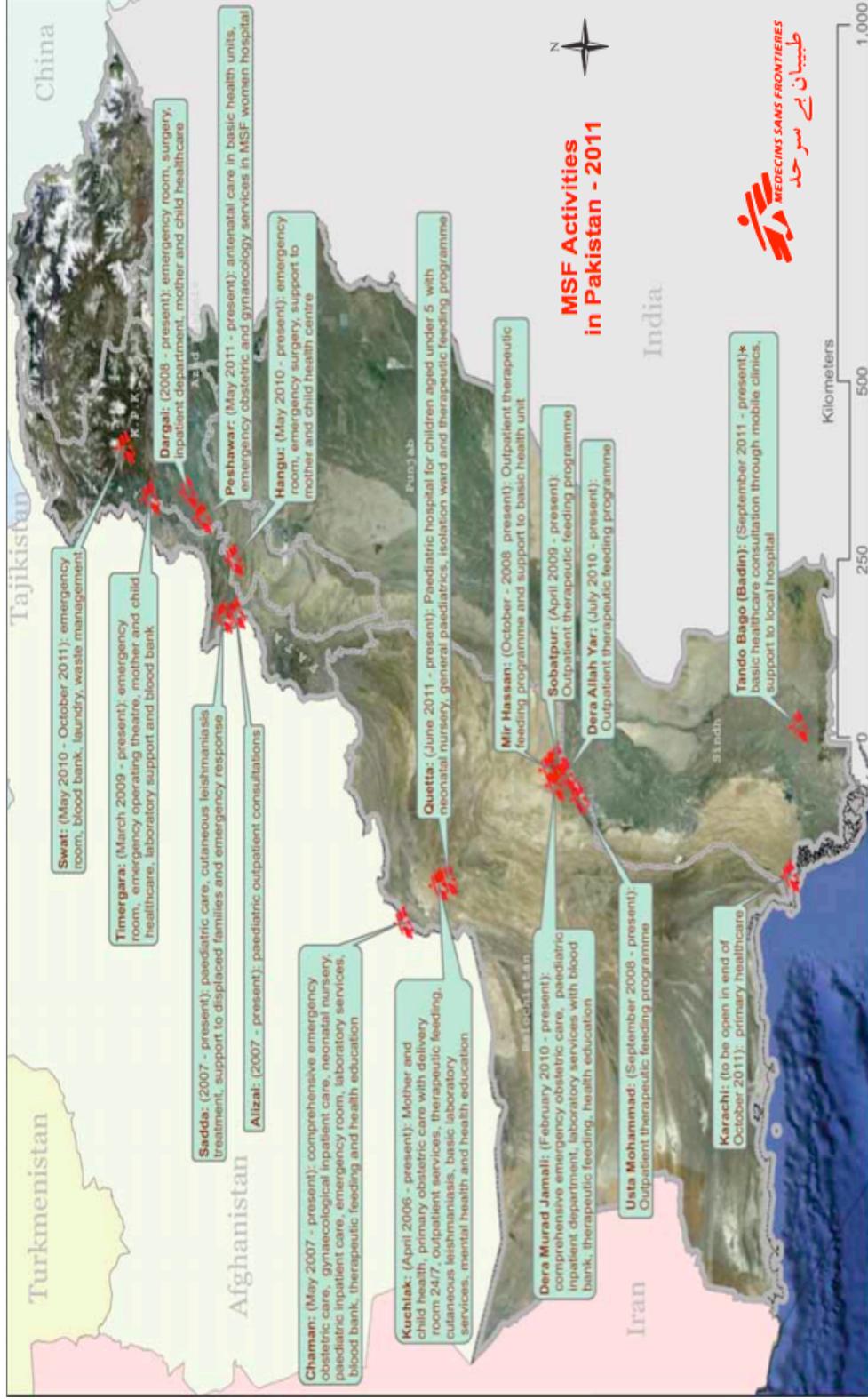
In short, MSF rarely treated the ‘war wounded’ and admitted that the public health situation was no worse in KPK than in other parts of Pakistan. If the public health data were not driving MSF humanitarian triage, what was? What were the sorting logics underpinning it and what effects did they have?

The first section of this chapter outlines a short historical trajectory of the project leading to a description of the Timergara macro-humanitarian triage that prioritised potential ‘war wounded’ from the hostilities in the neighbouring Bajaur Agency<sup>122</sup> (FATA) through the offer of secondary health care. The second section shows that most of the staff were united behind the idea that ‘MSF was different’ from other aid actors, relying upon considerable efforts by the institution to shape this perception as well as on the reality of the approach and positioning of the Timergara project. I argue that the idea that ‘MSF is different’ stabilised the Timergara macro-triage. The third section delves into the daily practices of the MSF OCB staff to show that the *support* and *political staff* acted mainly on external constraints, managing to reduce them, while the *medical staff* shaped the micro-triage thanks to an activity-driven project management. The fourth section offers an analysis of what the Timergara humanitarian triage produced, exploring the questions of who were eventually included and excluded, showing that overall MSF OCB refused to adopt a cost-effective approach and essentially prioritised Pashtun people in urban areas.

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<sup>122</sup> In the FATA, instead of ‘districts’ like in the other provinces of Pakistan, there are seven tribal ‘Agencies’ and six ‘Frontier Regions’.

Map 7 MSF projects in Pakistan (OCB, OCP and OCA)



Source: (MSF 2011b, 12)

## **Macro-triage: the wounded of the ‘Global War on Terror’**

Since 2001 Afghanistan and Pakistan have been at the core of international geopolitics in the context of what has been labelled the ‘Global War on Terror’. In 2009 Barack Obama described the two countries as “the epicenter of the violent extremism practiced by Al Qaeda” (Shane 2009). During the same period, MSF’s institutional position was to distance itself from the western states, a change from its position during the Cold War (Weissman 2011; Weissman 2013). This materialised within OCB with the creation in 2009 of ‘Cell 4’ to take charge of operations in the epicentre of the Global War on Terror: Iraq, Afghanistan and Pakistan: “We re-organised the house according to these conflicts”, commented the Executive Director during our interview. One member of Cell 4 recalled that when they created it, many people were against the idea of going back to the ‘AfPak’ area, as they called the Afghanistan/Pakistan region, and asked him: “Why? You’re in the West, how can you get involved in a conflict on the side of those who are against values that are yours?” adding, “There was an aversion towards this kind of risk...the tribal areas. There was an erroneous perception about Pakistan”. For MSF to be “at the forefront of the Global War on Terror” on the side of the “victims” relied in part on the necessity of dissociating itself from “the UN/NGO circus” (MSF OCA 2011, 1) and to publicly distance itself from those and other western actors. This was consistent with a widely shared opinion within the MSF movement that western states had been abusively enrolling humanitarian actors and rhetoric in interventionist policies (de Torrente 2004). Visions of the world as described by US President George W. Bush through statements such as: “We will pursue nations that provide aid or safe haven to terrorism. Every nation, in every region, now has a decision to make. Either you are with us, or you are with the terrorists.” (Bush 2001, n.p.) were challenged by most of MSF OCB’s public communications (Stokes 2010; Whittal 2011a; Stokes 2011). It was also challenged by MSF’s macro-humanitarian triage in Pakistan as this section demonstrates, first through a description of the

trajectory of the Timergara project<sup>123</sup> and second, through a description of an organisational structure giving primacy to strategic considerations.

### **The trajectory of MSF OCB humanitarian triage in Timergara**

In November 2011 there were three different MSF Operational Centres<sup>124</sup> in Pakistan: Operational Centre Amsterdam (OCA), which mainly worked in Baluchistan; Operational Centre Paris (OCP), which mainly worked in South KPK and the FATA; and Operational Centre Brussels (OCB), which mainly worked in North KPK. Apart from emergency responses to natural disasters that consisted of distributions of items, construction of shelters or mobile clinics<sup>125</sup>, the majority of MSF activities in Pakistan since 2004 had revolved around providing free secondary health care by running entire departments of district hospitals ensuring surgery, obstetric, gynaecology and, sometimes, paediatric care.

Secondary health care refers to hospitals that provide specialised services required to treat serious medical problems. In theory, the first contact patients have with the health system is with *primary* health care addressed by general practitioners and other paramedical staff. Primary health care includes mainly the treatment of common diseases or injuries, immunisation and health education. For more serious health issues, people are referred to specialists in charge of secondary health care in hospitals that offer special premises and the technology often required for surgeries, blood transfusion or special tests.

When OCB decided to come to Pakistan in 2004, it was for strategic reasons:

With the humanitarian space shrinking in Afghanistan and OCB activities there becoming increasingly limited and difficult, the decision was taken to potentially leave

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<sup>123</sup> In the MSF vocabulary the word “project” referred to a “location” rather than to a set of objectives that needed to be reached within a certain timeframe for a given population. So in the MSF language each location was a “project”, even though some activities targeted different groups of people with different timeframes – IDPs from Bajaur or the Lower Dir population - or tackled different health issues – like MCH emergencies and medical emergencies.

<sup>124</sup> Operational Centres are named after the location of their head offices, which is the capital city of their country of origin: Operational Centre Amsterdam stands for the Dutch MSF, OC Brussels for the Belgian MSF and OC Paris for the French MSF. They are Operational Centres since they manage “operations” as opposed to other MSF institutions in Germany, Austria, Greece, etc., which essentially recruit and fundraise for the Operational Centre they are affiliated with.

<sup>125</sup> Since 2004 OCB has responded to natural disasters in Bagh (Kashmir) after the 2005 earthquake, in KPK, South Sindh and Karachi after the 2010 floods, and in Badin (South Sindh) after the 2011 floods.

Afghanistan and establish contact with the Pashtun community on the Pakistan side of border. Following this decision, OCB started assessments in Pakistan in early 2004, focussing on the disputed line of control in Kashmir and on the Afghan border area along the FATA line Peshawar to Quetta. (Stringer 2011, 20)

Only one month after OCB's first assessment team was sent to Pakistan, five MSF staff were killed in Afghanistan (Badghis, June 2004) which led to the interruption of all MSF activities there. After this traumatic episode, the assessment was interrupted again in October 2005 when the Kashmir earthquake struck. OCB channelled all its staff to the set up of a "rapid and substantial" intervention in Bagh, Kashmir (Stringer 2011, 20), and it was not until three months later that the team was sent to Malakand (KPK) to finish the assessment. The town of Agra was chosen as the location of OCB's first project in the Malakand district at the border with FATA (September 2006), FATA at the time being considered "the world's 'terrorism central'" (Rashid 2008, 265). According to interviewees who worked for MSF then, Agra was chosen for the following reasons: first, the Ministry of Health in Peshawar had indicated Agra as an area that needed health support; second, it was on the border with FATA and therefore strategically positioned for MSF to start networking with people from FATA and Afghanistan; third, it was a remote place significantly lacking access to health care; and, finally, it was small enough for MSF to try to get known and build trust with the local people. Primary health and Mother and Child Health (MCH) activities were started but internal reports mention that MSF staff had difficulties in being accepted, and threats and pressures from different stakeholders increased, making the MSF teams' work more difficult. Medical staff said that they felt that the level of medical activities they were able to provide was too low compared to the investment and risk required.

In June 2007, the project was moved to Dargai, a bigger town in Malakand (and a little further away from the FATA border). Here the objectives of the project were relatively clear, given that the city hospital had just been destroyed. MSF would cover the gap in provision of medical services until a new hospital could be built. Many MSF staff describe Dargai as a "success story" because first, the access and quality of health care for people of the area was significantly improved; second,

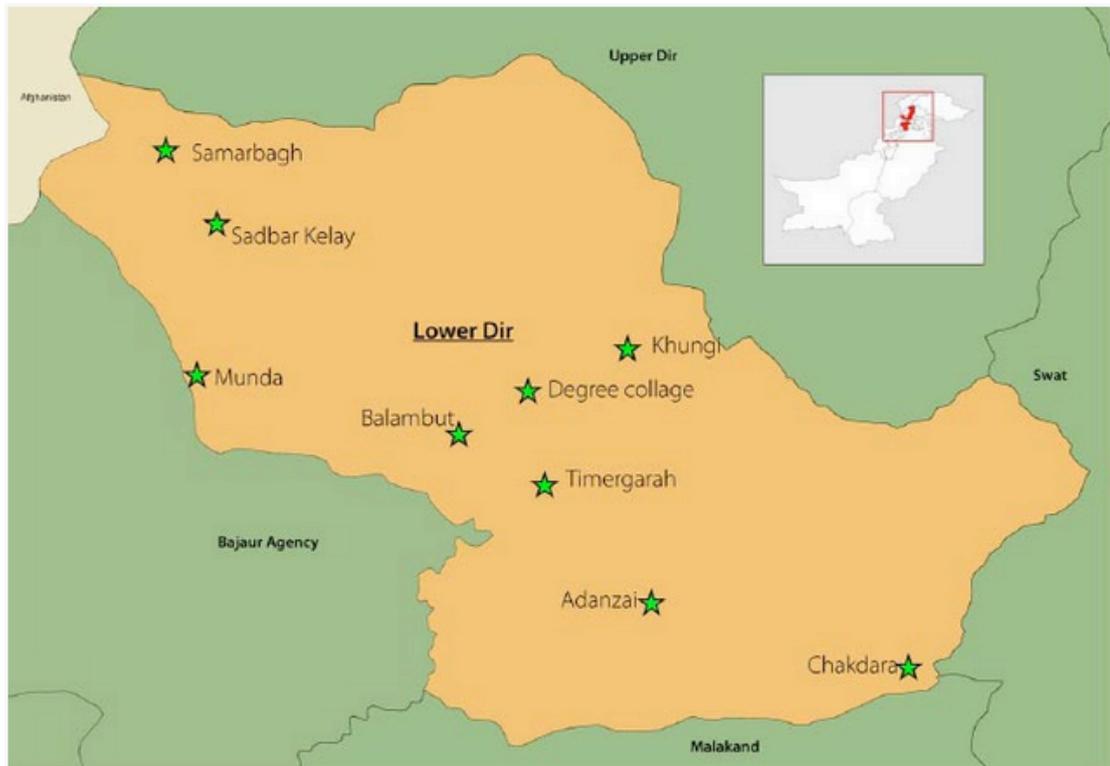
MSF managed to negotiate its acceptance in a very conservative society and third, the Dargai project served as a base of operations for other projects further north. One example that was mentioned to me several times was the story of four MSF staff who had been kidnapped in Dargai in December 2009. As a result, the organisation stopped working and considered leaving the hospital; the kidnappers then faced an enormous amount of political pressure from the local community. About 10,000 people demonstrated in the streets of Dargai requesting the release of the MSF staff. The demonstration went on for several days until the group yielded to pressure and released them. “Dargai was an expensive entry ticket to KPK, but it was an entry ticket”, commented an international MSF staff member who had worked there.

In August 2008, MSF started medical relief in Lower Dir for internally displaced persons (IDPs) from the neighbouring Bajaur and Maiden agencies (FATA). There were very few other actors working in this area, apart from the ICRC which distributed food (ICRC 2009) and the Pakistani NGO Al Khidmat,<sup>126</sup> so MSF provided basic health care in several camps in Samarbagh, Sadbar Kelay, and Munda. The camps in Samarbagh and Sadbar Kelay were closed but MSF continued to assist people in Munda, and, starting in March 2009, to provide emergency care in the District Headquarters Hospital of Timergara, a forty-five minute drive from Munda.

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<sup>126</sup> <http://al-khidmatfoundation.org>

## Map 8 Lower Dir



Source: ICRC<sup>127</sup>

MSF distributed tents and basic relief items such as blankets, soap and cooking sets and provided free medical care in the camps until the end of 2009. During the cholera season of September-October 2009 the organisation also operated three cholera treatment centres in Timergara (MSF 2009).

On 25<sup>th</sup> January 2010, the Pakistani army forcibly evacuated the Munda camp as they suspected it of hosting Taliban preparing attacks against military positions in Bajaur (MSF OCB 2010a). Around 3,000 to 4,000 IDPs moved from Munda to Walay Kandow camp in the mountains where there were already about 6,000 people. MSF first followed the IDPs, organising mobile clinics, but as an MSF staff member involved at the time as an “outreach doctor” recalled: “After a while MSF decided to leave because World Vision and the UNHCR were working there – and working in the same area was not ok for MSF”. According to him, the reasons behind this withdrawal were: “When there is UN and World Vision who have no good reputation, if we’re working with them, people will think MSF are like them”. He regretted that MSF had to leave as the people were living in very bad conditions,

<sup>127</sup> <https://www.icrc.org/eng/resources/documents/update/pakistan-update-270409.htm#>

and would have needed MSF a little longer. He said that the field coordinator was of the opinion that “if the IDPs go to another place with no other NGO then MSF would start again”.

In Timergara, MSF first started supporting the hospital in the emergency room (ER), initially only stabilising patients to send them to Peshawar for further treatment. Then the organisation developed a new operating theatre (January 2010), a post-operative unit (February 2010) and a sterilisation (and laundry) and waste management system for the entire hospital. Support for the maternity ward for Mother and Child Health (MCH) upon the request of the local elders, and for the blood bank came a little later, in October of the same year.

Since 2010, MSF had been treating an increasing number of patients in the project area<sup>128</sup> and by November 2011, the MCH was the main activity of MSF in Timergara.<sup>129</sup> Emergency Room doctors had started to implement a new triage protocol: the South African Triage Scale. This “physiology and symptom based scale which prioritises [patients] into one of four colours”<sup>130</sup> had proved effective in various contexts - hospital Emergency Centres as well as in pre-hospital settings, both rural and urban (Rosedale et al. 2011) – and worked well in the variety of contexts in which MSF works. MSF had however only started to open the Emergency Room 24/7 three weeks before my fieldwork began, with the idea to do a study after three months to see whether the South African triage was better than the one of WHO based on three categories only. After having been triaged, red cases (and some of the orange ones under the South African triage system) were sent to the resuscitation room managed entirely by MSF while green and yellow cases were sent to the Ministry of Health doctors. Those who needed tertiary care (such as neonatal care) were referred to Peshawar hospitals with a 3,000 PKR allowance.

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<sup>128</sup> The number of people seen in the ER in the third quarter of the year went from 4603 in 2010 to 6597 in 2011 (MSF OCB 2011d, 1).

<sup>129</sup> During the 3<sup>rd</sup> quarter of 2011, MSF had 1,265 deliveries and 1,225 Red cases in the ER, which probably includes some of the complicated deliveries. In the postoperative room MSF had 209 cases in the gynecology category and 66 in the general surgery category, which gives indications about the amount of the activity dedicated to the MCH in Timergara over this period (MSF OCB 2011d).

<sup>130</sup> <http://emssa.org.za/sats/>.

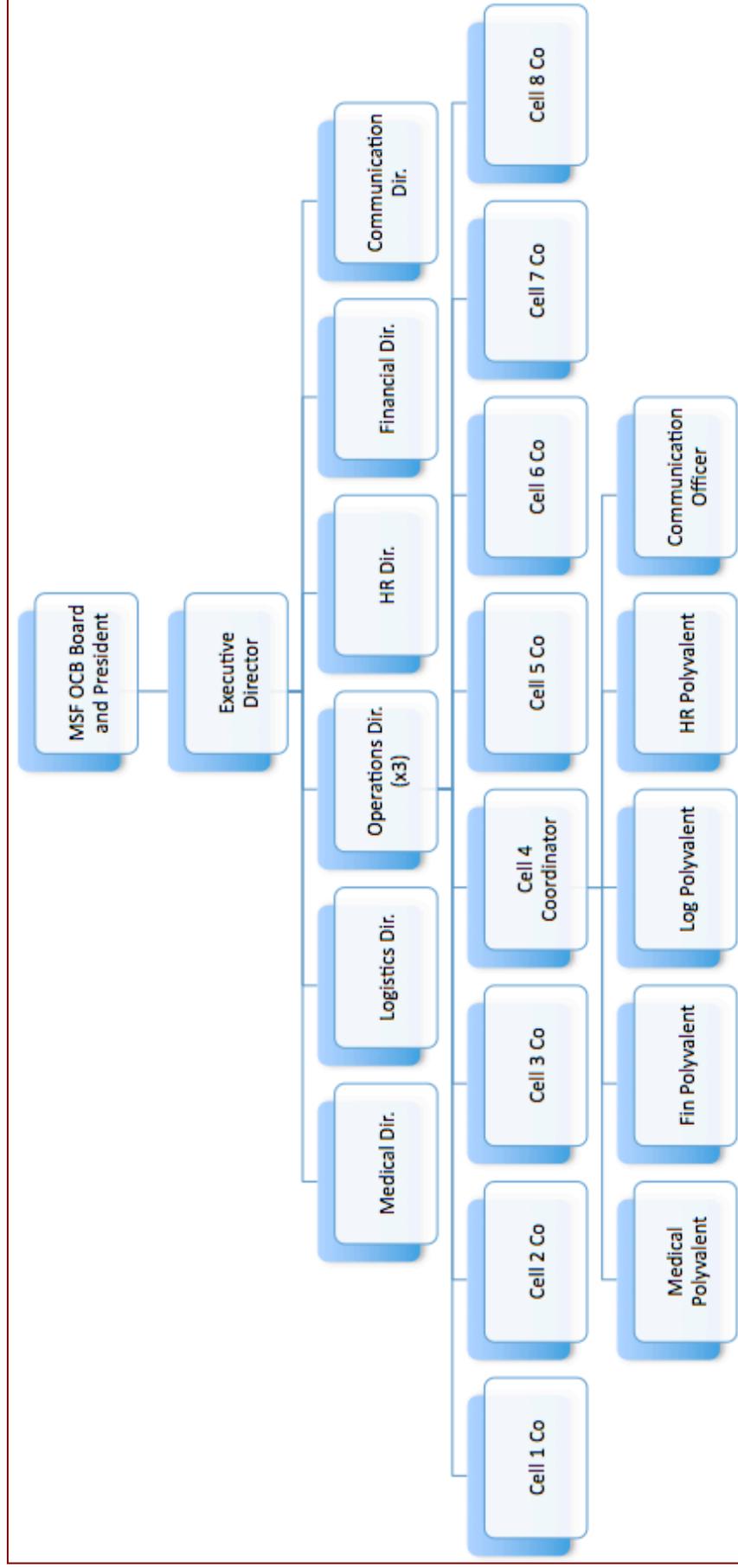
In November 2011 MSF staff spoke of their organisation as being relatively well accepted in Timergara, even though they remained vigilant on a daily basis about potential risks. Since December 2009 there had been about seven suicide bombings and five Improvised Explosive Device attacks in Timergara. Bajaur was a forty-five minute drive from Timergara and when the Head of Mission briefed me in October 2011, he described the situation as follows:

At the moment there have been some groups at the border with Buner attacking police posts, so there are rumours that there are Taliban movements inside Bajaur. There have also been rumours that there have been arrests of militants in Swat. We cannot be sure.

Not related to conflict but no less important were the threats coming from local private doctors. Timergara had many private clinics doing deliveries and Caesarean sections which did not appreciate MSF offering MCH services free of charge. So the exposure to risk of attack for the MSF staff was real, yet it was worth it according to the field coordinator (often referred to as the 'field co'): "Working in the most important hospital is high visibility", he said, adding that, "strategically Lower Dir is an important location: (...) before going to Peshawar people have to go through Timergara".

This trajectory shows how *strategic* and *medical* arguments have both played out in each MSF decision to go to, stay at or leave a location: Agra was close to the FATA (*strategic*) but of a very low *medical* added value. Dargai was a *strategic* replacement with higher *medical* *raison d'être*. Munda was *medical* relief that fitted *strategic* ambitions, and the development of activities within the hospital of Timergara came as a *strategic* replacement with high *medical* value for local people, albeit not treating many war-related cases in the course of 2011. The main sorting logic of the Timergara project, however, relied upon a strategic prospect of a worsening of the situation in the FATA, and it emerged as the result of a mix of an inclusive management style in a top-down organisational structure as the next part demonstrates.

Figure 7 Organisational Chart MSF OCB Head Office<sup>131</sup>



Source: the author

<sup>131</sup> N.B. This chart does not include all head office staff. It attempts to clarify the overall structure with departments and hierarchical levels.

### **Pre-positioning and the primacy of the strategic logic**

The general decision-making style was an important element influencing decisions on whom to prioritise for assistance. Most of the staff based in the field considered they could express their views, and contributed to decision-making. Some even said most decisions emerged *from* the field. Yet head office employees, in spite of their mentioned willingness to tone this tendency down, said MSF was a rather “top-down” structure. My observations of the Timergara project and of the line of managers involved up to the direction in Brussels, confirmed both assertions.

The expression ‘top-down’ was used by one of the directors of the organisation in Brussels. By this he meant that OCB’s way of working involved the head office managers as primary decision-makers of the main strategic lines. Additionally he explained that even at the head office level in Brussels, staff had complained that the directors took too many decisions that did not emerge from a wider consultation. The Annual Review of Operations process was a good illustration: the exercise was conducted each year for each country after heads of department (finance, human resources, logistics and operations) submitted their department guidance documents. The department of operations produced a strategic paper called “Prospects”, framing the main objectives targeted by the organisation for the next three years.<sup>132</sup> Each Country Policy Paper needed to state clearly how it fit within the “Prospects”, and then each project document how it fitted within the Country Policy Paper. Country Policy Papers and project documents were annual strategic documents at respectively country and project level. Cell 4 and the director of operations gave their final approval on these Country Policy Paper and project documents during an Annual Review of Operations meeting, open to comments by all head office departments. In order to be able to have this level of follow-up, the position of Director of Operations was split between three people responsible for different geographic areas and for relationships with different departments internally.<sup>133</sup> When a significant<sup>134</sup> amendment to a project, or a new project was needed in between two Annual

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<sup>132</sup> Before 2011 they took place annually.

<sup>133</sup> One of the three directors of operations is also responsible for representing OCB in the international meeting of the directors of operations of all OCs called the “RIOD”.

<sup>134</sup> Either a budget revision of over 50,000 EUR is needed or the nature of the project is modified.

Review of Operations sessions, a “COMité de PROjet” (French for ‘project committee’) or “COPRO” was organised. A COPRO was a short proposition of activities discussed in a meeting at the head office (similar to the Annual Review of Operations meeting) that validated operational changes between the two Annual Reviews of Operations.

Two categories of projects helped the head office manage from the top, known as projects ‘by default’ or ‘by choice’. Projects ‘by default’ are those considered as fitting with the ‘classic’ and widely shared interpretation of MSF’s social mission, valuing ‘emergency response’ to ‘crisis situations’ emerging in conflict or natural disasters. Projects ‘by choice’ correspond to less consensual projects, considered at the margins of the social mission but still valued due to their strategic or innovative potential. The director of operations explained to me that before they invented this typology, they used to associate projects with numerous categories: “IDPs”, “war wounded”, “post conflict”, etc. but, he added: “We did not really know in the end what was what”. The turning point came with the development of large projects addressing HIV/AIDs and malnutrition: these projects were long term and very expensive, so the management team at the head office felt the need to create categories that would enable them to analyse the structure of their responses worldwide, and to actively manage them strategically, rather than to be overwhelmed by certain projects. ‘By choice’ projects would therefore have to be closely followed up and re-evaluated so that they would not absorb the overall budget to the point that MSF would lose its relief surge capacity. Conflict-related projects were generally in the ‘by default’ category. As explained by the head of Cell 4: “this nomenclature helped us close some projects in order to rationalise our activity”. Timergara had started as a project ‘by default’ assisting people who had fled the conflict outbreak in Bajaur, yet by October 2011 it had an ambiguous status as it embodied MSF’s strategic pre-positioning for working in future conflicts. Its reasons for intervention were given as follows:

1. To provide free speedy medical response to the high level of violence in the area as witnessed in the DHQ [District Head Quarter] currently.

2. Develop links with the Health authorities in Lower Dir and provide support in case of emergencies and mass casualties (conflict wounded.)
3. To develop a referral system from the periphery to Lower Dir DHQ and onwards to Peshawar.
4. Monitor the health situation, gain access to and possibly make assessment in Bajaur if Security allowed. (MSF OCB 2010b, 6)

For MSF, then, the *raison d'être* for its intervention was related to “violence”, and to the “conflict” in Bajaur and its links to wider violence in FATA. The explanation one of the members of Cell 4 gave me was that the withdrawal of international troops in Afghanistan was likely to trigger more incidents in Pakistan and, in particular, in the FATA and KPK. For the Head of Mission (HoM), “The whole point is to go to FATA: it’s a neglected area, suffering from the consequences of the war. Mohmand...less so because it is close to Peshawar but Bajaur... [The] next step is to build a network in Bajaur”.

The Project Document went on to discuss “operational response”, centring on health and providing a description of medical activities. The logical framework displayed a standard general objective (the same for all projects): “Mortality and morbidity is reduced amongst the population of X”, a specific objective that was usually phrased as “The population in X makes use of the available, accessible and quality primary (curative and preventive) and basic secondary health services.” A list of clinical planned activities was then given.

From that document, one could read that the diagnosis of the problems and the “reasons for intervention” (that came first) were political and coming from top management (Cell 4 and the Head of Mission), while the response content was a medical one designed in the field. Yet this did not trigger major tensions as the managers at several levels (head office, Islamabad and in Timergara) adopted an *inclusive* management style. Morning meetings were often mentioned as a key moment, especially for employees who were not managers or for inter-department general communications as daily security information was shared and briefly discussed. Morning meetings happened in the field at project level as well as in Islamabad and usually lasted about twenty minutes. Field staff also often mentioned the Annual Review of Operations process when explaining how they felt

decisions emerged. The 2011 Annual Review of Operations process was underway when I interviewed people. The Operational Coordinator and the Medical Polyvalent (both members of Cell 4 in Brussels) had just come to the field and organised meetings with key staff (both international and national) at each project location in the presence of the HoM and Medical Coordinator to discuss each project. This way, what was included in each project document was the result of direct head office-field discussions, where both strategic and clinical dimensions were included. This way, one of the Cell 4 members argued, when meeting for final approval with the Director of Operations in Brussels, the Cell 4 team, the HoM and the Medical Coordinator were already in agreement. Top managers busy with strategic thinking led the decision-making process, yet in a way that did not appear as authoritarian or dismissive of field medical work. In addition, as the following section argues, MSF employees were united in the conviction that MSF was 'different' from other aid actors and widely supported the macro-triage logic of being pre-positioned to treat future war-wounded in Lower Dir.

### **“MSF is different”: the macro triage maintained**

*To be different* from other aid actors as well as other medical actors was something the MSF staff were willing to perpetuate. Maintaining the MSF difference was important as it justified working in Timergara close to the conflict area and hence perpetuated the geographical sorting logic as well as the macro-logic of providing secondary health care free of charge. Working in places where other organisations were not present was a sorting logic and reinforced the idea of MSF's distinctiveness. *Acting differently* was used as a way for MSF to distance itself from other, negatively perceived, aid initiatives in Pakistan. I am not arguing that secondary health care was chosen *in order to* be different from other actors, yet it contributed to MSF's distinctiveness. Additionally staff considered MSF to be different because it did not compromise with state-led political agendas, and because, in spite of the many westerners working for the organisation, it respected the Pashtun culture. MSF employees believed these were the reasons why people accepted and respected the organisation yet the following paragraphs show there were other, perhaps more important reasons: MSF was indeed different insofar as it

offered *secondary* medical care, which no other actor offered at the time in that area. This section first describes how people interviewed *justified* their view that MSF was different, as well as how the institutional discourse of being different was constructed. Second, it shows how MSF managed to effectively differentiate itself from other (humanitarian and medical) actors.

### **The construction of a distinctive discourse**

For the MSF staff it was important that MSF ‘did not compromise itself politically’ and that ‘it respected the Pashtun culture’. When asked whether there had been any decision made by the hierarchy with which he disagreed, a Pakistani watchman seemed surprised and answered: “No, because MSF is impartial and makes decisions [similarly] for everyone”. MSF staff, nationals and internationals, agreed with this general sentiment, saying that MSF was different because in practice it did not compromise as did other foreign humanitarian actors. One staff member noted:

MSF is different. It is not only medical, it also has principles. It is different in the way of launching operations: it does its own assessment, decides its own activities. Many other organisations, if the DCO [District Coordination Officer] or OCHA [Office for the Coordination of Humanitarian Affairs] requests things, they go, which makes their credibility thin.

Sometimes the staff referred to what they saw as their organisation’s secularity and independence from governments: “Some [organisations] are influenced by government, some influenced by religion, but MSF is free. MSF is mainly to work on medical care, other than [the] UN”. As described in chapter 4, humanitarian actors in Pakistan were overtly criticised in 2009 for providing “politicised” assistance – meaning aligned with the GoP counter-insurgency agenda (Bennett 2009; Humanitarian Policy Group 2009; Cosgrave, Polastro, and Zafar 2010). MSF clearly distanced itself from regional developments of stabilisation models (Government of North West Frontier Province of Pakistan 2009; Gordon 2010; Collinson, Elhawary, and Muggah 2010) attempting to minimise its association with such ‘neo-imperial agenda’ (Hofman 2011). This was so important to MSF that the three Operational Centres (Paris, Brussels and Amsterdam) agreed to speak with one voice and act as one.

The above-mentioned difference was hence also a product of the coming together of the three OCs, a deliberate construction of an image that all three could identify with and for which they would be willing to set aside some of their differences. Between June 2010 and April 2011, the three Operational Centres (OCs) negotiated the text of a *Pakistan Inter-OC Operational Agreement* which was signed in April 2011. Interviewees involved in the management of both Pakistan and Afghanistan missions over the past three years told stories about how chaotic it had sometimes been between the three OCs before 2010. During the massive displacement from Swat in 2009, the three OCs had launched simultaneous assessments in Mardan (KPK), approaching authorities separately without coordinating their initiatives. The same year, there were inter-OCs tensions about which OC would establish an operational presence in Peshawar: the willingness of OCB to establish a “referral hospital for the whole region” is, for example, mentioned in the minutes of a board meeting (MSF OCB 2009). A 2011 OCP board meeting minute stated that “the organisation lost a lot of energy in 2009 with internal dissension [among the three OCs], luckily with no serious consequences, but finally found a satisfying *modus operandi*” (MSF OCP 2011). Among the main objectives of the agreement was the ambition “to reinforce the coherence of approaches between the three sections in Pakistan”. This had to translate practically, according to the agreement, not only into a geographic allocation of responsibilities between the three OCs,<sup>135</sup> but also into a common representation that would ensure a common reporting towards other actors. The three OCs would also mutualise emergency preparedness and response capacities, optimise field support costs and adopt common rules about communication as well as the respect of “principled operational approach”. The three OCs agreed that this would not be possible without information sharing. The commitment of the three OCs to common operating procedures like only using private funds in Pakistan, never using armed escorts or relying only on Pakistani staff remotely managed by expatriates (except for projects already using these for specific reasons at the time the agreement was signed) was strongly expressed in this extract of the agreement: “It

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<sup>135</sup> The MSF terminology was a “Geographical Yalta” in reference to the 1945 Yalta Conference and the division of Germany into several spheres of influences among the Allied Forces.

is essential to highlight that these principles should be adhered [to] by all - regardless [of] the operational needs in a given setting or the decision to respond to an acute humanitarian crisis”.

The three organisations were ready to give up part of their operational sovereignty<sup>136</sup> to construct this common operational strategy that institutionalised the discourse of MSF being different from other actors. In order to consolidate MSF's reputation in Pakistan, the three OCs developed a communication strategy isolated from other humanitarian actors' initiatives.<sup>137</sup> As I was questioning the director of communications in Brussels on the specificity of the communication about Pakistan, she explained to me that in order to work where they wanted to in Afghanistan and in Pakistan, they had decided to “lash out against the West, the international community and NATO”. She said that the strategy had started with bilateral meetings with the Taliban during which MSF top management staff argued that they were different from other international organisations, because they were independent and impartial. She went on to explain that the second step was to be vocal in the media as the Taliban complained that MSF did not publicise its presence in Taliban controlled areas in Afghanistan enough: “So we started to write OpEds criticising NATO and the international community playing the game of the stabilisation agenda” (Stokes 2010; Stokes 2011). It was less the urge to alert public opinion (Dodier 2011, 203) than the need for MSF to make a public statement of its loyalty to those it served and to demonstrate to the populations in its project areas that it was different from the *others*.

A key tool in this process came with the hiring of an inter-OC Communication Officer to work on local and national communications about MSF. This employee produced communication material in which ‘NGO’ was always replaced by “medical emergency organisation”. In the MSF inter-OCs

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<sup>136</sup> They were indeed part of the same network but legally and operationally distinct.

<sup>137</sup> This was not the first time in MSF history, yet it had not always been that way: in the 1980s MSF had been funded by the emergency aid fund of the European Commission, and by the UNHCR and “participated in the coordination mechanisms of the sectors in which it was working under the aegis of local authorities or the UN” (Brauman and Neuman 2014, 3). The first time MSF “had broken ranks with the entire aid system” was during the famine in Ethiopia in 1984 (Brauman and Neuman 2014, 5).

communication strategy paper, investing in being different was specified as internal policy:

MSF needs to take key opportunities to differentiate itself from these statements in the western public sphere, and enlist international offices to do the same in public, so that those communications (the Christopher Stokes op-ed (Stokes 2010), for instance,) can be referred to inside of Pakistan. (MSF 2011a, 5)

In November 2011, a member of the OCB coordination team commented on the fact that MSF was then the only NGO using “visibility material” (stickers with logos) in the field:

At least we’re now in a position to go to the Ministry of Interior because we’re in a position where we can differentiate ourselves and make a point for ourselves. MSF stands out visibly (...) you cannot go and talk to the mullah if nobody sees what you’re doing (...) If we’re targeted, let’s be targeted as MSF not UNICEF.

Additionally, MSF made a point never to appear in any UN material, including OCHA mapping of “Who? does What? Where?” and attended almost no coordination fora at national level.<sup>138</sup> The organisation did attend some coordination meetings at local level but with the sole purpose of communicating information about its own activities. This differentiation strategy translated at the local level into an attempt to observe a certain number of rules in line with Pashtun customs. MSF made sure it would not be associated with previous regrettable experiences reported locally, as illustrated by this story recounted to me in several of my interviews. One version of the story a Pakistani staff member told went as follows:

Before there was one organisation with nice girls, who would discuss with females and try and convince them that they need to rebel, etc... pointing out all what the women were not allowed to do. They wanted to change the minds of the females inside the community, which is against the culture. Family planning as well was discussed –this was discussed with unmarried females, and that is not good. They brought very bad ideas.<sup>139</sup>

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<sup>138</sup> Not attending cluster meetings was specific to certain countries including Afghanistan and Pakistan, but not the general rule in all countries where MSF had activities.

