

# **Humanitarian Aid and Internally Displaced Persons: Impacts in Conflict and Post-Conflict Zones**

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## **Abstract**

*Internally displaced persons (IDPs) are individuals or groups who are forced to flee their homes, for reasons usually associated with political issues or natural disasters, but who remain inside the borders of their own country. This paper explores different approaches of the humanitarian assistance community to IDPs. Featured are the most vulnerable populations -- namely women and children -- who have fallen through the cracks. The brief highlights the areas in which organizations working for IDPs can use the lessons learned to best impact those most in need.*

**(Key words: IDPs, women and children, assistance gaps)**

## **The Issue of Internally Displaced Persons:**

In 2009 the United Nations High Commissioner for Refugees estimated there were roughly 27 million internally displaced persons around the world.<sup>1</sup> Internally displaced persons (IDPs) are individuals or groups who are forced to flee their homes, for one reason or another, but remain inside the borders of their own country. The Internal Displacement Monitoring Centre attributes two key characteristics to IDPs: 1) The coercive or otherwise involuntary character of movement, and 2) the fact that such movement takes place within national borders.<sup>2</sup>

Much of internal displacement comes as a result of prolonged conflict and violence within a country. Indeed, as Walter Kälin, the Representative of the Secretary General on Human Rights of Internally Displaced Persons, has noted: “IDPs are often the main victims of conflict...[and they] often have specific needs.”<sup>3</sup> This is particularly true for vulnerable groups such as women, children, and the elderly and disabled. Females in particular present a challenge for the humanitarian community – it is estimated that about 80 percent of internally displaced populations consist of women and girls.<sup>4</sup>

Given the widespread occurrence of IDPs, and the problems they create for national governments and the international community, many different organizations have been created to deal with IDPs. From related case studies we can extract “lessons learned,” that, in the future, may provide guidance – or at least serve as warnings – for the treatment of IDPs in conflictive and post-conflictive societies. First, the paper will explore different approaches of the

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<sup>1</sup> [www.unhcr.org/pages/49c3646c146.html](http://www.unhcr.org/pages/49c3646c146.html). Last accessed 24 February 2011.

<sup>2</sup> [www.internal-displacement.org/8025708F004D404D/%28](http://www.internal-displacement.org/8025708F004D404D/%28). Last accessed 24 February 2011.

<sup>3</sup> “Internal Displacement and the Construction of Peace: Summary Report.” Pontificia Universidad Javeriana, The Brookings Institute. Bogotá, Colombia. November 11-12, 2008, p. 8.

<sup>4</sup> Buscher, Dale; Makinson, Carolyn. “Protection of IDP women, children and youth.” FMR/Brooking-Bern Special Issue. 15.

humanitarian assistance community to IDPs. Then we will explore the most vulnerable populations – namely women and children – who have fallen through the cracks. Finally the brief will highlight the areas in which organizations working for IDPs can use the lessons learned to best impact those most in need.

### **Who is Approaching IDP Assistance and How:**

As is true in the whole of humanitarian assistance, there are differing – although often complementary – approaches to providing assistance to internally displaced persons. As is their stance on all humanitarian operations, the International Committee of the Red Cross (ICRC) employs what Peter Van Arsdale refers to as a “neo-neutrality approach.” That is, the ICRC provides assistance strictly based on “the severity of their needs” and estimates of vulnerability, with an eye toward socio-politics. In many cases, this makes IDPs the “object of more attention” from the ICRC than the resident population. But this approach can also lead the ICRC to “intervene in order to prevent displacement...”<sup>5</sup>

Other international community actors, such as the UNHCR, specialize in serving refugee and IDP populations. Its approach differs from that of the ICRC; it has a specific mandate to serve refugee populations, in the context of protection. According to its website, “The High Commissioner for Refugees is mandated by the United Nations to lead and coordinate international action for the worldwide protection of refugees and the resolution of refugee problems.”<sup>6</sup> The ICRC, on the other hand, “is [traditionally viewed as] an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with

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<sup>5</sup> Aeschlimann, Alain. “Protection of IDPs: an ICRC View.” *Forced Migration Review: Protecting and assisting the internally displaced: the way forward*. 2006. 25.

<sup>6</sup>[www.unhcr.org/pages/49ed83046.html](http://www.unhcr.org/pages/49ed83046.html).

assistance.”<sup>7</sup> These mandates are different. Another example of what can be termed a neo-neutral organization is Doctors Without Borders. When serving IDP and refugee populations specifically, it maintains as much neutrality as is possible (given different political, financial and ideological constraints placed on the organization’s operators). Advocacy for those most at risk is considered. It thus contrasts with the UNHCR, also representing what we might call a “partial-neutral” international organization. These partial-neutral organizations include entities such as Oxfam, Catholic Relief Services and national aid agencies such as USAID.

