Addressing the protection gap: the Framework for Consultation on IDPs in Burundi by Tullio Santini

This initiative, created to address the longstanding issue of protection for the more than 400,000 IDPs in Burundi, has been valuable in providing a permanent institutional forum for dialogue and information exchange on key protection and access issues. The Framework also constitutes a significant step forward in the process of strengthening the status - as well as proving the operational potential - of the 1998 Guiding Principles on Internal Displacement.

Background

Over the last few years, several studies and reports have emphasised the gravity of the displacement crisis in Burundi and called on relevant actors to redouble their efforts to meet the protection needs of the internally displaced. They have demonstrated, in particular, that the 'protection gap' is attributable to a complex combination of factors: persistent insecurity in most provinces, which has resulted in precarious and intermittent humanitarian access; widespread disregard of civilians’ fundamental rights by all warring parties; limited commitment displayed by both central and local authorities to effectively address the needs (particularly in terms of protection) of the displaced populations; insufficient operational capacity of key protection actors; and lack of a field-based, integrated strategic approach to protection by the UN and other members of the humanitarian community. As a consequence, monitoring, reporting and protection activities for IDPs have been neither coherent nor systematic, thereby hampering the 'protection capacity' of the humanitarian community.

The mission of the Senior Inter-Agency Network on Internal Displacement to Burundi, led by the UN Special Coordinator on Internal Displacement in December 2000, provided valuable inputs to the search for a comprehensive approach to the protection dimension of the IDP crisis and resulted in a number of recommendations. The mission, in particular, urged the establishment of an "Ad Hoc Committee on Protection of IDPs, possibly under the overall leadership of the Minister for Human Rights, and comprised of relevant governmental authorities, UN agencies, local and international NGOs and other international organisations, serviced by OCHA". The Committee should be "a forum for discussion and collaboration on issues relating to the provision of protection to displaced persons, including issues of access and follow-up on specific violations".

Consultations with key stakeholders ensued, leading eventually to the endorsement of the initiative, the creation of a drafting committee and, finally, the adoption in February 2001 of a Protocol (jointly signed by the UN Humanitarian Coordinator and the Burundian Minister for Human Rights) establishing a Permanent Framework for Consultation on the Protection of IDPs.

"The Permanent Framework for Consultation on the Protection of IDPs was launched in February 2001 by the government of Burundi and the UN Country Team, with the involvement of national and international NGOs.

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1. The project’s five Palestinian research teams were overseen by the author in the case of the teams working in Lebanon, Syria and Jordan. Teams working in the West Bank and Gaza were supervised by Professor Gillian Hundt, School of Health and Social Studies, University of Warwick. Local Research Team Leaders were: Dr A Thabet, Gaza Health Services Research Centre (Gaza); Dr S Al Zaroo, Ministry of Labour, Palestinian National Authority (West Bank); Dr R Farah, Union of Palestinian Women (Syria); Dr A Abdul Rahim, National Authority (West Bank); Dr S Al Zaroo, Ministry of Labour, Palestinian Health Services Research Centre (Gaza); Local Research Team Leaders were: Dr A Thabet, Health and Social Studies, University of Warwick.

2. For more information, see Grim prospects for Palestinian refugees in Lebanon, FMR11, pp40-41.
Mandate and composition of the Framework

The main elements of the Framework’s mandate are to:

- ensure a permanent consultation between the Burundian government and aid agencies on issues pertaining to the protection of IDPs and the adoption of preventive measures
- create rapid intervention mechanisms (including joint field missions) to address all issues regarding access to and protection of IDPs
- launch and support all necessary initiatives to improve the effectiveness of existing structures for IDP protection
- monitor possible violations of human rights and humanitarian law in IDP camps and ensure that relevant follow-up actions are taken
- disseminate the UN Guiding Principles on Internal Displacement.

There are two main levels for consultation: a High-Level Committee for the Protection of IDPs and a Follow-Up Technical Group (FTG). Both include representatives of the Burundian government, UN agencies and international and national NGOs.

The FTG is responsible for executing the recommendations of the High-Level Committee. The Protocol also authorised the Chairperson of the FTG (the President of the Governmental Commission on Human Rights) to receive any complaint or report related to the protection of IDPs, activate existing governmental structures in order to address such cases, and inform the FTG in a timely manner of any measure taken.