<sup>139</sup> The story could as well refer to UN agencies as to INGOs. The United Nations Population Fund worked together with the Pakistani government on family planning issues, and with WHO on programmes against polio in these areas and could have triggered such stories.

Some of the staff told me another version of the same story according to which an international organisation came into people's houses and talked to *their* women telling them they had such and such rights, and he commented: "Yes, of course, legally, maybe... but not in our society". So, in KPK there was this historical memory of an international organisation coming in with an assistance programme (what sort was not specified) that clashed with the local culture. MSF hence developed operational set-ups that were, as far as possible, respectful of the Pashtun culture. Each new expatriate arriving in Islamabad was briefed in detail about appropriate behaviour and rules to follow in order not to clash with local cultural practices: all expatriates should wear *shalwar kameez* and not go anywhere other than to the hospital, the office and the house; expatriate females should cover their heads and faces when outside the office, house and maternity ward.

MSF did manage to build trust: many highly qualified national staff, who had studied abroad, or in big cities of Pakistan, or worked abroad, came back to their villages upon the advice of relatives speaking highly about this international medical organisation who had started to work in the hospital. When asked about their vision of MSF most national staff spoke similarly. One of them said:

Some organisations, they work but their goal is other – like Blackwater... There is fear that Americans want to bring their own people and ideas. MSF is transparent and works in humanitarian fields, but if they do once something that is different, then it will not be possible to work anymore... Now there is trust with MSF.

Some MSF staff mentioned that MSF was more trusted than certain Pakistani NGOs, whose activities and behaviour were judged as inappropriate. A Pakistani MSF staff member in Timergara told me:

[This Pakistani NGO], they're doing micro credit – it is *haram* [forbidden] in Islam. They're doing a lot of mixing of men and women too. They had two times bomb blast (...) and a manager kidnapped. MSF on the other side, really work for the people. After four years, even those people who didn't want to bring their women to the 'INGO hospital', now they are happy with MSF. The trust was built. MSF is the only organisation that is really independent. [This Pakistani NGO], indirectly they are politically affiliated. They used to give assistance to some people in a hidden way - they selected

the people. Here expat(s), they come, they leave at five o'clock and are not allowed to go out of the house so why not to trust them?

Local Ministry of Health officials, such as medical superintendents of hospitals who dealt with MSF on a daily basis, wanted to channel an overly positive image of their relationship with MSF, silencing all small and big disagreements they may have had (and that were reported by some MSF staff in interviews). These government officials seemed to have completely accepted MSF's strategy of not appearing as being like other NGOs, as demonstrated when one of them told me: "MSF is not considered as an NGO because of its way of working".

### **MSF distinctiveness at implementation stage**

As noted above, MSF was indeed different as it was the only international organisation working in the area with international staff in Timergara and offering free secondary health care.

Patients I interviewed in the MSF hospital did see MSF as an NGO. They knew it was a foreign organisation but seemed not to care about its origin. Patients I talked to had sometimes travelled six to eight hours to come to the hospital. They did not know the name 'MSF',<sup>140</sup> and referred to the hospital as "Angrezi hospital" (foreigner<sup>141</sup> hospital), or the "NGO hospital". They understood completely that the hospital was run by foreigners, but the vast majority of those I met within the hospital told me they did not care about the nationality of their care-giver. One of them said: "They can be American, Chinese, it doesn't matter". The few important things that people repeatedly underlined as remarkable were that MSF had solved their problem (when other doctors had not), that the hospital was "clean", that people were "treated well", that it was "free of charge" and "open every day and night". That differentiated MSF from other hospitals or private clinics, which one of the patients referred to as "the hand of the butchers", rather than from other NGOs or foreigners operating clinics.

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<sup>140</sup> One out of fifteen patients interviewed knew the name "MSF" because he had a relative working for MSF.

<sup>141</sup> "Angrezi" actually means English, but is used by people as a general term for foreigners in this region.

The way the difference was expressed at the Brussels level was that MSF had a “comparative advantage” in its ability to practice medicine in highly insecure environments. One manager explained:

One thing that favours conflict as strategic positioning for MSF is the absence of other actors. The comparative advantage of MSF is to be the only ones (together maybe with the ICRC) to be able to have hospitals in war zones. Very few actors have this technical depth in war zones. There are no real exit strategies from hospital projects in war zones, so donors don't want to fund it so much.

The staff considered that MSF was actually *doing* things in contrast to other actors: “a lot of NGOs are mostly present on paper. They go to the EDOH [Executive District Officer for Health] meeting but we don't see their actions”. MSF was actually providing free medical care in areas where poor people at least were deprived of access to health care as other medical services were private and costly.

The price element had been an MSF OCB policy generally since the mid 2000s. Up until the 2000s MSF OCB had been involved in what had been called the ‘health districts’ approach. ‘Health districts’ were in line with ‘the Bamako Initiative’ of 1987, a meeting of African health ministers gathered for the 37<sup>th</sup> regional WHO committee. The Bamako Initiative supported a decentralised approach to health, relying, among other measures, on cost recovery methods that were believed to provide sustainable solutions to the poor health access in developing countries (Biberson 2000, 82–83). MSF OCB got involved in projects of “health districts” in particular in Chad (Goemaere 2000), Mali and Guinea, which were highly criticised for their lack of quality and their systematic tendency to exclude people who could not afford to pay for medical services (Philips 2013). Most of the directors’ team in 2011-2012 had worked on such projects, and were in, what one interviewee called, a “never again” state of mind. Once at the head of the organisation’s strategic thinking they contributed between 2002 and 2005 to a change in OCB policy towards an access to health *free of charge*, and a progressive prioritising of conflict settings<sup>142</sup> that they associated with this policy change.

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<sup>142</sup> The opposition between emergency intervention after natural disasters or conflicts and “the other emergency: the chronic lack of medical access in the third world” (my translation) appears as early as 1972 during the first Annual Board Meeting of MSF (Vallaey 2004, 134).

The difference the Timergara project made for the people of the area was significant since surgery and the capacity to hospitalise patients for long periods when needed had a more *visible* utility than projects that promoted healthy hygiene practices. The patients' testimonies showed that what mattered to them was that MSF was providing good and effective care. Their view of MSF activities shows that the humanitarian triage was shaped by medical practices at the micro level. The next section explores how the daily practices of the medical and the non-medical staff came together to influence humanitarian triage.

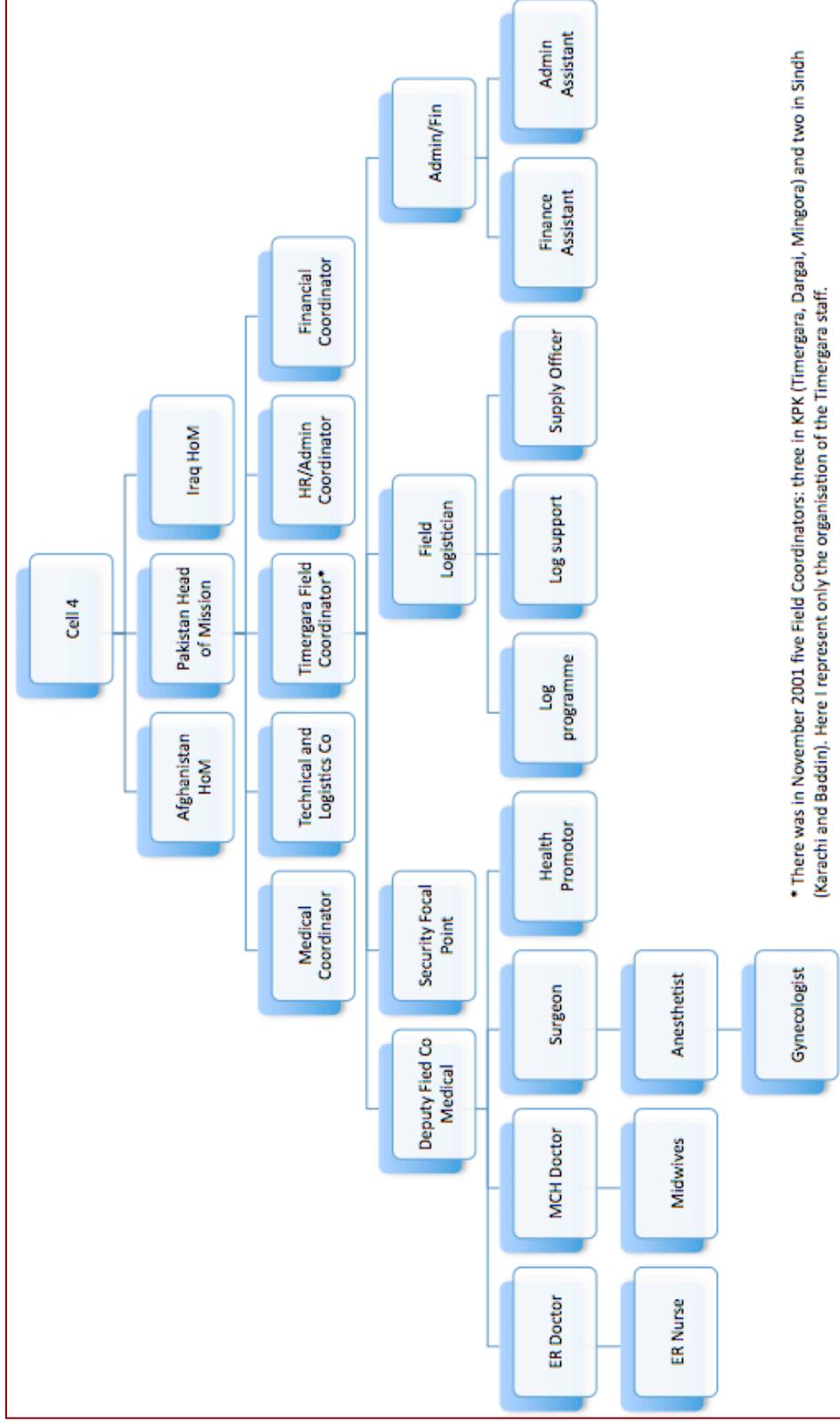
### **Micro-triage of three strategic groups**

Following the idea of “strategic groups” defined by Olivier de Sardan as groups that “defend common interests, especially by means of social and political action” (Olivier de Sardan 2005, 191), I argue that one can distinguish three main groups of staff having different types of influence on humanitarian triage. This notion of a strategic group is useful as it “helps us to reflect on the convergence of certain individual strategies, from which we might deduce that the individuals in question have an identical position in face of a given ‘problem’” (Olivier de Sardan 2005, 191). It is important to note that these groups come from my analysis of the social reality observed and not from actors themselves who do not use these labels. This section shows that, at the micro level, two strategic groups – the *political* and the *support staff*<sup>143</sup> – mainly influenced humanitarian triage by minimising external constraints (mainly insecurity, the difficulty in recruiting certain human resources and administrative constraints imposed by the Pakistani authorities), while a third strategic group – the *medical* staff, influenced the project on a daily basis and at the micro level mainly thanks to a clinical activity-driven project management.

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<sup>143</sup> I use these expressions in italics throughout the text in order to underline that they are analytical categories as opposed to labels used by actors.

Figure 8 Organisational Chart MSF OCB Pakistan



Source: the author

### ***Support staff: reducing external administrative constraints on triage***

The *support staff* influenced triage insofar as they channelled and attempted to reduce external constraints. I include administrators, logisticians and communication officers in this category of staff (referred to in Figure 8<sup>144</sup> as ‘log’, ‘admin’, ‘HR’ or ‘supply’ officers, assistants, and coordinators). Although in some organisations, administrators and logisticians would primarily describe their role as one of *ensuring* that processes are respected (internal or related to institutional donors’ requests), the vast majority of MSF support staff explained that they acted primarily to support medical activities. They did not mean they did not monitor whether rules and processes were observed: administrators had to check that everything was in accordance with Pakistani law; logisticians and suppliers had to control the transparency of purchases through following internal procedures, or check that items ordered by field teams had been forecast in the budget. Overall, MSF was not limited by financial means; in reality, finance officers had very little influence beyond the facilitation of the cash to flow in the most appropriate way. For instance, variations of up to 50,000 EUR in the budget expenses did not need a head office validation. Financial arguments had regularly been underrated as if there was a fear that humanitarian morals would be *corrupted* by economic logics. In meetings, comments like “this not a question of money” were commonly thrown at people making a financial argument.

The way support staff facilitated activities on a daily basis was often invisible, although crucial to everyone else. In the administration team, some people were dedicated to managing expatriates’ visa applications, extensions and renewals, contract follow-ups, flight tickets and organisation of briefings and debriefings. These people could spend hours in ministries to facilitate, convince, and speed up visa extension processes, building trust with their contacts in the administration over time. Even though issues with obtaining Travel and Project No Objection Certificates (NOCs) and visas were underlined by many in interviews as important external constraints, support departments mostly absorbed them: many expatriates

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<sup>144</sup> This organisational chart attempts only to give a general idea of the organisation of MSF OCB staff in Pakistan. It does not represent all staff, in particular those at a lower level in the hierarchy (sterilisation technicians, waste collectors, lab technicians, watchmen, cleaners, drivers, radio operators etc.).

had their visas and NOCs were granted. One of the Islamabad finance staff summarised their general attitude as: “Our general objective is to support other departments to achieve a common goal”. And they did, as another demonstrated, telling me the story of the emergency response in Swat:

In Swat, when there was fighting, no bank was working – you had to be creative about how to send money: so we had different options – sometimes the bank made it easier for us through payment on identity cards, sometimes in the worst situations, you trusted your employees and transferred on a personal account, or sent the cash by car.

The biggest external constraint, cited many times by interviewees, was “human resources” (HR) or the capacity of MSF to recruit certain categories of staff – surgeons, anaesthetists or female Pakistani doctors and nurses. Medical specialists rarely dedicate their careers to humanitarian work and were therefore only available for shorter periods. On recruiting expatriates in general, one interviewee argued: “We have to fight the media pressure on how the country is portrayed...”, adding that it was also a problem to convince some people in the support department in Brussels to come on field visits. Some mentioned the scarcity of human resources as a reason why MSF did not open a neonatal care department in Timergara or did not extend their medical services’ outreach to the north of Timergara. Yet the Head of Mission countered that the lack of human resources never held them back from any project. So although human resources recruitment was a problem and impacted the modalities of assistance (within the hospital or doing outreach; including neonatal care or referring these patients to Peshawar), it played marginally and was never cited in interviews as the major reason why a particular project had not been possible. This may have been because the staff in charge of human resources management anticipated this difficulty in order to reduce it as much as possible. This was illustrated by what they called “the HR project”, which consisted of listing people working on ongoing projects who could be deployed immediately in case of a sudden disaster, most of whom were working in Dargai. One of the human resources staff called it “an investment in human resources”. This strategy had proved effective during the floods responses in 2010 and in 2011 when MSF was able to deploy significant numbers of staff in a timely

manner and to scale up its response for the floods-affected people in KPK and South Sindh.

The logistics department responsible for purchases, vehicle fleet management, maintaining premises facilities and stock management, had to follow decisions made by others as underlined by one of the field staff: "When they make a decision, they don't ask the feasibility in terms of logistics". Overall, logisticians saw the necessity to innovate and anticipate projects 'needs as much as possible. As explained by a logistician at the head office: "If there is no research done, within five years – which is approximately the incubation period for logistics innovations – the reactivity capacity is jeopardised". He gave the examples of innovations such as hospitals under tents or in containers that MSF had developed to be able to provide secondary care in emergency situations – like the inflatable hospital set up in 2005 after the Kashmir earthquake.

Those in charge of resources influenced humanitarian triage by absorbing external constraints and hence minimising resource scarcity. Financial officers ensured smooth cash flows, administrators minimised the significant administrative pressures, human resources staff prepared for quick mass recruitment for emergency responses and logisticians responded to daily operations needs and challenges while (at the head office level) thinking about logistical innovations that could increase the medical response reactivity. Yet one major operational constraint was out of their hands: security and access to remote and sometimes hostile areas of the country. This was the *political staff's* domain.

***Political staff: negotiating acceptable work conditions and promoting the strategic logic***

This strategic group supported the macro-triage logic, i.e. that MSF should work as closely as possible to the conflict zone in the Bajaur Agency and to this end it should minimise the main external constraint the organisation faced to reach this objective – the narrow local political room for manoeuvre for a western organisation. The political staff were the group of MSF employees who dealt with political authorities and the final decision-makers at the geographical level. The HoM was responsible for teams at a national level, and Field Coordinators at the level of their

geographical areas. In October 2011 there were five Field Coordinators, based in Timergara, Dargai, Mingora (KPK), Karachi and Badin (Sindh) respectively. Security Focal Points were Pakistani staff in charge of security management at project level. There was one Security Focal Point per project area, so only one in Timergara. This strategic group challenged the main external constraints of humanitarian triage: security and access to areas close to the conflict.

Within the political staff, a line could be drawn between those who stayed and those who left. This line was rather clear-cut between the Security Focal Points who stayed and the HoMs and Field Coordinators who eventually left. Even though responsibilities of HoMs and Field Coordinators covered all departments' tasks (administration, logistics, medical, etc.) and included the coordination of all of them, they had over the past few years largely delegated other domains to other staff in order to concentrate on what appeared to be the priority and was not done by any other person in the organisational chart: security analysis and the negotiation of access. In practice, they worked on political and cultural context analysis, on developing a communication and negotiation strategy to explain who MSF was and what it did in order to demonstrate to people the value of having MSF in their neighbourhood. Ultimately access was negotiated through compromises made with local authorities. The Security Focal Point assisted them in these tasks as the negotiation of access was seen as closely linked to security management. This message had to be channelled to the right people according to the political and cultural analysis. The communication and negotiation strategy had three main target groups: the MSF staff itself, Pakistani actors with power, and Pakistani common people.

The MSF staff were considered to be the organisation's primary ambassadors and employees were trained as such: "SANOU",<sup>145</sup> an internal nineteen hour training course was a good example of the energy MSF invested in this direction in Pakistan. SANOU was a kit provided to staff that consisted of a DVD with movies and interactive material about MSF activities across the world and a general introduction to its humanitarian environment. It was introduced in the

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<sup>145</sup> It means "hello, welcome" in Haoussa which is a language spoken in several countries in West Africa.

Pakistan mission in March 2011. Two people from MSF head offices came to Islamabad and trained twelve potential trainers. They selected seven of them to organise the same training in Timergara in August 2011. They trained sixteen people in English (as the training did not exist in Urdu or Pashtu) and selected a further six staff that would in turn become trainers. When I was in the field, another SANOU course was planned in December 2011 for the three MSFs (OCA, OCB and OCP) in Chaman (Baluchistan). The main objective of SANOU stated in the DVD was:

to strengthen MSF staff's ability to act as 'Ambassadors of MSF', internally (with their colleagues, the beneficiaries, ...) and externally (partners, communities, etc.). The training is an introduction to MSF allowing the participants to understand better the principles of the organization and to represent it around them. (MSF OCB, n.d.)

It had been designed at the head office and it was difficult to assess the direct impact of SANOU in the field, yet it certainly contributed to a striking consistency among the staff interviewed for this study in describing MSF.

Efforts were not only invested in explaining MSF to the staff; they were also, in particular for the expatriate staff, about understanding the local context. In Timergara the Security Focal Point explained to me that he organised regular updates on the local context:

Expats are inhabitants of the area. If they don't know about the context, they will be less satisfied and competent. If they know more, they will be more competent (...) so I need to update them regularly. Otherwise they can be here for six months and not know anything about the area. Plus life is limited for them. (...) So the main objective is security, but it would be very dry if I spoke only of incidents, so the last part is to smooth things out.

The second group targeted by communication and negotiation were those who held power locally outside the organisation, mainly District Coordination Officers (in KPK) or Political Agents<sup>146</sup> (in the FATA), Executive District Officers for Health (EDO-H), the Police, former *nazims* (mayors), Intelligence Agencies (Inter-Services Intelligence, Military Intelligence, Intelligence Bureau, Crime Investigation

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<sup>146</sup> A Political Agent heads each tribal agency, representing the President of Pakistan and the Governor of Khyber Pakhtunkhwa.

Department), *jirgas*<sup>147</sup> and other religious leaders and the private doctors. The Field Coordinator and the Security Focal Point of Timergara visited each of them regularly to explain what MSF was doing and to discuss potential issues raised by these local authorities. The *jirgas* were considered very influential and vital to promoting MSF's general image. As the Field Coordinator assistant explained: "Since people trust them, if a message comes from them, it's a trusty message". On one occasion, the *jirga* asked why the head office was in Belgium like the NATO headquarters; they asked for proof that MSF was financially independent and why MSF needed expatriates in the field. The Field Coordinator and the Security Focal Point had to explain and negotiate. Once, one member of the *jirga* who was a lecturer asked: "I'm reading a lot about hidden agendas of NGOs, tell me what's yours?" They generally challenged MSF, and as long as MSF could keep their trust, a significant part of the acceptance work was done.

In Timergara, the wife of the EDO-H was a private gynaecologist and she was not very happy about the competition presented by MSF's free services. The Field Coordinator knew he had to regularly negotiate with the EDO-H, and explained that MSF would do only "complicated" deliveries that necessitated intensive care and equipment. This was more generally the argument with all private doctors that initially felt threatened by the MSF free medical care offer: complicated deliveries were either ones that a private practice could not deal with or ones that were not financially interesting for private doctors as they kept them busy for longer than a normal delivery and reduced the number of deliveries they could do (and thus limited their income).

If needed, MSF could call on the *jirga* for support as it had an interest in maintaining free secondary care locally: the *jirga* had no (direct) economic interest and was more respected by the people than the EDO-H. The HoM explained to me that the networking activity was intense and had to be done continuously: "Now most of the people who are Political Agents or District Coordination Officers in KP and FATA have been working in an area where MSF was at some point. There is a huge turnover [in the Pakistan administrations] – so if you stop networking for half

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<sup>147</sup> A "council of local elders and notables" (Lieven 2011, 92).

a year in some places you lose contact totally.” For instance, he explained, “The current Political Agent of Bajaur is the previous District Coordination Officer in Lower Dir”. Their approach seemed effective, since in November 2011 MSF had not had any serious security incidents in Timergara since the beginning of the project.

The third target of the negotiation and communication strategy was ‘the community’ itself. It was assumed by MSF that the ‘community’ would be reached mainly through local political and religious leaders, such as the jirgas previously mentioned, and through the ‘low profile’ attitude of MSF expatriate staff. Given that Field Coordinators and the HoM relied heavily upon the judgment of the Pakistani Security Focal Points, the latter had been strongly empowered. The Timergara Security Focal Point was responsible for helping the Field Coordinator build the network. He would explain how things worked locally, helping to detect political intricacies. Other staff explained to me that they were not to interact with other political or humanitarian stakeholders, as these interactions were centralised by the Security Focal Point. He gave his opinion on what was culturally appropriate for the Pashtun culture. His comments covered what is culturally acceptable in terms of behaviour - for instance he said that “people would not take you seriously if you were wearing a lot of jewellery” – to what kind of medical activity would be acceptable to the Pashtun culture. Thus he influenced MSF humanitarian triage: for instance, even if many women and their husbands asked for contraceptives during consultations, as a nurse explained to me, the Security Focal Point was of the opinion that MSF should not get involved in family planning education or prescribe contraceptives as “for many imams, family planning is against Islam”. At the time of research, in November 2011, OCB did not offer family planning services.<sup>148</sup>

Political and cultural analyses were formalised internally and this knowledge was hence institutionalised (Whittal 2010; Whittal 2011b; Whittal 2011c). The Timergara Project Document contained a long analysis of the political context and actors, but in contrast, medical contextual analysis was not formalised,<sup>149</sup> and mentioned only briefly. There was no evidence of it being done thoroughly. When

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<sup>148</sup> They started to talk about revising this policy when I was about to leave the country in December 2011.

<sup>149</sup> Apart from exploratory mission reports (MSF OCB 2011b) that remain very operational and centred on patients and medical activity rather than on public health analysis.

asked about the follow-up and analysis of projects' different steps and results through the analysis of medical data, HoMs and Field Coordinators often admitted it was 'the next priority' but had not yet been tackled. Project follow-up had been largely delegated to medical teams even though they pointed out they lacked qualitative analysis of the medical statistics, which could have given them more information on each project's medical added value. This did not mean they had no interest in health issues, since they always made the point that areas they worked in had very poor access to health care.

### ***Medical staff: expanding clinical activity at the hospital level***

The *medical staff* included specialists (surgeons, anaesthetists, gynaecologists, etc. see Figure 8), medical doctors, pharmacists, nurses, midwives and paramedical staff assisting with patients' treatments. This group had a strong influence on the micro-triage; as the following paragraphs show, medical staff deployed an important clinical creativity that was very little constrained within the afore-described macro-triage.

This group can be divided in three sub-categories: *those who only passed by*, *those who managed them* and *those who stayed*. MSF's medical specialists rarely stayed for long periods of time since the vast majority went back to a fixed job in their country of origin (and often did these 'missions' during their time off). These were the ones labelled *those who only passed by*. MSF human resource policy was that people needed to accumulate twelve months as volunteers before they could draw a salary. Even when they got a salary, the amount was derisory compared to any of these specialists' income at home. This category of people did not go on mission for money, and their approach was that they *offered* some of their time and energy to contribute to the MSF mission.

Their scope of motivation and energy was very high and was centred on the individual patient. As they were medical specialists first and foremost, their interest focused on clinical practices and how to improve them. For them, the quality of a "project" was tantamount to the quality of care that they were able to provide. If the number of patients operated on increased, they wanted to increase the size of the post-operative room. If more women came for deliveries, they wanted to

increase the size of the maternity ward as well as the number of midwives. Emergency medicine was a good example, as it was a recent medical specialty (dealing with unscheduled patients with acute illnesses or injuries) and MSF had not updated their medical protocols to include new ones covering emergencies. As a result, one of the emergency specialists MSF sent to the field spontaneously attempted to improve MSF practices, writing new drug protocols as well as requesting that a 'intensive care unit' be created. For specialists it was the act of *saving lives* that was important. It was their professional purpose, and the reason why they came to the remotest parts of Pakistan, worth taking time off and some fair amount of risk. These people who *only passed by* typically stayed for a few weeks; they were 'fresh' and full of ideas, and their replacements generally had as many new ideas. From this sub-group emerged an important clinical creativity, which, however, could also be disruptive and which consequently had to be channelled and transformed into a coherent strategy.

The second sub-group of *medical staff managed those who only passed by*. These were Medical Focal Points<sup>150</sup> (one per geographical area), and the Medical Coordinator (based in Islamabad). These people, who in the case of Pakistan were all expatriates, were responsible for the medical *strategic*<sup>151</sup> follow-up according to their job description: "Scanning of health needs and exploratory missions or mid year assessments; participate in the program implementation and monitoring". In practice they seemed to spend a great deal of time and energy dealing with the clinical creativity of *those who only passed by*, as one of them said:

One thing [constraint] is the constant turnover of expats, that come in and see something they want to change and argue for a short period... Some people are very enthusiastic and want things like this and this and then not realising that the previous one just changed it from that and then, even if you tell them, they argue that 'this is better' so it's always this...

In practice, Medical Focal Points and the Medical Coordinator briefed and debriefed expatriates as they came and went, explained and re-explained the framework of

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<sup>150</sup> Also called the "Deputy Field Coordinator, Medical" in documents such as organisational charts and job descriptions.

<sup>151</sup> Strategy "can be thought of as the way a nation, sector or organization relates to its environment to accomplish its intended goals" (Brinkerhoff cited in Smillie 2000).

intervention of MSF in this particular context, and tried to situate the context for them to make sure they adhered at least to the MSF protocols and general know-how. They discussed ideas specialists brought forward and reflected upon clinical changes. When asked about the monitoring and analysis of medical indicators, they admitted that this needed to be improved and said it was the next thing on their long to-do list: analytical perspectives on projects had not been a priority compared to channelling the clinical creativity of *those who only passed by*.

National medical employees were *those who stayed*. Among them some had been empowered as Medical Focal Points' deputies or Medical Coordinators. In interviews they stood out as the only ones who sometimes had strong opinions or disagreements with choices made, and sometimes, critical ideas about MSF's medical positioning. One, based in Timergara, was sent to the south of the country in the aftermath of the 2011 floods and told me how he disagreed with the decision to stop the medical relief about three months after the disaster had displaced thousands of families (Hosh Media 2011). He opposed the argument he had been given that the people did not have 'life threatening diseases', arguing that "there is no such definition of 'we only take care of life threatening diseases'". Such staff were educated, experienced and knew the context well. Several people said that there was room for them to raise objections in front of their hierarchy. According to one person: "In MSF you have freedom of speech". Yet there was also a tone of frustration as they mentioned what should be done or should have been done which suggested that their comments did not always have a decisive influence on the choices made.

Overall, the influence of the medical staff was contained in the limit of the macro-triage and yet members of this group generally expressed very few grievances<sup>152</sup> about this situation. There seemed to be a balance between the influence of the three strategic groups, relying mainly on a tension between clinical and strategic sorting logics as the following part shows.

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<sup>152</sup> I presented this perspective to the OCB coordination team and the OCA and OCP HoMs in a meeting in Islamabad on 2<sup>nd</sup> December, 2011. The OCB *medical staff* agreed that they were sometimes asked 'to find needs' once the head office and the HoM had decided upon a location. That started a debate among members of *medical staff* and of the *political staff* that confirmed the idea of various types of influence on humanitarian triage and of a tension between clinical and strategic logics.

## **Clinical activity-driven project management**

The imperative to treat people was at the centre of MSF's field activities and MSF project management was activity-driven. This gave primacy to the expression of clinical practices at the local level.

The logical framework or 'logframe', the classical tool of the Project Cycle Management (see, for example, European Commission 2004) was designed and written once a year, but served more as a communication tool to which different departments and hierarchical levels referred or used to brief new staff. As mentioned, the word 'project' unlike its use by other aid organisations, referred to a location for MSF. Monitoring tools such as operational plans and monitoring sheets existed but people did not use them. At the head office, whilst some regretted that these tools were not used, others had a stark discourse about logical frameworks, illustrating what Peter Redfield describes as the "MSF antibureaucratic ethos" (Redfield 2008b, 208). I heard comments such as: "I don't like it at all", "I don't believe it's useful", "It's an accountancy tool", underlining its bureaucratic aspect, or "It's not adapted to MSF". One of the Brussels directors said "No operational decision has ever been made on the basis of a logframe", adding that:

It was adopted at the time MSF was working with institutional donors, and kept ever since. We don't have anything else [and] our priority is to push people outside their office, and since we have many expatriates, projects are already closely followed up. The mission statement is already quite strong, so there is a need for room to manoeuvre to be responsive.

Reports presented activities rather than objectives or expected results, and medical data were collected but remained largely unanalysed, as one of the director in Brussels commented ironically: "Medical figures? I would love to have them... we're really bad on that point". The volume of activities was mainly followed through indicators like the number of patients in the "Inpatient Department", the number of patients "discharged", "expired" (i.e. deceased), the number of complicated deliveries etc.

MSF followed an activity-driven management model, which used the logical framework as a loose reference document across departments and as a briefing

tool. What is important to underline is the space that the activity-driven reporting created for *medical staff*. Thanks to this logic they had the freedom to adjust their activities to the number of patients, i.e. volume of work, which they considered ‘the needs’. In this way, activities were perceived to be designed ‘according to needs’: they were adjusted to an open demand, with no restriction of a “specific objective”. This perfectly fitted the mindset of *medical staff*.

There was a consistent tendency of *medical staff* to rely on a “we save lives” argument. Patients arrived in a critical condition and *medical staff* treated them so that people got back on their feet and walked out of the hospital. One doctor, critical of his fellows’ justifications, ironically illustrated this phenomenon in an interview:

Their logic is ‘save one person and you save humanity’. And then they go ‘Hey, we did save 10,000 people’. This is why calculating the volume reinforces their argument. Plus, once you’ve invested so much, you need to prove your point, right? (...) But anything could be life threatening if it lasts long enough.

For the *medical staff*, treating patients was meaningful work. Even though most of the patients were not ‘war wounded’ as mentioned in the introduction, but normal medical emergencies, they were patients, who if not treated rapidly and carefully might die.

As the exception that confirmed the rule, one project was going through a period of being debated by field teams at the time of my research: the Peshawar women’s hospital. This hospital had been set up because MSF OCP wanted to be present and operational in the capital city of ‘Pashtunistan’. I spent a few days in Peshawar and observed how at field level people were questioning the relevance of the project, trying to reflect upon what had gone wrong in the design or early implementation. The situation was that there were almost no patients in the hospital at the time I visited it. It was indeed brand new, and the pharmacy was fully stocked *but* it was also situated in a rich and rather central neighbourhood of Peshawar whereas those who needed access to free care lived in the outskirts of the city. The initial rationale for running such a project had come from an assessment that had concluded that women’s maternal health was one of the most

acute health issues in Pakistan, and that the district of Peshawar sheltered many IDPs and Afghan refugees who could not afford private medical care. Eight months into the opening of the maternity ward, the team was basically looking for patients, working on referral networks. The point made here is not to say that this project was not relevant, as over time they managed to create an effective referral network. Yet this showed that when *medical staff* did not treat patients, the legitimacy of strategic arguments were keenly questioned by field medical teams, and in particular by the specialists who wanted to make their time donated to MSF was used effectively.

### **Solidarity in the name of impartiality**

Working for an organisation seen as *different* was a source of motivation and of commitment for the MSF staff, regardless of the strategic group they were associated with. Each strategic group could reach its objectives, with a feeling of contributing to a common overall project of “providing impartial medical humanitarian assistance” (Lockyear 2013) in a way different from other humanitarian actors. What MSF humanitarian triage overall produced was, however, never explicitly expressed: who did MSF’s humanitarian triage eventually prioritise? Who did it exclude? In this section I argue that MSF’s humanitarian triage in Timergara (and in Pakistan more generally) produced a form of solidarity with Pashtuns that came with an operational cost. Although mentioned on one occasion by a member of management in Brussels, the notion of *solidarity* was not explicit in most MSF documents or the interviews I did and is not described here as a hidden or subconscious intention, but rather as a *de facto* result of the above-described humanitarian triage processes.

### **Pashtuns first**

Those who benefited from the medical offer in Timergara were mostly people from Upper and Lower Dir, and a few people from Bajaur, almost exclusively of Pashtun origin as a consequence of the tribal geography. The same pattern could be seen in MSF’s other work in Pakistan outside of natural disaster responses: in the FATA and in KPK, where most OCP and OCB projects were implemented, the vast majority of

people were of Pashtun origin; in Balochistan two of the three OCA ongoing projects in 2011 mentioned Pashtun Afghan refugees as being their main patients. In Karachi (Sindh), OCB was starting a hospital project in the Machar colony, where there was a large Pashtun population. Becoming aligned with the Pashtuns was not an intention of the organisation, but rather the result of MSF's strategic logic of networking with Taliban leadership (which was mostly based in big cities in Pakistan) in order to be able to set up projects in areas of Pakistan and Afghanistan (Crombé 2011) that were affected by conflict and had been for many years averse to any kind of Western influence and thus largely deprived of access to health let alone any other kind of non militarised aid.<sup>153</sup>

### **Opposing efficiency**

As a result all those who had no access to health care but had nothing to do with the Pashtun geopolitics were effectively, if not deliberately, excluded or included as secondary recipients within MSF's humanitarian triage as illustrated by the minimal investment of MSF OCB after the 2011 floods. At the end of my stay with MSF OCB in Pakistan I made a presentation of my preliminary research results to the Islamabad Coordination team. The overall important influence of the political staff over others triggered debate between members of the political and medical staff. Even though the medical coordinator was of the opinion that MSF dealt with "acute situations", and that "if mortality is high, then MSF should stay"<sup>154</sup>, the Head of Mission admitted that they would have to work hard to convince the head office in Brussels that Naukot (an area badly affected by the 2011 floods in South Sindh) should become MSF OCB's priority in Pakistan. As one director explained to me in Brussels, the reason why they opposed this was precisely that MSF was "not only a service provider", adding that in Pakistan "needs are not discriminatory enough". In

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<sup>153</sup> In Afghanistan military driven forms of aid had developed since 2002 that went with the strategy of winning "hearts and minds" as a counter-insurgency tool: US-led coalition forces deployed Provincial Reconstruction Teams (PRTs) in order to contribute to the building of local governance, in providing service delivery to areas first secured by the army. For critiques of PRTs and their relationships to humanitarian actors see Gordon (2010) and Donini (2012a).

<sup>154</sup> He illustrated his argument with an episode of his own experience of working in Chad after "an emergency" and explained that once the "emergency" was finished they had considered leaving the country. Before that they did a retrospective mortality survey that showed rates as high as in conflict settings, and finally decided to stay.

line with this comment, one of the MSF Field Coordinators said: “You’ll find needs everywhere and if you compare with the first world then you can take over KPK. Every time you’ll look into something, you’ll find something”.

MSF dismissed the objective of providing a cost-effective approach to health (Briend 2000) as explained by one of the directors in Brussels: “It’s too much of a mathematical approach to say ‘in the south we would spend less on security management, and as a result we would treat more people’. If you model everything, you’ll sterilise *commitment*”.<sup>155</sup> In the case of Pakistan, it was neither mortality rates, nor a efficiency rationale that influenced MSF’s humanitarian triage. MSF’s approach could be seen as sub-optimal in an international humanitarian arena dominated by cost effectiveness and maximalist approaches:<sup>156</sup> there was indeed a form of *attraction* to the tribal areas among some of the members of the direction of the organisation in Brussels who had worked in Afghanistan. One of them said: “NWFP is a myth”, using the previous name of Khyber Pakhtunkhwa (changed in 2010). This comment echoes the idea of “*coup de coeur*” translated by Jennifer Rubenstein as “an intense but fleeting passion or interest and partiality” (J. C. Rubenstein 2008, 229) that constituted a well-known argument for prioritising a project or a country over others because they were “close to the heart” (J. C. Rubenstein 2008, 229). Working in these areas was indeed challenging and adventurous, as another MSF staff explained: “Other organisations thought it was too dangerous”.

### **The cost of MSF OCB humanitarian triage: a populist inclination**

In its attempt to preserve good relationships with local actors, MSF OCB developed relationships with actors embodying the opposition to the ‘westernisation’ of Pakistani society. Al Khidmat Foundation, a Pakistani NGO, had been an operational NGO partner of MSF in KPK: MSF had made donations of medicines when certain

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<sup>155</sup> This is my translation. The French word used for commitment was “engagement”. This word used in the context of humanitarian action has no exact equivalent in English. It means a passionate and intimate *commitment* to humanitarian ethos. Johanna Siméant, in her sociology of the humanitarian profession showed how polymorphous “l’engagement” was, and chose to study it through the scope of activism (Siméant 2001; Dauvin and Siméant 2002), which indicates the potential political dimension of “engagement” too.