There are also efforts from the nation states and governments themselves to serve the IDP populations within their countries. These efforts depend on the state of the conflict that has caused internal displacement, the resources available to the government, the capacity to employ those resources – including viable providers of services – and number and location of the IDPs.

There is a wide disparity among national efforts to assist IDPs. In one sense, Colombia arguably has one of the most advanced systems for providing assistance, which is charged with assisting the world’s second largest population of IDPs – up to 4.9 million people.<sup>8</sup> There are mechanisms for claiming grievances from the government, an advanced judiciary in the form of the Constitutional Court, which has made efforts to ensure the rights of IDPs, as well as significant amounts of capital for IDP programs. *Acción Social* is a government entity responsible for channeling national and international resources for social programs, including programs for IDPs. *Acción Social* also keeps statistics on IDP populations, which aids in assistance efforts. Yet rebel warfare diminishes ultimate successes.

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<sup>7</sup>[www.icrc.org/eng/resources/documents/misc/icrc-mission-190608.htm](http://www.icrc.org/eng/resources/documents/misc/icrc-mission-190608.htm).

<sup>8</sup> Internal Displacement Monitoring Centre; Norwegian Refugee Council. “Colombia: Government response improved but still fails to meet needs of growing IDP population.” December 10, 2010.

In countries with weak national states, resources and services for IDPs are lacking. This is also true in countries with challenging security environments. Sudan represents a clear-cut example of this. Plagued by regional and national conflicts, sparked by ethnic, religious and economic issues and the emergence of a new nation from its south, Sudan has struggled to provide for most of its citizens, much less its internally displaced population, which at certain points has constituted the largest IDP population in the world. Sudan's government is incapable – or unwilling – to provide the systematic support IDPs need. This has led to a large dependence on foreign agencies and aid. In Darfur, for example, so many aid agencies were working in IDP camps that the ICRC, in the spirit of neo-neutrality, began focusing on other rural populations of IDPs instead, helping fill gaps in assistance.<sup>9</sup>

The examples of Colombia and Sudan also raise issues of sovereignty. In theory, every nation is sovereign, and the international community (including NGOs) must respect that sovereignty. But the fact, clearly, is that some states are stronger than others. Colombia is relatively strong. This is good for IDPs because the state is more capable of providing services, but it can also be a detriment because the international community cannot get as involved to engage the equitable treatment of that population. Burma (Myanmar) is a good example of a relatively strong state that will not allow the international community to tend to the over 500,000 IDPs in its eastern districts, leaving them in dire situations.<sup>10</sup>

Sudan, however, is a weak state, and thus has received more international intervention. This is good for the IDPs because in some cases they are receiving what they need. It is bad in

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<sup>9</sup> Aeschlimann. 25.

