
THE STATE OF THE HUMANITARIAN SYSTEM

2015 EDITION

**This report was researched and written for
ALNAP by Humanitarian Outcomes.**

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Humanitarian Outcomes

Suggested citation:

ALNAP (2015) *The State of the Humanitarian System*. ALNAP Study.
London: ALNAP/ODI.

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ISBN 978-1-910454-37-4

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Design by Soapbox, www.soapbox.co.uk

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ACRONYMS

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action	IOM	International Organization for Migration
CAR	Central African Republic	IRC	International Rescue Committee
CERF	Central Emergency Response Fund	IRIN	Integrated Regional Information Networks
CHF	Common Humanitarian Fund	IVR	Interactive Voice Response
DAC	Development Assistance Committee	MIRA	Multi-Cluster/Sector Initial Rapid Assessment
DRC	Democratic Republic of the Congo	MSF	Médecins Sans Frontières
FTS	Financial Tracking Service	NGO	Non-Governmental Organisation
GDHO	Global Database of Humanitarian Organisations	OCHA	Office for the Coordination of Humanitarian Affairs
GHA	Global Humanitarian Assistance	OECD	Organisation for Economic Co-operation and Development
GHD	Good Humanitarian Donorship	OPR	Operational Peer Review
H2H	Humanitarian To Humanitarian	PMR	Periodic Monitoring Review
HC	Humanitarian Coordinator	PSEA	Protection From Sexual Exploitation And Abuse
HXL	Humanitarian Exchange Language	RRMP	Rapid Response To Population Movements
IAHE	Inter-Agency Humanitarian Evaluation	RRP	Refugee Response Plan
IASC	Inter-Agency Standing Committee on Humanitarian Response	SARC	Syrian Arab Red Crescent
ICRC	International Committee of the Red Cross	SC	Security Council
IDP	Internally displaced person	SHARP	Syrian Humanitarian Assistance Response Plan
IFRC	International Federation of Red Cross and Red Crescent Societies	SMS	Short Message Service
INGO	International Non-Governmental Organisation	SOHS	State of the Humanitarian System
INSO	International NGO Safety Organisation	SRP	Strategic Response Plan
		TA	Transformative Agenda
		UK	United Kingdom
		UN	United Nations
		UNDP	United Nations Development Programme
		UNHCR	United Nations High Commissioner for Refugees

UNICEF United Nations
Children's Fund

UNMEER UN Mission for Ebola
Emergency Response

UNRWA UN Relief and Works Agency
for Palestine Refugees in the
Near East

WASH Water, Sanitation
And Hygiene

WFP World Food Programme

WHO World Health Organization

PREFACE



The SOHS continues to provide systematic analysis and guidance on how best to make the case for improving the humanitarian system – a system which is needed by more people than ever before.

The 2015 edition of the State of the Humanitarian System (SOHS) builds on previous reports and provides evidence on the progress and performance of the humanitarian system.

The report identifies a number of key challenges, including meeting the humanitarian needs of a growing number of people, ensuring that the humanitarian system performs under the current levels of strain, securing the resources necessary to conduct humanitarian operations, ensuring adherence to the tenets of international humanitarian and human rights law, and preventing the politicisation of humanitarian action. For the past decade, needs have substantially increased, driven by a complex mix of conflict, climate change, water scarcity, demographic shifts and urbanisation. When funding requirements reached \$18 billion in 2014, donor contributions increased. But despite this generosity, the gap between humanitarian needs and the resources available to meet them continues to grow.

Given the multitude of crises and soaring needs, the humanitarian system is overstretched. Nearly 80% of our work is in countries and regions affected by conflict, where active zones of conflict, the proliferation of armed and terrorist groups, and easy availability of weapons produce complex operating environments. International humanitarian and human rights law is flagrantly violated, and we are failing to protect civilians. And humanitarian workers are required to stay for far too long partly because political negotiations take time, but also because processes for maintaining international peace and security are in deadlock.

