Constraints.
There were contradictory expectations from MSF International, from the team management and from the Amsterdam office on the work the HAO was supposed to do. MSF (D) requested testimonies, the Country Manager put the emphasis on the formal title of the post being Information Officer while the Amsterdam office supported the recently written ToR. Time forced me to set priorities that inevitably did not please everyone.

The hierarchical structure in the team was unclear and consequently also the position of the post as HAO. Practical logistical concerns due to the emergency situation dominated the daily work and reduced the attention paid and importance given to HR issues by the team management.

A duplication of work would sometimes occur in my search for information from sources outside MSF while it was in fact available from inside. I did not have access to meetings where relevant items of information could come up, such as the medical co-ordinators' meetings and the UNHCR interagency meetings. Evidently not all information in these meetings was relevant to my work as HAO but it was difficult for the person attending to know what was and to know what to share with me.

Positive effects.
The fact that we were on the location enabled me to provide training to the international staff directly related to the situation. Certain issues could be explained more in detail that may have facilitated their work or at least their understanding of the environment. The post of HAO also worked as an off-load to the rest of the staff in the field. In particular the medical staff who had to listen to many patients' stories, could pass them on to me for further action. The MSF presence at the meetings with the human rights organisations has hopefully left an impression with them of the importance MSF attaches to the link between humanitarian assistance and human rights.

Conclusion and recommendations.
- The presence of an HAO in an emergency is necessary in order to have an assessment made of the humanitarian/human rights issues at stake to decide if and what advocacy work is necessary. I would suggest that if via the assessment it is found that in the emergency situation there is a need to take testimonies from a population for advocacy purposes a team of interviewers be sent out to ensure a quantitatively and qualitatively reliable material to be provided in as short a time as possible. (Maybe a superfluous remark but testimonial should not be forgotten in situations past the emergency state, such as Angola and Sudan.)

The assessment should also enable HQ to decide if indeed a humanitarian affairs officer is necessary or if a more general information gathering is what is required. Even though information gathering for planning purposes to some extent involves the same sources the HAO is already working with it must be clear to whom the HAO-cum-Information Officer reports and for what purpose. Gathering and analysing information as well as
ensuring that humanitarian and human rights issues are properly considered by the management in the field would be greatly facilitated if the HAO was part of the actual field management, e.g. an assistant country manager.

The humanitarian assistance MSF provides presently seems to runs parallel with MSF human rights concerns. To create an interaction the question to ponder would be how MSF concerns for human rights can be directly reflected in the services MSF provides? How can MSF, via the medical services, show beneficiaries as well as donors that MSF is actively promoting human rights?

Reading 11 May 1999.