<sup>156</sup> André Briend studied one example of this logic promoted by international donors favouring the most cost effective programmes in the framework of “health for all by the year 2000” (Briend 2000)

areas were affected by conflict and MSF staff could not access them directly, for instance. Al Khidmat was known as the humanitarian wing of the Jamaat-e-Islami, one of the original and most influential Islamist organisations (together with the Muslim Brotherhood) founded in 1941 in British India. The members of Al Khidmat I interviewed in Peshawar denied any involvement with a political party and used a rhetoric similar to one of the other NGOs: “Al-Khidmat Foundation is dedicated to the service of humanity in all parts of the world without any discrimination of creed, religion and political association”.<sup>157</sup> Like many Muslim NGOs, they implemented a wide range of activities (education, health, water, small businesses, disaster management), had a particular focus on orphans, made appeals for *zakat* and distributed food for *Eid*. They collected also funds for Gaza (Palestine). They worked with community-based approaches in all provinces of Pakistan, which meant they had an extensive network of volunteers on the ground ready to help in case of a disaster or of a population displacement. The person from Al Khidmat I interviewed explained that many decisions were made on the ground by these volunteers as they claimed to be a grassroots organisation. This also meant they had less control over the allocation of assistance locally. The perception outside MSF was that their activities were suspicious, as a member of the PDMA of KPK commented: “There is an impression that Al Khidmat is connected to a political party, but they don’t admit it openly”. Yet MSF did not find it problematic to be somehow associated with them (in contrast to being associated with any other humanitarian arena actor in Pakistan).

Additionally it had become consensual within the organisation not to judge what the political staff defined as the ‘Pashtun culture’, i.e anything that could upset the local (male) leadership as this comment of an expatriate health promoter showed: “Sometimes when they have a baby girl, and already have many, they don’t feed her... you should not judge. Sometimes you want to, but it’s useless”. As already mentioned, Security Focal Points had rated ‘family planning’ as a sensitive issue in KPK and the organisation’s policy at the time of my fieldwork was to avoid writing family planning prescriptions and discussions revolving around the issue of

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<sup>157</sup> <http://al-khidmatfoundation.org/about-us/introduction/#sthash.IdUfrpRE.dpbs>

birth control. One of the midwives attempted to raise the issue, as she knew there were other voices among the Pashtun people, whom she saw in the course of her medical practice, but faced strong internal resistance. Her arguments were that part of the treatment for women having successive miscarriages (whether induced or natural) was family planning solutions. Some women (even sometimes supported by their husbands) without a better option induced abortions, risking their lives in the process. She told me the answers she got from her line managers were: “Don’t put western ideas in a context like this” or “You will give power to women and women don’t have power here”, or “The pharmaceutical industry already doesn’t like us and it’ll be even worse if we distribute pills for free” (which she argued as not making sense since other drugs were already given without charge). She faced the consensual priority to maintain a fragile acceptance in Timergara. The cost of MSF’s macro-triage was the impossibility of public critique of some of the local medical practices<sup>158</sup> and the reinforcement of established local power structures. When I questioned the HoM about the internal debates about operational choices and priorities, he answered: “When you ask the question, I’m tempted to answer there is not a lot of debate because we don’t really need it”. In his view the reasons why they started projects in KPK three years ago remained “Bajaur is still at war, so...”, adding: “but the [quality [of our medical offer] has improved greatly, which is why we’re not that dynamic in changing”. When studying MSF contributions to transnational medical innovations Nicolas Dodier underscores the specific “political dimension” of MSF to challenge the established framework of medical practices in order to bring about transformations (Dodier 2011, 222). This “fundamentally political tendency” (Dodier 2011, 223) that has been at the source of so many innovations in the field of humanitarian medicine was, in this case, the source of medical conservatism. MSF validation of certain local medical practices could be qualified as “populist”, as it relied on “a policy that promotes characteristic popular resources and supports the dynamics of local societies” (Olivier de Sardan 2005,

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<sup>158</sup> Another one was the misuse of ‘oxytocin’, a hormone used to stimulate contractions of the uterus and quicken labour, by private doctors (MSF OCP 2015). The issue of launching a public campaign denouncing the deadly consequences of the misuse of oxytocin for mothers and newborns were being discussed in December 2011, yet to date it has never been the object of a full-fledged MSF campaign in Pakistan, but rather only incidentally mentioned in articles published on the MSF websites (MSF OCA 2014; MSF OCP 2015).

120). Part of what MSF considered as acceptable work conditions also went against some of the organisation's advocacy campaigns such as those promoting access to family planning.<sup>159</sup>

## Conclusion

This chapter showed that the humanitarian triage of the Timergara project was mainly driven by a strategic logic of being operational and ready for the victims of the Global War on Terror by way of being pre-positioned for future war wounded in case hostilities started again in the neighbouring Bajaur Agency (FATA). This strategic logic promoted from the top was internalised by staff in Pakistan as the idea that MSF was *different*: different from other international actors as they tried to stay away from the Pakistani authorities or western foreign regional agendas; different from other aid actors as they developed projects in areas considered off-limits by most other aid actors, and because they offered sophisticated medical services (secondary health). They were different from governmental health systems as they actually *did* provide assistance to people; and different from private medical actors as they provided it free of charge. The chapter also demonstrated that three strategic groups had three types of influence on the micro-triage. The support and the political staff contained external constraints, in particular the constraint on "access" (ICG 2012b, 16) seen by others as a limit to their action (see chapter 7). The medical staff were the source of growing clinical activities within the Timergara hospital, some of which were not targeting war wounded at all (such as mother and child health). As a result MSF mostly treated Pashtun people, and opposed the mainstream aid logic of efficiency, at the cost of a form of populism entailing not questioning some of the local cultural norms related to access to health, as well as the political bias of some of their partners.

For MSF, the victim most deserving of aid is both a life put at risk and a victim of political violence, in an echo of the origin of the organisation (Dodier 2011, 203). As the Talibans (both Afghan and Pakistani ones) mostly came from Pashtun tribes, in the geopolitics of the Global War on Terror the Pashtuns were by

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<sup>159</sup> <http://www.msf.org.au/resources/special-features/womens-health/obstetrics/msfs-approach.html>.

extension the victims of “the sacrificial international order” (Bradol 2004, 1), as the president of MSF OCP phrased it in the introduction of a collective book reflecting upon the role of MSF in a context of Western states’ (military) “humanitarian interventions” launched in the name of humanity.

## Chapter 6

### **Solidarités International: impartiality from the ‘world of the proposal’**

#### **Introduction**

This chapter analyses the triage logics of a 12 month and €3.5 million water, hygiene and sanitation project in north Sindh implemented by Solidarités International (hereafter referred to as Solidarités) in 2011-2012. It shows how a narrow reading of a ‘logical framework’ shaped the humanitarian triage logics in spite of the numerous actors involved in the project implementation acknowledging contradictions with the stated objectives or with what affected people requested.

The chapter is divided into six sections. I first give the history of the project and identify the various sorting logics that shaped who were eventually assisted, in what priority and with what type of assistance. The second section describes the mechanisms that led Solidarités to design a water, sanitation and hygiene project in north Sindh and how such geographic and technical specificity defined the implicit framework of triage that hence went unquestioned by those implementing the project. The third section then demonstrates how the explicit triage criteria defined in the paper version of the project – assisting ‘the most vulnerable’ – was ignored in the concrete implementation in the field, triggering questions by some of the personnel. The fourth section delves into the ambition of sustainability, showing that even though the proposal stated that the sustainability of the project relied upon the involvement of local authorities and communities in its planning as well as in its implementation, their engagement was, in fact, minimal. In practice, the participatory survey methods did not take into account potential recipient villagers’ queries and appeared to be more an educational tool about good hygiene practices and a measure of the evolution of their behaviour compared to the quantitative project’s indicators. The section also describes how the inability of the ‘Community Based Organisations’, lacking funds and skills, to manage infrastructures sustainably appeared obvious to several Solidarités employees. The fifth section moves on to

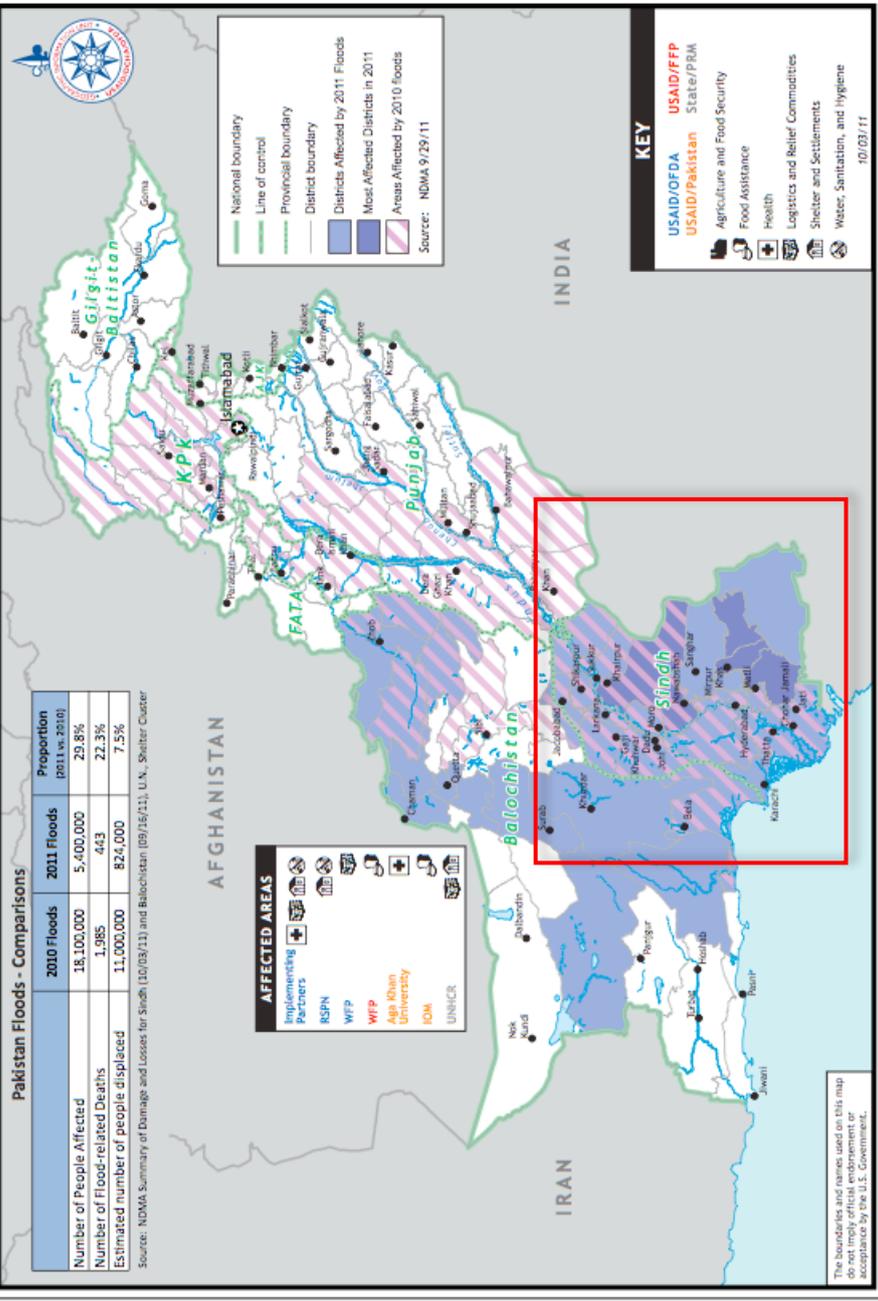
question why the project implementation went ahead despite the many doubts expressed by those implementing it about the relevance of both the macro triage (access to water and latrines) and micro triage (excluding some of 'the most vulnerable', for instance). In this respect a logic appears to have determined more than others the macro and micro triage mechanisms: the blind adherence of Solidarités's operational commitments with regard to ECHO, its donor – in particular concerning the number of beneficiaries and the technical quality of the infrastructures. In the sixth section, I ultimately argue that the continuation of triage practices that many of the project's actors saw as contradictory can be explained by their confinement to a narrow reading of the donor's proposal and its logical framework. This self-alienating effect can be explained by the deficiency in interpretation of the policy by those embodying the Solidarités institution who had sufficient (symbolic) authority to interpret a project proposal.

# Map 9 2010 and 2011 Floods in Pakistan



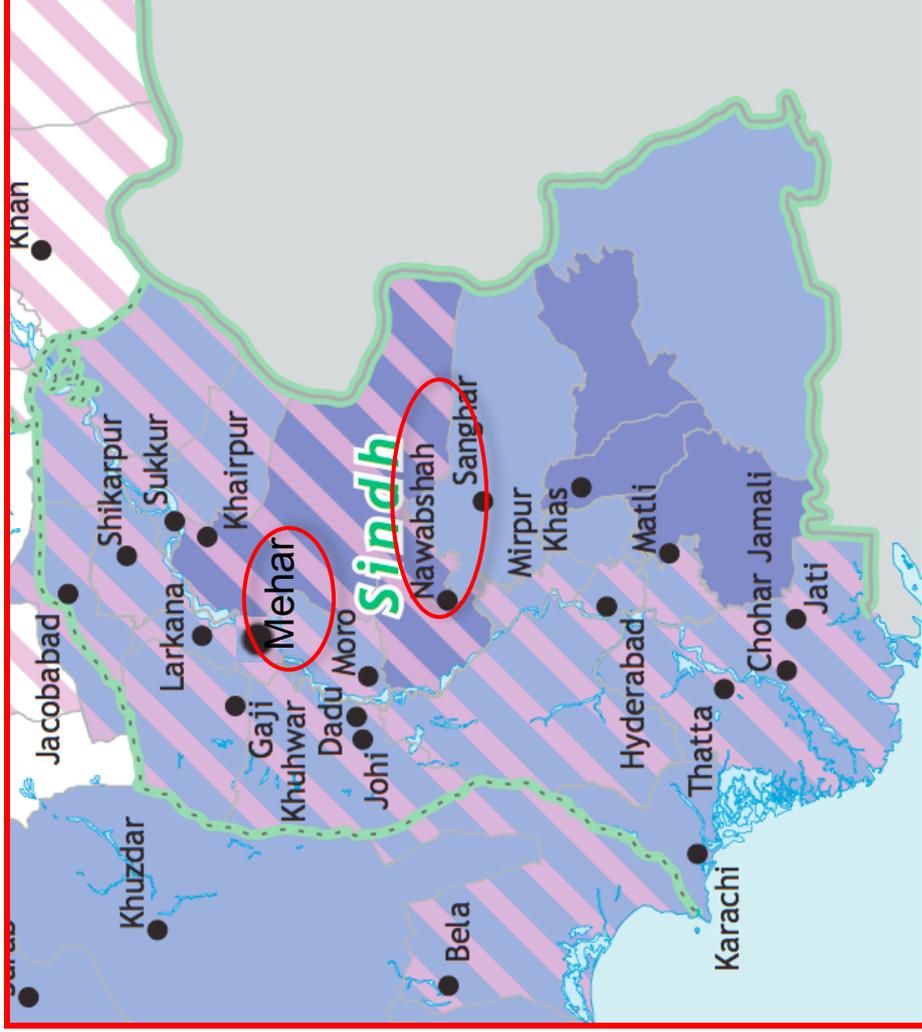
## USG HUMANITARIAN ASSISTANCE FOR PAKISTAN FLOODS

\* Includes ongoing FY 2010 assistance being used for the 2011 Pakistan floods and committed FY 2011 assistance for the 2011 Pakistan floods



Source: USAID

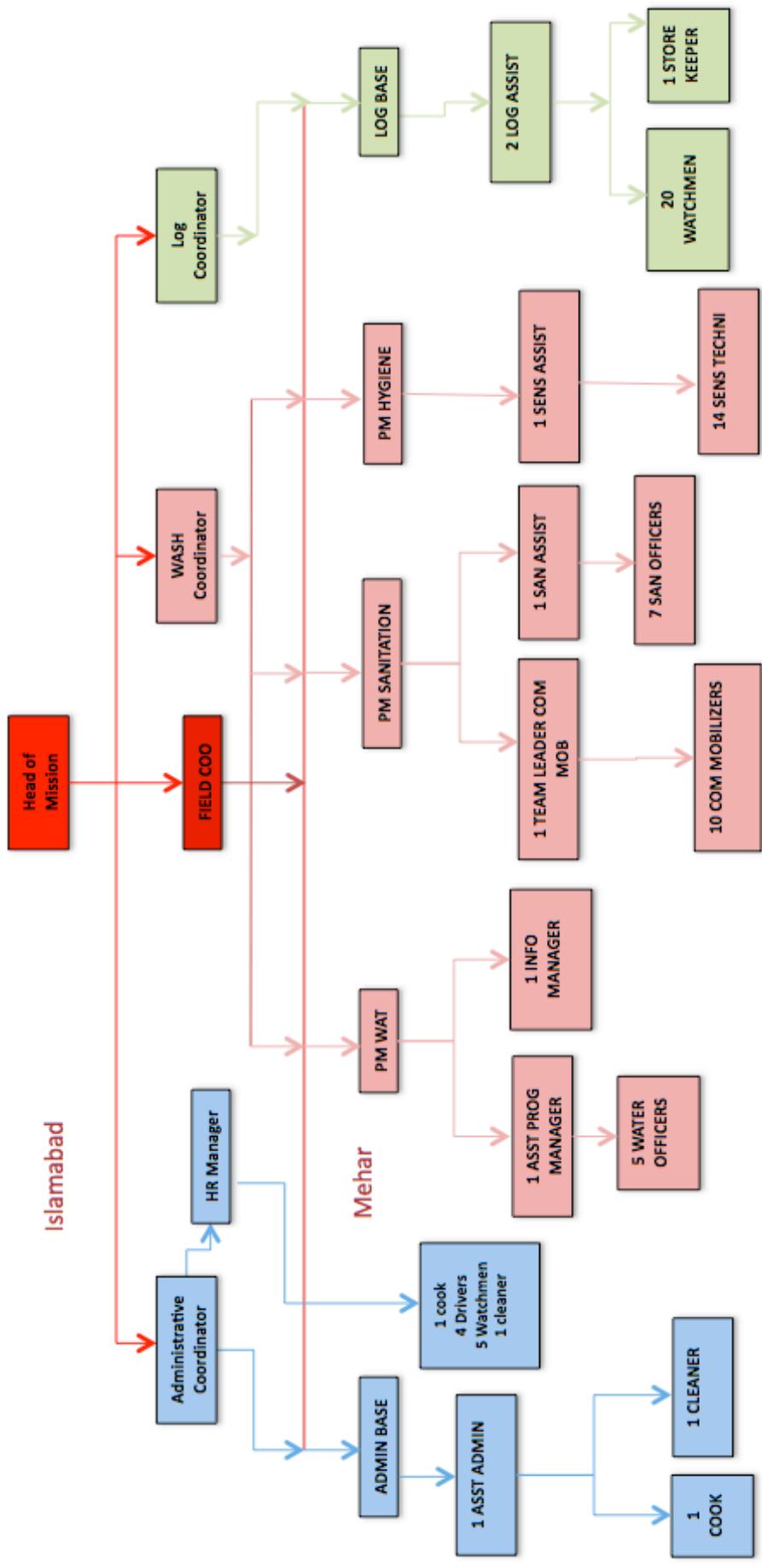
Map 10 2010 and 2011 floods: detail of Sindh Province



Source:

USAID

Figure 9 Organisation Chart Solidarités in Pakistan



Source: Solidarités internal document

### **The story of Echo 3**

This first section sets the historical basis for understanding the analysis that unfolds in the rest of the chapter.

#### **Submitting the proposal**

In 2009, as the Solidarités Asia Desk Manager based in Paris, I sent and supervised an assessment team after the displacement of people from the Swat Valley. While this assessment did not lead to a project (as explained in chapter 4), I decided to maintain one person in Islamabad as a liaison officer to supervise the organisation registration process in Pakistan, in the hope of developing further activities later on. This liaison officer also attended a few cluster meetings and regularly updated the Solidarités headquarters about the displacements from the FATA.

By July 2010, Solidarités had still not managed to get registered and the organisation was about to close its office in Islamabad when the floods started to unfold. I was due to leave Solidarités two weeks later and had just enough time to brief an assessment team that was leaving for Pakistan shortly to evaluate the consequences of the disaster and, if needed, to negotiate the launch of an emergency relief project with the authorities and donors. Between September 2010 and June 2011 Solidarités implemented two projects funded by the European Commission Humanitarian Aid and Civil Protection Office (ECHO), the first targeting over 200,000 people and the second approximately 100,000, all of whom had been affected by the floods in the Sindh region. Situated in the south-east of the country, Sindh is the second most populous province of Pakistan (after Punjab) with a little over 55.2 million inhabitants (A. S. Khan 2012), the majority of whom live in what is commonly referred to as ‘Interior Sindh’, working as sharecroppers for feudal landlords.<sup>160</sup> According to the GoP, over a million people had been displaced by the flood in the province (in late August 2010) which had damaged farmland and the few existing infrastructures (roads, public facilities, wells, etc.).

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<sup>160</sup> As opposed to Karachi, its provincial capital city situated on the Arabian Sea, which accounts for “around two-thirds of Sindh’s GDP” (Lieven 2011, 317).

As the second ECHO project was coming to an end, Solidarités launched a new series of assessment missions between February and April 2011. In May 2011, it submitted a new project to ECHO (that Solidarités staff called 'ECHO 3') proposing improving access to water, sanitation and hygiene conditions for around 130,000 flood-affected persons in the Upper Sindh region. At the end of January 2011, the GoP had declared the 'emergency phase' over. However, while actors had as a consequence to work under the 'early recovery framework' led by the UNDP, some, like ECHO, continued to argue that the remaining 'relief' needs, in particular concerning food, shelter and water, hygiene and sanitation (ECHO 2011, 5) had to be covered. For instance water tables had been contaminated by the floods and became salty, at least at levels the hand pump commonly pumped it (15 meters) (Robin 2010, 6). People would not drink salty water and seeking alternative options they consumed unsafe water from open wells and from irrigation channels (Brodeur 2012, 13). The pH of the water after the floods rose up to 9, which meant chlorine could not treat it effectively. As surface water was polluted, people were affected by water-borne diseases like water acute diarrhoea that the WHO reported still in August 2011 as one of the three main health issues in North Sindh (together with Leishmania and malaria) (WHO 2011, 8).

As one of the Solidarités staff who designed the ECHO 3 proposal explained, the 'Letter of Intent' submitted to ECHO was "strategically written" to address both ECHO's and the GoP's expectations. Its title combined an 'emergency relief' ambition with a longer term objective of 'preparedness' and 'sustainable reduction of future risks': *Emergency safe drinking water and sanitation assistance with community based disaster risk reduction and disaster preparedness support* (Solidarités 2011b, 1). On paper, it was an 'emergency project' assisting 'the most vulnerable' people in a 'sustainable' way.

The main project document upon which the contractual relationships between Solidarités and the donor was based, the ECHO 3 proposal, described the project from the assessment of the situation to the description of activities and means needed to reach a specific objective over a period of twelve months. According to Solidarités's assessment, the situation was that people who had been displaced by the floods in 2010 were returning to their home villages and being

exposed to water-borne diseases for three reasons: first, “90% of the pre-existing water networks in the assessed areas were damaged in the floods” (Solidarités 2011b, 3); second, “very poor hygiene knowledge, attitudes and practice were evidenced in all the assessed villages”; and third, “local communities and authorities lacked the necessary capacity in water and wastewater management to (...) mitigate the serious health risks to the communities” (Solidarités 2011b, 3). While the damage done to water infrastructures by the floods called implicitly for an urgent response, the poor hygiene practices and lack of capacity of ‘communities’ and ‘authorities’ noted referred to structural issues people had faced for years.

The project’s main objective therefore was “to improve access to safe drinking water and sanitation facilities and improve hygiene conditions for vulnerable persons in Sindh” (Solidarités 2011b, 9) in the Dadu, Jamshoro and Qambar Shahdadkot districts.<sup>161</sup> This objective was subdivided into three ‘expected results’: to provide “access to safe drinking water to 25,500 households (approx. 153,500 individuals) and improved community sanitation systems” (Solidarités 2011b, 9), to impart “[i]mproved hygiene knowledge, attitudes and practices for 153,500 persons” (Solidarités 2011b, 9) and to provide “[i]mproved community based Disaster Risk Reduction for 130,000 persons” (Solidarités 2011b, 9).

According to the logical framework included in the proposal, the first expected result was to be achieved through the repair or construction of 43 water supply schemes and 42 sanitation systems in around 40 villages. The water schemes had to overcome a major technical obstacle: the large-scale contamination of the water table with salt water, which made it unfit for consumption. The project initially envisaged the building of water networks with a deep, mechanised tube well feeding one or more header tanks through a pressurised piped network. On the sanitation side, 600 pour-flush latrines with septic tanks and soakaway pits had to

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<sup>161</sup> As described in chapter 4, heavy rains in August and September 2011 had compounded the situation in certain areas of Sindh; the Solidarités field teams had therefore amended ‘ECHO 3’ in December 2011 (i.e. six months after it had started) in order to include some of those affected in the Shahid Benazirabad district about 170 kilometres south of Mehar (see maps 9 and 10). This could almost have been a separate project, and Solidarités staff called it “ECHO 3 bis” which meant the amended version of ECHO 3. I spent some time on the base that was being set up to start the ECHO 3 bis activities, but the following ethnographic account draws mainly on ECHO 3, because ECHO 3 bis had hardly started in March 2012.

be built. The second and third expected results implied the creation of community-based organisations (CBOs) tasked with the maintenance of the water and sanitation schemes, and, through training sessions, the improvement of villagers' hygiene behaviours and disaster-coping mechanisms.

The only project run by Solidarités in Pakistan from June 2011 onwards, ECHO 3 was placed under the supervision of the Solidarités Head of Mission based in Islamabad, assisted by three technical coordinators (administration, logistics and WASH (as practitioners commonly called those in charge of water, sanitation and hygiene)). Responsible for liaising with Solidarités headquarters and the donors in Pakistan, the coordination team supervised and supported a field team based in Mehar (Dandu district). Headed by a field coordinator, the field teams comprised five managers responsible for logistics, administration, the water scheme project, sanitation project and hygiene project respectively.<sup>162</sup> Most of the Pakistani employees from 'ECHO 2' (which was due to end at the end of May 2011) were ready to start work on 'ECHO 3'.

### **Starting the project**

On paper, ECHO 3 was due to start in June 2011, and most of the field managers, all French expatriates, had arrived at that time. However, they had to wait until July 2011 for both the official signing of the contract by the donor and the renewal by the Pakistani authorities (Economic Affairs Department) of Solidarités's interim permission to work in the country.

As the assessment upon which the proposal was written had been done between February and April 2011, the three field managers in charge of water, sanitation and hygiene activities launched new assessments in July 2011 to update their information about the situation of the people they would be supporting. The water and sanitation managers quickly discovered that they were 'missing people': in the villages listed in the proposal they had found only 80,000 people instead of 130,000. In August the two managers extended their assessments to new villages to

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<sup>162</sup> The hygiene manager was also responsible for activities related to Disaster Risks Reduction (DRR) but as it was a smaller part of the project and in order to simplify her title, I have not included DRR in her title.

increase the project's geographic coverage and reach the initially planned number of people.

In August, the Mehar water manager also decided that a geophysical survey had to be done to verify the technical feasibility of the water infrastructures planned – checking the presence and location of unsalted water tables. The Islamabad water and sanitation coordinator initially delayed this as it was not itemised in the budget. When she finally agreed in September, the monsoon had started which delayed the survey and consequently the start of construction work. They eventually completed the geophysical survey in November 2011 and started some of the purchases for the water supply schemes in December 2011.<sup>163</sup> The results of the survey were a shock to the water manager:

It hit us like a ton of bricks because for most of the water schemes we had started to work on, we had no water...

Nobody had expected it would be that bad: the first results were horrible. We were in touch with PHED [the Public Health Engineering Department] but they hadn't given us any information about this. The water may have been fresh before but it can change with overpumping [and become salted] so...<sup>164</sup>

The months of October, November and December were described as a period of uncertainty for field staff: none of the construction work had really started and according to the Mehar staff, the head of mission did not give any guidance on how to adapt the project, given the bad news revealed by the survey. With direct head office support the water manager worked on three new designs: the first was groundwater pumping employing an elevated pumping house and a pressurised piped network delivering the water to a storage tank with taps. The second design would be used where the quantity of water available had been rated as insufficient to supply a network: in this case they would install a pump on the seepage water and add a water tank. The third solution was a catchment on irrigation canals with a gravity pipe scheme bringing the water to a pond where the water would undergo

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<sup>163</sup> Dates are approximate and deduced from interviews done in March 2012 as well as the monthly budget follow-up document.

<sup>164</sup> As all managers were French nationals, I conducted interviews in French and translated the quotes used in this chapter into English.

UV treatment, and go through a pond sand filter to be stored in a water tank and distributed via an electric pumping system to a fountain in the villages (Solidarités 2011b, 15). It was therefore not until six months after the theoretical start of the project that the WASH managers could launch the first tenders to subcontract the construction of the water and sanitation schemes.

At the beginning of March 2012, the water and sanitation schemes construction had started but the teams had still a long way to go: of the forty-three rehabilitation or construction schemes only two were finished and four were ongoing; and of the forty-two village treatment systems planned, only one was finished and eleven under construction. Solidarités obtained a two-month extension from the donor, which brought the official end of ECHO 3 to July 31<sup>st</sup> 2012.

### **Macro-triage: staff assumptions about Solidarités operational capabilities**

When I asked one member of the initial assessment team why they had chosen to propose a water and sanitation project in the Dadu, Shadadkot and Sehwan districts, he answered: “Here, we had knowledge”. And, indeed, quite literally this is what the first part of this section shows: the project’s first sorting logic was the staff assumption of Solidarités’s area of expertise, *geographically* and *technically*. Solidarités knew North Sindh and had shown expertise in WASH. Yet the second part shows that as the project unfolded, some Solidarités employees started to question the relevance of this framework, highlighting more pressing demands made by the population for shelter and food, as well as the inadequacy of the sanitation system included in the proposal. These doubts did not challenge the implicit macro triage logic at work as the third part demonstrates: the organisation had been ‘doing’ water and sanitation in Upper Sindh since August 2010 and it was these informal yet intangible assumptions about Solidarités operational capabilities which successive Solidarités managers were reflecting in their work in Pakistan.

#### **“Here, we had knowledge”**

The trajectory of Solidarités in Sindh can be traced back to 2009 when the organisation refused to take US funds and thus was unable to respond to the issues

faced by people displaced from Swat (as explained in chapter 4). A year later when the floods struck KPK first, Solidarités was in the process of closing its office and had no operational teams in Pakistan. NGOs already present on the ground in KPK were contracted by donors to provide first, relief and then reconstruction assistance. Donors made clear they would not fund any 'new' actors in KPK.

As a result, the floods that eventually hit Sindh in August 2010 were a good reason for Solidarités to resume work. Sindh was an unknown field to actors in the humanitarian configuration and as such open to 'newcomers'. Solidarités assessment teams went straight to Sukkur, the biggest city in North Sindh, and managed to get funding and authorisations for a first intervention targeting one of the many areas severely affected by the floods in September 2010 in the north-west of the province.

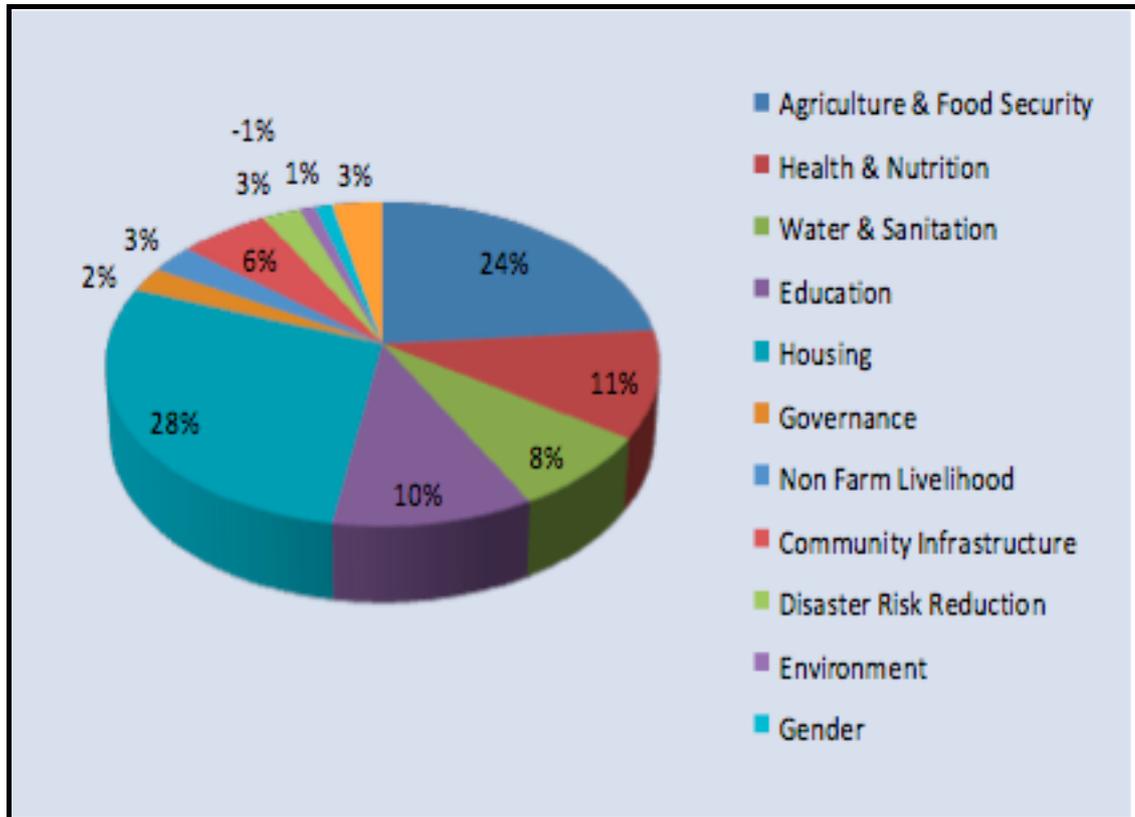
At the end of 2011, as the war provoked new displacements from the Khyber Agency to KPK, Solidarités staff in Islamabad and Paris considered, but decided not to launch an assessment to propose an intervention for conflict-related IDPs in northern Pakistan. Solidarités was not present in KPK (in contrast to many other international organisations since 2009) and the 2011 floods had just happened and affected Sindh again. Solidarités decided to focus on the latter as it already had "knowledge" of the area.

At the geographical level, Solidarités's choice to implement a project for flood-affected people in Sindh was consistent with information about the overall post-floods situation circulated in the humanitarian configuration six months after the disaster, in particular by the UNDP (Stalon 2011, 6), the UN agency in charge of coordinating the 'early recovery phase'. In terms of the type of response, however, Solidarités's choice was not in line with the general needs assessment published by UNDP. UNDP data pointed to issues of housing, food security and agriculture as more important than those of water and sanitation, as figure 10 shows. Although considered questionable,<sup>165</sup> data circulating in the humanitarian arena were not pointing to water and sanitation as a priority.

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<sup>165</sup> These data were admittedly problematic as the report they come from did not give any indication about how they were calculated apart from the following sentence: "The Early Recovery Working Group has prioritized the needs of the most vulnerable and the table below represents the funding

Figure 10 Early Recovery funding gap repartition by sector<sup>166</sup>



Source: (UNDP 2011, 4)

Solidarités did not actually refer to these documents when deciding on its work in Pakistan. The February and April assessments had focused entirely on the access to water, hygiene and sanitation of people in Upper Sindh, without considering other fields of relief (such as the need for shelter or food assistance, highlighted as a priority by UNDP and the GoP). The team knew from previous experience that the Dadu, Shadadkot, and Sehwan districts were particularly poorly equipped with water and sanitation infrastructures. In this sector and in this region, there was no other organisation to provide a ‘counter-expertise’ as Solidarités had been the most prominent provider of water and sanitation assistance since 2010.

According to one of the ECHO representatives in Islamabad, the donor funded this project on the basis that Solidarités was a “reliable” NGO, able to work in remote areas, and which knew what it was capable of. In particular, this person

gap for responding to these critical needs” (UNDP 2011). There was no mention of what constituted a “need”, how they were “prioritized”, what constituted a “vulnerable person”, and how these problems were translated into “funding gap”.

<sup>166</sup> After the Early Recovery Working Groups prioritised needs and calculated the cost of response.

was of the idea that Solidarités had expertise in water and sanitation activities as its previous projects showed technical virtuosity. The ECHO person spoke of the *organisation's* knowledge and expertise and commented about a previous Solidarités project: “it was so sexy for our technical advisers that four of them wanted to come [and visit the project]! I had to stop them: Solidarités staff have to work, they can't babysit the WASH adviser!”

Additionally, even though the 2012 annual report showed that WASH accounted for only 51.7% of Solidarités spending around the globe (Solidarités 2012a, 6) most of the Pakistani staff I interviewed in Mehar (and in Nawab Shah) thought Solidarités only worked in WASH.

### **Project assumptions questioned but not challenged**

In interviews conducted during my research, several Solidarités Pakistani staff were critical of the fact that Solidarités focused on water and sanitation and did not offer support to people to rebuild their homes, as this appeared by far as the people's first request (in Mehar, as well as in Nawab Shah). One of them said:

Shelter is very small work and [in comparison] this work [we are implementing] is very difficult work, so definitely Solidarités could do the shelter projects. For me, shelter is easy. Within one hour, I can make this room.

A Solidarités community mobiliser speaking also as inhabitant of one of the villages where Solidarités worked, said:

The villagers' opinion, including me, is they hope Solidarités will give them shelter and food items, or hygiene kits. (...) Some villages give priority to shelter and some to water. They say: when we have no home, what are we going to do with water? And sanitation... if you give us no water, sanitation is useless.

When I was in the field with the Solidarités field officers, I often talked to people in the villages with one of the Solidarités staff translating for me, and I indeed confirmed this view. Yet Solidarités managers did not take such comments into account.

In addition to the shelter issue, some Solidarités managers raised concerns about the construction of latrines in a region where people mostly practiced open defecation. Solidarités had built latrines during its two previous projects in Sindh

and it had been particularly noted in a final evaluation that: “most latrines are not used anymore. These are simply abandoned without backfilling the pit” (Burlot 2011, 9). Solidarités WASH managers in Mehar and Islamabad were aware of these previous experiences, as one of them who had worked in the country since 2010 explained:

Personally, I assume that when you want things to be sustainable, they need to change people’s habits as little as possible (...) the latrines... in an emergency people used them, because they do what they are told when they’ve lost their points of reference. When people go back to their normal lives, they go back to their own practices, and that means back to open defecation practices.