In the Protocol’s Preamble, the Parties acknowledge that “the Government of Burundi and the international community are bound by the UN Guiding Principles on Internal Displacement”, an important recognition of the authoritative character of the Principles.

Operational developments

i. The Monitoring Committee on the return of IDPs to Bujumbura

In the aftermath of the displacement crisis that occurred in the capital Bujumbura in February-March 2001, a joint Government-UN-NGOs Follow-Up Committee was established to monitor the return of the IDPs to their homes. This provided the first instance of the Framework’s operational potential. The role of this Committee was to closely monitor the return of those IDPs, with a view to assessing the authorities’ compliance with the Guiding Principles and submitting daily reports to the Chair and Co-Chair of the Framework. The adoption of the Guiding Principles as a benchmark to assess the authorities’ management of the return process - as well as the performance of the relief community - constituted the first example of concrete use of the Principles as a working tool by humanitarian and human rights actors in Burundi.

In March and April 2001, the Committee conducted daily visits to the neighbourhoods affected by the displacement crisis, interviewed numerous IDPs, discussed key issues with local authorities and gradually expanded its activities to neighbouring areas. The periodic visits by the Committee helped reassure the formerly displaced populations and provided them with an additional, indirect safeguard that encouraged them to return.

By nurturing a daily, confidential dialogue with the authorities, the Committee was also able to achieve tangible results: minimising the consequences of loss of identity documents by many IDPs; denouncing the forced evictions of IDPs from certain sites in the capital (thus deterring further evictions); identifying cases of extortion by soldiers and/or local authorities from returning IDPs (the Committee successfully requested
the replacement of the military battalion responsible; reporting the urgent need for distribution of relief items for the most vulnerable among the returnees; advocating for the returnees’ access to their cultivated land; reporting the need for awareness campaigns and clearing activities with regard to unexploded ordnance; and advocating for the population’s liberty of movement in the previously contested neighbourhoods.

ii. The Follow-Up Technical Group

The FTG holds regular weekly meetings. While in principle the High-Level Committee meets every month, it has increasingly delegated most of its function to the FTG. The FTG has decided to focus on a few key areas: conducting regular field visits and preparing reports on the situation of IDPs in displacement affected provinces; promoting the dissemination of the Guiding Principles and sensitising civil and military authorities to IDPs’ protection needs; addressing concrete access and protection issues (especially in the highly sensitive province of Bujumbura Rural); and intensifying advocacy efforts on the plight of IDPs in Burundi.

Observations

i. Constraints

During the first 17 months of the Framework’s existence, its effectiveness has been undeniably affected by a range of constraints: lack of ‘dedicated’ human and financial resources; the breadth of its mandate; the unprecedented nature of the initiative and the members’ limited expertise on IDP protection-related issues; the intermittent commitment of key Burundian government actors and failure to convey Framework recommendations to local civil and military authorities; initially uncertain engagement by some members (a reflection of the peculiar position of IDPs vis-à-vis the individual mandates of relief agencies), which meant that some key responsibilities were initially taken on by actors that were not ideally placed to play a strong protection role; limited availability of policy guidance on the matter; initial tendency to focus on procedural issues rather than on taking concrete actions to address problems; and insufficient definition of the precise relationship of the Framework with existing governmental structures dealing with IDPs (particularly the Governmental Commission on Human Rights).

ii. Strategic potential

Despite these constraints (some of them attributable to the difficulties of launching a new initiative), early results seem to indicate that the Framework has the potential to evolve into a dynamic and effective tool for use in defusing crises or addressing problems before they escalate. This ‘strategic’ potential is based on a number of factors characterising the Framework.

First of all, it is worth underscoring the public acknowledgment by the Government of Burundi of the ‘binding’ character of the Guiding Principles; this may eventually (and hopefully) lead to some form of integration of the Principles themselves in the national legislation.

Secondly, the very existence - in such a challenging context - of a joint forum in which civil and military authorities are engaged in a constant dialogue regarding sensitive protection issues represents a significant achievement. Furthermore, this forum offers a strategic tool for the pursuit of more robust advocacy on behalf of the IDPs, particularly as far as the prevention of human rights abuses is concerned.