It is not surprising that the SOHS highlights the perception of a growing number of people that the humanitarian system is falling short. We need to take that seriously but – as the SOHS stresses – also point out where the system has become better. For instance, humanitarian leaders on the ground are more effective, response efforts are better coordinated, pooled funding is helping local and international NGOs and we remain strong advocates for people in need.

In the run-up to the first ever World Humanitarian Summit in 2016, we have a unique opportunity to shape the future humanitarian agenda and improve humanitarian action. We can and must collectively do more to save lives and uphold people's dignity in the midst of crisis. The SOHS continues to provide systematic analysis and guidance on how best to make the case for improving the humanitarian system – a system which is needed by more people than ever before.

Valerie Amos

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ACKNOWLEDGEMENTS

The State of the Humanitarian System study is a large and complex undertaking, for which Humanitarian Outcomes has enjoyed the able direction and support of ALNAP for three iterations. We are grateful to John Mitchell, Paul Knox Clarke, Franziska Schwarz, Alice Obrecht and Maria Gili for their collaboration and guidance throughout the course of the project.

The research was also guided by an Advisory and Support Group of experts who not only oversaw the methodological development but also provided critical support and assistance for some of the components, including hosting field visits and helping to disseminate the online survey of aid practitioners and host government officials. We particularly thank Frédéric Penard and *Solidarités International* for hosting the research in Mali and supporting the desk research for the Central African Republic; Mark Schnellbaeher, Jack Byrne, Laura Jacoby and Bryce Perry for their hosting and support for the Syria research; and Ben Allen, Eduardo de Francisco and colleagues at *Action Contre La Faim* Spain for hosting the field visit in the Philippines.

The members of the Advisory and Support Group were:

- Mia Beers, Office of US Foreign Disaster Assistance
- Scott Chaplowe, International Federation of Red Cross and Red Crescent Societies
- Richard Garfield, US Centers for Disease Control and Prevention and Columbia University
- Manu Gupta, Seeds India
- Hansjoerg Strohmeyer, UN Office for the Coordination of Humanitarian Affairs
- Lars Peter Nissen, Assessment Capacities Project
- Victoria Saiz-Omenaca, UN Office for the Coordination of Humanitarian Affairs
- Nigel Timmins, Oxfam GB
- Tendik Tynystanov, British Red Cross
- Frédéric Penard, *Solidarités International*
- Sophia Swithern, Development Initiatives

Finally, we would like to extend our thanks to the hundreds of practitioners, policymakers and recipients of aid who shared their time and their perspectives to help inform this report.



The system is responding to fewer emergencies, but those emergencies affect larger numbers of people – for many of whom a principal need is protection, the area humanitarian action is least able to affect.

EXECUTIVE SUMMARY

The international humanitarian system is larger than ever in terms of financial and human resources. In 2014 it comprised some 4,480 operational aid organisations with combined humanitarian expenditures of over \$25 billion (see Table 2) and roughly 450,000 professional humanitarian aid workers in their ranks. And yet it is failing to meet the global demand for humanitarian assistance. The past few years – particularly 2014, with four concurrent major emergencies followed by the Ebola epidemic – laid bare the system’s limits. The political and security impediments to providing relief to civilians trapped in war-ravaged Syria, combined with glaring capacity gaps in the Central African Republic and South Sudan, have overshadowed genuine humanitarian successes such as the response to Typhoon Haiyan (Yolanda) in the Philippines.



The global humanitarian system as we know it was not deliberately engineered; it evolved largely organically from disparate altruistic endeavours at the local and international levels.

Although it has become a cliché for reports of this kind to declare the humanitarian system ‘in crisis’ or ‘at a crossroads’, something new seems to have dawned in the collective understanding of the paucity of the enterprise. Pronouncing the system ‘broken’, as more than one prominent observer has, is not accurate. To the contrary, its financing and institutional machinery continue to improve and attract more participation and support each year. In multiple crises, humanitarians provide aid that supports survival and recovery, and in a far more coordinated fashion than was the case a decade ago. Rather, the problem is that it is at the wrong scale and lacks both the capacity and the agility to meet the multiple demands that have been placed upon it in many crises, while often being hamstrung by external political forces. As a result, too many populations in need of humanitarian assistance remain unreached or under-served. The global humanitarian system as we know it was not deliberately engineered; it evolved largely organically from disparate altruistic endeavours at the local and international levels. We may have reached the limits of what jury-rigging new mechanisms for planning and coordination onto that structure can accomplish.