Another commented:

My feeling is that these latrines... I’ve never seen people use them... The donor asked for them apparently, I don’t know whether that’s true... because the assessment of J. B. showed that latrines were not used... these latrines - now we have to make them, it’s in the project, so how can we make them sexy? Thanks to the technical aspect. (...) It’s true that latrines are the solution to control contaminations, but often in many countries there are none, so...

Both managers suggested that people would not use latrines, for cultural and social reasons, but felt that since latrines were in the proposal they would have to build them, hoping that technical improvements (pour flush latrines instead of pit latrines whose smell repulsed people) would encourage their use.

However recent research in India and Nepal drawing on complementary qualitative and quantitative data sources has reported that it is not a lack of financial resources to maintain them or access to water or poor quality of latrines that was the reason that so many people did not use them; rather, it was what could be termed a ‘lifestyle choice’.<sup>167</sup> In addition, building latrines was not without risk from a hygiene point of view, as noted by the evaluator of ECHO 2: “If heavy rain occurs, most of them [the latrines] are at risk of flooding and overflowing in the village, carrying with them all the waste” (Burlot 2011, 9).

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<sup>167</sup> Instead the study found that across caste, religious, age and gender boundaries, “many people regard[ed] open defecation as part of a wholesome, healthy, virtuous life”, as it implied getting up early, walking outside, and breathing some fresh air. People believed it helped the process of aging well. Many informants of the study, including 74% of those having access to a latrine said they defecated in the open “because it is pleasurable, comfortable, or convenient” (Gupta et al. 2014, 53).

### **How staff perception shapes needs**

The decision to launch a water and sanitation project for flood-affected people in Sindh was primarily the result of circumstances related to Solidarités's specific history in Pakistan. Having refused to intervene in northern Pakistan in 2009 using US funds, Solidarités was about to close its office, for lack of funding and registration, when the floods hit Pakistan in 2010. The disaster allowed Solidarités to find a place in the humanitarian configuration compatible with the interests of donors and the Pakistani government, as an NGO specialising in water and sanitation addressing 'new needs' induced by the floods in Sindh.

In 2011, this adaptation to the circumstances had become, in the eyes of Solidarités managers, an informal but intangible operational framework, determining the choice of people to help (victims of floods in the south) and the type of assistance to be deployed (water, sanitation and hygiene projects). This vision defined the boundaries within which other triage logics developed. Any issues that people faced that were not related to water, sanitation and hygiene (and disaster risks) or not situated in Upper Sindh were, de facto, excluded. Never formulated nor justified explicitly, this sorting logic was not challenged by the project managers, although they were aware of the gap between people's expectations and what the project was able to deliver.

This macro sorting logic illustrates a phenomenon of the development arena: aid actors sometimes identify as "needs" what they are equipped to deliver – or consider they are equipped to deliver as a result of their historical trajectory (in the country and globally) (Naudet 1999). Similar patterns can be seen in the way the more explicit sorting logic contained in the proposal and emphasising the commitment to assist "the most vulnerable" as a priority was translated into practice.

### **Micro-triage: 'the most vulnerable' left in oblivion**

As will be shown in the first part of this section, according to the paper version of the project, Solidarités's intervention was supposed to target "the most vulnerable people", vulnerability being defined in two ways: people whose access to fresh water and latrines was the most limited; and people who were marginalised in their

society because of their age, gender, religious or tribal affiliation, etc. The second part argues that in practice, however, the Solidarités teams did not consider social inequalities in the design of their operations. The third part explains that the Solidarités teams excluded some of the worst-off villages in terms of access to water from the project for ‘technical reasons’ - raising concerns among Solidarités staff about their inability to honour the promises made to villagers they considered the most vulnerable.

### **The plan: Targeting the ‘most vulnerable’**

The word ‘emergency’ appears in the title of the proposal but was not used in its description. Instead, the phrases ‘vulnerable population’, ‘vulnerable groups’ and ‘vulnerable persons’ were used several times. The word ‘vulnerable’ was part of the common humanitarian jargon: many of the interviewees from other relief organisations used the term in a similar way: an assistance that is *impartial*, or based on *needs only* is often described as reaching out for *vulnerable* people or *the most vulnerable*. The use of the word was in line with the rhetoric of impartiality.

A thorough tracking of the word in the Solidarités project proposal shows that it had two different meanings. First, a ‘vulnerable population’ seemed to be defined as a population vulnerable to waterborne diseases. The first occurrence of the word in the document shows an interpretation of vulnerability related to water and sanitation access as well as being associated with health problems:

The assessments were undertaken in Dadu, Jamshoro and Qambar Shadatkot, as the previous work of Solidarites in the region had identified specific areas in these districts as being *vulnerable* based on visual observations of water, sanitation, and hygiene conditions, and community and medical reports about health problems in these areas. (Solidarités 2011, 3 emphasis added)

The second use of the word, in the expressions ‘vulnerable groups’ and ‘vulnerable persons’, was slightly different as it specified “those in the communities that may be vulnerable to exclusion as a result of their gender, age, physical capacity, religious or tribal affiliation, or social positioning” (Solidarités 2011b, 6), or “women, children, disabled persons and the elderly” (Solidarités 2011b, 6). Therefore targeting those who were *vulnerable* in the Solidarités language seemed

to mean *targeting those who are exposed to risks associated with a lack of access to water and sanitation infrastructures* – and, within this category, prioritising women, children, disabled persons and the elderly, and more generally those suffering from exclusion as a result of their gender, age, physical capacity, religious or tribal affiliation, or social positioning.

### **The implementation: social inequalities glossed over**

In practice, however, the claim made in the project document to prioritise those who suffer from ‘exclusion as a result of their gender, age, physical capacity, religious or tribal affiliation, or social positioning’ did not translate into any precise social inclusion mechanisms. There was a certain knowledge of the social fabric, in particular among the staff going to the villages on a daily basis, but there was no formal collection of these data, no analysis of social structures and/or habits and therefore no institutional inclusion of these components in the process of choosing and prioritising who and how to assist.

Also, each village differed in their caste numbers: a caste might dominate in one village and be a minority in others. According to Gazdar, a sociologist who works on social policy issues in Pakistan within the Collective for Social Science Research, there are in Pakistan, like in India, caste-based inequalities. Gazdar argues that in Sindh, “bonded labour” like “bheel tenants of Sindh landlords” (Gazdar 2007, 87), kolhis and other Scheduled Caste Hindus<sup>168</sup> all face caste-based oppression. According to Gazdar, “affirmative action regulations do exist, but are largely ignored by local government” (Gazdar 2007, 87 Footnote 2).<sup>169</sup>

Yet, Solidarités staff did not attempt to make a systematic recording of the caste structure of each village of intervention. The issue of caste was perceived only as an obstacle to be overcome to implement the project rather than an element of

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<sup>168</sup> ‘Scheduled Caste Hindu’ is an official census category in Pakistan.

<sup>169</sup> For him, despite the fact that there is “systematic marginalisation of individuals, families and groups due to their ‘social’ attributes such as caste, traditional occupation, kinship, ethnicity, religion and lifestyles” (Gazdar 2007, 86), there is little tolerance in the public domain for discussion about caste-based oppression: “The Right silences such talk by shouts of “we are all Muslims” and “caste is another country”-it being obvious which country that might be. In fact, the denunciation of “the evil caste system” is a standard hymn in the rightist intellectual’s repertoire on India, Hindus and the Two-Nation Theory. For the Left in Pakistan, when there was one, it was all about class...” (Gazdar 2007, 86)

the context that could have shaped the project. Caste was never discussed in Solidarités meetings while I was there; it was mentioned several times in interviews for this research, but as a reality that delayed the work – for instance, when meetings had to be specifically organised because people from different castes refused to attend the same meeting. The teams in direct contact with the villagers dealt with caste issues on a daily basis and as they went along. A manager explained: “In the field when they face an issue related to caste for the sessions, teams try to understand and see for themselves”. A few Solidarités staff mentioned the marginalisation of the Hindus, but none seemed to be in a position to give me a social analysis of people’s *types of vulnerabilities* in the aftermath of the floods. Mostly the Solidarités staff talked of their beneficiaries as being poor, uneducated and powerless in a uniform way.

Budhani and Gazdar, who were consulting for Oxfam at approximately the same time, had noticed however that “those who were displaced by the floods and lost their assets and means of livelihood consisted disproportionately of landless tenants and labourers” (Budhani and Gazdar 2011, 3). They assumed that “access to land, for homesteads as well as agricultural use, is a key correlate of economic opportunity and social position in rural Pakistan” (Budhani and Gazdar 2011, 3), and argued there were three levels of vulnerability among flood-affected populations: “those with no agricultural land and no security of residential possession; those with no agricultural land but secure residential entitlements and smallholders” (Budhani and Gazdar 2011, 27). This is probably not the only way to look at various layers of vulnerability among flood-affected people in Sindh, but it showed that differences may have existed between people and their capacity to cope with the consequences of the disaster upon their lives. I explored the knowledge that community mobilisers in particular had accumulated in the course of their daily work through a rapid exercise: I adapted the activity monitoring tool (see figure 11) into another Excel file with columns for caste structure per village, size, number and names of landlords, number of tenants, and presence of a functioning school and dispensary. With the approval of their managers I invited some of the community mobilisers and hygiene promoters to work with me to fill out this improvised document. As figure 12 shows, the result, albeit approximate, displays the complexity and diversity of the social

fabric of each village that had been glossed over by this very large category of the “most vulnerable”. It is debatable whether creating further or sub categories would have had allowed for a *fairer targeting* of the ‘beneficiaries’ (Eyben and Moncrieffe 2007), yet the absence of category did not substantiate Solidarités’s claim to assist “the most vulnerable”. One of the WASH managers stated that had they had more time they would have done a social profile of each village. This comment showed that within the amount of time they had, knowing more about ‘the most vulnerable’ had not been prioritised.

Figure 11 Solidarités Activity Monitoring Tool

District	BASE	Thesil	UC	Village	HH	Population	KAP Survey	KAP Survey Initial	KAP Survey Initial KAP # quest.	Water, Sanitation, Water & Sanitation	Population Groups	total participants	HP sessions						Focal persons trained		FGD DRR							
													HP sessions male	# Male participant	HP sessions female	# Female participant	HP sessions children	# Children participant	Male	Female	1st round	2nd round						
D A D	MEH			upper akadahi	180	1080	x	x	6	S	918	567	4	98	5	134	10	335	4	4	6	4						
	MEH		F	bambha dera	350	2050	x	x	14	S	1743	356	3	72	4	105	5	179	4	4	2	4						
	MEH		a	Waji Muhamad Rind	200	1130	x	x	7	S	961	323	3	74	4	91	5	158	3	2	2	4						
	MEH		r	Mir rind	170	1000	x	x	6	S	850	387	3	67	5	122	6	198	2	1	2	4						
	MEH		i	All bux Teevno	163	600	x	x	6	S	510	499	6	157	8	138	9	204	3	3	2	4						
	MEH		d	Qadir Bux Rind	80	470	x	x	3	WS	400	426	8	185	5	166	2	75			4	2						
	MEH		a	Chutto Mirwani	3350	3350	x	x	22	WS	2848	2946	35	957	41	1173	32	816			2	6	1					
	MEH		b	Sajan Mirwani	100	650	x	x	4	WS	553	474	10	241	10	233					2	2						
	MEH			All Gohar chandio	130	710	x	x	5	WS	604	684	7	258	7	210	7	216			2	2						
	MEH		a	Gahi Khan seero	400	1800	x	x	12	WS	1530	1530	21	580	20	600	14	350			4	4						
	MEH		d	Faiz muhamad khashkheli	30	140	x	x	1	WS	119	124	2	31	2	40	2	53			2	2						
	MEH			lower akhdahi	200	1040	x	x	19	WS	884	905	12	300	15	359	12	246			2	4						
	MEH			Maddo	900	4000	x	x	31	WS	3400	3409	50	1268	68	1530	26	611			5	8	6					
	MEH			Buxsho Faqeer	90	450	x	x	3	W	383	389	5	111	6	145	5	133			2	2						
	MEH			Allah Bachayo Jesar	250	1200	x	x	12	WS	1020										2	5	2	4				
	MEH			Ghulam Qadir Chandio	50	270	x	x	1	WS	230	282	3	48	9	166	3	68			2	2						
	MEH			Qambar	170	1210	x	x	7	S	1029	1062	16	442	15	390	8	230			3	4						
	MEH			Chor Qambar	550	3350	x	x	24	S	2848	2729	36	990	42	1110	30	629			4	6	1					
	MEH			Yousif Naich	250	1450	x	x	8	WS	1233	1309	13	394	16	391	25	584			4	4						
	MEH			Khathri	130	500	x	x	6	WS	425	427	5	117	5	125	8	185			3	2						
MEH			Chhuto Naich	45	170	x	x	1	WS	145	167	2	47	2	55	3	65			2	2							
MEH			Dilawar Khoso	60	250	x	x	1	S	213	225	2	61	4	92	2	72			2	2							
MEH			Lal Bux Naich	45	300	x	x	2	WS	255	260	2	46	4	83	5	131			2	2							
MEH			Biro Khan gadi	550	3200	x	x	25	S	2720	1945	38	880	40	834	9	231			8	6	7	6					
MEH		M	Jando Khan Gachal	200-250	1500	x	x	9	S	1275	441	1	21	1	24	14	396			6	6	4						
MEH		e	Sain Rakyo Tunio	40	212	x	x	2	WS	180	230	3	55	3	68	6	107			5	2	2						
MEH		h	Gambo tunio	150	905	x	x	7	WS	769	832	10	248	13	336	9	248			7	5	2	2					
MEH		a	Teega Tunio		905					S	765	432	7	114	0	0	14	388			8	5	4					

Source: "ECHO 3 Global Activity Monitoring", Solidarités International internal document

Figure 12 Attempt to gather social data about the Solidarités project's beneficiaries

District	BASE	Thesil	UC	Village	Main Caste	caste 2	caste 3	caste 4	Marginalised Caste Name	Comments on the marginalized	Nb of landlords	Big or small Landlords	Name of Big landlord	Tenants	School: yes or no	Functional: yes or no	BHU/dispensary	VISITED	Comments			
D	MEH	Chor Gamber	Chor Gamber	Faridabad	Dera	Chandio	bhughio	Khaskhelli	Khaskhelli	No land, no business		small	0	little	2	1	0	x	Dera people migrated after floods 2007			
	MEH			upper akadahi	Kartia	Chandio	0	0	0	0	Poor because depend on the weather		small	0	a lot	1	1	0		0	Marion Pécarye: School where teacher comes from Dam to Lam, 6 days a week (Friday half)	
	MEH			bambha dera	Dera	0	0	0	0	0	Poor because depend on the weather		small	0	a lot	1	1	0		0		
	MEH			Wall Muhamed Rind	Rind	0	0	0	0	0	Poor because depend on the weather		small	0	a lot	1	1	0		0		
	MEH			Mir-rind	Rind	0	0	0	0	0	Poor because depend on the weather		small	0	a lot	0	0	0		0		
	MEH			Alli bux Tee vno	Teevno						Dera	because of migration and their land is in water (food area)		small	0	a lot	0	0		0	0	
	MEH			Qadir Bux Rind	Rind						Rind	no land no irrigation water				a lot						
	MEH			Chutto Mirwani	Mirwani						Mirwani	Shortage of irrigation, flooded every year				a lot						Mirwani, subcast of Chandio
	MEH			Sajan Mirwani	Mirwani						Mirwani	Shortage of irrigation, flooded every year				a lot						Mirwani, subcast of Chandio
	MEH			Alli Gohar chandio	Mirwani						Chandio	Shortage of irrigation, flooded every year				a lot						Mirwani, subcast of Chandio
	MEH			Gahi Khan seeiro	Seeiro						Mallah	left fisherman profession, totally uneducated so no source of income				middle						
	MEH			Faiz muhamad khaskhelli	Khaskhelli						Gaincho	Leaving on the land of khaskhelli and migrated from mountains				a lot						Gaincho are the majority of people
	MEH			lower akhdahi	Chandio						Kartia	Tenants and no brick house				a lot						
	MEH			Mado	Chandio						Mallah	No land no house (temporary shelter)				a lot						
	MEH			Buxho Fageer	Chandio						0					a lot						
	MEH			Allah Bachayo Jesar	Jesar						0					a lot						
	MEH			Ghulam Qadir Chandio	Chandio						0					a lot						
	MEH			Gambar	Kuharo						0				small		1	1		0		
	MEH			Chor Gamber	Kuharo						Mallah	No business of fish now cultivating lands as tenants		2	1. Sikander	a lot	3	0		dispensary		2 big landlords: 1. Sikander Kuharo 2. Nazeer Ahmed Sikander / Mallah no property or lands
	D			MEH	Me	nde Chuki	Yousif Naich	Nach	soomra	solangi	shelish	0					middle					
MEH		Khathri	Solangi						Solangi	Daily labour, no land				a lot								
MEH		Chhuto Naich	Nach							0					a lot							
MEH		Dilawar Khoso	Khoso							0			5 to 10	small		1	0	0				
MEH	Lal Bux Naich	Nach					0						a lot									

Source: adapted from "ECHO 3 Global Activity Monitoring", Solidarités International internal document

### **Exclusion of the worst-off for technical reasons**

As the project unfolded, targeting ‘the most vulnerable’ either in terms of global water and sanitation access did not appear to be an overriding priority. In spite of the claim to “specifically target smaller, more vulnerable communities with the most insecure water supply” (Solidarités 2011b, 14), an issue emerged when the WASH managers faced situations in which villages were found to be too far from a reliable source of underground drinking water. It became technically too complicated and too expensive to build a scheme for them and in the smaller villages the projected per capita cost was very high. As a result, some villages (often the poorest with no fresh water supply at all) were eventually excluded from the water scheme construction plan, on the technical facts. One of the managers expressed his doubts in the following terms:

The only solution we can offer to these villages is to provide them with water that is a little salty. Can we distribute water to people if it is a little salted?

He went on to explain that for him the issue was that today the water was only slightly salty but that pumping the water table would only make it saltier, so “should we just forget about these villages?” Underlying these words was the issue of the sustainability of the technical solution: Solidarités’s vision of quality was technical and guided by the aspiration to deliver sustainable infrastructures. Achieving the project’s objective in terms of total number of people reached and sustainability of infrastructure appeared to be more important than assisting the poorest and the more vulnerable people in terms of access to safe drinking water.

### **Sidelining individuals in the names of ‘sustainability’ and ‘community participation’**

Achieving “sustainable” outcomes was a key objective enshrined in the project proposal. The first part of this section explains that, on paper, sustainability was supposed to be guaranteed by the involvement of both the authorities and recipient communities in the design and implementation of the project – especially in decisions related to the micro-allocation of project assets: where and how to set up water and sanitation schemes. The second part demonstrates that in practice,

however, Solidarités teams quickly realised the lack of interest in the project on the side of the local authorities. The third part shows that the participative methods which were supposed to involve the communities in the design of the project through the survey and discussion groups (so that Solidarités could meet their ‘real needs’) in reality failed to take into account the people’s views. The Solidarités methods of obtaining ‘community feedback’, and ‘surveying and debriefing of the communities’ really functioned only as a delivery channel to educate villagers on good hygiene practices and assess their expected behavioural changes. The fourth part explains that the Solidarités teams also realised that the Community Based Organisations they had created to maintain the water and sanitation infrastructures as well as to improve hygiene practices and disaster coping mechanisms, were not able to fulfil their task due to lack of resources, and know-how. Finally, the fifth part argues that far from being a sign of the populations’ involvement in project resource allocation at village level, the rhetoric of the community actually acted as a useful fiction concealing, inter alia, the fact that the agency of activity recipients was not taken into account in micro-triage practices.

### **The Paper version of sustainability**

The words *sustainable*, *sustainably*, and *sustainability* were used many times in the document, being applied to “the impact of the action” (Solidarités 2011b, 16), or “the action” itself (Solidarités 2011b, 18), and to the infrastructures built during the project: “the hand pumps” (Solidarités 2011b, 20) , “the latrines” (Solidarités 2011b, 21), the “water networks and sanitation systems” (Solidarités 2011b, 29). The term was applied also to the impact of other activities like “hygiene promotion” (Solidarités 2011b, 29). Those who wrote the project document emphasised several times the need for community and local authority involvement in order for the outcome of the project to be sustainable:

Solidarités expects there to be a high level of sustainability to the action as the local authorities and communities are heavily involved in the action, and throughout Solidarités will work to support the building of capacities both in the community and with local authorities so to be able to confidently hand over the action at the end of the project implementation. (Solidarités 2011b, 41)

The word 'sustainability' emphasised that the project was not ephemeral and as phrased in the document: "the impact of the action is both immediate and sustainable, benefiting communities in the short term and for many years beyond the project implementation" (Solidarités 2011b, 16). The frequent use of the word seemed to be inferring *value for money*: 'you invest a lot today, but it will last such a long time that it is worth it'. The word also served as a bridge between the two institutional categories of "emergency" and "early recovery"; the project was submitted to a relief donor, by a relief NGO but within a context qualified by the GoP of "early recovery" – implying investment in "sustainable infrastructures".

In the project document, the commitment to the sustainability of the action relied heavily upon the delegation of the maintenance of infrastructures to "local authorities" and "communities" as well as upon educating people "to improve hygiene practices". Sustainability was also supposed to be achieved through the involvement of the "community" in the design of the project (through participatory surveys and discussion groups) meant to identify the 'right needs' of the people and adapt the project implementation accordingly.

The general idea seemed to be: 'if we tell people what to do to improve their living conditions, they will so'. This assumption was a pervasive idea of the project. The first expected result focused on water and sanitation infrastructure construction but also included two important sets of activities: to "support local authorities in improving capacities in the ongoing operation and maintenance of water supply and sanitation systems" (Solidarités 2011b, 18), and to form and train "community water supply and sanitation committees" (Solidarités 2011b, 19) (also called Community Based Organisations or CBOs by the Solidarités staff). The second and third "expected results" were both entirely focused on educating people, on hygiene practices and Disaster Risk Reduction (DRR) methods respectively. These were managed by the same field officer and relied on 'promotion sessions' of specific behaviours related to hygiene (such as handwashing, etc.) and how to mitigate asset losses in case of flooding.

In order to adjust the programme to the local context, and to measure the level of achievement of all three 'expected results' and their level of sustainability, Solidarités planned activities to collect data about social practices and people's

access to infrastructures, also referred to as “community feedback” (Solidarités 2011b, 13). The methods most often used were Knowledge, Attitude and Practices (KAP) surveys and Focus Group Discussions (FGDs). The concrete methodology and content of the KAP surveys were not described in the project document as KAP surveys are a classic tool of investigation about social practices in the aid sector (Campbell, Shrestha, and Stone 2011 [1979]), and the donor had not specifically requested it.

FGDs were described as following a commitment of Solidarités to “full community participation in all activities, with a particular focus on recognition of and response to the needs of vulnerable groups” (Solidarités 2011b, 13). The description of the FGD activity specified that “community feedback will ensure the longevity and sustainability of the intervention” (Solidarités 2011b, 13). They were to be held “in each community with the following specific outcomes: agreement on the setting and layout of water supply boreholes and distribution networks and agreement on the setting and layout of community sanitation systems” (Solidarités 2011b, 13). In the logic of the project, once the community feedback had been gathered, Solidarités teams would be able to build the *right* water and sanitation infrastructures and to deliver the *right* hygiene and disaster preparedness education messages. Solidarités teams would also be in a position to *mobilise* the community, in the guise of CBOs, to maintain the infrastructures in the long-run with the support of the local authorities. At least, that was the plan. The following parts unpack how the implementation of the project and staff daily practices lived up to these claims.

### **Involving the local authorities in practice**

In the humanitarian sector, sustainability is often associated with working in collaboration with state institutions, which *stay* when relief actors *leave*. As planned in the proposal, Solidarités staff had been in contact with the local authorities ahead of the start of the construction activities, but by March 2012, they had revised their expectations to the bare minimum. Among the local authorities involved, the project document mentioned mostly the Public Health Engineering Department (PHED) and the Tehsil Municipal Administration (TMA). In

Pakistan, TMAs handle spatial planning and municipal services and since 2001, they have been responsible for maintaining the water schemes handed over to them by PHED (previously responsible for their maintenance). The PHED representative I met explained that he was responsible for the planning and construction of water schemes (under the authority of the Government of Sindh and its Planning and Development Department). Once built, the schemes were to be handed over to the TMA and the communities. Solidarités had therefore to coordinate with PHED over the water scheme construction, and with the TMA for the handover and future maintenance of the work.

When I interviewed people from the TMA and PHED I sensed a certain tension between the two institutions: “When PHED has money, they start to work anywhere, without consulting us”, alleged the TMA representative I met in one of the districts of Upper Sindh. The two institutions had previously been merged by a 2001 ordinance and separated again three years later because, according to the same person, PHED did not want to work under the supervision of the TMA. The PHED’s version of their relationship was equally uncomplimentary:

Then ... when there is no proper maintenance... so the scheme falls into abandonment. And this is a crime! There are a hundred and ten water and sanitation schemes, and not five per cent are maintained. If you physically visit the scheme, you will be disappointed. Within a maximum of five years, usually they are destroyed. (Pakistani authority 2012)

Caught in the middle of this rivalry, Solidarités staff realized that local authorities could neither be avoided, nor relied upon to ensure the sustainability of their project. The December 2011 report sent to the donor stated that, “the TMA cannot be a sustainable partner for a handover as it lacks the means to maintain the existing networks” (Solidarités 2011b, 17). Instead, the communities in the form of Community Based Organisations were to take on the role of the reliable partners as reported in the December 2011 donor report:

The local Government, for its part, does not wish to be involved further than through giving its final validation. To ensure the sustainability of activities and infrastructures, Solidarités has thus focused on capacity building of CBOs. This decision had been taken after several meetings with

different representatives of local authorities. (Solidarités 2011b, 17)

### **Surveying and debriefing the 'community'**

The notion of 'community' has long been discussed and criticised in the anthropological literature. Some have argued that the term was "constructed by people who regard themselves as 'non-members' of these 'communities' and that the views of the putative 'members' are not taken into account in their construction" (Jewkes and Murcott 1996). Yet its use persists among practitioners and was a cornerstone of this project. Even though only 4% of the overall project budget was dedicated to activities aimed at engaging and educating the community, according to the Solidarités staff, 'communities' could be surveyed, debriefed, convinced, and mobilised as if they were a person.

The 'community' was surveyed through a Knowledge, Attitude and Practices (KAP) survey. Presented as a way to investigate people, their knowledge and practices (as its name suggests), it served in practice mostly as the tool used to inform the indicators measuring the project's impact on people's social behaviour and change. The main objectives stated in the protocol of the KAP survey were twofold: "to shape the health, hygiene promotion and DRR activities in the target communities to achieve the project objective" and to allow "later measurement against project indicators" (Solidarités 2012b, 1). Two surveys were planned: one before the start of the project and one after its completion.

The KAP survey was based on a questionnaire of thirty-six questions grouped in five main sections: (1) Information about the interviewee, (2) water: carriage and storage, (3) hygiene and health, (4) sanitation, and (5) disaster risk reduction". Of the thirty-six questions asked, only six were open-ended. The others were multiple choice questions directing the interviewees towards answers shaped by the predetermined content of the education sessions. For example, question twenty was: "On which occasions do members of your household wash their hands with soap?" and the options given were: "1/ After defecation; 2/ After cleaning a child's bottom; 3/ Before cooking; 4/ Before meals". This question did not reveal the social practices of the people interviewed, but rather tested whether people already knew what was going to be expected from them during the project. The

common content of hygiene promotion sessions on handwashing was indeed to tell people to wash their hands several times a day around meals and defecation situations. Similarly the question “How do you dispose of your rubbish?” offered four alternatives: “1/ common waste pit; 2/ waste pit in the compound; 3/ burning; 4/on the street”. The Disaster Risk Reduction part of the survey was the shortest: questions revolved around what people had lost during the 2010 floods, what they valued, and whether assets could be stored at an elevated position. These choices were strictly oriented towards potential solutions envisaged by Solidarités staff.

The KAP survey results served the second objective of measuring the project indicators, which had a ‘target value’: in its contractual relationship with ECHO, Solidarités had committed to modifying the behaviour of 75% of the targeted beneficiaries (Solidarités 2011b, 27). As explained by the Hygiene Promotion Manager the KAP was meant to measure this outcome:

The initial KAP was used to compare the before/after hygiene situation and for the DRR too...in order to assess the impact of our action and to show an indicator to the donor. In parallel we could see the people’s practices and see whether there was a lot of work in terms of behaviour change.

Yet her statement did not show an intention to better *understand* the project recipients and when the survey results revealed that the majority of people washed their hands ‘when they should’, i.e. on those occasions listed in international public health norms, the analysis nuanced their validity, arguing that the results could be improved, as the following two extracts of the KAP analysis show:

92% of interviewees wash their hands after defecation, 74% before cooking (most of the time females are involved), 88% before a meal and 62% after cleaning a child’s bottom (again, females are involved), but we have to continue messages to be sure that all people respect that and also have better figures. (Solidarités 2011a, 18)

The FGDs were presented to me as complementary to the KAP survey, the community being debriefed about their experience of the floods through focus group discussions:

To capture feedback from the target communities, a focus group discussion will be held at the outset of the intervention in each community to determine their health

and hygiene needs and identify specific areas of training and behaviour change. Gathering this feedback at the project outset will ensure development of a health and hygiene promotion program specifically catering to the needs of the target communities. (Solidarités 2011b, 28)

There were FGDs focused on water and sanitation and FGDs focused on DRR. In both cases, three community mobilisers (one facilitator, one note-taker and one observer) asked a community leader<sup>170</sup> to help them form a group of ten to fifteen persons who were ‘motivated’. There were separate groups for males and females, and sometimes several groups per village when people from different castes refused to sit together.

At the beginning of the FGD, the community mobilisers and Solidarités staff introduced themselves, and asked people to introduce themselves. Depending on the focus of the FGD, the mobilisers directed the discussion around water, sanitation, hygiene or disaster risks and requested feedback from the group. The facilitator asked questions and attempted to ensure that everyone talked. FGDs usually lasted between one and two hours. The final report presented the discussions as consensual and homogenous. As groups were divided by sex, differences were sometimes reported *between* the groups but each individual group was presented as being unanimous. Nothing unexpected arose from these FGDs; they were broadly in line with the results of the KAP surveys, according to one of the managers. The community mobilisation staff’s assessment, however, was that the FGDs allowed people to speak about what they had experienced, and acted like *support groups* in which the public sharing of one’s traumatic experience acts as a catharsis.

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<sup>170</sup> Termed “chief of village” or “focal person” in interviews. The final report on focus group discussions about DRR stated: “Most of the time they are reference people in the community and are involved in all process, project or discussions regarding new actions in their village. (...) The involvement of focal persons in FGD increase the chance for the information shared to be disseminated within community with a better impact on all population” (Solidarités 2012d, 4–5).

## **Educating and mobilising the ‘community’**

The community could also be educated through hygiene promotion sessions. ‘Sensitisation officers’<sup>171</sup> held four sessions a day for separate groups of 25 to 30 children/men/women, usually visiting one village per day. Each session was organised as a course on personal hygiene ‘from head to toe’ as one of the sensitisers said, covering environmental hygiene, food management, water management and sanitation. The content included informing people about taking showers, washing their hands at the right moments of the day, using soap, washing clothes, brushing their teeth, cutting their nails and wearing shoes. Environmental hygiene emphasised cleaning the living environment inside the house as much as on the streets: people were told where to put their rubbish and to keep their environment clean and healthy. The issue of latrines was very sensitive as most males practiced open defecation in these areas; because the Solidarités project was building latrines, the sensitisation teams had to try to convince people that open defecation was unsafe and that they should use the latrines. People used to cook all the day’s meals at once, but the sensitisation teams told them they should cook three times instead and eat healthy food, as food is what “protects your body”.

One promoter told me that during the previous two projects, they had told people that: “Safe water is water you treat” (either by boiling it or using chlorination tablets), as they were distributing Aquatabs. But since ECHO 3 was building water supply systems, they explained what they were, their benefits and that safe water would come out of the taps. So hygiene messages changed depending on the project activities. At the end of each session, attendance was taken with thumbprints so that the Solidarités staff could prove the number of attendees. The content of the message were standards and the overall logic behind it was the theory that by explaining, it was possible to convince ‘the community’ to change some of its most intimate social practices like how to eat, drink, arrange their houses and defecate.

The community could also be organised in Community Based Organisations and ‘mobilised’. CBOs were designed as the local backbone of the sustainability

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<sup>171</sup> They were hygiene promoters but used the word “sensitiser”. The word “sensitisation” probably was an approximate translation from the French “sensibiliser”.

strategy: they were created through the identification of “trusted representatives of the recipient communities” (Solidarités 2011b, 19), and trained to be able to do minor repairs of the water and sanitation schemes, to “act as focal points in the community” (Solidarités 2011b, 19) and to convey key messages around the good use and maintenance of the water and sanitation facilities as well as around good practice for managing one’s own waste and rubbish. To ensure that the CBOs would be lasting structures (in theory), Solidarités committed itself to supporting them through the registration process with the Social Welfare District Department. The implication of this was that they were considered micro-NGOs: Solidarités helped them open bank accounts and elect board members of people from the villages. The assumption was that because these organisations were *community*-based the people in them would collaborate easily.

The heavy reliance on CBOs for the future maintenance of the water schemes was, however, a topic of concern for Solidarités staff. Several issues were noted. Some staff criticised the little time they had to train CBOs about the management and formalities of their activities. Solidarités was registering them as fully-fledged NGOs, but not giving them enough support in becoming self-sufficient: “CBOs’ work in this timeframe, it is very difficult. That would be the criticism: if they do an evaluation on CBOs, they will [see they are] not mature enough to grow and work efficiently”. The cost of maintenance had not been anticipated in the design of the project and CBOs were informed they would have to pay the electricity bills for the schemes’ electric pumps. One of the managers concluded in a meeting: “Nobody pays electricity anyway, so it’s no big deal, the CBO can manage”.

### **Useful fictions**

According to the project rhetoric the community could give its feedback, participate in “activity planning and implementation” (Solidarités 2011b, 44) and ensure the sustainability of the project through CBOs. In practice, the KAP survey<sup>172</sup> and the

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<sup>172</sup> Campbell et al. demonstrated through a comparison of a questionnaire based survey and ethnographic knowledge of the same areas and social practices in Nepal “that surveys (...) produced information— especially concerning people’s opinions, knowledge, and behavior —that was incorrect and misleading, often widely off the mark” (Campbell, Shrestha, and Stone 2011, v). Even though the initial publication dates back to 1979, the authors reprinted their work in 2011 asserting that although many things had changed in Nepal and within the field of anthropology in thirty years,

FGDs functioned as tools to entrench some of the Solidarités staff's preconceived views of peoples' expectations and project activities. David Mosse, referring to the implementation of Participatory Rural Appraisal techniques in a rural development project in India, writes:

Despite our self-representation as passive facilitators of such process, we project workers retained the power to direct and shape. We owned the research tools, chose the topics, recorded the information, abstracted and summarised according to our criteria of relevance (Mosse 2005, 91)

Commenting on a project with far greater resources (in terms of time, budget and personnel) than the Solidarités project, Mosse also argues that:

Enhancing community or demand-driven approaches requires a more intensive agency presence (time, personnel, resources). This both compromises the claimed strength and cost-efficiency of participatory approaches, and also means that agencies are pushed or drawn into patronage modes of work. (Mosse 2005, 228)

Combined with the KAP and FGDs, the hygiene promotion sessions and the creation of CBOs provided:

a framework which allowed a dangerously chaotic situation shot through with power to be understood and communicated as a manageable sequence of procedures to be completed (...) taken to demonstrate community consensus, consent and inclusion. (Mosse 2005, 149)

In this regard, the word 'community',<sup>173</sup> employed by Solidarités members to mean *people*, or infrastructure *users* (characterised by their position with regard to the project), or the *inhabitants of the village* (a geographic entity), proved to be one of the three main fictions used by Solidarités staff to justify continuing the project as it was. The three fictions were: first, the project prioritised the most vulnerable; second, local authorities were partners to whom part of the project would be

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"development agencies and projects for the most part continued to use, indiscriminately and uncritically, questionnaire surveys to gather information for their policies and projects", adding "we will persist and will once again draw attention to what we see as major flaws in current research for development in Nepal" (Campbell, Shrestha, and Stone 2011, vi).

<sup>173</sup> The word "community" has been debated in the social sciences literature for more than a century (Crochet 2000), and some have argued that the term was "constructed by people who regard themselves as 'non-members' of these 'communities' and that the views of the putative 'members' are not taken into account in their construction" (Jewkes and Murcott 1996).

handed over, which would guarantee its sustainability; and third, each step of the project would be implemented hand in hand with ‘the communities’ who best knew what was good for them. ‘Community’ helped to translate a difficult to grasp social reality into manageable groups, each having a specific function with regard to the project and created an impression of order where the social reality was seen as ‘messy’. The rhetoric of the ‘community’ implies cooperation, collaboration, and solidarity beyond the family circle among people with no kinship ties (Crochet 2000, 60). It is idealised<sup>174</sup> as a “place-where-people-share-and-collaborate”<sup>175</sup> (Crochet 2000, 66) and used as a social unit that conveniently fits a project-centred vision. The complexity of the social situations of people was hence concealed, while the Solidarités staff attempted to navigate institutional constraints, and secure external support by delivering a technically ambitious project to the promised number of beneficiaries.

### **Targets and technique: “because it’s in the proposal”**

From my field observations, it was clear that Solidarités employees cared about helping people and were uncomfortable with some aspects of the project: the fact that Solidarités was not answering the villagers’ requests for shelter and food, the exclusion of some villages from water assistance for technical/cost reasons (despite being among the poorest), the anticipation that the latrines they were building would be useless, if not dangerous from a disease control point of view, the fictional character of local authorities and community participation, etc. But on a daily basis, and despite their ability to be self-critical, what eventually mattered most to Solidarités staff was to do what was in the project proposal “*because it was in the proposal*”. The first two parts of this section elaborate on what they saw in the proposal signed with ECHO in 2011 as the most important: the beneficiary targets, and the technical solidity of the infrastructures they had to deliver. Yet the last part shows that this was not what the donor expected from them.

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<sup>174</sup> Marc Augé spoke of an “illusion villageoise” (Augé 1973); Mary Douglas deconstructed the idea of automatic solidarity within a small group of people (Douglas 1987, 24–29); and Olivier de Sardan called the idealism of the local/autochthon a form of “populism” (Olivier de Sardan 2005, 118).