In addition, the broad scope of the Framework’s mission has already allowed participants to table a significant range of issues that go beyond the protection of IDPs per se, such as the safe and unhindered access for aid workers to civilians in need, the prolonged military occupation of health centres, the use of child soldiers and the situation of the Batwa minority. A relatively open mandate may be a useful asset in a scenario as complex as the one prevailing in Burundi.

The sensitisation of local authorities to general humanitarian principles, coupled with the dissemination of the Guiding Principles, is compelling local authorities to recognise their primary responsibilities towards IDPs. This programme of dissemination could (and should) in the future be expanded to include members of the security forces at all levels. The visits to the Provinces undertaken by the FTG have also resulted in considerable improvement of the (so far insufficient) quantitative and qualitative information available on the situation of IDPs.

Lastly, and perhaps more importantly, the dialogue and mutual confidence developed within the Framework may be instrumental in facilitating the timely response to access and protection issues. This has been proved, early this year, by the re-establishment of access to an area in Bujumbura Rural that had been declared ‘off limits’ by the authorities, on security grounds, for 18 months. Furthermore, at the end of May, the mobilisation of the High-Level Committee made it possible for aid agencies to obtain access to more than 30,000 civilians who had been forcibly relocated in Ruyigi province, provide them with emergency assistance and urge the authorities to redress widely reported human rights abuses.9

Conclusion

The creation of the Framework constitutes a valuable example of implementation of the Guiding Principles, which - if fully exploited - could contribute significantly to the search for new and more creative ways of addressing the protection needs of the internally displaced.
The UN Commission on Human Rights welcomed, in this year’s resolution on Burundi, the establishment of the Framework. Key humanitarian donors also expressed strong support for the initiative and an active interest in following and supporting its activities.

A significant step to addressing the Framework’s lack of dedicated resources was taken when UNDP, on behalf of all actors involved in preparing the 2002 Inter-Agency Consolidated Appeal for Burundi, submitted a project proposal for $500,000 to provide the Framework with the operational capacity needed to implement its mandate. The availability of resources is essential to allow the Framework to develop a comprehensive, long-term plan of action and focus on sensitisation and capacity-building initiatives. In this respect, it is encouraging to learn of a significant contribution recently pledged by the US Office for Foreign Disaster Assistance.

The effectiveness of the initiative, at least in the short term, will depend on the will and capacity of its stakeholders to attract the concrete support of donors, mobilise the attention of national and international media, develop clear and realistic priorities for action and firmly assert the role of the Framework in moulding the institutional changes that the ongoing transition period will inevitably produce.

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1. www.reliefweb.int/ocha.ol/pub/idp_gu/idp.html

Refugee health, research and policy: a case study from a London health authority

by Andrew Valley and Catherine Scott

Recent years have seen considerable research into the health and social welfare needs of disadvantaged populations, including refugees and asylum seekers. Developing appropriate national and local-level policy in the UK to address these needs has lagged behind. Recent research on behalf of the Welsh Refugee Council, for example, concluded that service provision for refugees in Wales could be understood only in terms of three cultures: “ignorance, disbelief and denial”. In many areas of London, refugee health services – provided through combinations of statutory and voluntary sector agencies – have been poorly funded and resourced and not been tailored to the needs of refugees. Croydon Health Authority in South West London conducted a health needs assessment among local refugee communities in 1999. The research was conducted in response to increasing concerns among local interest groups, politicians and the statutory services that the number of refugees in Croydon was rising and that health needs in this vulnerable population were poorly defined and perhaps largely going unmet. Ultimately, the work was used to develop an action plan to tackle local health inequality and became an important theme within the Croydon Health Improvement Plan 1999-2002.

At the end of this process we wanted to explore the influence of our research on local policy:

- Was our research influential in its own right or simply because it was carried out in the right place, at the right time?
- How important was the process by which research was carried out compared to the research findings themselves?
- What lessons are there for other researchers and advocates of refugee health?

Right place, right time?

There was growing awareness of the need to quantify and prioritise refugee health needs in London and in Croydon. In early 1998, the Health of Londoners Project (HoLP) decided to assess the health needs of refugees living in London. Croydon Health Authority became aware of increased public concern regarding the number of refugees living locally and was asked to provide information on refugee health by Croydon Council. This favourable local environment was complemented by the commitment of the newly-elected Labour government to tackle health and social inequality. New emphasis on partnership with