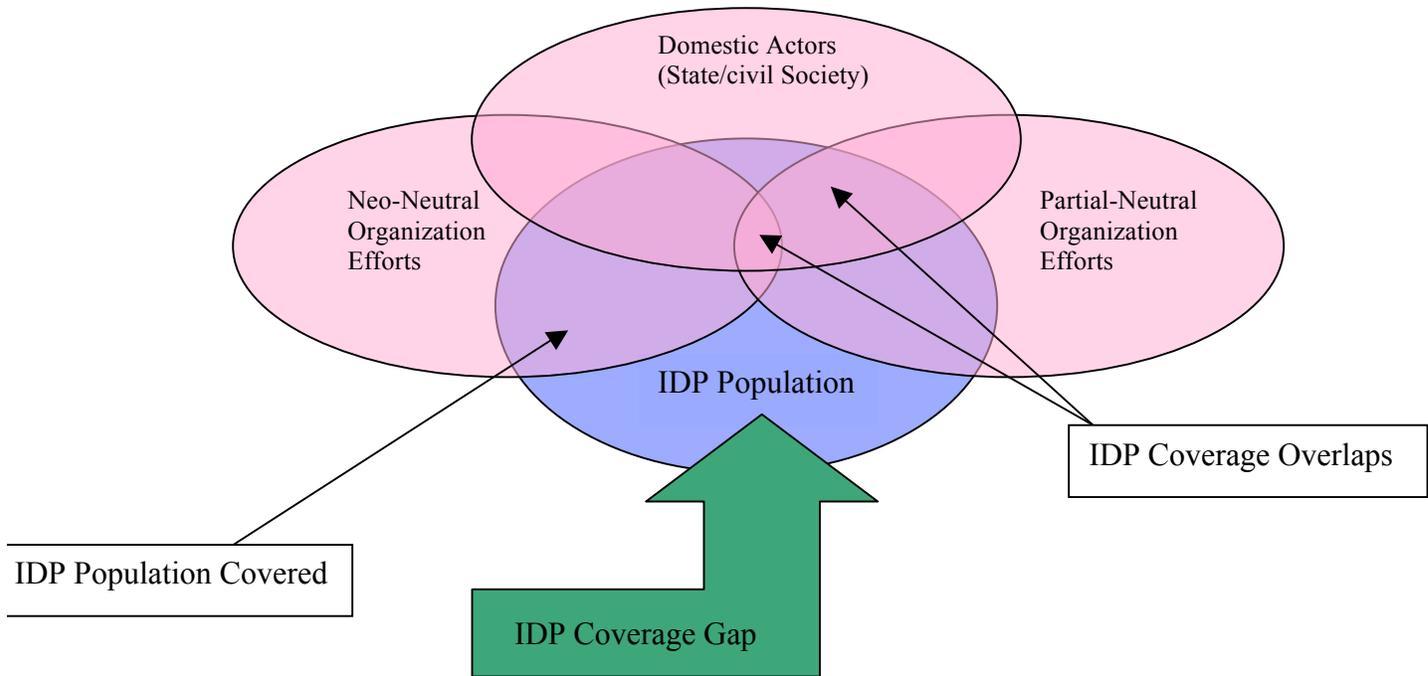
<sup>10</sup> Internal Displacement Monitoring Centre. "Myanmar (Burma): No end in sight for internal displacement crisis." 14 February 2008. 9.

that an aid dependency has been created. In some cases situations in IDP camps have become better than before their forced migration, and so there is less incentive to leave.<sup>11</sup>

**The Gap:**

While there are multiple actors working for the benefit of IDP populations, a gap has formed. Despite assistance from neo-neutral, partial-neutral and domestic entities (this also includes indigenous/domestic civil societies), often working in conjunction with each other, large proportions of conflict-affected IDP population have fallen through the cracks.

The diagram below represents the three types of organization providing humanitarian assistance to IDP populations in conflict and post-conflict zones, and indicates the overlapping efforts and gaps that have formed in the provision of services.



<sup>11</sup> Aeschlimann. 25.

As can be seen, a portion of the IDP population falls outside of the coverage of international and domestic organizations. What is more, some efforts by these actors are replicated. The question remains, however, about the most vulnerable – those at the margins of humanitarian assistance.

### **Who Gets Left Out:**

Unequivocally, women are the most under-served population within the IDP population at large. As mentioned above, women and girls represent about 80 percent of the world's IDP population. Despite their overwhelming numbers, women often lack the minimally necessary services, or the same services and opportunities as are available to men. In Colombia, 60 percent of IDP women do not work (compared with 35 percent for men), and of those women who do work, 60 percent do so in the informal sectors; 20 percent work in domestic service.<sup>12</sup> Thirty-nine percent of IDP households are headed by one parent or adult; women head 91 percent of these families.<sup>13</sup> As of 2009, about 5 percent of displaced Colombian women were pregnant, compared to the national average of 4.2 percent. These women require special services such as prenatal care, micronutrient supplements, and assistance during the nursing period.<sup>14</sup> By comparison, in the Nyala district of South Darfur, Sudan, 861 of 1266 respondents surveyed (68 percent) used no birth control, while 53 percent reported at least one unattended birth. Eighty-eight percent of these women claimed unequal education opportunities.<sup>15</sup>

Gender-based violence and sexual discrimination are also problems for female IDPs. In the above-mentioned survey of Sudanese women, 84 percent reported having female circumcision. Some studies have indicated that upwards of 60 percent of IDP and refugee

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<sup>12</sup> IDMC. "Colombia: Government response..." 6.

<sup>13</sup> Carillo. 531.

<sup>14</sup> Carillo. 531.

<sup>15</sup> Kim, Glen; Torbay, Rabih; Lawry, Lynn. "Basic Health, Women's Health, and Mental Health Among Internally Displaced Persons in Nyala Province, South Darfur, Sudan." *American Journal of Public Health*. Vol. 97. No. 2. February 2007. 353.

women have been victims of sexual violence and rape.<sup>16</sup> In Mississippi, after Hurricane Katrina, “the crude rate of new cases of GBV among women increased from 4.6/100,000 per day to 16.3/100,000 per day in 2006, and remained elevated at 10.1/100,000 per day in 2007.”<sup>17</sup> While Mississippi does not represent a post-conflict environment, the increased rate of GBV only serves to emphasize the potential, and indeed the likelihood, of violence against internally displaced women in disrupted environments.