<sup>175</sup> My translation.

## Meeting the 'target'

“Philipp<sup>176</sup> cannot give up on his beneficiaries”, said one of the Solidarités administrators about one of the WASH managers. He was not the only one, as many discussions in the Mehar meetings revolved about the number of beneficiaries. The Mehar managers did not want to compromise on the number of beneficiaries reported to the donor as numbers had been stipulated in the contract signed with ECHO and as a result had spent almost two months assessing new villages after having realised that the numbers in the proposal had been overestimated. Reaching the 130,000 beneficiaries cited in the proposal had had a big influence on all three WASH managers, as shown by this comment made by the hygiene manager:

Ideally, if I could have, I would have an ID card of each village: where we start from, where we want to go and what we want to insist on... but I could not do it. Quickly I realised that the timeframe was very short for us to go to all the villages.

Additionally, when the team learnt that PHED might cover one of the villages they had included in their assessment, their first thoughts were about beneficiary loss rather than resource redistribution to others, as shown in this extract from a base meeting:

We met with PHED in Dadu. They announced they would cover Faridabad, and we'd lose 12,000 beneficiaries. So we need to set up another meeting. The financial stake is €60,000. Action: set up a meeting with the EDO-H [Executive District Officer, Health] and negotiate with them but we must try not to lose the 12,000 beneficiaries.

Most reporting done by the field teams was quantitative: they followed the number of villages, of their inhabitants or of people attending sessions. The sensitisation project manager assistant described the reporting done by their officers on a daily basis as follows:

They tell how many sessions were produced with males, children, etc. timing of session, total timing of day, total participation, name of village, district, Union Council. There is a small block on methodology: what kind of methodology,

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<sup>176</sup> Names have been changed throughout to maintain anonymity.

and activities if they change, and any issues we faced and how it was solved. And at the end of the report, remarks also.

The qualitative part he referred to was “small” and it was oriented towards problems in implementing activities rather than, for instance, on collecting information showing what difference they made to the people.

### **Technical quality**

The technical quality of the infrastructures was also high on the agenda. The decision to wait until the geophysical survey could be done in November shows that compromising the technical sophistication of infrastructures was not an option, even when weighed against the urgency of some people’s situation who were described as having no local access to drinking water and walking several hours every day to get water in other villages. According to the Solidarités managers, the only satisfactory response to people’s ‘needs’ were these water schemes that would provide drinking water in sufficient quantities and be a lasting solution. The improvement of people’s situation by the project was considered to depend on how solid and long-lasting the infrastructures were going to be.

This project was indeed *technically* exceptional for Solidarités, as underlined by the WASH adviser based at the head office in Paris: “This project is very sharp technically speaking. It’s a type of project we normally don’t do. It’s probably the most technical of all Solidarités WASH projects apart from Kalémie<sup>177</sup>”. Two of the WASH managers had previously worked as consultants in the private sector, and were used to working with a bill of specifications. It was striking to observe how proud the Solidarités staff were to be involved in such a technically sophisticated project. Even one of the staff who was very critical of his manager said: “In sanitation or water, quality-wise the work is superb”. They liked the fact that Solidarités was ambitious for the people, unlike many other NGOs who just provided temporary infrastructures that they described as being “of low quality”. They emphasised how closely they followed the work of the contractors, not just

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<sup>177</sup> Since 2008 Solidarités has been involved in a rehabilitation project of an urban water network for Kalémie, a city of 230,000 inhabitants in the east of the Democratic Republic of Congo. In contrast to ECHO 3, this project was implemented in partnership with local actors and over several years.

subcontracting, but making sure that each piece of work would be exactly as initially designed, as this officer described:

I am in the field all day to check either they are using the material we said, or not etc. We have to be there at the site all day long until the filling is fully completed. We check that all the parameters are good: gravels and sand quantity are the right ones and good proportion. For concrete, we check the quantity of water or not (for the quality of cement) (...) To check the work if a contractor starts in two villages at the same time, they should not do concrete at the same time, or if so, we need a third person to check the other village

### **Donor expectations misinterpreted**

The donor was mentioned several times as expecting things to be done in a certain way – especially with regard to the number of beneficiaries to be reached and the quality standards needed to make the project sustainable. When I later interviewed the donor representative, I realised that there was gap between what his expectations were and what the Solidarités field teams believed they were. The donor representative saw Solidarités as being small enough to be flexible and have an internal fluid communication, as well as being technically expert enough to adjust its activity according to the specificity of people’s situations. He said ECHO usually accepted to negotiate an amendment to the proposal, as very often requested by NGOs and even that he was surprised to have had so few requests from and contacts with Solidarités since the beginning of the project. The donor did not *actively* influence teams in their implementation since there had been very few contacts with him. Ironically, the donor representative shared an anecdote with me that proved his mindset was the exact opposite of what the Mehar managers thought. It was about the previous Solidarités project and in particular about the negative evaluation of the latrines construction that Solidarités had shared with him:

For us, it was behavioural change. You don’t change these things overnight, or in six months... with good luck about a year even! Solidarités was one of the rare ones coming back to us and saying this transparently.

Such scepticism could have applied to the ECHO 3 ambitions of social change over a period of twelve months such as setting up a working CBO that would manage to

raise funds from the people using the water facilities and organise frequent maintenance without any local government involvement.

### **Taking policy at face value: triage tangled in the ‘logframe’ matrix**

The importance of numbers and of the technical dimension of the project was, in fact, an *interpretation* made by the Solidarités staff. Ultimately their interpretations of what they thought ECHO expected of them were generally wrong. This interpretation, however, was never presented as a policy choice, but appeared to me to be the product of everyday practices and work relationships. The first part of this section shows that from Solidarités headquarters, to Islamabad head of mission and to the Mehar field coordinator, no Solidarités manager symbolically and statutorily empowered to speak on behalf of the institution ever provided a shared interpretation of the project, explicating its meaning, objective or *modus operandi* beyond the vocabulary used in the ECHO 3 proposal. This lack of political guidance was eventually filled by the technical field managers in charge of the bulk of the activities (the construction of the water and sanitation schemes) who tried to translate the language of ‘sustainability’, ‘emergency’, ‘community’, ‘vulnerability’, and ‘quality’ into work plans and follow-up tools which complied with the technical and quantitative expectations of both the proposal and their technical supervisors. The second part describes how the Pakistani staff, while in charge of the field version of the project, did not participate in this translation process, as they were denied access to the ECHO 3 proposal and had little information about the way it was interpreted. The third part of the section argues that the interpretation the WASH managers made of the proposal on a daily basis was guided by the Mehar team, yet the reality that prevailed was a managerial and technical one which isolated them from the complexity of the ‘outside world’. The Mehar team ended up living in the project world rather than in Mehar, in Sindh or in Pakistan. If the ECHO 3 proposal constituted a good ‘policy document’, whose language of ‘sustainability’, ‘community’, and ‘vulnerability’ allowed the enrolment of different groups and interests, it proved to be a terrible guide for action, especially as its logical framework was interpreted literally in a maximalist form by the field teams.

## **The silence of the institution on policy implementation**

From the various head office departments in Paris to Mehar and through the Islamabad staff, everyone agreed that the Pakistan mission functioned differently from others. Head office reported that it was the only country that did not submit an annual strategic plan for 2012. Some said that, based on the time spent working on it, Pakistan was not a priority for the desk team. Except for the WASH support department in Paris that had been involved in quite a lot of technical support according to the WASH managers, most expatriates said they had had a very quick briefing at head office and most had not seen the desk manager for more than fifteen minutes before leaving. In Mehar managers referred to a lack of support from the head office during the period without a head of mission (in the two to three months before my fieldwork): “the head office... they call only when they need something, otherwise they’re non-existent”. The lack of guidance they told of echoed the briefing I had received from the Asia desk manager before leaving for the field:

Today, with the head office Desk team, we don’t understand why we absolutely want to stay in Pakistan. Ok, what we do is relevant. There are huge needs in Pakistan, but elsewhere, too.

The lack of guidance also stemmed from the absence of a broad view of what Solidarités was doing among those who were in charge of the project in Pakistan. When I arrived in Islamabad in February 2012, a new head of mission and administrative coordinator had arrived a week before; there was no longer a WASH coordinator as the Asia desk manager had handed this responsibility over to a consultant who had joined the project in December (and who had previously worked with Solidarités).<sup>178</sup> He was doing the backstopping from his home in France. The coordination team was fragmented and half of the positions were not filled for several months. In Islamabad only one staff member had worked for Solidarités continually since 2009. He had been a liaison officer when Solidarités did not have activities on the ground during 2009-2010, and was key to maintaining relationships with the Pakistani authorities in Islamabad. He dealt with Solidarités’s

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<sup>178</sup> This person was a member of the first Solidarités assessment team after the 2005 earthquake in Pakistan.

registration and expatriate visas, and had also been acting as an administrative coordinator for several weeks doing the accounting and administrative human resources management. His main job for ECHO 3 was the tedious negotiation with the authorities in Islamabad to obtain and renew the visas and Solidarités's interim permission and he had no role in guiding field teams in their project implementation.

In Mehar most of the expatriate managers had arrived in June 2011. As per the organisational chart, they were hierarchically under a field coordinator whose position was only filled two months later. So until the end of August 2011, the five managers had sought support mainly from their distant technical advisers: a WASH coordinator when they had one in Islamabad or someone based in the head office. In the first eight months of the project, people had followed the guidance of their respective line departments and of the proposal. The water and sanitation managers had organised around technical and organisational constraints and the hygiene manager followed their choices as it was only logical to promote the use of the infrastructures after they had been built.<sup>179</sup> The administrator supervised accounting and cash flow and the logistician vehicles and equipment management, as well as the tenders to select contractors. The water and sanitation managers were clearly leading the project implementation, influencing which village would be included (or excluded) and how it would be assisted. The six of them, French expatriates all between twenty-five and thirty-five years old, lived together and gave the impression that they were a group of friends. They were flatmates, shared most of their meals together and played games in the evenings or at weekends to pass the time. Professionally they were independent of each other and each did their share of the work.

On a daily basis Pakistani field officers and supervisors came to the office at 8 am, met with their respective managers for a morning briefing and left to their respective project sites, to come back in the afternoon, do a debriefing, work on their reports and solicit the logistics department if needed. Their managers went to

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<sup>179</sup> It was not strictly the case however. The construction work had been so greatly delayed that the hygiene manager had started sensitisation sessions in certain villages before the construction had started.

visit field sites regularly. The water and sanitation managers met with contractors to negotiate prices and the quality of the deliverables together with the logistics, and they also had meetings with local authorities to negotiate authorisations to build the infrastructures. The rest of their time was spent in the office on reporting and planning.

### **Silencing Pakistani staff**

The work was also divided among managers and their subordinate employees. The top of the organisational chart, i.e. coordinators and managers, were all expatriates. Even though it is possible to hire qualified and experienced national staff in a country like Pakistan, it was quite usual for Solidarités to rely on expatriate staff. This could be partly explained by the recent presence of Solidarités in Pakistan.<sup>180</sup> In Mehar, the highest Pakistani employees in the hierarchy were assistants to the five managers. They all had higher education degrees (two had Masters degrees) and several years of professional experience with Pakistani and international organisations such as UNICEF or the World Bank. They were assisting managers in supervising field activities on a daily basis and were delegated part of the management responsibilities, in particular with staff who did not speak English.

In February 2012 they had been delegated full supervision of field activities as the expatriates based in Mehar had been evacuated to Islamabad after the kidnapping of two foreign aid workers in Multan (Punjab). Even though they received daily instructions by phone, this experience showed the expatriate managers they could trust their assistants and give them more responsibilities.

Asking about how Pakistani staff worked on a daily basis, I realised that the vast majority of them had not been given the proposal and budget documents. They were the pillars of field data collection during needs assessments, but were not involved in data analysis or project document writing:

I was not involved in the proposal writing, I don't have the proposal now, and I don't work with the logical framework. Nobody explained the project: nobody knows the title of the project until now. What we know is that 130,000 beneficiaries

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<sup>180</sup> Most countries where Solidarités had promoted national staff to management or coordination positions were countries where qualified employees could be found and where Solidarités had worked for several years, for example in Kenya and Bangladesh.

is the target, and that we do water, sanitation, hygiene promotion and DRR.

There was a frustration on the side of the Pakistani staff, whereas for their managers it was a *de facto* situation: “the proposal is always something that we do in addition to our daily work, in the evening, so the Pakistani staff are not at work anymore... and... we’ve always done them in a rush...”. As for the budget, the Pakistani staff was told this information was “confidential”. For some who had worked for other international organisations, this withholding of information was offensive. The Pakistani staff who were working directly with expatriates felt they were not involved in decision-making and that the expatriates did not trust them.

It was not that expatriates did not respect or value their teams; in most conversations and interviews I had, they spoke about them in a respectful way. They underlined how some were hard workers, and others had good networks that benefited the project. One of the managers said how grateful she was to have been trained on some aspects of her work by a Pakistani staff member. They also cared about the motivation of the staff. Expatriates’ daily management was, in fact, paternalistic. They supervised work hours rather than objectives, made Pakistani staff sign attendance sheets, tried to control them from a distance and worried about staff behaviour in Shadadkot, a base three hours away from Mehar, where there were no expatriates.

Staff and managers were definitely not working on an equal footing (regardless of the hierarchical relationship). Managers interpreted project documents and translated them into workplans and follow-up tools. Their subordinates filled in the templates and reported against what had been planned by their managers on a daily basis. They mostly had tasks, which, without other contextual elements of the project, could not be challenged. Assistants were acting as ‘remote control devices’ of the managers who said they spent most of their time in the office. Having access to the proposal or not was a dividing line in the organisation of work between those with power, and those with less power. In effect, work was fragmented and the only thing that held it together was the WASH field engineers’ interpretation of the proposal.

## Sorting according to policy documents

François Giovalucchi and J-P. Olivier de Sardan, deconstructing the logical framework as a hegemonic development tool, clearly explain that the main issue of this management tool is that it applies “a sanitised and depoliticised vision”<sup>181</sup> (Giovalucchi and Olivier de Sardan 2009, np). They argue that there are “two distinct forms of ‘appropriation’ of the logical framework by the personnel of development institutions: a minimal or collateral use (testing the coherence) and a maximal or central use (to build the project upon this coherence)”<sup>182</sup> (Giovalucchi and Olivier de Sardan 2009, np)<sup>183</sup>. This also applies to the ECHO proposal structured around the logical framework and the Mehar managers provide an example of humanitarian employees who made ‘maximal use’ of the proposal, at least at their level. Although Giovalucchi and Olivier de Sardan demonstrate that the logical framework can be useful in its ‘minimal use’, they also argue that the logical framework can be the ultimate expression of a dark side of development:

It reflects *through what it does not mention*, the dark side of development, its black boxes, its malaise, its ambiguities: the little taste of development institutions for iterative, interactive and adaptive projects, with alterable objectives – taking into account feedbacks, unexpected effects, drifts; the incipient inclusion of actors’ strategies, of conflicts, of local stakes, of the diversity of dynamics and social logics; quantophobia, the lack of qualitative follow-up, the fear of the long term and of the undetermined. (Giovalucchi and Olivier de Sardan 2009, np) (emphasis in original)

In this sense, the ECHO 3 project was an illustration of the dark side of humanitarian action, yet the WASH managers who ultimately interpreted the project in its ‘darker’ way repeatedly stated in interviews that they had lacked guidance from their superiors. As Luc Boltanski explains that “[t]o institutions falls the task of saying and confirming what matters” (Boltanski 2011, 75) through spokespeople that embody them. For diverse reasons this was not done by those

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<sup>181</sup> My translation.

<sup>182</sup> My translation.

<sup>183</sup> For more discussion about the logical framework approach and its uses, see also Gasper (2000b), Gasper (2000a) and Dearden and Kowalski (2003).

who had the symbolic and statutory power to do it in Solidarités: the desk manager, head of mission and field coordinator.

However, these were not the only people who embodied Solidarités; others within the organisation developed communication and advocacy campaigns that narrated what *mattered* to Solidarités. Even though, as the 2012 annual report showed, half of Solidarités’s activities were developed around other types of responses (providing food and shelter, for instance) (Solidarités 2012a, 6), communication and advocacy campaigns all revolved around “unsafe water” presented as “the primary cause of death worldwide” (Solidarités 2012c, 3). From a fundraising point of view, it was a niche in the French market: Action Against Hunger specialised in fighting hunger, MSF and Doctors of the World in global health issues, Handicap International on people with disabilities.<sup>184</sup> It occupied the same niche as Water Aid in the UK.

This language, as well as that of several people at head office, directly echoed the rhetoric of ECHO 3. The expression “water borne diseases: the emergency of sustainable solutions” was used in Solidarités fundraising and advocacy documents. The director of operations unpacked the idea in the editorial of a document published on the occasion of the World Water Forum in 2012 entitled *Water and Sanitation In Crisis. The Urgent Need for Sustainable Solutions in a Humanitarian Context*:

However legitimate, imperative and essential it may be, humanitarian action has always imposed two limitations on itself, which are to “do no harm” and to “not become a substitute”. For SOLIDARITES INTERNATIONAL, which has been active in the field for over thirty years, putting this vision into practice has required us to place our emergency actions within a constant search for sustainable impact among the populations we work with, to make them actors in their own assistance rather than victims. (Solidarités 2012c, 2)

In this regard, ECHO 3 fitted in a wider policy discourse of Solidarités, using “emergency”, “sustainability”, “community”, and “quality” as “metaphors” (Mosse 2005, 230) symbolising altogether the interests of all actors of the humanitarian

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<sup>184</sup> ACTED, the other ‘top six’ French relief NGO, did not raise funds from the general public.

arena and ensuring the project the support it needed to exist. As such, it was a “good policy” in Mosse’s terms:

Policy discourse generates mobilising metaphors (‘participation’, ‘partnership’, ‘governance’) whose vagueness, ambiguity and lack of conceptual precision is required to conceal ideological differences so as to allow compromise and the enrolment of different interests, to distribute agency and to multiply the criteria of success within project systems (cf. Dahl 2001:20, Li 1999). But ideas that make for ‘good policy’ – policy that legitimises and mobilises political and practical support- are not those that provide good guides to action. Good policy is unimplementable; it is metaphor not management. (Mosse 2005, 230)

The idea that circulated within the organisation was a mobilising policy, but not a guide for action. The Mehar WASH managers had been confronted with the difficulty of reconciling the general idea of this policy with the local facts of their project settings: underground water was often salty, in particular in the poorest villages, which had been established where there was no fresh water precisely because they could not afford to live elsewhere. Governmental local authorities were unwilling to maintain infrastructures, shifting the responsibility to newly established and inexperienced CBOs and the complexity of the social fabric (among castes in particular) made it almost impossible for Solidarités to offer ‘community’ solutions, i.e. solutions for an entire homogeneous group of people. They knew how to build technically sound infrastructures, yet they did not know how to ensure their effective sustainability, or even whether this was a priority for those who had the most difficult access to water.

## **Conclusion**

The “multi-layered complex of relationships” (Mosse 2004, 639) that drives humanitarian practice was, in the case of Solidarités in Pakistan, fragmented and linked only by a policy discourse which is never a good guide for action, as it needs to fit into very normative frameworks dictated by the entire bureaucracy of aid including international norms and standards, the donor’s template, and various buzzwords such as ‘vulnerability’, ‘sustainability’, ‘communities’, and ‘DRR’. Since

the same project cannot meet all these expectations simultaneously, interpretations are made that led to certain choices about who to prioritise for assistance and what form the assistance will take. This chapter examined a case where these interpretations were not made proactively, but rather by default by those required to survey, construct, distribute and mobilise. Each of the Mehar managers interpreted the proposal in his/her own way, and sought refuge in the technical side of their responsibility, the one thing they had no doubt about. In order to reconcile what they did with what was in the proposal, they sustained useful fictions that had begun in the planned version of the project. Thus they never questioned their initial choice of doing a WASH response in north Sindh, which put them in the position of falling short of other types of assistance for the people (who were asking for shelter and food).

What drove the response was a narrow reading of the proposal: the need to meet the beneficiary target of 130,000 people and build solid infrastructures. These two major humanitarian triage logics drove the choice of who would be assisted. In the face of these logics, understanding who the people were, what they requested, and what *their* priorities were, was secondary. Everything in the environment that resisted the ideal of the logical framework's "expected results" and that called for a revision of the ongoing activities (Pakistani authorities saying that infrastructures were never maintained, the CBOs that they obviously could not afford to pay for the maintenance, etc.) was sidelined as the managers were inextricably tangled in the matrix of the proposal.

## Chapter 7

### Save the Children International: 'coverage', children and security management first

#### Introduction

This chapter analyses the humanitarian triage operated by a Save the Children International project assisting people fleeing the Khyber Agency in the Federally Administered Tribal Areas of Pakistan because of military operations led by the army against the Pakistani Taliban. This case shows how SCI humanitarian triage, constrained by powerful internal security management and driven by the double logic of coverage and efficiency with the 'entry point' of the cause of children, ended up being blind to its own political underpinnings.

In the first section I briefly describe the history, structure and ambitions of the Emergency Response and Recovery Programme of Save the Children International (SCI) in Pakistan, then move on to give details about the following the SCI Khyber IDP response project: initial assessments, strategic plan, and implementation status three months after it started (at the time of fieldwork). I show that initial assessments emphasised the internally displaced persons' urgent need for food and shelter and that the SCI response strategy states the organisation will assist non-registered IDPs as a priority in areas with the highest density of people fleeing the conflict.

In the second section I demonstrate that the project macro-triage was determined and constrained above all by the security situation, as interpreted by the internal SCI security department. As a side-effect of its ability to prevent SCI field teams from visiting areas they rated as 'too dangerous', security management had the power to exclude IDPs settled in these areas. Demanding the SCI staff to trust their (confidential) analyses SCI security managers relied on a strategy informed mainly by UN agencies and Pakistani intelligence services. Security management excluded areas with a high density of IDPs and held the SCI staff at a distance from those they were attempting to help.

It is in this framework that SCI relief activities took place, in particular activities responding to children's needs of education and protection. Even though these were not emphasised as particularly urgent in the initial assessments, they were the first activities begun by SCI. I show in the third section that those implementing the activities remained blind to the Khyber people's specific situation and expectations and to the political dimension of education in a country in which the content of curricula and the issue of girls' education are at the core of violent political controversies, in particular with the Pakistan Taliban. Prioritising children's education is the result of ideological assumptions of the organisation's unquestioning reliance on the construction of children as unacceptable victims and as being at risk outside schools.

The other activities of the SCI project were presented, together with child education and protection, as complementary to each other or integrated. Yet the fourth section of this chapter shows that they each followed their own activity-driven triage logic, dominated by the ambition of health care and food distribution activities to reach as many people as possible. With regard to access to healthcare, this ambition justified the choice of primary health care and health promotion activities as the primary objective, even though it meant excluding those needing intensive and specialised care. Food aid, in turn, was designed as a WFP-contracted activity, which meant that SCI had to use UN beneficiary lists which had been submitted to the GoP for validation. The triage logics for cash-based assistance had very strict parameters in order to ensure that recipients were amongst the 'most vulnerable' and that they would make the best use of the money – and this delayed the first cash distribution until August 2012.

The last section argues that the different sorting logics ended up including and excluding people in a way that contradicted the initial assessments, SCI strategic objectives and internal quality standards. Halfway through the project implementation the internal Monitoring, Evaluation, Accountability and Learning unit had not yet identified this discrepancy even though it was in charge of monitoring the relevance of SCI projects, particularly in terms of beneficiary selection and response priorities. In fact, this unit instead focused on the technical quality of activities implemented, while field teams mainly concentrated on their

own 'coverage' or number of people reached by their respective activities, as well as their cost effectiveness. Practically, SCI staff did not engage with a political reading of the conflict and of its consequences for the people they were trying to help, and instead their work ended up effectively under the control of the GoP.

## **Elements of background**

### **The SCI Emergency Response and Recovery Programme in Pakistan**

Like many other international NGOs (see chapter 4), Save the Children started to work in Pakistan in 1979, providing assistance to Afghan refugees fleeing their country during the Soviet invasion. It was only later (in particular after the 2005 earthquake) that the organisation developed programmes for Pakistanis. By 2012, Save the Children had become the biggest international NGO in Pakistan according to its country director. With a total budget of \$105 million (Save the Children and Mariam Jamal 2012, 11), it provided assistance to 7.1 million people (including 4 million children) across the country.<sup>185</sup>

Until the summer of 2010, there were three Save the Children Federation members in Pakistan: SC UK, SC US and SC Sweden. After the military operation and the massive population displacement from Swat in the spring of 2009 the three members decided to set up a common emergency response. They built an Emergency Response Team, under the leadership of SC US, which was later renamed the Emergency Response and Recovery Program (ERRP) and placed under the aegis of Save the Children International.<sup>186</sup>

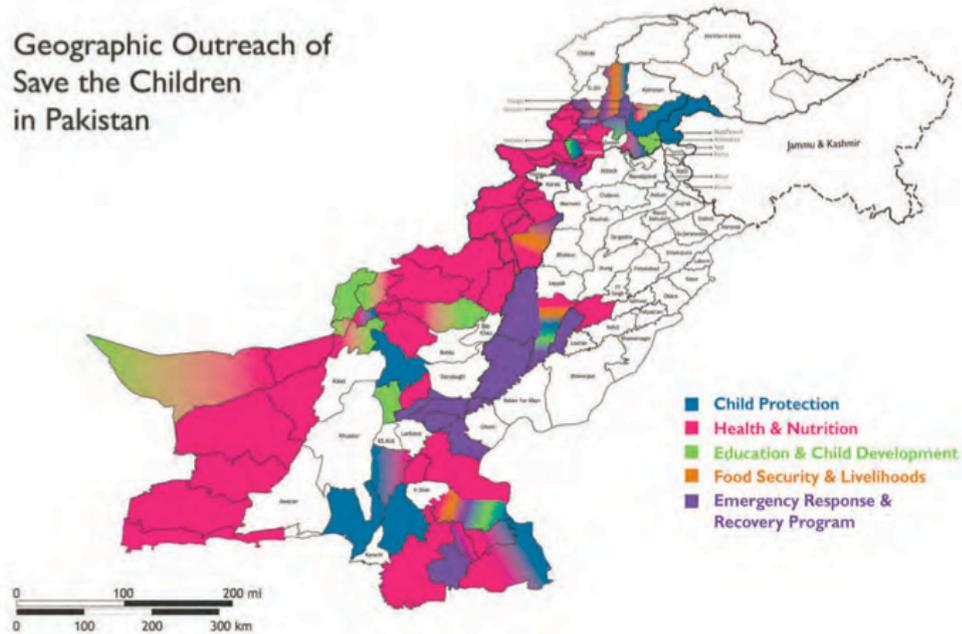
In July 2012 the ERRP director presented the programme as a well-structured and ambitious department. The overall objective of the ERRP was described in an ERRP Powerpoint presentation as: "To ensure children's rights and needs are prioritized in emergency preparedness and response programs".

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<sup>185</sup> In sixty districts of the country, seven Federally Administered Tribal Areas (FATA), six Frontier Regions and Azad Jammu and Kashmir.

<sup>186</sup> 2012 was the final year of a three-year transition from an "alliance" model, federating all members of the brand Save the Children, to the consolidation of international operations into one global movement called Save the Children International. The Khyber IDP project was the first implemented under this new SCI model.

**Map 11 Geographic outreach of SCI in Pakistan in 2011 by sector**



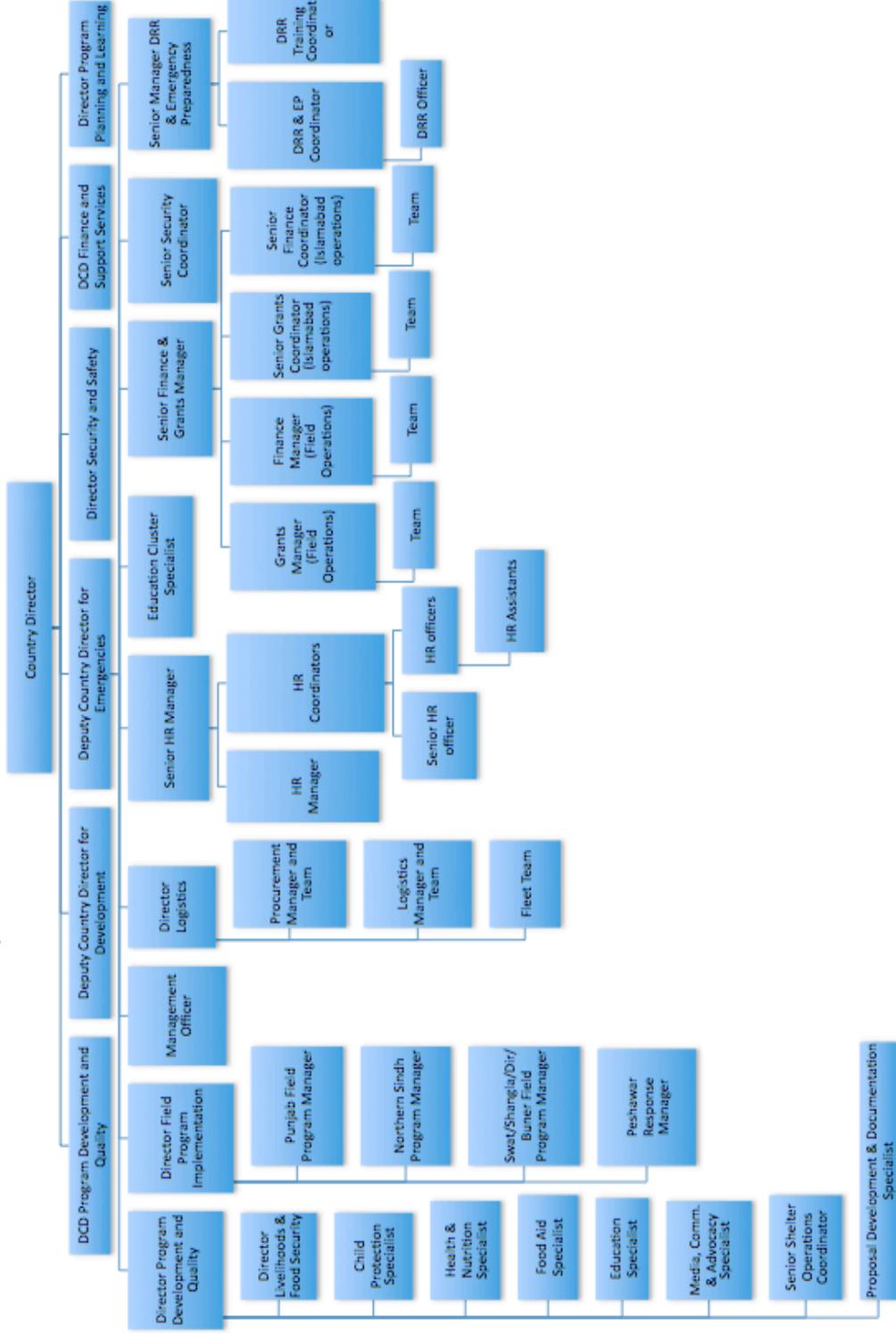
Source: (Save the Children and Mariam Jamal 2012, 10)

Headed by the Deputy Country Director for Emergencies, the ERRP structure was organized around six thematic areas or sectors: (1) shelter and non-food items (NFIs), (2) child protection, (3) education, (4) health & nutrition, (5) WASH and (6) food security and livelihoods. There was also a Disaster Risk Reduction unit and a Monitoring, Evaluation, Accountability and Learning (MEAL) unit. The hierarchical relationships are shown in the following organisational chart<sup>187</sup>.

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<sup>187</sup> This is a copy of the version I was given but with names deleted.

Figure 13 Organisational chart of the ERRP, July 2012



Source: the author



The ERRP was a recent programme and had built its standing within SCI through its capacity for rapid growth, first during the Swat IDP crisis and then the flood emergency in 2010, when it employed up to 2,500 staff. Due to its growth, the ERPP coordination staff had moved to new office buildings in Islamabad, and was separated from the SCI Country Office team which supervised long-term 'development' projects. The two offices had different working hours and supervised programmes with different timeframes: for the Country Office programmes usually lasting several years while ERRP ones were much shorter – a matter of months. Development project teams were more senior in the organisation, and some members of ERRP staff exhibited signs of an inferiority complex: “[The country office] think they know better and we should report to them”, mentioned one manager based in the ERRP Islamabad office, adding, “they have the impression emergency is a new baby: it’s like there are five people in the house and then a sixth one is coming”. The ‘new baby’ was, however, eager to make its mark on the family, to the point of eventually influencing the other members, as the head of the ERRP explained:

It is quite clear that knowing Pakistan and its vulnerabilities, it is imperative to have a dedicated emergency response team. We need to be the largest INGO at least, next to the UN [United Nations]. And for this we need systems, procedures and SOPs [Standard Operating Procedures] defined, so we have a full package to respond swiftly (...) These procedures and SOPs have been built in-house [in Pakistan], they have not been inherited from SCI. Additionally a number of SCI offices in other countries have adopted them, refining them in terms of making them generic for their own country. Our objective is to be a unit providing resources globally to SCI, not only for Pakistan.

He continued, sharing his idea of setting up a research and policy team in order, “to produce policy recommendations and frameworks and to get involved academically – ultimately to serve as a global academic resource” . The ERRP management was ambitious, and had acquired a lot of power internally next to the development management team. It was also very aware that its ‘institutional survival’ was fragile as its funding was short term: “the sustainability of the ERRP,” as phrased by a senior finance staff member, was an issue. Although some spoke about a

“transition” (from the current two office structure to one that merged the hierarchies of both the emergency and development projects) which might happen as early as September 2012, by July there was still no official information about the ability of the ERRP to maintain its current structure (and number of staff). Rumours about it being re-absorbed by the ‘development programs’ spread a diffuse anxiety among the Islamabad ERRP staff.

Adding to the anxiety was the fallout of the Afridi accusation: since September 2011, SCI had been publically compromised because of allegations that it was linked to the CIA fake vaccination campaign associated with the execution of Osama bin Laden (see chapter 4). As a result, the organisation had been under close scrutiny by the Pakistani authorities whose concurrent refusal to renew most foreign employees’ visas caused some of their staff to have to leave the country (Boone 2012; Crilly 2012).<sup>188</sup> Because of this and SCI’s local hiring practices, at the time of my fieldwork, the vast majority of the SCI staff in Pakistan was Pakistani: there were only four expatriates.

### **SCI’s 2012 Khyber IDP crisis response: a rapid overview**

It is in the institutional context outlined above that I attempted to explore the triage logics informing one of the ERRP responses to a significant displacement of people from the Khyber Agency (FATA) in the district of Peshawar. In October 2011, the Pakistani army launched a powerful offensive against Pakistani Taliban in the Khyber Agency, a district bordering Afghanistan and through which ran one of the major NATO supply routes to Afghanistan. The military assault led to the displacement of several hundred thousand inhabitants towards the district of Peshawar. Initially, the Pakistani army prevented international agencies from intervening and undertook to assist the people by itself, mainly through an official IDP camp in Jalozai. At the beginning of January 2012, IDPs from Khyber started to

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<sup>188</sup> On 11 June, 2015 SCI was ordered out of Pakistan after officials accused it of “anti-Pakistan” activities, that is activities “considered detrimental to national interest, sovereignty and integrity of Pakistan” (Boone 2015). However, two days later the Interior Ministry issued a memorandum reversing the action against SCI, allegedly under financial pressure from the UK’s Deputy Higher Commissioner and Head of Department for International Development in Pakistan (Solangi 2015). SCI re-opened a few days later.

flock to the Jalozai camp where 30,000 IDPs were already living.<sup>189</sup> Then, in March 2012, the Pakistani Army called on humanitarian actors to support its effort, as explained by a member of the senior SCI management team based in Islamabad:

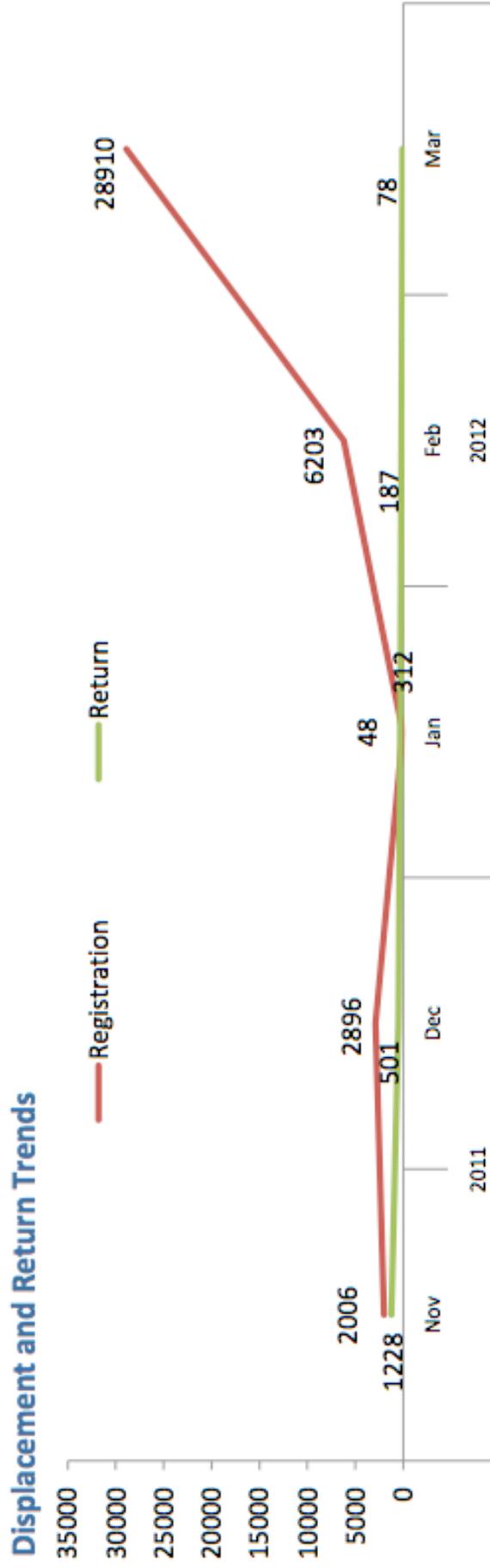
In January [2012] there was a lot of coverage on the issue [the conflict triggering displacements in Khyber] but no-one was allowed to respond to that, because the army said it was taking care of it. (...) We were told straightforwardly by the agencies that ... 'No, you're not allowed to go in there'. So we were constantly getting the updates and in March what happened was that the army could no longer take care of the volume of people that were in there, so they were actually handing it over to all the organisations. And for SCI it has been the case that we have been one of the most preferred organisations by the government and by the donor agencies in the region for emergencies so there were a lot of donors which came to us and asked us 'So what are you doing in terms of those [people]?'...