About the study

The State of the Humanitarian System (SOHS) project is an independent study that compiles the latest statistics on the size and scope of the humanitarian system and assesses overall performance and progress every few years. This edition synthesises the findings of over 350 formal evaluations and other relevant documents, 340 key informant interviews and surveys of 1,271 aid practitioners (including host-government officials) and 1,189 aid recipients, covering the period 2012–2014. The humanitarian

system's performance is assessed within its core functions of responding to major sudden-onset emergencies and supporting populations in chronic crisis, as well as its less well defined roles of humanitarian advocacy and support for resilience. This assessment is made based on standard evaluative criteria for humanitarian action (sufficiency/coverage, relevance/appropriateness, effectiveness, connectedness, efficiency and coherence).

Key findings







The system is responding to fewer emergencies, but those emergencies affect larger numbers of people – for many of whom a principal need is protection, the area humanitarian action is least able to affect. Coverage is worsening, both in terms of how humanitarian contributions measure up to stated requirements, and in terms of operational capacity in the field. The Ebola epidemic presented an acute regional emergency, requiring an additional surge of logistical capacity and human resources at a level of technical skill that is in short supply. Missteps in the early stages of the epidemic slowed the response and cost lives.







Only in the function of rapid response to major sudden-onset disasters can the system claim clear success and progress during the review period. The coordinated national and international response to the most destructive typhoon in Philippines history resulted in reduced levels of morbidity and mortality than in major natural disasters in the recent past. This achievement is significant and should not be understated. The system is falling short, however, in meeting the humanitarian needs of populations in chronic crises, which are by far the bulk of its caseload. Severe coverage gaps and slower-than-expected responses were noted in several crises, particularly in the Central African Republic and South Sudan. Further exemplifying the overstretch in these contexts, humanitarian policy dialogue has increasingly focused on building resilience to disasters and strengthening national and local response capacities. As the system struggles to meet these growing expectations, debates continue about whether these tasks fall within the humanitarian or development remit.

In advocacy with political actors, humanitarians have become more sophisticated but still lack a strategic and unified approach. Most successes in advocacy involve small-scale objectives such as temporary access to specific locations for aid interventions. Advocacy aimed at influencing broader solutions to complex crises such as those in Syria and South Sudan has rarely yielded tangible results. The experience of the past few years reminds us that there are limits to humanitarian action and that it cannot correct for political or development failures.

The table in the next spread broadly summarises overall system performance, comparing it to findings from the previous review, SOHS 2012 (ALNAP). It illustrates this report's conclusion that, faced with formidable odds over the review period, the system showed on balance a declining ability to meet humanitarian assistance needs.