Children also constitute highly vulnerable IDP sub-populations. In some cases, displacement is all that these youths know. In Colombia some communities have been displaced for over 22 years.<sup>18</sup> Older IDP youth generally lack a voice in the political process, and are more vulnerable to recruitment from armed groups. Further, access to education is worse for IDP children. A 2002 Women’s Commission study found that “in just 10 countries with conflict-induced displacement...27 million children had no access to formal schooling.” The education that is provided to IDP children also tends to be worse than that afforded the general population, compounding the issue.<sup>19</sup>

Some IDP children do not even have identities. Internally displaced children born in Burma are not issued birth certificates. This makes them subject to recruitment to the armed forces as “unidentified” child soldiers.<sup>20</sup>

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<sup>16</sup> Thomas, Samantha L; Thomas, Stuart DM. “Displacement and Health.” *British Medical Bulletin*. Vol. 69. 2004. 115.

<sup>17</sup> Anastario, Michael; Shehab, Nadine; Lynn Lawry. “Increased Gender-based Violence Among Women Internally Displaced in Mississippi 2 Years Post-Hurricane Katrina.” Abstract. [www.dmphp.org/cgi/content/abstract/3/1/18](http://www.dmphp.org/cgi/content/abstract/3/1/18).

<sup>18</sup> “Internal Displacement and the Construction of Peace: Summary Report.” Pontificia Universidad Javeriana, The Brookings Institute. Bogotá, Colombia. November 11-12, 2008. 6.

<sup>19</sup> Buscher. 15.

<sup>20</sup> Maung, Cynthia. “Health Security Among Forcibly Displaced People.” Proceedings for UNHCR Hearing on Refugees in SEA. 152.

## **Learning from the Past:**

Using the information we have from past attempts to impact conflict-affected IDPs, and now recognizing which populations have been left behind, humanitarians can begin altering their assistance accordingly. The three major areas that can be improved upon for the inclusion of marginalized sections of the IDP population are:

### ***Health***

The area where humanitarians can make the largest impact is in the health of internally displaced persons. Special services such as prenatal care, micronutrient supplements and assistance during the nursing period should be provided to pregnant and nursing women.<sup>21</sup> Women are the most vulnerable population, and have special needs that should be addressed. Health services should also include mental health programs. Displacement, violence and poor living conditions, compounded by pervasive poverty, unemployment, poor health and a lack of education opportunities can, and in most cases does, create severe mental strain on internally displaced persons. This strain causes real harm to individuals and communities, and its importance cannot and should not be under emphasized. Humanitarian organizations providing even minimal mental health services can drastically improve the quality of life for internally displaced persons. The prevention and treatment of communicable diseases are also necessary for IDP populations. Vaccinations for measles, protection against cholera and malaria, and anti-HIV/AIDS programs are essential in protecting the health and dignity of all IDPs.

### ***Education***

Another major area for humanitarian action lies in education. While, in the long term, it is the responsibility of the state to provide its citizens with education, humanitarians can play a role

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<sup>21</sup> Carillo. 531.

in providing services that improve the vocational skills of IDPs, as well as provide IDP youth with the literacy and primary educational skills necessary to function in their respective societal contexts. It must be noted, however, that humanitarians should be wary of injecting their own values and curricula into the education systems of indigenous communities. But, with careful planning and community input, targeted educational programs can help level the playing field for internally displaced people, creating some equity for that marginalized population.

### ***Security***

Finally, humanitarian organizations can provide a sense of safety for – and enhance the actual security of – internally displaced persons. Most IDPs are forced from their homes because of conflict. Much of the fear that comes from the initial forced displacement carries over into long-standing displacement. Fear of retributive violence is widespread, and gender-based violence in IDP camps is rampant. Humanitarian organizations, be it the UN, Oxfam, Doctors Without Borders or a local NGO, can reassure IDPs of their situation and create mechanisms of protection and reporting for incidents of violence.

### **Conclusion:**

Humanitarians – whether they are neo-neutral, partial-neutral, or domestic actors – have an opportunity, and indeed an obligation, to reach out to and help internally displaced persons in conflict and post-conflict environments. There are many different approaches to this, but the underlying facts are that enough has not been done, and that populations have fallen through the cracks. Women, children, and in some areas ethnic minorities all require special attention, particularly regarding health and education. Security is a service all IDPs need – one that can be provided or at least advanced by humanitarians.

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