As illustrated by the graphs below, the number of IDPs had started to rise dramatically in March 2012 when international humanitarian actors like SCI and the UN agencies were eventually allowed to launch assessments and produce reports. In the following, I first describe the initial assessments launched in March-April 2012. Second, I elaborate upon the strategic six month emergency programme document detailing who SCI intended to assist and how. Third, I describe as of July 2012, the activities that had started to be implemented.

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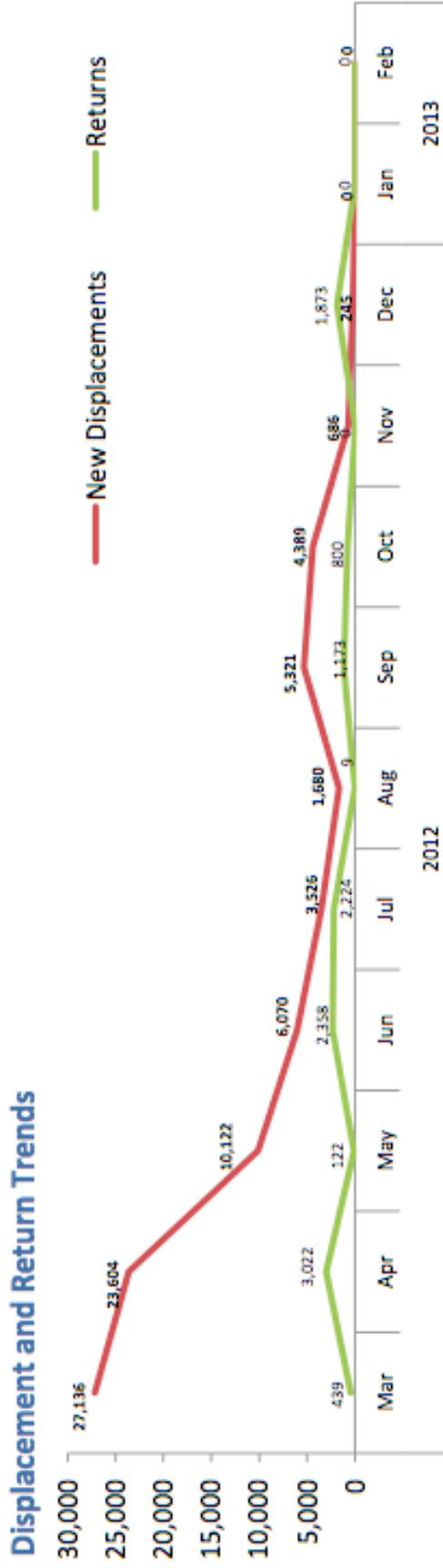
<sup>189</sup> A former Afghan refugee camp, Jalozai had been reopened in November 2008 by the Pakistani authorities to host people displaced by ongoing counter-insurgency operations.

Figure 14 UNHCR IDP Factsheet as of April 2012 (number of families)



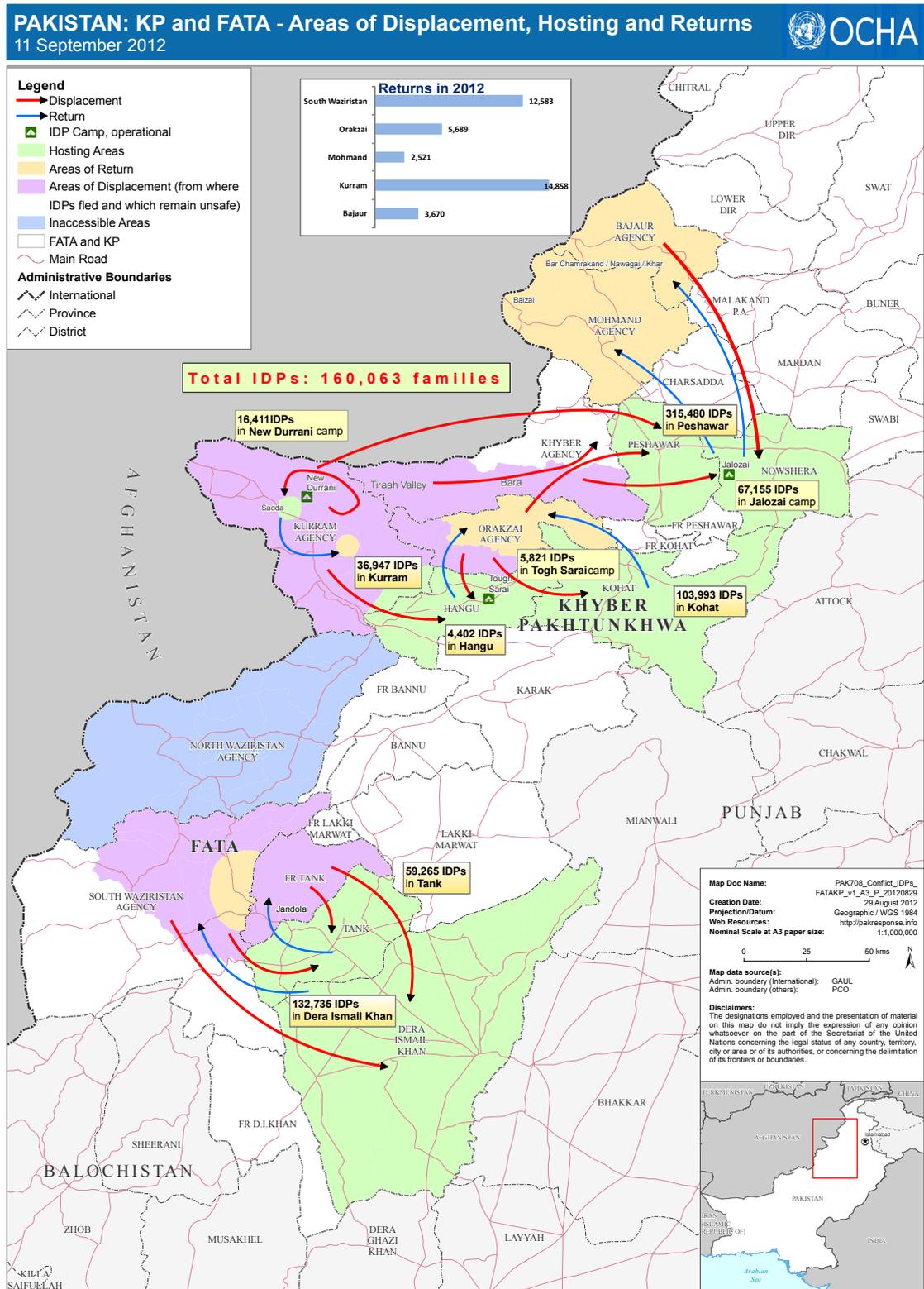
Source: <http://complex.pakresponse.info/FactsFigures.aspx>

Figure 15 UNHCR IDP Factsheet as of March 2013 (number of families)



Source: <http://complex.pakresponse.info/FactsFigures.aspx>

## Map 13 Internal Displacements, Khyber Pashtunkwa and FATA, Pakistan, September 2012



Source: The United Nations Office for the Coordination of Humanitarian Action, September 2012

### ***SCI initial assessments***

According to interviews and internal documents, the first SCI ERRP assessment in Khyber took place in March 2012 over four days. It was conducted by three members of the MEAL team seconded by a child protection and a health specialist (see organisational chart figure 13). The assessment only covered areas that had been cleared by the SCI security department (MEAL 2012a, 9): areas adjoining the Khyber Agency (FATA) like Bada Ber, Matani and Shaikhan were excluded as they were considered as too dangerous or no-go areas.

Trying to gather more demographic and economic data about the newly displaced population (material possessions, health status, size of family, number and age of children, etc.), the assessment team interviewed people both in Jalozai and outside the camp, going door to door in areas they had been told contained people from Khyber. There was an obvious difference between IDPs living inside the camp and those living outside. Those living inside Jalozai were provided with food, water, access to sanitation facilities and shelters. The team differentiated between the newly arrived IDPs and those who were already settled in Jalozai camp before the Khyber displacement. They gathered initial information from NGOs and UN agencies already working in this camp as well as from the Provincial Disaster Management Authority (PDMA). Some SI employees involved in the observation assessment told me that outside the camps it was not uncommon to see three or four families staying in the same house. People who had no family in the Peshawar district could not necessarily afford to rent a flat. Some reported to the team that they had to stay in *khujiraz* (public buildings where men usually organise meetings and receive guests) or in graveyards, and generally IDPs reported they had difficulty finding health centres and hospitals buildings. People interviewed outside Jalozai said they did not want to live in a camp where there was no privacy (in particular for the women) and crowded living conditions. Some also feared for their security inside the camp. Another issue noted by the team was that of UNHCR registration: the process could take up to four days and required people to have a national identity card, which not all IDPs had.

This assessment had only been an 'observation' step, as the report's title conveyed: *Initial Observation Report: Focusing on of off-camp Internally Displaced*

*People from Tehsil Bara in Khyber Agency, FATA, Pakistan.* The assessment was completed on April 8-10 with the publication of a joint *Report on Khyber Off-Camp IDPs in Peshawar, Nowshera and Kohat – KPK*, (Inter-Agency Rapid Assessment 2012), also commonly referred to as IARA, in which SCI participated together with UN agencies and other NGOs. The IARA assessed people outside Jalojai only. The IARA report was clear on the fact that most IDPs (84.6%) were in the Peshawar district (Inter-Agency Rapid Assessment 2012, 7), and that the areas with the highest concentration of IDPs were those bordering the FATA (Inter-Agency Rapid Assessment 2012, 29). The report also stated a significant number of the IDPs living outside the camp were not registered with the UNHCR (Inter-Agency Rapid Assessment 2012, 14). People were allowed to register outside Jalojai, but some could not afford to reach registration points, and others did not have the required identity cards. The UN organised food distribution outside Jalojai, but only for those registered. The IARA did notice that:

Displacements are mainly occurring from Bara Tehsil in Khyber Agency where a number of new areas and tribal groups *have recently been notified as eligible* [emphasis added] for IDP assistance following scaling up of security operations in their areas. (Inter-Agency Rapid Assessment 2012, 3)

As an INGO based in Peshawar confirmed to me, this implied that the GoP classified some tribal groups from Khyber as *not* eligible for assistance. Finally, the IARA report insisted that “when asked about their immediate needs, it was evident from the responses that Shelter and Food were the most important and immediate basic needs of the Khyber off-camp IDPs” (Inter-Agency Rapid Assessment 2012, 26).

### ***SCI strategy***

Referring to these two assessments, in April the SCI ERRP drafted an SCI strategy document defining ‘target locations’, ‘target groups’, ‘objectives’, ‘activities’ and ‘expected results’ for each of the sectors for the next six months.<sup>190</sup> The document was set as the reference point for all future grant requests sent to institutional donors, as well as SCI members. The ‘overall programme goal’ of the project was

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<sup>190</sup> Child Protection, Education, Food Aid, Food Security and Livelihoods, Health and Nutrition, Shelter & Non-Food Items, as well as Disaster Risk Reduction.

phrased as follows: “To respond to the immediate needs of internally displaced children of Khyber Agency, their families and host communities in KPK province, Pakistan” (Save the Children 2012b, 11). Children structured the whole rhetoric of the strategy document. For instance, in the table summarising the ‘beneficiary targets’, two columns were allocated to the counting units: “total”, and “children” (Save the Children 2012b, 13).

The SCI strategy document stated that “almost half a million have been displaced, and Save the Children is estimating that over 600,000 in total will be displaced if military operations continue – among which over 300,000 are expected to be children”<sup>191</sup> (Save the Children 2012b, 3). The event triggering the displacement was summarised as follows:

Security operations by the Government of Pakistan against non-state armed groups have displaced more than a quarter of a million men, women and children from Bara Tehsil, Khyber Agency in the Federally Administered Tribal Areas (FATA) of Pakistan. (Save the Children 2012b, 4)

No other comment or analysis was made. Sometimes ‘security operations’ were called ‘military operations’ but the strategy document did not say why the Pakistani military was in these areas at this time, nor did they directly refer to the Pakistani government as a party to the conflict or to the tribal targeting of assistance alluded to in the IARA report. Everything was phrased as if the Pakistani military was an actor independent of the Pakistani government that, in turn, was acknowledged as a key partner for the sustainability of SCI’s response.

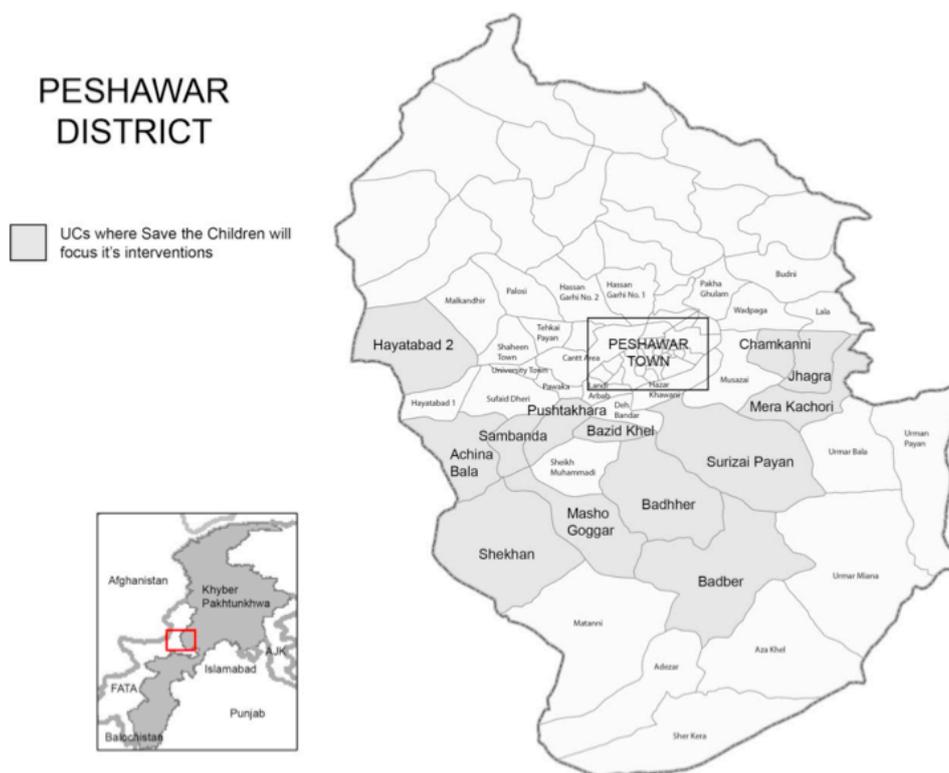
The overall SCI goal was “to reach 250,000 children and their families (estimated 500,000 beneficiaries in total)” (Save the Children 2012b, 3). The document explicitly added: “We will be targeting both the recent IDPs and host communities and the target therefore exceeds the benchmark of reaching 20% of the affected population and 25% of the affected children” (Save the Children 2012b, 3). These were SCI global benchmarks that the organisation defined as its

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<sup>191</sup> This forecast proved approximately correct according to information gathered by the UNHCR, since as of 1<sup>st</sup> November 2012 the UNHCR reported 70,133 IDP families outside the camps ([http://complex.pakresponse.info/LinkClick.aspx?fileticket=nx\\_6DTW94cU%3d&tabid=64&mid=656](http://complex.pakresponse.info/LinkClick.aspx?fileticket=nx_6DTW94cU%3d&tabid=64&mid=656)) which makes approximately 550,000 people if one uses the average number of people per family deduced from the IARA report of 77,453 people and 9,744 families (Inter-Agency Rapid Assessment 2012, 7)

goal in any emergency response. Within this benchmark, the strategy<sup>192</sup> was to “primarily target vulnerable IDPs from Khyber Agency living in off-camp host communities outside of Jalozai Camp, in areas where the highest concentration of IDPs are settling” (Save the Children 2012b, 11). It concentrated on the issue of unregistered people, showing “they have little if any access to urgently needed services and facilities” (Save the Children 2012b, 12).

**Map 14 Union Councils targeted by the SCI strategy, Peshawar district, Pakistan**



Source: (Save the Children 2012b, 11)

As mentioned above, SCI’s objective was to respond to ‘immediate needs’. The expression was, however, not precisely defined in the strategy document. As the various components of the response were described, it appeared that what was more important to SCI was its intention to carry out “a multi-sector integrated response in KPK province including Shelter and Non-Food Items, Food Security &

<sup>192</sup> A rapid calculation translates these estimations into a total number of off-camp IDPs ranging from 475,000 to 570,000, including 50% of children if employing the ratio used in the strategy document.

Livelihoods, Education, Child Protection, Food Aid, Health and Nutrition, WASH and DRR activities” (Save the Children 2012b, 3).

SCI’s strategy document set out how “targeting” would be done according to each sector:

Health, Education, Child Protection and DRR interventions will target locations where there are the highest concentrations of IDPs, however [they] will provide support to children from both displaced and host communities. The rationale for this is that we will work through existing government and community infrastructure and mechanisms, to reach IDP children and their families, thereby benefitting both groups.

Food Aid, Food Security & Livelihoods, Shelter and non-food item interventions will target IDPs (both registered and non-registered) directly. The rationale is that these interventions are more targeted assistance. (Save the Children 2012b, 13)

The information that food and shelter had been identified as the most critical needs was repeated in the “assessment summary and problem analysis” section of the strategy document (Save the Children 2012b, 7). However, neither sector was described as a priority in the “Response Plan” (Save the Children 2012b, 11–31) that gave equal importance to each sector: shelter and non-food-items, child protection, health and nutrition, education, food aid, food security and livelihoods, Disaster Risk Reduction, and water, sanitation and hygiene.

**SCI response in July 2012**

By mid-July 2012, the response was halfway through the six-month period for which the strategy had been designed. Activities had started quickly after the initial assessment in April, thanks to SCI’s own funds (which they called “seed funding”), and various institutional donors.

**Figure 16 Breakdown of donor funding for the SCI Khyber IDP response as of July 2012**

Donor	Country	April	May	June	July	August	Sept	Oct	Nov	Dec	
Danida	Denmark	Education + Health / \$76 000									
SIDA	Sweden	Education + Child Protection / \$54 000									

WFP	United Nations	Food Distribution / \$340 000 + Food in kind (worth \$9 million)				
ECHO	European Union		Health + NFI, Child Protection + Cash Based response / €3 million			
OFDA	USA		Cash Based Response / \$1.4 million			
MOFA	Norway					*/ approx \$1.4

Source: the author, based on interviews

In July 2012, the SCI was running activities in primary health care, education, child protection, non-food items and food aid (Save the Children 2012e) for off-camp IDPs in the Peshawar district. As mentioned above, SCI's security management forbade the assessment team to go to areas close to the FATA border, which de facto excluded those areas with the highest concentration of IDPs in the Peshawar district (Inter-Agency Rapid Assessment 2012, 29) such as Sheikhan, Bada Ber and Mattani (see Map 14).

SCI had provided food to about 140,000 people, who had to be registered (Save the Children 2012b, 25), a condition imposed by the donor (WFP). Finally, "shelter" and "livelihoods" issues were to be addressed together from August onwards<sup>193</sup> through providing cash assistance to the "extremely vulnerable conflict-affected households who [were] unable to meet immediate shelter, food-security and other essential needs of their families" (Save the Children 2012d). While considered a priority in both assessments (Inter-Agency Rapid Assessment 2012, 26), food and shelter activities were actually the last to be started.

### **The power of security management**

While SCI strategy insisted that it should prioritise "areas where the highest concentration of IDPs are settling" (Save the Children 2012b, 11), SCI security management prevented SCI staff from going to places like Bada Ber, Matani and Shaikhan (see map 14), the very places that were hosting the highest density of displaced people according to its initial assessment (Inter-Agency Rapid Assessment 2012, 29). The first part of this section describes the control the security

<sup>193</sup> When I interviewed the Senior Food Security and Livelihoods Coordinator of Peshawar on 25 July, the field teams were verifying the assessment of who would be allocated cash grants; the next step of the cash grant allocation was to be done at the beginning of August.

department had over which areas the field teams could go to and, hence, implement activities in. This power appeared to be accepted by SCI staff. The second part shows that, as I experienced myself, staff were expected to obey the rules and orders of security officers rather than using their personal judgment to assess the risks and benefits of their mission. The third part shows that SCI's security strategy in Khyber relied on information passed on by the UN and the Pakistani Security Agencies and on the organisation being locally perceived as a governmental agency. In practice, the way security was managed kept SCI staff at a distance from the people they were meant to assist, and induced triage practices that excluded populations living in areas considered 'uncleared' by the Pakistani army due to suspected insurgent presence.

### **Insecurity as an unquestionable constraint**

According to the SCI 'Field Security Handbook for NGO Staff'<sup>194</sup> (the Security Handbook), security management is about "minimising risks to staff, assets, and the organization" (Shaun Bickley 2010, 6). At the time I carried out this study, SCI security management in Pakistan was mainly the field of internal experts working in a department dedicated to security and safety.

The Security Handbook emphasises on several occasions the role of each and every member of staff in the daily appraisal of security (Shaun Bickley 2010, 11, 63). It also underlines the importance of disseminating safety and security information and regularly discussing risks "as a team" in order to ensure better responses to safety and security incidents when they occur (Shaun Bickley 2010, 198). Yet what I observed in Pakistan in practice was very different. The ways in which staff members outside the security department talked about risks and security was mostly vague. When describing their daily activities they did not mention risk analysis, nor did they seem to have a nuanced understanding of the context or of why the established security rules were relevant. Rather they mentioned insecurity as an external constraint managed by the security department: "We are in close coordination with our security department and we might expand, but it's not sure..." said a MEAL officer who was waiting for the

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<sup>194</sup> <http://www.goodreads.com/book/show/8677621-safety-first>

security department's approval to expand the response to other areas in the Peshawar district. Another officer explained that, "assessment was a challenge, because of security constraints. We [only] went to areas that were security cleared [by the SCI security department]". The internal safety constraints were several times referred to on a par with external administrative constraints coming from the Pakistani authorities: "Will the government give us an NOC to go to the areas bordering FATA? Would our security assessment allow it?" were mentioned as the two main questions a programme manager was facing at the onset of the SCI response.

Headed by the Director of Security and Safety in Islamabad, the security department had a lot of power. First, it had the authority to declare areas as 'no-go', considered too dangerous for staff regardless of the needs or numbers of IDPs present. As explained by one of the Peshawar staff:

We are working very carefully and with a very limited access. We're trying hard to access areas, but always need a security clearance. We could target more areas (...) We wanted to go to these areas closer to Bara but Security don't want [us to]. Some areas we could access and would not be dangerous but Security does not allow [it]. Some other areas would be too dangerous and we agree. It depends on the areas.

Security management also kept an eye on micro-aspects of programme implementation: field officers said that each week they shared their work plan with their management team *and* with Security. Most people spoke of security as a person rather than designating the people of this department they interacted with. Risk assessments related to their movements in the field had to be carried out by Security. In order to ensure that the two hundred Peshawar staff members could work in a 'safe environment', they had to tell the logistics department twenty-four hours in advance where they intended to go; but they could only go with Security approval. If the security department refused clearance, "the teams would adapt", as one field officer said, which meant they either stayed at the Peshawar office or went to another location that *was* 'cleared'.

Staff were sometimes prevented from going into the field to visit sites, as this email received from a Peshawar-based member of staff after the end of my field study shows:

Security [situation] has been pretty bad and I often don't have clearance to go out into the field, which is why it is incredibly difficult to leave the office. Following the security incident in Peshawar today, the office has been closed down till further notice. Hopefully it doesn't get any worse!

I was told that between April and July security management had suspended activities four or five times, for between seven to fourteen days each. So employees were physically kept away from their field sites for long periods of time.

Those who criticised security management did so very cautiously and quietly, which I also interpreted as a methodological bias as I was doing Skype interviews from the Islamabad office where most of the security management team was based: interviewees may have not dared to criticise them. But generally staff worked on the premise that inside SCI and the safe spaces SCI created for the IDPs was secure and 'outside' was insecure. This discourse of danger being potentially all around was all the more powerful for being enshrined in the wider discourse in the humanitarian arena that the danger was now greater than ever for humanitarian workers (Fast 2014; Associated Press 2012), a perception also adopted by the Security Handbook, as its introduction shows:

Few issues in recent years have grabbed the attention of the humanitarian aid community more than the increasing problem of insecurity. Around the world, humanitarian workers are being targeted as never before. According to the UN, international aid work has now become one of the world's most hazardous professions (Deen 2006). However, unlike in other hazardous occupations, the risk to aid workers comes mainly in the form of intentional violence, as aid workers regularly face being harassed, attacked, kidnapped, or worse. (Shaun Bickley 2010, 1)

According to one of the security employees, security management was not initially seen as a priority by field teams,

We [the security department] used to have issues of funding. Now we are making sure that every proposal that is being submitted does have sufficient funds for safety and security. That's cleaning up now (...) Since the last two years,

management decided they had to have a dedicated security focal person. In the staff, acceptance of security issues were not clear initially, but that is much, much better now. Now they've understood it is a serious issue.

For another of the security staff, "the challenge [was] to put these rules and regulations in peoples' heads – get them to accept them. Making them a logical thing rather than from top to bottom is a challenge". He added: "A key aspect of my job is to get people to trust me". People had to *trust* security managers' analysis of the environment's risks and opportunities and to trust that the rules were relevant and proportionate. People had to internalise these rules on the basis of *trust* rather than on the basis of their *judgment* of the information they accessed. This scenario gave security management and those supporting it a great deal of power within the organisation.

#### **The tools of SCI security management: containment and staff' trust**

I experienced this association between trust and power as I was preparing my field study with SCI. The week before my departure I received an email from a member of security management in Islamabad (hereafter referred to as Islamabad security person), copying the Country Director and the Singapore-based Regional Security Director (hereafter referred to as Singapore security person):

Due to very recent developments on Security Canvass in Pakistan, we are reviewing our profile and security protocols. Until further notice no new visits or internships to PkCO [Pakistan Country Office] can be considered, unless they are related to an as yet unforeseen mega emergency response. We are currently reviewing the list of all forthcoming missions that have already been approved and will very likely cancel many of these.

I understand that your visit is among those visits that have been planned for a long time and I can foresee management support for this visit. Still I will be able to confirm this in next 24 hours.<sup>195</sup>

Straight after this email I received reassurance from the Country Director, copying his three deputies, that he had approved my visit and that it would therefore go ahead. This was a formal demonstration of the fact that the Country Director still

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<sup>195</sup> SCI Director Security and Safety in Islamabad, email received 27 June, 2012.

had more power than security management. As the Singapore security person had told me a few days before my departure to Pakistan I had to request by email a security “pre-departure briefing”, I did so but received no answer. So the Singapore security person sent this warning to me:

Hello Marion, I don't have confirmation you have received a mandatory pre departure briefing. Please note we will expect you to abide by all Save the Children security management policy during your visit to Pakistan. The pre departure briefing is part of this and onus is on the traveller to arrange it. Kindly inform me once you have spoken with director security and safety in Islamabad. Best regards.<sup>196</sup>

I suggested catching up once I arrived in Pakistan the following day. Having been to Pakistan four times already and to several areas of the country I did not see what was so crucial for me to know *before* I took the plane. My answer clearly underestimated the importance of respecting security protocols. I received swiftly from Singapore the following lines:

The CO [country office] has already shown great flexibility in assisting here. However without the pre departure briefing from you, and agreement that all SCI security policies will be followed, the trip is not agreed to.<sup>197</sup>

The Islamabad security person finally called me and gave me a very general briefing about Pakistan and the dangers of terrorism. This confirmed to me that there was less danger from the situation in Pakistan than in not following SCI's procedures and acknowledging the power of security management. Like all other employees I eventually accepted that I had to *trust* and obey security management.

My second experience of the power of security management revealed to me that once the Country Director had gone (he had left a couple of days before my arrival in the country), security management's power was absolute. This was quite significant as it ended up preventing me from seeing the actual activities' implementation of the project I was studying. I had arrived on a Friday and learnt there was a five-day 'Emergency Preparedness and Response Workshop for SCI Pakistan' organised in Murree, a small touristic town an hour north-east of Islamabad in the Punjab province. The Director of Programme Development and

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<sup>196</sup> SCI Regional Security Director - South and Central Asia, Email received on July, 3<sup>rd</sup> 2012, 7.29pm.

<sup>197</sup> SCI Regional Security Director - South and Central Asia, Email received on July, 3<sup>rd</sup> 2012, 7.56pm.

Quality suggested that I ask for permission to participate in order to start observing meetings. The Deputy Country Director agreed that I could attend and so I left for Murree on the Sunday on a bus with other ERRP staff, arriving later that day at the Shangrila Resort Hotel in Murree Hills.

During the first three days, my presence did not seem to interrupt or disturb anyone, except the Safety and Security Director who came to see me when he arrived on the Monday morning saying that I should have sought his approval before coming, and that he was not sure I would be able to stay – but without explaining what the decisive factor would be. On the third day of the seminar he asked me to pack as I had to go back to Islamabad immediately as he had been “informed that my presence in Murree was a problem” for the Pakistani authorities. He did not give me any more information.

What I did not know when I returned to Islamabad that day was that I was not to leave the capital again until the end of my stay with SCI. The Safety and Security Director had already warned me in Murree that he was not sure whether I was going to be able to go to Peshawar to study the project I had been advised to focus on by the director of the ERRP. Peshawar seemed to me an accessible area: I had already visited it several times (before my stay with SCI), I knew some expatriates who were based there and it was so close to Islamabad that day trips were possible. Yet again, within the SCI framework I could not assess the situation as I did not have access to all the information on potential risks for me as an SCI ‘staff member’ in Peshawar. The Safety and Security Director confirmed a few days later that I was not to go to Peshawar, and when I asked whether I could work on a different project in the south of the country (not affected by the conflict) the answer remained that I could not leave Islamabad. I could see that other expatriate staff movements were equally restricted even though they had important responsibilities, and concluded that I was not being kept at a distance as a researcher but rather as a non-Pakistani SCI staff member in a field that was, by default, considered ‘too dangerous’.

My ethnographic path had, in fact, given me first-hand experience of how security management could bring staff to accept its authority. Security management did not have to provide details or justifications for their rules, as some

of their information was deemed confidential. It was the only department that escaped all forms of accountability: they were not expected to report to the donors, nor were they part of the internal monitoring unit (MEAL). The power and expertise of security managers regarding routine security management was not questioned by anyone.<sup>198</sup> In fact, a session of group reflection on how to improve security management during the part of the annual strategic meeting that I was present for in Murree showed that people thought security management needed more budget, or more tools like “life-saving equipment, risk mapping or risk indicators tools, or orientation sessions for new staff hired”.

### **The security strategy on the side of Pakistani authorities**

I interviewed three members of the security department. All of them had long experience of managing security at SCI or other aid agencies. In line with the description Mark Duffield gives of the institutionalisation of risk management and the profile of security experts (Duffield 2010a, 463), one had a background working for the Pakistan Military Academy, another was a retired Defence Police Officer and the third had worked for USAID in Afghanistan for several years in the post 9/11 period as Country Director for Security and then in Pakistan as a Director of Security for Grants for FATA areas.

These experts presented their task as a difficult one because the situation was “unpredictable” and their mission was to ensure “that none of the staff is harmed, affected, or stressed”, and “to create a safer environment for the children and our staff”. They said they followed an “acceptance strategy” defined by the famous-among-aid-workers Van Brabant ‘Operational Security Management in Violent Environment’ as,

the attempt to remove the threat or have local actors control the threat on your behalf by getting their more or less formal consent and acceptance for your presence and your work. (van Brabant et al. 2010, xi)

According to one interviewee, acceptance was not sought through close relationships with the beneficiary populations as “IDPs don’t share information

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<sup>198</sup> I cannot comment on confidential discussions between directors on security issues as I did not attend any of them, nor was I told about them. The point I am making is only about the daily management of security.

because they are afraid” and because the SCI Peshawar office had received threats. Instead the external relationships that were developed and trusted were those with the Pakistani “security agencies” (I was not given details of which ones), with the Interior Ministry of KPK, or with other international aid agencies, all of which shared security information. For example, SCI shared its security incidents with the UN Department for Security and Safety, received the UN reports, and attended monthly meetings of the Security Cluster. As one interviewee put it: “We are working under one umbrella, the UN umbrella”.

Rather than risk analysis connected to particular contexts, security experts spoke about “threats”: threats of the insurgents, of unexploded mines, bomb blasts, of drones (even though drones were only active over the FATA and not within the Peshawar district), criminal activities, kidnapping, and the presence of Taliban. These threats were various, acute, diffuse and described as potentially everywhere. One member of security management staff described the situation to me as so unstable that it was not possible to attribute a “security level” as usually advised by internal security guidelines. So in Peshawar movements had to be controlled in order to protect the staff, and in Islamabad both the office and the staff had to be protected against potential attacks. The Islamabad office was prepared for potential threats, in particular bomb blasts similar to the one that had killed five employees in the WFP office in October 2009 (Walsh 2009): there was a strict ‘safety and security access control policy’ with badges for visitors. The office had several bulletproof rooms, high walls, barbed wire and (unarmed) watchmen to protect the compound. Staff were also offered the opportunity to attend a four-day-security course organised by the International Organisation for Migrations, including two days of field simulation of attacks to teach people defensive techniques.

Ultimately, given the allegation that it was involved in spying, and the bad reputation of NGOs in general, SCI decided to hide its name from the people it helped: “In Peshawar, we avoid introducing ourselves in the community – we say we are from PDMA. PDMA has agreed that we can introduce ourselves as PDMA members,” one of the Peshawar staff explained. The SCI security strategy in Khyber

was to be accepted as a government agency and this was informed by its security services and other actors of the “UN umbrella”.

Security, as mediated by SCI security management policy, first framed a SCI macro triage logic excluding people in areas deemed ‘too dangerous’ and not ‘cleared of militants’ by the Pakistani army and second, influenced the overall nature of SCI humanitarian triage by keeping field staff at a distance from the people they were supposed to help. This was within the macro triage framework that ‘child education and protection’ activities should be prioritised during the ERRP response.

### **Children as unacceptable victims**

This section shows first that activities related to child education and protection were prioritised in the SCI emergency response. Second, I argue that education was prioritised because of general assumptions about the primacy of children and education in emergency responses that overshadowed the specific situation of the Khyber IDPs and the political dimension of education issues in Pakistan. Third, the section demonstrates that, in the context of this project, considering children as universal unacceptable victims and access to education as one of their fundamental rights acted as a sorting logic driving humanitarian triage.

### **Child education and protection**

Child education was the first activity to be started by SCI in Khyber ‘cleared areas’. The IARA assessment had identified the lack of enrolment of children in schools as a consequence of the lack of livelihood (Inter-Agency Rapid Assessment 2012, 23–24), but *not* as the main issue for people displaced from Khyber as confirmed in the SCI documents:

the first priority need for 43 % of IDPs was shelter (...) Food is the first priority for 38.9% of the IDPs surveyed. (...) and 59% of the surveyed group stated that they do not have money to send their children to school. (Save the Children 2012b, 25)

For 75.6 percent of assessed off-camp IDP communities their sources of income are badly damaged (...) the only available income generation opportunity to most of off

camp IDPs from Bara (Khyber Agency) is daily wage labour. However even the daily wage labour opportunities are also scarce for the IDPs from Bara because most employers do not trust the IDPs. (...) at several instances the key informants reported IDP daily wagers worked on below the market wage rate. (MEAL 2012a, 14–15)

The focus on children’s education was justified in the SCI strategy by the consequences and condition of their displacement: “Children displaced from their homes report having witnessed traumatic events and are exhibiting signs of distress” (Save the Children 2012b, 9). The report further argued that children were either “losing the opportunity to continue their education” or, for those having been out of school for some time already before fleeing their area of origin, “falling further behind in education” (Save the Children 2012b, 9). It was therefore obvious to SCI that “[c]hildren are in need of safe environments to feel protected, recover from stress and aid their return to normalcy” (Save the Children 2012b, 9), and that “urgent surge support is needed to ensure that existing education infrastructure can accommodate the new IDP children” (Save the Children 2012b, 9).

As described by one of the interviewees, most typical activities of what SCI calls ‘Education in Emergencies’ were implemented (except infrastructure building) (INEE 2004). Activities included distribution of school supplies like bags, books, and notebooks, as well as sessions about hygiene where health and hygiene mini-kits were distributed. They also included training for the teachers on the education system, community mobilisation<sup>199</sup> around issues of child protection, and mentoring the Provincial Education Department, providing them with support in managing education in emergencies.

SCI was keen to make the point that it was *not* establishing a parallel system, but rather sought to work with the GoP Education Department. However, before it obtained a response to the request of partnership in Peshawar the SCI team had already started to establish Temporary Learning Centres (TLCs) and Child Friendly Spaces (CFSs)<sup>200</sup> in tents on rented land and hired staff as teaching assistants. TLCs were equivalent to schools, except that classes were multi-grade. CFSs were similar to kindergartens and welcomed not only displaced children but

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<sup>199</sup> For a critical discussion of the concept of “community” see Chapter 6.

<sup>200</sup> The same spaces were used as TLCs (in the morning) and CFSs (in the afternoon).

also children from the local community.<sup>201</sup> SCI eventually managed to establish a Memorandum of Understanding with the Education Department and set up fourteen TLCs based in permanent schools.

The idea behind the setting up of CFSs and TLCs was that *inside* them the children would be protected: according to the child protection coordinator based in Peshawar, “[i]f [they are] outside CFSs, they can be abused, violence can happen over there”. One of the Peshawar staff, explaining the difference between normal schools or kindergartens and TLCs and CFSs, said: “They are told what is good for them, and what their rights are. We tell them, ‘Don’t listen to strangers’ (...) They manage to understand how strangers cannot touch them for example”.

Community mobilisation was central to the set of child education and protection activities. One community mobilisation officer described the ‘community’ as “people who share a common interest” – in this case he meant the education and protection of their children – and his job was meeting with them to convince them about the benefits of education, the importance of child protection and to convey basic health messages. Mobilisation was both direct and indirect. Indirect mobilisation was, for example, the setting up Child Protection Committees or Parent Teacher Councils. Comprised of volunteers recruited from among the community, Child Protection Committees were in charge of ensuring that there was no abuse or violence against children outside schools and kindergartens. Parent Teacher Councils were in charge of mediating relationships between parents and teachers and building upon shared interests. The Parent Teacher Council was a form of local governance set up by SCI whose members included one from the school and seven from the so-called communities (including parents), one retired officer (government), and the head of the area (village or street). One example of direct mobilisation was the organisation of community events, inviting parents and children to sessions where they were told about the importance of education in the hope that those who had dropped out of school would consider re-joining.

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<sup>201</sup> There were five types of activities that took place involving children depending on age: imaginative (role plays, dramas using doctor and patient characters, for example, where they needed to define the drama and present it in front of the others), creative (drawing and painting), manipulative, communicative (debates, story-telling, etc.) and physical activities.

One of the community mobilisers told me about the importance of explaining to people why it was important that their children attend school, recognising that the reason they dropped out in the first place was poverty rather than disinterest. This linked back to the assessment report that pointed this trend out from the start: children did not go to school because they were needed to participate in economic activities sustaining the household. People may have already been aware about the importance of education, yet they said they *could not afford* to send their children to school. The community mobiliser went on to explain that his job was to be close to the people, or to the community, yet dismissing the parents' judgments saying: "people don't know about the problem, they don't know what is important". His words implied that they needed to be told what was important as the example he gave me illustrated:

When we meet a father whose son is not going to school, and goes with his father to work instead, he explains: 'my son is all money for me. What would he do in the school? In school he gets only education, not money'. I explain to him, 'Here, we start the education process: education is not for money, and it is important, etc...'. Then he realises it is important and says he has nothing to give to his child to go to school. So we provide him with things, and then the son gets education.

### **The decontextualised and apolitical view of education**

When the Peshawar staff spoke about their activities they never referred to the initial assessments or strategy document discussed above. When talking about the children they were trying to help, the only comment they made specific about those displaced from Khyber was that they had been deprived of their access to school for the past three years. Interviewees did not mention whether they had children dropping out, and what children were doing instead, or their role in the family or the wider group they belonged to. They could not tell me that they observed direct consequences for these children of being out of school in this specific context. Neither in interviews nor in internal documents was there any sign of an analysis of the specificities of the situation of the children displaced from Khyber that would justify the provision of schools and child-friendly spaces instead of any other type of assistance. Rather, they used general arguments revolving

around the fact that children *had to* be protected and that their education *should not* be disrupted even though they were displaced (Chelpi-den Hamer, Fresia, and Lanoue 2010).

Additionally SCI did not consider education a political issue. Yet, the MEAL Emergency Coordinator, who was supervising the monitoring of the project from Islamabad, told me that in the Bara Thesil, where most of the IDPs came from, thirty-two schools had been blown up by the insurgents and in the FATA no female had been enrolled in school since 2009 due to attacks on schools and social pressure from the Pakistani Taliban.<sup>202</sup> He did not elaborate on the power struggle between the Taliban and the Government over the content and reach of education. The TLCs were presented to me as a linear prolongation of the national curriculum, glossing over both the diversity of the education on offer and the deep social and political division surrounding the topic in Pakistan (Jaffrelot 2013, 469). The right of children to education was presented as universally accepted, not as a contended and hotly debated issue in society. Despite the rich literature on the politics of education in a secular state which had adopted Islam as its state religion<sup>203</sup> (Hoodbhoy 1998; Nelson 2009), the issue was perceived as uncontroversial to the point that no interviewee thought to discuss it, other than to say that SCI staff included messages about children's rights. Unfortunately, my confinement to Islamabad meant that I was unable to observe these activities on site and this prevented me from enquiring more into the parents' perspectives about what was being said and taught to their children (including children's rights). Yet as already observed in anthropological work on education in emergencies, "[c]onsidering education as a fundamental right 'for all' eludes the question of knowing which education, for whom and for which vision of a society"<sup>204</sup> (Chelpi-den Hamer, Fresia, and Lanoue 2010, 9).

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<sup>202</sup> In December 2014, an assault by the Pakistani Taliban on an Army Public School in Peshawar killed 145 people including 132 schoolchildren (Walsh 2014). It was the deadliest of over 1000 attacks on schools in the past few years.

<sup>203</sup> It became the "Islamic Republic of Pakistan" in 1956, yet the state did not adopt all Islamic laws.

<sup>204</sup> My translation.

## **The construction of children as intolerable victims**

The facts that children had to be put first in an emergency response and that what they needed most was “education” (following the national curriculum and insisting on child rights) was presented as self-evident by SCI staff. This was indeed consistent with the global emergency ambition of Save the Children International: “to be the leading humanitarian response agency for children” (Save the Children International 2012a, 3). The idea SCI staff had of their organisation was of one caring for children: “compared to UNICEF, we have a better understanding of children’s issues. I link it to the historical perspective where Eglantyne saw children suffering and took action” said a staff member involved in health and nutrition activities, echoing this citation of E. Jebb used in the 2007 SC US annual report:

It is essential that we should put the world in order. We must develop a powerful international organization for child saving which would extend its ramifications to the remotest corners of the globe. (Save the Children USA 2007, 2)

The need for education and child protection was seen as requiring no more evidence somehow, than the general discourse of the organisation, repeated by its staff, that it was unacceptable for children to be out of school. Yet recounting the evolution of child labour over the nineteenth and twentieth centuries, Patrice Bourdelais clearly explains the emergence in Western European societies of an imperative for children to go to school instead of being sent to work. Industrialisation resulted in children entering factories where small hands and cheap labour were needed, until doctors and progressive minds started to point out how child labour damaged children’s bodies, health and general development. Laws were passed, but it took many people and more laws to fight the idea of child labour, and mainly economic and technological evolutions to reach a point, on the brink of the First World War, when children under twelve were no longer being sent to work, but to school instead (Bourdelais 2005). The same period saw changes in the values and sensitivities of European society which made wrongdoings against children both unacceptable (value-based) and unbearable (sensitivity-based), the two meanings of what Fassin and Bourdelais term in French “intolérable” (Fassin

and Bourdelais 2005, 13). Children became “innocent victims” and were granted specific rights.

It is on this moral edifice that SCI was founded in the aftermath of the First World War. Fassin and Bourdelais demonstrate how what now seems commonly unacceptable and unbearable, in this case child labour and violence against children, is in fact socially constructed and historically situated within a specific society rather than absolute and universal. For them, what is “intolerable” for a society evolves over time, demonstrating that it is historically situated, and that certain things are tolerated in some social groups but are seen as unbearable by others demonstrates that it is socially situated. For Fassin, “all human societies construct what is unacceptable, because all human societies refer to a realm with values that are embodied in sensitivities, a realm in which these values draw a line that cannot be crossed without giving up on what constitutes these societies”<sup>205</sup> (Fassin 2005, 46).

The project prioritised the *inclusion of as many children as possible*, disregarding any hierarchy among children that were out of school. It was not an issue for the ERRP teams that there was no empirical evidence that education or child protection represented immediate needs from the people’s perspective or that the vision of society conveyed by the education SCI offered might exclude some children because their parents did not agree with it, or even that it exposed children at school to specific threats from the insurgents at odds with the GoP curriculum. This discourse of children being the unacceptable victims, that was repeated by SCI staff in Pakistan, was an important driver of the SCI humanitarian triage in this project: this logic prioritised *children* through the implementation of child-related activities first, regardless of the specificity of the situation, and in spite of the fact that there were fewer donors funding education in emergencies than other sectors.<sup>206</sup>

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<sup>205</sup> My translation.

<sup>206</sup> ECHO, for example, did not consider education a priority in emergency responses and therefore did not fund education activities.

## **A (dis)integrated approach: The micro triage logics of each sector**

Alongside child-related activities, SCI rolled out health, food aid and cash-based activities in response to the displacement of people from Khyber. These different activities were initially presented to me as part of an “integrated approach” to people’s needs, justified by the SCI global emergency policy: “Wherever feasible, we must strive to integrate our sectors in ways that offer children and families more holistic support” (Save the Children International 2011, 7). Yet, interviewees described activities with a diversity of unconnected micro triage logics related to the modus operandi of each sector. While, as the previous section showed, educational activities tried to include all out-of-school children, the first part of this section shows that the health sector targeted everyone with minor health issues with the aim of reaching as many people as possible. The second part describes how SCI operated as a subcontractor of WFP for food aid, accepting that only registered IDPs would receive it in the hope of “keep[ing] WFP happy”. The third part describes how cash-based activities targeted households matching five of a strict socio-economic list of criteria to be sure that money was only given to people who *really* needed it and would spend it *well*.

### **Health care: reaching as many people as possible**

SCI considered health as “an immediate priority (...) to prevent disease outbreaks and malnutrition among the displaced communities ... Diarrhoea and respiratory infections were the most common causes of morbidity in children, and mothers were reporting changes and difficulties in breastfeeding practices” (Save the Children 2012b, 8). In the ECHO grant request the principal objective was health-related, phrased as: “To provide immediate life-saving assistance and support to disaster affected populations in Pakistan to alleviate their suffering and ensure their health, dignity, safety and well-being” (Save the Children 2012c, 14). The IARA report explained that health facilities were available in the Peshawar district (Inter-Agency Rapid Assessment 2012, 20), but that the problem was that in Pakistan more than half of the medical services were private (Inter-Agency Rapid Assessment 2012, 21, Fig. 33), and hence expensive and not accessible to the poor.

The overall idea of the SCI health response was that “if someone is educated, he can protect his health” as the Peshawar health coordinator phrased it. In terms of activities it translated into an important and multi-topic promotion of hygiene, to pre and post-natal awareness, supported by the distribution of basic hygiene items and by the provision of general consultations and free medicine. The approach included as many people as possible in each IDP-populated area accessible to SCI with the aim that per capita time and medical costs would be kept low.

The general medical consultations were mainly provided by six mobile clinics that rotated among several Union Councils<sup>207</sup>. Locations were visited at different frequencies depending on the number of IDPs, and logistical and security constraints. The mobile clinic teams each included two medical officers (male and female), one Lady Health Volunteer and her assistant, two hygiene promoters (male and female), and two breastfeeding counsellors. In theory each team was allocated three Union Councils (at least over the first three weeks of July 2012, according to the health mobile clinic workplan) and rotated among those, doing about 125 consultations per team per day (SCI 2012b).

IDPs also received free basic medicine if needed and items such as soap, wash cloths, toothpaste, sanitary pads, nail-clippers, etc. According to SCI health teams, acute respiratory infections, diarrhoea and skin infections were the most common diseases as people lived in overcrowded accommodation. “You can see twelve people living in one room sometimes” reported the health coordinator in Peshawar. Therefore hygiene promotion sessions were organised alongside the mobile clinics to educate people about the common environmental hygiene problems and diseases that they faced such as diarrhoea or dysentery, acute respiratory infection, skin diseases and malaria. Hygiene promotion teams explained the symptoms of these diseases, how they spread, how people should try and protect themselves and how to prevent the diseases from spreading (handwashing practices, for example, were covered). Pregnant and lactating women were addressed as a specific category and briefed about personal hygiene,

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<sup>207</sup> Also known as “village councils” which is a large village and surrounding areas, often including nearby small villages.

the signs that should attract their attention as potentially dangerous during pregnancy, how to prepare for delivery, and the importance of exclusive breastfeeding in the first six months after the birth of the baby.<sup>208</sup>

The initial observation report drew attention to the fact that “women from 82.2 percent of assessed off-camp IDP communities have reported decrease in breastfeeding frequency after displacement” (MEAL 2012a, 18), but also mentioned that “[i]nformal discussion with women in assessed off-camp IDP communities revealed that unavailability of sufficient food has been the main cause for a decrease in frequency of breastfeeding” (MEAL 2012a, 18). Yet Breastfeeding Field Officers (BFOs) addressed the issue of disruption of breastfeeding in the same spirit as any other health and hygiene promotion activity, concentrating solely on the benefits of breastfeeding, with no acknowledgment that mothers might have lost their milk through lack of food.

One BFO reported the content of her sessions: at the start she emphasised practical arguments - breastfeeding was easily available, did not cost anything, and was efficient over time. She then added health-related arguments: breast milk was “mentally and physically active”; it boosted the baby’s immunity; breastfeeding generally prevented diseases and for the mother it decreased the chances of breast cancer; it also reduced the infant mortality rate. Social arguments presented as scientific facts were also used such as: “it creates a bond between the mother and her baby”, or “the child will be more intelligent”. In parallel, the disadvantages of bottle-feeding were put forward. These were mostly health-related arguments: when you bottlefeed a baby, it “is always not feeling well, suffering from acute respiratory infection, diarrhoea, germs always remain on the bottle as you cannot clean the bottle easily. The baby looks very lethargic”. Breastfeeding had therefore to be exclusive: “Don’t give anything else to the infant before six months, not even

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<sup>208</sup> The World Health Organisation asserts that “breast milk (...) help[s to] protect infants from common childhood illnesses such as diarrhoea and pneumonia” (<http://www.who.int/features/factfiles/breastfeeding/facts/en/index1.html>) and that “[a]dolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to have type-2 diabetes and perform better in intelligence tests.” (<http://www.who.int/features/factfiles/breastfeeding/facts/en/index3.html>). However the topic is still being scientifically researched and a recent study done on siblings in the US fails to confirm any difference on “long-term child health and wellbeing” (Colen and Ramey 2014, 56)

water”. Women were also advised to wash their hands with soap, and balance their diet in order to have milk. The key risk of the use of unsafe water when using formula milk for newborns, however, was not clearly spelt out.

When I questioned the BFO about the women’s questions and concerns during these sessions, she regretted that women seemed more interested in the medicine that SCI could provide than in learning about breastfeeding. The main challenges, according to the BFO, were the low number of women who attended, and that they were uneducated. For the BFO I spoke to, “these messages would need people to be more educated”. Her view was that the women did not react as they *should have*. There was no attempt to link breastfeeding promotion with the SCI food or cash grant sectors, so as to address the lack of sufficient food that, during the assessment mission had been identified as the main cause for the decrease in breastfeeding.

Overall, people who were in seriously bad health were excluded from the SCI health project. The SCI mobile clinic provided only basic care, and even though SCI developed a referral system and had the use of two ambulances for people who needed secondary and tertiary care<sup>209</sup> (patients suffering from chronic diseases or in need of surgery or emergency care, for example), Peshawar hospitals were private and hence not always affordable for IDPs. Internal statistics I gathered about the number of referrals indicated very low figures (the reporting document mentioned only seven over a one month period), but I was unable to gather any information about why this might be so.<sup>210</sup> It was, however, consistent with the fact that patients who needed more than a general consultation were not central to SCI’s health ‘beneficiary targeting’.

Relying on hygiene promotion and primary health care, SCI health activities aiming to “provide immediate life-saving assistance and support” actually excluded those patients most at risk of dying – the emergency and most serious cases. Yet,

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<sup>209</sup> For women’s delivery, SCI was in July 2012 in the process of discussing a Memorandum of Understanding with the Peshawar MSF maternity unit in order to refer all the complicated deliveries to them.

<sup>210</sup> It could have been that not many people needed secondary and tertiary care; that people who needed such care went directly to secondary or tertiary hospitals, or that they were never treated as they knew hospitals were private and expensive and Save the Children provided only general consultations.

this triage logic allowed SCI to reach a high number of beneficiaries. The main complaint made by health staff in interviews was that they lacked funding to continue providing these services after June. This sector had initially been funded for three months through private sources (for the April –June period), and was supposed to be sustained with Australian funding (allowing them to set up static primary health care facilities) that had fallen through. Showing that they considered SCI’s approach to be appropriate, in July 2012, the team had submitted a proposal to ECHO to see whether their activities could be prolonged after the summer for a few additional months.

**Food aid as a subcontractor: “keeping WFP happy”**

Food aid was implemented in partnership with WFP and was the largest activity in terms of the number of beneficiaries reached (see Figure 17). SCI had long been a partner of WFP globally, and in Pakistan in particular after the displacement of people from the Swat Valley since 2009.

**Figure 17 Total beneficiaries reached to date in SCI Khyber IDP response**

	Since last SitRep	To date
<b>Child Protection</b>	436	8,851
<b>Education</b>	59	2,694
<b>Health</b>	4,388	20,458
<b>NFI</b>	0	10,998
<b>Food Aid</b>	38,682	146,636
<b>Total:</b>	<b>43,565</b>	<b>189,637</b>

Source: (Save the Children 2012e, 3)

The food aid specialist explained that there were two different ways of working with WFP when it came to the beneficiary lists. While in conflict situations, it was via UNHCR, which had the mandate to register conflict-affected people. In the case of natural disasters SCI teams established the beneficiary lists themselves using set criteria. They then shared the list with WFP “because they are the donors”. In the case of the Khyber displacement, a conflict situation, SCI had obtained the food distribution lists from WFP (on the basis of the UNHCR registrations). WFP had established four off-camp hubs and allocated two of them

(Peshawar and Nowshera) to SCI: these held 23,000 households out of a total of 50,000. In practice, SCI was given access with a user name and a password to a WFP beneficiary web database. SCI food aid teams distributed a standard basket of 99.5kg of food (a one month supply) to each household, and made sure the distribution site respected the SCI minimum quality standards: there had to be a separate area for women, with dedicated female staff, shade provided, seating areas, as well as a notice board indicating what people were entitled to and another explaining the complaint mechanism and its contact number. People could file a complaint in a logbook, but SCI could not change the beneficiary list, it could only pass the logbook on to WFP. As both the food aid specialist and coordinator mentioned, SCI was in fact “implementing the WFP programme in distribution hubs established and allocated by WFP”. They said one of their main missions was to “secure a good relationship with WFP” or “to keep WFP happy”.

I asked the food aid specialist whether SCI had considered doing food distribution independently of WFP. He replied:

No, the value of the food is 9 million dollars... so with these kinds of procurements we need validation from HQ, so we cannot stick ourselves with internal organisation procedures when WFP has the food. The country director has some limits to approve. It would take us 5 to 6 months to procure that food. It is very good to have them.

Understanding of the details of *who* was getting aid was not the priority of the food aid teams. Rather they were busy securing the place and making sure the conditions under which the distribution was happening were correct. The main distribution challenge was to prevent riots from forming: an interviewee explained: “On a daily basis the district police is called and their mobile squads come to both our distribution hubs. The police are not there to hit them, of course. They just have to stand with us”. As the budget allocated to SCI was dependent on the tonnage effectively distributed another important activity was the recording of weight and number of commodities, and beneficiaries to fill in the various reports: tonnage report, monthly report and report for the end of the project. One of them summarised the general ethos of the food aid teams: “It’s better to reach 200,000 people with lesser quality than 100,000 with better quality – especially in the initial

days of the emergency.” It is not that teams never discussed the registration issue: “We said we would try to get WFP to have distribution points closer to the communities”. They also told me they knew that the government initially prevented the Sipah<sup>211</sup> tribe from registering, but said that it was not the case anymore. Food aid influence on triage was driven by WFP. SCI, which acted as a subcontractor for these activities, however, saw it as a good partnership which allowed them to assist large numbers of people.

### **Cash distribution: a slow but evidence-based triage**

The cash-based activities aiming at covering daily basic needs like housing or food needs of people not included in the WFP distribution scheme had the most sophisticated prioritisation logic of the project. According to the SCI strategy, before implementation, “strict eligibility criterion will be applied to ensure that the most vulnerable and excluded groups benefit from the FSL interventions” (Save the Children 2012b, 27). The SCI Livelihood and Food Security Specialist based in Islamabad confirmed this position by saying that “if the assessment is right, the utilisation [of the cash grant] will not be wrong”.

The design of the vulnerability criteria triggered a lot of discussion with one of the donors, who wondered whether people who were not registered by the UNHCR would be included; it also wondered which IDPs were considered to be more vulnerable – those who stayed with host families or those paying rents. These discussions led SCI to conduct a door-to-door assessment, using the criteria below that the country director cited as an example of very “objective and specific criteria”. To be eligible, displaced people had to meet at least five of the following eight criteria:

- Conflict-affected poor registered and unregistered households migrated since March 2012<sup>212</sup>
- Conflict-affected poor registered and unregistered households currently residing with host families as tenants

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<sup>211</sup> Together with the Malikdin Khel, Kamar Khel, and Shalobar tribes, the Sipah tribe supported the Lashar e Islam, the group the Pakistani army was particularly chasing as it had ambushed a Frontier Corps convoy in October 2011, killing nine soldiers including a high ranking officer.

<sup>212</sup> The IARA report indicates that in Peshawar district, 76% of IDPs had arrived over a month earlier, 21% 3-4 weeks earlier, 2.5% 1 to 2 weeks prior and less than 1% during the previous week.

- Conflict affected poor registered and unregistered households with more than two children under 12 years of age
- Conflict-affected poor registered and unregistered households with orphans, disabled, elderly or chronically ill members
- Conflict-affected poor unregistered families who are currently not receiving any food relief and other assistance from other sources
- Conflict-affected poor registered and unregistered households with a high dependency ratio, i.e. when the ratio of children or elderly dependents exceeds that of active adults by more than 3:1
- Conflict affected households without an adult who is able to contribute to sourcing goods and income (elderly headed or headed by someone with disabilities and/or female headed)
- Conflict-affected poor registered and unregistered vulnerable women and women headed families. (Save the Children 2012c, 29)

According to the Livelihood and Food Security Specialist, once the beneficiary lists had been compiled, a strict verification protocol had to be followed. The list was submitted to both the Food Security and Livelihood coordinator, and a MEAL coordinator, who each randomly picked five people from it and went to the field to verify whether they fit the criteria. The list was then shared with the Field Programme Manager who in turn conducted random checks in the field. Only if 90% of the verification was correct could the cash grant distribution start, otherwise the team had to start again. The finance department distributed grants by issuing cheques which were handed to beneficiaries individually at the bank.

After three instalments, SCI teams would visit beneficiaries to inquire about how the money had been spent: the SCI 'ideal' would be 20-30 % on food, 30% on education, 20% on health and 20-30% on shelter. SCI staff asked people not to spend all the money in one sector. According to the FSL programme assistant, verifications were done 'critically' but they remained realistic about the fact that they had to trust that people told them the truth and couldn't "check whether they lie[d] unless it [was] obvious". Cash-based activities were not perceived as needing to reach as many people as possible. Debating (in part with the donor) and designing control processes took so long that three months after the biggest displacement from Khyber, the people who needed housing support and those who

had been excluded from the WFP general food distribution because they could not provide a registration card had not yet received any money.

### **The political blindness of coverage and efficiency**

Beyond the initial choice to implement activities in the Peshawar district, in security-cleared areas where off-camp people had gathered, the micro triage logics of each sector were very different and unconnected. The Peshawar staff included sector specialists, coordinators and managers, but had only one Field Programme Manager to make the links between the different sectors and activities. When I asked him for a document summarising the project's progress, I received the response below, which clearly illustrates how much each team was actually working on its own output targets:

- We have now reached over 189,000 beneficiaries (almost 40% of our response strategy target)
- More than half of the funding target for the \$17m response strategy has been confirmed or is in the pipeline.
- Food Aid program has distributed food to almost 150,000 people
- 146 more people from both IDP and host communities received training on Child Protection issues
- Six more children's clubs formed in three Temporary Learning Centres (TLCs)
- 4,388 beneficiaries benefited from static and mobile health facilities in the last two weeks.
- Successful launch of additional Health, Child Protection and Livelihoods program for IDPs in Peshawar. The program aims to reach at least 60,000 people.
- Planned launch for 2 other main projects, which have been approved, one cash-support program for 29,400 people and a 1-year Education and Child Protection program.

Highlighting quantitative output, this summary of the IDP project achievement was also illustrative of the overarching logic governing SCI humanitarian triage: the quest for coverage and efficiency, which concealed those who, in the process, were excluded and why they were excluded. By not engaging in a political analysis of the dynamics of the conflict that triggered the displacement, SCI humanitarian triage officially depoliticised its resource allocation yet its work ended up being controlled to a certain extent by the GoP, one of the parties to the conflict.

The first part of this section describes how, rather than reflecting upon how the project affected IDPs' daily situation, it was the activities of the project that drove its implementation and monitoring. This approach fed the ambition of 'coverage' that could be interpreted in one of two ways: a willingness to help as many as possible or as a desire to be big and powerful. The second part of the section sheds light on those who were excluded by the triage process, showing that those who implemented the project did not question the political underpinnings of their activities.

### **A coverage-driven humanitarian triage**

#### ***Managing by numbers***

Members of the Monitoring, Evaluation, Accountability and Learning unit regularly visited the field to assess compliance with internal minimum standards and processes. Their Field Monitoring Reports commented on how activities were implemented and whether they met the minimum standards technically or not.

The ERRP had defined "standard processes and minimum standards" for each SCI sector. Each document appeared to be a comprehensive checklist which, if followed, would allow the production of an ideal assessment and implementation process. The standards required SCI to reach "the most vulnerable communities" (SCI 2012a, 1) and to check that SCI teams "have not carried out need assessment in easily accessible areas only" (SCI 2012a, 1). "Needs of affected population" (SCI 2012a, 1) were to be identified, "interventions" prioritised and affected communities to be "consulted for implementing planned interventions" (SCI 2012a, 1). Non-discrimination was spelt out clearly, with a reminder that the, "[s]election of beneficiaries/sites is not influenced by political or religious orientation of affected population, their tribal background, ethnic origin or social prestige" (SCI 2012a, 1). These standards served as a basis for the MEAL teams monitoring the quality of activities and writing regular Field Monitoring Reports.

However, these monitoring reports did not address the discrepancies between, on the one hand, the initial assessments in Khyber, the objectives set in the strategy document, and the minimum ERRP operational standards and on the other hand the way beneficiaries and interventions were actually prioritised.

Examples of MEAL recommendations were: “Accountability to Beneficiaries’ panaflexes [notice boards] related to Child Protection and Education programs were not displayed in visited TLS (...) Supervisor will be instructed to display the panaflex” or “Education Officer shared, ‘Toilets were cleaned while shifting TLC to school building but due to the high number of the children enrolled, the toilet gets dirty’ (...) A sweeper will be called for cleaning the toilet” (MEAL 2012b, 2). The Field Monitoring Reports were the main follow-up tools of the sector specialists based in Islamabad, giving them an activity-centred vision of the project. However, this only allowed them to focus on *delivery* of these activities rather than the *relevance* of the response with regard to whom to prioritise for assistance and how.

Similarly, at the micro level, internal reporting documents showed the primacy of quantitative information and indicators over qualitative ones. At field level, most teams used weekly reports to communicate with their hierarchy. Completed by field officers and their assistants, weekly sector reports were almost exclusively about numbers: numbers of TLCs, of CFSs set up, number of people (breakdown of girls and boys) in TLCs or CFSs, or number of people attending meetings organised by SCI. Activities were described only briefly with few comments on issues faced, as illustrated by this full paragraph about the Parent-Teachers Councils meetings, a weekly report:

A total number of 02 PTC [Parent Teacher Councils] meetings at location of GPS Mama Khel and GPS Pawaka 2. In these meetings future frequency of meetings (biweekly) of PTC to be held was decided. The school development plan was devised and committed. The issues and challenges came to surface in the meeting and action plan by the concerned committee was worked out so that to minimize its effects. (Education Manager 2012, 1)

Data from weekly reports were later compiled in ‘situation reports’ or ‘sitreps’, describing for all sectors how many activities had taken place and how many people had been reached. In the case of the Khyber IDP response, the sitreps had both external and internal sections. The part for external use was shared in the cluster meetings as well as on the “humanitarian community portal” linked to on

the home page of 'Humanitarian Response, Pakistan'.<sup>213</sup> The part for internal use was slightly more detailed. It contained figures and breakdowns between boys and girls, IDPs and host population, locations of people reached, etc., as well as a security report and contact details of technical sector heads. There was no information about the observed benefit for the people or their requests and reactions to the assistance delivered that might have led staff to question the initial approach or influenced the nature of activities or the targeting done. Numbers, and numbers only, were paramount, and efficiency was implicitly expected.

***Valuing coverage and efficiency 'in a big way'***

Efficiency was indeed an explicit expectation from employees who were subjected to a quantitative assessment of their work. Their attendance was monitored through attendance sheets which had to be signed on a daily basis. At field level, officers' effectiveness was stimulated with a target number of people to reach or to assess per week. One of the programme assistants explained: "The coordinator is setting the target ... we have to assess three hundred people in a week. If there is a security problem, and we can't go to the targeted area, and then not achieve our target, they send us on a Sunday to achieve the target. If we work on Sunday we have wellness leave [day in lieu] afterwards". He agreed with these practices, detailing the many potential disturbing elements such as "Taliban threat, road block, bombing threat, politics", repeating that "if one day there [was] a problem, performance [would] be disturbed".

Efficiency was also sought and advocated in SCI's relationship with its institutional donors. The internal policy was that no donor grants under \$500,000 would be accepted unless for research, advocacy, child protection, 'pilot projects' or 'gap filling'. The idea was to minimise the number of grants and thus the amount of administration involved. Technical specialists in charge of each sector were assessed partly on their ability to raise funds - the percentage of proposals leading to funding was compared to the total number submitted to donors in each sector. Here again, the indicator pointed at efficiency: what was followed was the return on investment of work done by sector specialists. Efficiency was always in SCI

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<sup>213</sup> <http://www.pakresponse.info>.

employees' minds, as one member of the health and nutrition team said of SCI and UNICEF: "We can do better work for less money".

Coverage was a key ambition explicitly stated at the global level by the newly created SCI's "benchmark of reaching 20% of the affected population and 25% of the affected children" (Save the Children 2012b, 3). This benchmark was repeated in the Khyber IDP response document, and reiterated by the head of the ERRP in meetings in Islamabad when discussing strategic issues. The ambition of 'coverage' had two intertwined interpretations: the ambition to *reach as many people as possible* and the ambition of SCI to be *one of the main responders*, implicitly comparing itself to other actors on the international humanitarian stage. The implications of those two interpretations are quite different. The first is the expression of a maximalist ethic: in a context in which there were more *needs* than *means* to meet them, the objective was to raise as much money as possible and use it as efficiently as possible in order to help as many people as possible. The second interpretation is the institutional drive to be important and powerful: in this case reaching as many people as possible is a means towards the end goal of increasing the organisation's power. However, there is no evidence allowing a conclusion on whether one interpretation overrides the other: the ambiguity behind the ambition of coverage is probably what allowed it to work as each interpretation reinforces the other.

### **Under the thumb of Pakistani authorities**

#### ***Exclusion bias***

Whatever its interpretation, the quest for coverage and efficiency within the framework defined by SCI Security and the other sector departments had framed SCI triage logics in Khyber in a way that was perfectly consistent with the goal and modalities of the Pakistani army counter-insurgency operation. First, the undisputed power of the SCI security department prevented SCI staff from going to areas close to the Khyber Agency, areas deemed too dangerous by the Pakistani army on the basis they could not guarantee they were free of insurgents. These areas, however, were mapped as having the highest density of displaced people

(Inter-Agency Rapid Assessment 2012, 29), and not including them was in direct contradiction to SCI policy that explicitly stated they,

will primarily target vulnerable IDPs from Khyber Agency living in off-camp host communities outside of Jalozai Camp, in areas where the highest concentration of IDPs are settling. (Save the Children 2012b, 11)

Second, once security management had decided the limits of SCI's response, it was mainly structured by this aspiration to maximum possible coverage. Food aid was the activity that reached most people, as already mentioned.

SCI's food aid role was as a subcontractor of the WFP which decided the beneficiary selection criteria. SCI staff argued that by using the established WFP set-up which provided them with beneficiary lists and food supplies, they enhanced their ability to reach as many people as possible. However the major exclusion bias was that people who could not register with the UN could not access food. People excluded from assistance by the Pakistani authorities and the aligned UN agencies were de facto excluded from SCI food aid.

The existence of exclusion bias in WFP distribution lists had been a known issue since 2009 as was the controversy over the role of PDMA and the military in deciding who the humanitarian configuration should prioritise for assistance (see chapter 4). In the case of Khyber, another NGO based in Peshawar had documented how, up until January, the PDMA had restricted registration to members of two tribes, the Sipah and Malikdin Khel, and that only if they agreed to live in the Jalozai camp, thus removing them from the field of conflict (Anonymous 2012, 3). The registration progressively extended to other tribes, again with the provision that they removed themselves from the conflict. Yet for an organisation to use the UN beneficiary lists was to accept the risk of being accused of serving as an aide to the Pakistani army.

***Politically blinkered***

SCI staff seemed blind to the above-described political underpinnings of their activities and one even commented: "The non-partisan thing that we have at Save the Children is really inspiring. That would contrast with government social services and local NGOs" . Members of staff were not cynical. The organisation's functioning

was estranged from any political analysis, which staff interpreted as taking a non-partisan approach.

The way the crisis and the people from Khyber were presented in internal documents, interviews and during meetings struck me as following the rhetoric of the GoP described in Chapter 4. The conflict, which had triggered military operations around the Shalobar area close to Bara, was seen in terms of displacements and in terms of potential “multi-sector” assistance, but never referred to as an actual conflict or a “low intensity civil war” as regional experts defined it (Jaffrelot 2014). This was in line with the UN rhetoric, as the OCHA Humanitarian Operational Plan showed. Whether in documents or interviews, the role of the GoP and the role of SCI in effectively supporting it were not questioned. IDPs from Khyber were described as people who were among “the most conservative in the region, reluctant to live in camps where their women and children will be exposed [to other people’s eyes]” (Save the Children 2012a). Yet there was no social, political and historical analysis of the different groups of people from Khyber, or any references to the dynamics of the conflict in terms of the timing of the various attacks and differences between the tribes’ situations, especially with regard to their in/exclusion in PDMA/UNHCR distribution lists.<sup>214</sup>

SCI as an institution did not promote reflection by its staff on the project. This was also visible in the comments made freely in interviews by staff, regardless of their hierarchical levels, in which they inadvertently revealed their prejudices: “People from KPK, they are not advanced (...) In Punjab and Sindh, they are more advanced”; “People were living in very insecure areas: near Bara. SCI does not allow us to go to those areas because you cannot differentiate whether they are militants or beneficiaries” . A member of the security department confirmed this view, and justified it by saying that:

IDP and floods are totally different: people who are moving from Khyber to Peshawar might have some elements of militancy. In a CNN report, they said children were trained to become suicide bombers! Nobody was ready to take these children to educate

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<sup>214</sup> If it was done, such an analysis must have remained confidential at a senior management level, and did not attempt to prevent discriminations against certain groups of IDPs and it was apparently not used on a daily basis at the field level to assess and/or adjust the response.

them. If our staff face a situation where children are trained, they need to report to us and we'll decide what to do.

In all internal documents as well as in interviews, as transparent as some were in unpacking their motivations (as above), the SCI perspective glossed over power relations between the different actors in the conflict (Pakistani military, government, insurgents and tribes supporting them, etc.) and their related impact on the various groups of people. SCI context analysis was formalised in a way acceptable to the Pakistani authorities, not addressing the political details of the parties to the conflict, their agendas, or evaluating people's situation in light of these political dynamics.

Assisting people who were excluded from official UN and PDMA assistance would have been double-binding indeed: on one hand it could have allowed for SCI assistance consistent with its claim to assist the 'not easily accessible', the 'unregistered', and 'the most vulnerable'. On the other hand, it could have put SCI in a difficult situation with the Pakistani authorities who attempted to use the process of assistance as a means of bringing pressure to bear on the different actors involved. Instead, SCI decided not to tackle the political details of the conflict and to treat the PDMA and GoP as the *only* sovereign assistance authority, which it was legitimate to support.

## **Conclusion**

In 2012, more than other actors, SCI was feeling the pressure the GoP put on foreign actors to bolster its national sovereignty: threatened with expulsion because of the CIA link allegation, SCI gave primacy to its security management. Within the framework of what was authorised by 'Security' the Khyber IDP response was essentially driven by the quest for coverage, efficiency and institutional growth with the entry point of putting children first. SCI was blinded by its twin beliefs that the restrictions imposed by security management were a necessity imposed by the environment rather than a form of political control, and that education should be prioritised over other needs as a universal and apolitical right for children. Not questioning these assumptions in the context of the conflict that involved the GoP military and Taliban armed groups led the organisation to

take an apolitical view of the situation in which its primary objective was to reach as many people as possible, regardless of who they were. Avoiding the cost of negotiating with the GoP and other armed groups in order to stay safe and be as cost-effective as possible, SCI staff apparently remained unaware of who might be excluded in this process: those too poor or too scared of the Pakistani authorities to move too far away from the FATA border and families from tribes the GoP accused of supporting the Talibans. The project's humanitarian triage failed by its own standards, but may well have been interpreted as a success by the GoP in its wider attempt to silence those challenging its power in the FATA.

## Chapter 8

### Conclusion

#### Interpreting impartiality

This dissertation contributes to a critical analysis of the politics of impartiality through the analysis of practices of *humanitarian triage*. In so doing, I neither denounce the injustice of distribution logics in humanitarian settings nor justify humanitarian inequities. I do not argue that the aid practitioners' claim to assist people 'on the basis of needs' is a lie; I argue that it is a claim that can be interpreted in many different ways that are all but self-evident. The rationale for using the expression 'humanitarian triage' to speak about the ways in which impartiality is interpreted by individuals embodying institutions was not to argue that one actor can be *more impartial* than others, nor that impartiality is, for all that, meaningless. The three NGOs implemented assistance projects attempting to care for people affected by the war or the floods (in the case of Solidarités), and all three did so without choosing to aid people on the basis of their race, religious beliefs, class or political opinions and following a certain logic of proportionality. Ultimately, impartiality does differentiate those actors who claim to use it from those, such as armed groups or states, who involve themselves openly in political and military battles. In that sense, the claim of impartiality is a distinctive feature of humanitarian actors in politically polarised crisis settings which makes the study of the practices of these actors worthwhile.

Médecins Sans Frontières, Solidarités International and Save the Children International displayed three different interpretations of impartiality through three versions of humanitarian triage. The variations in their approaches show that a *universally fair* version of impartiality does not exist. Impartial assistance, at least on paper for MSF as an institution in Pakistan in 2011, could be categorised overall as deontological, i.e. prioritising the 'war wounded' regardless of how many they were, who they were and where they came from. More specifically, it meant standing by those marginalised by the 'Global War On Terror'. In practice, the

organisation did indeed manage to overcome local suspicions and negotiate with key stakeholders such as mullahs and Pakistani military in order to set up a hospital that could potentially treat wounded people from the neighbouring Bajaur Agency. The outcome of MSF's humanitarian triage, however, was that they treated mainly ordinary domestic injuries and took care of complicated deliveries in Pashtun-populated areas of Pakistan, operating with a high level of respect and tolerance for local power relations which were dominated by males and religious people.

Solidarités International's *policy* interpretation of impartiality was also duty-based, focusing on 'the most vulnerable'. Yet *in practice*, as Solidarités' field managers did not attempt to renegotiate their contractual obligations, they were caught between their observations in the field (people's primary requests for shelters and their lack of access to underground water) and their bureaucratic interpretation of the priorities (reaching the target of 130,000 beneficiaries being provided with sustainable access to safe water and sanitation infrastructure). They did not select people on the basis of *who* they were; their humanitarian triage was mainly driven by a consideration of the best use of their own technical WASH expertise, the feasibility of a potential activity, and its efficiency. Consequently they excluded those needing shelters and some of the poorest with no access to safe water. At the implementation level, Solidarités' interpretation of impartiality mainly followed a consequentialist ethic, prioritising the *number* of people helped.

On paper, Save the Children's policy appeared both deontological and maximalist: deontological, i.e. prioritising the 'unregistered' IDPs not included by the UN agencies, and maximalist, i.e. maximising the number of people helped with the amount of time and money the organisation had. The organisation's focus was on addressing all types of needs in those areas with the highest density of IDPs. In practice, however, SCI's humanitarian triage was highly constrained by the organisation's risk-averse security management (which excluded areas with a high density of IDPs), and was mainly driven by the maximalist approach of a multi-sector response that activities had to prove their efficiency (food distribution subcontracted by the WFP, primary health care, education for all).

## **The intricacies of humanitarian triage practices**

Despite summarising these versions of humanitarian triage in only three small paragraphs above, I attempted throughout the dissertation to show the complexity of humanitarian triage considering that it is commonly produced through self-organisation of various influences forming logics interacting with each other. These influences can emerge from the choices humanitarian practitioners make at all levels of the organisation from those at the top of the professional hierarchy to those made on a daily basis in the field by individuals who can be mistakenly depicted as simple executors. I hope to have shown that influences happen both ways: choices made at the top often influence the macro triage (such as geographical choices), and choices made at every level of implementation create logics which influence micro triage. I showed that these choices were not only directly about whom to prioritise for assistance or how. Sometimes choices made about seemingly peripheral issues or domains also have a strong influence on humanitarian triage: the desire not to be confused with other aid actors (MSF) or temporarily keeping information from the donor instead of seeking its support in adjusting initial agreed-on objectives (Solidarités) or trying to avoid all potential risks for the organisation's personnel (SCI) were peripheral choices that formed important triage logics. In this dissertation I have tried to show how some of the choices made, which might seem peripheral, were actually instrumental in determining triage logics.

## **Policy and implementation: the overrated power of labelling**

While unpacking the various steps of the practice leading to prioritising people and type of response, I showed that there was a first interpretation of impartiality at the *policy* level, and successively a second one at the *project implementation* stage.<sup>215</sup> A significant difference between the two stages of interpretation was that some labels and categories of people central to policy could sometimes disappear at the level of implementation, making only a rhetorical appearance in project documents and reports.

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<sup>215</sup> I am purposely not opposing policy to practice here but to 'project implementation' as I also consider policy-making as a set of practices.

Actors' policy documents state their priorities in terms of categories of people (the war wounded, the most vulnerable, the non-registered), priority areas (close to the conflict, north Sindh, areas with the highest density of IDPs), and types of approaches (secondary health care, water, sanitation and hygiene, multi-sector integrated approach). Consistently with the assumption that resource allocation should be done on the basis of evidence collected about 'needs' (Knox Clarke and Darcy 2014), these actors carried out 'needs assessments' and translated them into policies stating who they intended to prioritise and how. Yet some discrepancies and, sometimes, contradictions between policy and implementation could be identified. MSF's policy prioritised 'war wounded', yet mostly took care of women needing complicated obstetrical care. Solidarités' policy emphasised its priority to assist 'the most vulnerable', yet people's vulnerabilities were not examined in the implementation process. SCI policy stated that non-registered IDPs in the areas that hosted the highest number of them should be prioritised, acknowledging that their paramount need was for food and shelter; yet they ended up banning themselves from areas with high IDP densities for 'security reasons' and instead prioritised child protection and education, and food aid for the 'registered' IDPs. As argued by Geof Wood, "the process of labelling is a relationship of power" (Wood 2007, 20), in which aid recipients are "objectified"<sup>216</sup> (Eyben 2007, 33). Yet in the projects I studied, the INGOs did not always use the same categories at the implementation stage as they used in their policy documents. For instance, MSF did not exclude people because they were not 'war wounded', and Solidarités did not include or exclude according to most of the categories they stated in their policy document ('the most vulnerable', women, children, disabled persons and the elderly). Categories are an instrument of the power that humanitarian actors have to state in their policy document who should be included and who not, yet my study showed they were not the main drivers of humanitarian triage for INGOs at the implementation stage despite practitioners claiming that 'needs assessments' and

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<sup>216</sup> The term 'object' is here used in contrast with the definition Eyben gives of 'subject': someone we understand and relate to as a complete human being like ourselves, as distinct from an 'objectified' other. Thus I am using the term in a quite different way from 'subject' in the sense of being subjected to authority (for example, 'colonial subjects') or to Foucault's disciplinary power" (Eyben 2007, 44 footnote 2).

‘vulnerability criteria’ are the basis of their *impartial* assistance.<sup>217</sup> The use of categories at the policy level was employed as political leverage concerning all the stakeholders involved in supporting the project: the organisation’s board, head of programmes, staff at various levels, the donor, Pakistani authorities, etc. Categories were used as a common language by those involved in the production of what Mosse calls ‘good policy’, i.e. “policy that legitimises and mobilises political and practical support” (Mosse 2005, 230). Yet at the implementation stage, faced with the messy reality of various actors with various and changing interests, the humanitarian practitioners did not use them. In an attempt to synthesise what mattered most in the study of humanitarian triage at the implementation stage, I list the six main factors in the following section.

### **Six important factors shaping humanitarian triage**

As mentioned in chapter 3, sociological studies of medical triage show that many non-clinical factors influence medical triage (Eisenberg 1979; Clark, Potter, and McKinlay 1991) including doctor-patient interaction and the doctor’s relationship to his profession, to the health care system in general and the medical institutions with which he has a relationship. Similar factors emerged in my study. Some appeared important for all three INGOs and potentially for all humanitarian actors: first the organisation’s history; second, the relationships those representing the organisation promote to other actors of the humanitarian configuration; third, staff’s daily relationships and the influence of ‘strategic groups;’, fourth, the ability of practitioners to challenge ‘invisible rationing’; fifth; the power of humanitarian practitioners’ normative assumptions; and, sixth, the moral imperative of efficiency. As these six factors are not the only ones that influenced triage, I reiterate the necessity to have organised this thesis around the three ethnographic accounts and not, for instance, thematically around such factors which would have made it almost impossible to render the complex story of each triage. In the next sections, I

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<sup>217</sup> This may also contrast with bigger development institutions such as those mentioned by Rosalind Eyben who argued that “by pointing out to the econometricians that people as well as countries should be differentiated, social analysts offered them the opportunity to classify, map, count and compare more different units of abstraction. (...) These categories of people became reified and subjected to measurement. (...) thin in description and thick in prescription (Apthorpe 2003)” (Eyben 2007, 36).

illustrate the importance of each of the following factors with elements extracted from the ethnographic accounts (chapters 5, 6 and 7), but in order to avoid too many repetitions of the three previous chapters, I will not each time use examples from each of the three INGOs.

### **The organisations' history**

The way staff interpret the historical trajectory of their organisation in the country (or regionally) impacts on humanitarian triage. In 2011, MSF staff were still very aware that their organisation had returned to Pakistan in 2004 to work in Pashtun areas in order to reconnect with Afghan Taliban. This was later pushed to the background in the case of the Timergara project as the conflict between the Pakistani armed forces and the Pakistani Taliban became the primary reason to stay close to the FATA. Yet, while I was in the field, another project in line with the historical trajectory of maintaining the MSF network with the Taliban was being set up: the creation of a hospital in Karachi, a city sheltering many poor and people displaced by the 2010 and 2011 floods, but also a city where it was possible to organise meetings with the Taliban leadership. I briefly visited the MSF office in Karachi and members of the team explained their reason for having a presence in such a big city where Pashtun networks were rooted – in order to improve their networking strategy for the whole Afghanistan Pakistan region. The Solidarités case shows how much the staff interpretation of the organisation's trajectory in the country influenced humanitarian triage. Solidarités staff never challenged the initial assumption that the priority was to provide access to water and sanitation infrastructures in north Sindh, yet this was merely inherited from the past: it was rooted in Solidarités' 2009 refusal of US government funds to support their work in KPK. Subsequently, Solidarités found it more difficult to work in KPK as a newcomer, compared to other actors who had started assisting people in 2009 and hence knew a little more about the region. Solidarités staff had found a niche in north Sindh in the aftermath of the 2010 floods and continued to work in the same locations that they had previously rather than considering if other locations might need them more. Finally, the accusations against SCI that one of the organisation's previous country directors had been involved in helping the CIA (despite the lack of

any solid proof) significantly influenced SCI's room for manoeuvre with regard to the Pakistani authorities, and with the general public in Pakistani that had seen the US operation against Osama bin Laden as a blatant breach of their national sovereignty. These accusations created a perceived history of the organisation that influenced their approach to security and made them fear for their staff's safety more than they would have in the absence of the allegations.

### **Relationships to other actors of the 'humanitarian configuration'**

The way that staff promote a certain type of relationship to other aid actors and to the "humanitarian configuration" has an important influence on humanitarian triage, and such influences appeared in the three cases as much more complex than just donors manipulating INGOs to promote their political agenda. It is striking in the case of MSF whose top managers (members of Cell 4 at the head office and the head of mission in Pakistan) promoted a strict distinction between their organisation and all other international aid actors. The view and pride MSF staff had in being *different* from other actors influenced humanitarian triage not only in the decision not to use institutional donors' money in Pakistan but also because maintaining this difference meant that they explicitly aimed to be and do what others did not. SCI staff, in turn, saw their organisation as one of the leading aid agencies in Pakistan. The objective of reaching 20% of all people affected in any disaster contributed to positioning SCI as, at least, one of the five biggest responders. The effect on SCI humanitarian triage was a pressure for 'coverage' that greatly influenced activities as demonstrated in chapter 7. The food distribution SCI carried out as a subcontractor of WFP with their own beneficiary lists (validated by the GoP) exemplifies the academic critique that INGOs serve as the "left hand of empire"<sup>218</sup> (Agier 2010, 29). The relationship Solidarités had with its European donor was also a major influence on its humanitarian triage. Yet it

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<sup>218</sup> Agier borrows the metaphor from Pierre Bourdieu "who called social workers of a nation "the state's left hand" whose disaffection springs from the hopeless character of their work, involving as it does the never-ending response to the social and cultural damage done by the "right hand" of the state committed by policymakers applying the economic principles of cost-effectiveness and return on investment to public affairs. See Pierre Bourdieu, "The Abdication of the State," in Bourdieu et al., *The Weight of the World: Social Suffering in Contemporary Society*, trans. Priscilla Parkhurst Ferguson et al. (Stanford, Calif.: Stanford University Press, 1999)" (Agier 2010, 43).

played out in a subtler way than the donor's manipulation or the INGO's hidden agenda. As chapter 6 showed, Solidarités field staff misinterpreted their donor's expectations and attempted to reach the 'target number of beneficiaries' at all costs, while the donor representative expected the organisation to raise any issues and had proven in the past to be flexible about amending initial contracts. Of course, Solidarités took the EU money and, as such, helped "metropolitan states" govern "the borderlands" (Duffield 2001, 308), yet it would be difficult to show that the outcome of Solidarités' humanitarian triage in north Sindh practically *served* an EU political agenda in Pakistan.

### **Staff daily relationships and the influence of strategic groups**

The daily relationships of the INGOs' staff, forming into 'strategic groups', has an influence on humanitarian triage. I showed that triage was not only about scientific 'needs assessments', or donor's dependency but was also shaped by power relationships among those who implemented activities in the field. It may be imperceptible on a daily basis, in particular by the actors themselves, yet with some distance interests shared by some groups can be distinguished and linked to sorting logics. Within MSF the tension and balance between the strategic influence of *political staff* and the clinical influence of *medical staff* was significant in forming the Timergara humanitarian triage as chapter 5 showed. Questioning whether one strategic group has more influence than others can help detect certain logics: the role 'Security' played in the shaping of the SCI Khyber IDP response was key, as demonstrated in chapter 7.

### **The unquestioned origin of scarcity**

Actors justify practices of triage by referring to various forms of resource scarcity or environmental constraints. These are very often taken as *facts*, yet as Lachenal et al. (2014, 24-25) argue they can be considered as socially, politically or economically *produced*. Questioning the origins of scarcity and constraints justifying humanitarian triage allows the analysis of whether and how actors negotiate them. When actors do not attempt to increase their room for manoeuvre and fail to negotiate upon certain constraints, these become another blind spot of

humanitarian triage. Shedding light on this blind spot helps to explain what is an acceptable exclusion for a humanitarian actor.

Given MSF's strategic objective to assist people as close as possible to the conflict and if possible in the FATA, the organisation's main constraints were first, insecurity and second, the GoP's restrictions regarding access to certain areas of the countries. Both elements are often grouped in the humanitarian grey literature under the blur banner of 'access' (Hubert and Brassard-Boudreau 2010; OCHA 2013). As described in chapter 5, MSF invested a significant amount of resources (time, people and funds) in negotiating 'access', and in so doing challenged the main elements that could have pushed the organisation to exclude areas that were among the most difficult to access in Pakistan. MSF was not the only INGO to identify and challenge the 'access' constraint as the example of the Norwegian Refugee Council proves (NRC 2012).

SCI approached *insecurity* in a very different manner and its staff internalised danger as an inflexible constraint. In doing so the organisation reduced (as demonstrated in chapter 7) the scope within which they considered who should be prioritised for assistance, and this acted as a significant blind spot. I do not argue that they were unjustifiably cautious. My point is that the situation of those excluded by security measures was not considered or debated among SI staff, in interviews or in documents.

For Solidarités, the biggest constraint was its contractual commitment to a restricted (emergency WASH) and technically ambitious response over a 12-month period. The Solidarités field team, instead of acknowledging problems as they arose and attempting to open negotiations with the donor, stuck rigidly to the plan and attempted to reduce the discrepancies between what was in the proposal and what was possible or actually requested by people affected by the floods.

### **The 'othering' power of normative assumptions**

The INGOs' staff had normative assumptions about what was *good* for the intended beneficiaries, and this was sometimes reinforced by their limited relationship with people affected by conflict and floods. These assumptions significantly played out in the daily implementation of the projects as they remained unquestioned and

sometimes considered as universal truths. These assumptions relied partly on the staff's interpretation of *how* their organisation was doing things and *what* it had to offer (in terms of expertise), and partly on their own values.

An example common to the three organisations were activities of health or hygiene promotion premised on the shaky assumption that 'if you tell people how to change in order to improve their health or hygiene, then they will change'. Regardless of whether the staff actually believed that assumption was true, they implemented these activities without challenging their relevance. The example of Solidarités staff constructing latrines in an area where people were used to practicing open-defecation also shows that in spite of their doubts about whether people were going to use the latrines, they built them as it was what they usually did when faced with the absence of latrines. For Rosalind Eyben, people at the receiving end of a project become "objectified other[s]" to whom aid practitioners forget "to relate to as complete human being[s] like [themselves]" (Eyben 2007, 44 footnote 2), 'othering' them in the process. It seemed at least that the very idea of what they have to offer blinkers aid practitioners and prevents assessment on a case-by-case basis of what would really be adequate for each specific situation.<sup>219</sup> Values promoted by the organisation, but also seemingly shared by its staff impacted the implementation of some activities. Another example of the influence of normative assumptions is the belief of SCI staff that 'education in emergency' is a priority for IDPs who have difficulties in accessing food or paying their rent, and is a priority for children's safety even though schools had been a primary target of the Pakistani Taliban's attacks.

### **The moral imperative of efficiency**

In her book *The Mantra of Efficiency: From Waterwheel to Social Control*, Jennifer Karns Alexander explains that while the concept of efficiency was an ancient "philosophical concept describing agents and causes of change" (Karns Alexander 2008, 3), its meaning modified around the nineteenth century as to mean "a technical measurement of the performance of machines. It moved into economics and then, early in the twentieth century, into more common use" (Karns Alexander

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<sup>219</sup> For more on this, see Naudet (1999).

2008, 3) associated to scientific management, labour organisation, productivity and progress in industrialising Western Europe and the United States. She does not discuss efficiency in the international aid world, yet through her historical analysis of various examples she shows how “many people continue to believe efficiency to be good, on its own and in and of itself” (Karns Alexander 2008, 147), whereas it was historically and socially constructed at the expense of those constrained by it (industrial workers), and as an “attempt to control a changing situation, by bringing it into conformity with a vision of how the world works” (Karns Alexander 2008, 163) - or *should* work, as if it was a machine, instead of adapting flexibly to the uncertainty of the world.

In the aid sector efficiency is widely accepted as a moral imperative and drives actors to prioritise the *number* of people assisted over the quality or quantity of what is provided for each person: indeed as explained by the Independent Evaluation Group of the World Bank, “the assessment of efficiency focuses on ratios such as the number of lives saved, the number of children vaccinated (...) per thousand dollars invested” (IEG-World Bank 2007, 65). The quest for efficiency has consequently impacts on the definition of results as our case studies demonstrate.

The study of how Solidarités and SCI projects were being implemented showed that efficiency was equated with helping as many people as possible and hence was perceived as a moral imperative. Staff accepted the idea that their financial resources were limited and that they *had* to assist as many as possible even though it meant excluding those that needed intensive expensive care. For instance, SCI promoted primary health care that enabled the organisation to include as many people as possible. I was told that costly drugs (such as those needed for the treatment of chronic diseases) could not be distributed in the framework of this project as it was ‘too expensive’. It was the same for people needing surgery or intensive care: they were referred to Peshawar private hospitals but with no allowance ensuring they could pay for treatment. The Solidarités project did plan to implement expensive technical solutions for people to have long-lasting access to water, yet for the same level of investment in an expensive infrastructure they prioritised densely populated areas over remote hamlets where only very poor people lived, hence selecting on a cost per beneficiary ratio. SCI and

Solidarités projects exemplify the type of exclusion that efficiency produces: they excluded those who were the sickest (SCI) or the poorest (Solidarités). Efficiency veils the fact that for more people to be assisted, cheaper assistance (in terms of quality of what is being provided) or more densely populated areas are prioritised (to benefit from economies of scale).

The moral imperative of efficiency is supported by the mechanics of a 'results-based' project management style. Both the Solidarités and SCI projects showed how the need of field officers to measure their own progress triggered a monitoring of the advancement of their activities and number of 'beneficiaries reached'. Field officers get direct satisfaction from acknowledging the amount of work achieved, which they cannot be blamed for, especially when one has a 'target' and pressure (even if self-imposed) to reach this target. Even if, in the logical framework, the target is tied to a 'result indicator' that aims to measure improvement for the intended beneficiaries, it is translated into a series of means and activities needed to reach the results and these activities can be quantified and easily followed up. 'Monitoring' activities tend to blinker humanitarian workers about the effect of their actions on people. Efficiency is widely seen as non-ideological and apolitical, even though it ends up excluding people by the same logic as the for-profit corporate sector, driven by the logic of maximising returns on investment to ultimately increase profits. If efficiency was the major logic driving humanitarian triage, Walmart could indeed start competing with the biggest humanitarian actors (Hopgood 2008).

MSF's humanitarian triage provides an example of an organisation opposing efficiency. Secondary health care has a much higher cost per beneficiary than primary health care.<sup>220</sup> The choice to work in areas close to the conflict was costly because of the long and continuous networking that was needed to acquire and maintain acceptable access for field teams. Additionally, financial objections to certain choices on the basis that they were too expensive were perceived as

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<sup>220</sup> Secondary health care is an expensive part of health systems because of the sophisticated equipment that needs to be acquired by a hospital in order to function, for example sterilisation, blood banks, safe waste management, and because of the number of health personnel needed for one patient requiring an operation and post-operative care.

politically incorrect within the organisation, as far as I observed in meetings. When I questioned top MSF managers about their resource-consuming choice to work in areas close to the FATA, they opposed the cost-effective logic saying that it would alter their 'commitment'. They did not mention whether they referred to their commitment to treat war victims, their commitment to be different from other aid actors (as in 'do what others would not'), or an ideological commitment not to yield to a logic that was typically corporate. Each was a sufficient reason not to favour efficiency, and my study showed they were committed to all three.

### **Implications for future research and practice**

Within the research field of humanitarian action, this research is novel in several respects. First, it is original in its subject, what impartiality means in practice in the context of humanitarian action, which has barely been discussed and studied in spite of its centrality for humanitarian practitioners. Second, it is original in its method that brought together elements from three bodies of literature – the development studies literature about humanitarian action, the anthropology of development, and the medical anthropology and sociology – in order to conceptualise 'humanitarian triage' as the visible side of impartiality and study it ethnographically. Third, in so doing my research provided thorough descriptions of humanitarian practitioners at work, relying on empirical material from diversified sources: five years' first-hand experience of the practice, in-depth interviews with over fifty actors of the humanitarian arena and several months of ethnographic encounters, observations, and interviews done within three different organisations. This section discusses the potential for other research agendas related to this dissertation and identifies implications of this research for humanitarian actors.

### **Implications for future scholarship**

I hope that my research contributes to the already widening scope of anthropology of development to conflict and disaster settings. I also hope to have bridged development studies macro debates on humanitarian action that constitute the bulk of the literature on humanitarian action and the anthropology of development scholarship grounded in ethnographic fieldwork, often focused on different actors

than those studied in this dissertation but no less relevant for the questions posed in crisis settings. As a native French speaker I attempted as much as possible to introduce French scholarship, some of which remains unknown in debates taking place in English. A few research ideas are sketched out below that would address critical questions not covered in this thesis.

Whereas this research concentrated on secular international NGOs, the field could be extended to other humanitarian actors, and to other conflict and disaster settings. Similar research focused on other humanitarian actors providing relief such as national NGOs or international but of non-western origins (such as BRAC for instance) or faith-based NGOs would certainly identify other important elements influencing humanitarian triage, as well as influences similar to those I emphasised in this research.

Changing the comparative focus from organisations to geographical areas, similar research could be undertaken within the same organisation in different geographical areas and point to what may be common across the various contexts or fundamentally different from one context to the other in terms of the ethical claims, constraints, interests and main logics influencing humanitarian triage. It would be particularly interesting to compare projects implemented by European INGOs in Europe and elsewhere in the current context of migrations of people towards Europe: will European INGOs challenge their own governments' sorting logics? Will they take funds and accept the constraints that may be attached to them? Will these NGOs' triage logics differ significantly when they are implemented in their own country, continent or elsewhere? These are questions I would like to address or see others do so.

Another line for further investigations would be to focus on the perspective of the intended beneficiaries of humanitarian triage. Ethnographic perspectives of those at the receiving end of international assistance are not rare (Pottier 1996a; Pottier 1996b; Agier 2002; Mosse 2005; Agier 2011), yet they could be multiplied and compared from the angle of humanitarian triage, in particular in an attempt to identify the major differences of perception between aid agents and recipients about what is 'fair' triage and about what is 'needed'.

Just as *impartiality* was a founding claim of humanitarian actors, their *accountability* to those they attempt to help has been widely promoted as a principle that *should* be followed in order to solve the issue of asymmetrical power relations between those who help and those who are helped. This topic has been the subject of a lot of attention from practitioners (Egeland 2005; HAP International et al. 2015) as well as academics (Edwards and Hulme 1995; Slim 2002), yet to my knowledge there has been little ethnographic work on the practices concealed by the rhetoric of accountability. Using a socio-anthropological approach to empirically study the various practices humanitarian actors devised to hold themselves more accountable (community feedback exercises, complaint mechanisms, etc) would help explain *how* they work (rather than whether they work), what they produce when implemented and what is ultimately at stake in these claims or requests of ‘downwards accountability’.

### **Policies of impartiality and practices of humanitarian triage**

I hope to have demonstrated that as impartiality is neither pre-defined nor universal, there is little chance that, as argued by some humanitarian practitioners (Knox Clarke and Darcy 2014), collecting more and better evidence will result in more or better impartiality. Instead, what Binder et al. called a “justified partiality” (Binder, Koddenbrock, and Horváth 2013, 24) that “consciously contribute[s] to unintended global inequities and accept[s] the side effect as unavoidable” (Binder, Koddenbrock, and Horváth 2013, 26) could also be thought of as *policies of impartiality* based on the premise that there is no consensus about what ‘true’ impartiality is. In line with Mosse’s argument that good policies are unimplementable (Mosse 2004), these policies would only be the starting point for the promotion of greater organisational reflexivity in the implementation phase. Such a reflexive attitude would help identify sorting logics, whether originating in their staff’s interpretation of the organisational trajectory, their relationships to/with other actors in the humanitarian configuration, the emergence of ‘strategic groups’ amongst them or their own normative assumptions. Humanitarian actors’ continuous questioning of ‘invisible rationing’, i.e. what pushes them most to *exclude* people, could make them challenge these constraints or accept the

parameters of their own triage. An option explored by the literature studying medical triage was to involve the intended beneficiaries in making these inclusion/exclusion calls. From the debate about the non-medical influences in triage practices emerged a theoretical framework referred to as “accountability for reasonableness” (Daniels 2000, 1300). This approach relies on the hypothesis that in morally “pluralist societies we are likely to find reasonable disagreement about principles that should govern priority setting” and that “in the absence of consensus on principles a fair *process* [emphasis added] allows us to agree on what is legitimate and fair” (Daniels 2000, 1300). What this theoretical framework establishes then is that:

Key elements of fair process will involve transparency about the grounds for decisions; appeals to rationales that all can accept as relevant to meeting health needs fairly; and procedures for revising decisions in light of challenges to them. (Daniels 2000, 1300)

The ‘accountability for reasonableness’ framework is hence presented as a democratic approach to triage, relying on transparency and flexibility of the decision-making process and aiming (like impartiality) at fairness. Fairness is not considered as having a stable universal meaning, but rather as relying on shared values of individuals having a stake in the decision. The interpretation of fairness changes therefore with individuals, their relationships and the general environment of the decision. Public engagement exercises in some US states showed that it was possible to get people who are at the centre of triage processes to question their vision of what would be a fair prioritisation process from their perspective in the case of, for instance, a disaster or a pandemic (Leichter-Flack 2014, 69). Humanitarian practitioners could certainly benefit from other experiences of triage in the medical and public sector, approaching humanitarian triage like a complex process influenced by diverse and dynamic sorting logics. The invisibility of major factors influencing humanitarian triage invites humanitarian organisations and those representing them to set up reflexivity frameworks in order to collectively identify what in their own practices and beliefs produce the triage logics leading them to eventually include and exclude people.

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## Appendices

### Appendix 1 List of Interviewees – MSF OCB

	Project / Location	International/ National	Gender	Position
1	Islamabad	National	M	Ex HR Coordinator Deputy
2	Islamabad	International	F	Human Resources Coordinator
3	Dargai	International	M	Field Coordinator
4	Karachi	International	F	Field Coordinator
5	Badin	International	M	Field Coordinator
6	Islamabad	International	M	Human Resources Support - Cell 4
7	Islamabad	National	M	Deputy Medical Coordinator
8	Islamabad	International	M	Head of Mission
9	Islamabad	International	M	Medical Coordinator
10	Islamabad	International	M	Technical and Logistics Coordinator
11	Islamabad	National	M	Deputy Finance Coordinator
12	Islamabad	National	M	Data Manager
13	Islamabad	National	M	Watchmen Supervisor
14	Timorgara/ Badin	National	F	Hospital Hygiene Manager / Health Promoter
15	Dargai	National	M	Medical Focal Point Assistant
16	Timorgara/ Badin	National	M	ER Doctor
17	Timurgara	International	M	Field Coordinator
18	Dargai	National	F	Mother & Child Health Nurse Supervisor
19	Timurgara	International	M	Medical Focal Point
20	Timurgara	International	F	Midwife
21	Timurgara	National	M	Field Coordinator Assistant
22	Timurgara	National	M	Medical Focal Point Assistant
23	Timurgara	National	M	Administrative Assistant
24	Timurgara	National	M	Logistician Assistant
25	Timurgara	International	F	Field Coordinator
26	Timurgara	International	M	ER Doctor
27	Timurgara	National	F	Mother & Child Health Nurse
28	Timurgara	National	M	Post Operation Room Supervisor
29	Dargai	International	F	Medical Doctor
30	Dargai	National	M	ER Nurse Supervisor
31	Dargai/Timurgara	International	F	Health Promotion Supervisor
32	Dargai	National	F	In-Patient Department Nurse Supervisor
33	Dargai	National	M	Security Focal Point
34	Dargai	International	M	Logistics responsible
35	Dargai	International	F	Medical Focal Point

36	Dargai	National	M	Field Coordinator
37	Dargai	National	M	Watchmen Supervisor
38	Brussels	HQ	M	Cell 4 Coordinator
39	Brussels	HQ	M	Medical Referent Cell 4
40	Brussels	HQ	F	Human Resources Manager Cell 4
41	Brussels	HQ	M	Operations Director
42	Brussels	HQ	M	Ex Operational Medical Coordinator (newly Operations Director)
43	Brussels	HQ	M	Executive Director
44	Brussels	HQ	F	Communications Director
45	Brussels	HQ	M	Medical Director
46	Brussels	HQ	M	Logistics Director
47	Brussels	HQ	M	Logistics
48	Brussels	HQ	M	Human Resources Director
49	ex Afghanistan	International	M	Ex Afghanistan Head of Mission
50	Brussels	HQ	F	Cell 4 Communication Officer
51	ex Islamabad	International	M	Ex Medical Coordinator
52	Swat	International	M	ER Doctor

Source: the author

## Appendix 2 List of interviewees – Solidarités International

	Project / Location	International/ National	Gender	Position
1	Paris	International	M	Desk Logistician Manager
2	Islamabad	International	M	Head of Mission
3	Islamabad	National	M	Deputy Administrative Coordinator
4	Shaheed Benazir Abad	National	M	Hygiene Promotion & Distribution Team Leader
5	Shaheed Benazir Abad	National	M	Sensitization Technician
6	Shaheed Benazir Abad	National	M	Watchman
7	Shaheed Benazir Abad	National	M	Water Officer
8	Shaheed Benazir Abad	National	M	Distribution Officer
9	Shaheed Benazir Abad	National	M	Administrator
10	Shaheed Benazir Abad	National	M	External Liaison Manager
11	Shaheed Benazir Abad	International	M	Project Manager WASH
12	Shaheed Benazir Abad	International	F	Logistician
13	Islamabad	International	F	Administrative Coordinator
14	Mehar	International	F	Logistician
15	Mehar	International	F	Administrator
16	Mehar	International	M	Sanitation Project Manager
17	Mehar	International	M	Water Project Manager
18	Mehar	International	F	Hygiene Promotion and DRR Project Manager
19	Mehar	International	M	Logistician Coordinator
20	Mehar	International	M	Field Coordinator
21	Mehar	National	F	Program Manager Assistant
22	Mehar	National	M	Water Project Manager Assistant
23	Mehar	National	M	Sanitation Project Manager Assistant
24	Mehar	National	M	Administrative Assistant
25	Mehar	National	M	Logistician Assistant
26	Mehar	National	M	Driver Responsible
27	Mehar	National	M	Water Officer
28	Mehar	National	M	Sensitisation Technician
29	Mehar	National	M	Information Manager
30	Mehar	National	F	Hygiene promotion Team Leader
31	Mehar	National	M	Sanitation Officer
32	Mehar	National	F	Community Mobilisation Officer
33	Mehar	National	F	Community Mobilisation Officer
34	Paris	HQ	F	Desk Manager
35	Paris	HQ	F	Desk Programmes Supervisor
36	Paris	HQ	F	Desk Finance Manager
37	Paris	HQ	F	Desk Assistant
38	Paris	HQ	F	Desk Finance Officer Assistant
39	Paris	HQ	M	WASH Referent
40	Paris	HQ	F	Human Resources Referent
41	Paris	HQ	F	Financial and Administrative Director

42	Paris	HQ	M	Programmes Director
43	Paris	HQ	M	Executive Director
44	Paris	HQ	F	HR Director
45	Paris	HQ	F	Programmes Technical Quality Supervisor
46	Paris	HQ	M	Logistician Department
47	Paris	HQ	F	Director of Communications
48	Paris	HQ	M	Founding Director
49	Paris	HQ	F	Internal Audit
50	Paris	HQ	M	HR Operational Referent

Source: the author

### Appendix 3 List of interviewees – Save the Children International

	Project / Location	International/ National	Gender	Position
1	Islamabad	International	M	Country Director
2	Islamabad	International	F	Education Cluster Co chair
3	Islamabad	International	F	Nutrition Advisor
4	Islamabad	National	M	Human Resources Manager
5	Islamabad	National	M	Senior Finance & Grants Manager
6	Islamabad	National	M	Grants Manager
7	Islamabad	National	M	Media, Communications & Advocacy Specialist
8	Islamabad	National	M	Health & Nutrition Specialist
9	Islamabad	National	M	Health Manager
10	Islamabad	National	F	Senior Shelter & NFI Operations Coordinator
11	Islamabad	National	F	Senior Human Resources Officer
12	Islamabad	National	M	Child Protection Specialist
13	Peshawar	National	M	Child Protection Coordinator
14	Islamabad	National	F	Senior Manager Disaster Risk Reduction
15	Islamabad	National	M	Education Specialist
16	Islamabad	National	M	Senior Food Aid Coordinator
17	Islamabad	National	M	Child Protection Coordinator
18	Islamabad	National	M	Director Emergency Field Program Implementation
19	Islamabad	National	M	Finance Manager
20	Islamabad	National	M	Food Aid Specialist
21	Islamabad	National	M	Monitoring & Evaluation Manager
22	Islamabad	National	M	Education Manager
23	Islamabad	National	F	Food Security & Livelihood Specialist
24	Peshawar	National	M	Senior Human Resource Officer
25	Peshawar	National	M	Education Coordinator
26	Peshawar	National	M	Health Coordinator
27	Peshawar	National	M	Senior Finance Officer
28	Peshawar	National	M	Response Manager
29	Peshawar	National	M	Monitoring Evaluation And Learning Coordinator
30	Peshawar	National	F	Media, Communications & Advocacy Coordinator
31	Peshawar	National	M	Food Security & Livelihood Program Assistant
32	Peshawar	National	M	Food Aid Coordinator
33	Peshawar	National	F	Senior Monitoring Evaluation And Learning Officer
34	Peshawar	National	M	Senior Food Security Livelihood Coordinator
35	Peshawar	National	M	Male Community Mobiliser
36	Peshawar	National	F	Community Mobiliser
37	Peshawar	National	F	Breast Feeding Counsellor
38	Islamabad	International	F	Development Director
39	Islamabad	National	M	Security Director
40	Islamabad	National	M	Logistics Director
41	Islamabad	National	M	Coordinator Safety & Security ERRP
42	Peshawar	National	M	Security Coordinator
43	Islamabad	National	M	Food Security & Livelihood Director

Source: the author

## Appendix 4 List of External Interviewees

	Organisation	Type of actor	Pakistani?	Gender	Position
1	OCHA	UN	No	F	Head Coordination Unit
2	OCHA	UN	Yes	M	WASH Cluster lead
3	UNDP	UN	No	M	Crisis Prevention and Recovery Unit
4	UNICEF	UN	No	M	WASH Cluster Coordinator
5	WFP	UN	No	F	Inter Agency Relations Coordinator
6	FAO	UN	No	M	Agriculture Cluster Coordinator
7	UNHCR	UN	No	F	Protection Cluster Coordinator
8	Al Khidmat	Pakistani NGO	Yes	M	President for FATA
9	PPHI	Pakistani NGO	Yes	M	Public Health Specialist
10	PPHI	Pakistani NGO	Yes	M	Regional Programme Director
11	PPHI	Pakistani NGO	Yes	M	Programme Director
12	Sahrad RSP	Pakistani NGO	Yes	M	Chief Executive Officer
13	Sungi	Pakistani NGO	Yes	M	Director Programme Operations
14	Ministry of Health	Pakistani Authority	Yes	M	Medical Superintendent
15	Ministry of Health	Pakistani Authority	Yes	M	Ministry of Health Doctor
16	PDMA	Pakistani Authority	Yes	M	Executive Director
17	PDMA	Pakistani Authority	Yes	M	Director of Relief Operations
18	Health System reform Unit	Pakistani Authority	Yes	M	Coordinator
19	Health Department	Pakistani Authority	Yes	M	District Focal Person
20	Thesil Municipal Administrator	Pakistani Authority	Yes	M	Thesil Municipal Administrator
21	Public Health and Engineering Department	Pakistani Authority	Yes	M	District Officer PHED
22	PDMA	Pakistani Authority	Yes	M	District Disaster Risk Management Coordinator
23	Economic Affairs Department	Pakistani Authority	Yes	M	Section Officer
24	NDMA	Pakistani Authority	Yes	M	Member Operations
25	People	Non State Authority	Yes	M	Landlord
26	People	Non State Authority	Yes	M	Head & Doctor of the Village
27	MSF OCP	Management	No	F	Project Coordinator
28	ICRC	International Organisation	No	M	Head of Sub-delegation

29	ICRC	International Organisation	No	M	Water & Habitat Coordinator
30	ICRC	International Organisation	No	F	Multilateral Affairs/Humanitarian Coordinator Delegate
31	IOM	International Organisation	No	F	Shelter Cluster Coordinator
32	MSF Sweden	INGO	No	M	MSF Evaluator
33	MSF OCP	INGO	No	M	Deputy Head of Mission
34	PHF	INGO	No	F	Policy & Advocacy Officer
35	CRS	INGO	No	M	Chair of PHF
36	HI	INGO	No	M	Head of Mission
37	NRC	INGO	Yes	F	Head of Mission
38	DRC	INGO	No	M	Country Representative
39	MSF OCP	INGO	No	F	Field Communications Advisor
40	MSF OCP	INGO	No	M	Head of Mission
41	MSF OCA	INGO	No	M	Head of Mission
42	ACF US	INGO	Yes	M	Deputy Country Director
43	ACTED	INGO	No	M	Country Director
44	MDM	INGO	No	M	Head of Mission
45	Oxfam GB	INGO	No	F	Country Director
46	Concern Worldwide	INGO	No	F	Country Director
47	Secours Islamique France	INGO	No	M	Country Director
48	Islamic Relief Worldwide	INGO	Yes	M	Country Director
49	Muslim Aid	INGO		M	Country Director
50	Red R	INGO	No		Country Program Manager
51	World Vision	INGO	Yes	M	Health and Nutrition Manager
52	USAID/OFDA	Donor	No	M	Program Officer
53	ECHO	Donor	No	M	Senior Technical Adviser
54	ECHO	Donor	No	M	Technical Assistant
55	Department for International Development (UK)	Donor	No	M	Representative
56	CIDA	Donor	No	M	First Secretary Development

Source: the author