Table ES-1 / Humanitarian performance, SOHS 2012 and 2015

Sufficiency/coverage	Effectiveness	Relevance/appropriateness
SOHS 2012 (2009–2011 compared to 2007–2008)		
 <p>No progress</p> <ul style="list-style-type: none"> Funding shortfalls and coverage gaps continued. Coverage of stated requirements remained static. Perceptions of sufficiency among humanitarian actors surveyed dropped to 34% (from 36% in 2010). 	 <p>Mixed progress</p> <ul style="list-style-type: none"> Programme objectives were largely met. However, weaknesses were identified in leadership and timeliness. 	 <p>Improvement</p> <ul style="list-style-type: none"> Modest improvements occurred in aligning with host government priorities. Progress was made in needs assessment methods and tools for communicating with affected populations. Weakness persisted in local consultation on projects, especially with recipients.
SOHS 2015 (2012–2014 compared to 2009–2011)		
 <p>Decline (with a few exceptions)</p> <ul style="list-style-type: none"> Despite an increase in funding, overall coverage decreased. <ul style="list-style-type: none"> Most gaps were seen in support for chronic crises, including deficits in funding, technical capacity, and recruitment, as well as access constraints. Some coverage improvements were cited in responses to natural disasters. Perceptions of sufficiency among humanitarian actors surveyed dropped to 24% (from 34% in 2012). More pessimism was expressed about ability to reach people in need in conflicts, mostly due to insecurity. 	 <p>Mixed progress</p> <ul style="list-style-type: none"> Improvements were noted in both timeliness and mortality/morbidity outcomes in rapid responses to major natural disasters. Improvements were noted in coordination, and in quality of leadership and personnel in major emergencies. Performance was poor in conflict settings. A majority of survey respondents graded effectiveness low. Crosscutting issues have not yet been systematically addressed. Most progress has been in the area of gender, but more needs to be done in the areas of age and disability. 	 <p>No progress</p> <ul style="list-style-type: none"> A slight majority (51%) said needs assessment had improved but saw no progress in engaging local participation. Some methodological innovations occurred in needs assessment, but no consensus was reached on tools. More feedback mechanisms were developed, but there is little evidence of affected populations' input to project design or approach.

	Connectedness	Efficiency	Coherence/principles
	 <p>Improvement</p> <ul style="list-style-type: none"> Improvements, mostly driven by the host states, have occurred with the establishment of national disaster management authorities (NDMAs) and legislated cluster links. Growing norm and tools for accountability, but under-investment in the capacities of local partners. 	 <p>No progress</p> <ul style="list-style-type: none"> No significant new savings of money or time were noted. Donors seeking greater efficiencies by using fewer funding channels were perceived as creating inefficiencies down the line, such as cascading overhead costs and tougher reporting requirements. 	 <p>Decline</p> <ul style="list-style-type: none"> Increasing strain on principles was noted, as many humanitarian NGOs were seen to align with political and military agendas. The gulf widened between strictly humanitarian and multi-mandated organisations. Continued disconnection and friction were noted with longer-term development agendas.
	 <p>Little progress</p> <ul style="list-style-type: none"> Limited progress in Asia was outweighed by lack of progress in many other regions. Survey participants saw little participation and consultation of local authorities. Consultation and participation of recipients ranked poorest among practitioners. 	 <p>Little progress</p> <ul style="list-style-type: none"> No significant change or new development was noted since the last review. A few small-scale (project-level) examples of new efficiencies were noted. Some inefficiencies were cited in surge response to Typhoon Haiyan and in the Syrian refugee response. 	 <p>No progress</p> <ul style="list-style-type: none"> Stabilisation and counter-terror agendas continued to influence donors' humanitarian funding decisions. Donor firewalling of humanitarian aid, and their consideration of principles, has weakened. There is a perception of increasing instrumentalisation and politicisation of humanitarian assistance, including by affected states. Despite the rise of the resilience concept, no progress occurred in changing aid architecture to suit, or in phasing in development resources earlier in the response and recovery phases.

Conclusions

The report's overall negative assessment of the humanitarian system's performance is not intended to imply that individual aid agencies or coordination structures have gotten appreciably worse. On the contrary, certain parts of the system are working better and better: The Transformative Agenda has helped to raise the standard for rapid response and improve humanitarian leadership. The new Humanitarian Programme Cycle and Strategic Response Plan approaches have strengthened coordinated planning and resource mobilisation. Innovations in communications, information management and mapping, along with the growth in humanitarian-to-humanitarian organisations that service the system, have helped to grease the wheels. Pooled funding and the introduction of multi-year funding in a few chronically needy contexts continue to reduce inefficiencies.

But the improvements are largely focused on the process of aid delivery rather than on substance and outcomes. As the demand for humanitarian assistance swells and the political climate in which it navigates becomes less favourable, recognition is growing of the system's inherent structural insufficiency. Even as its machinery becomes more elaborate and fine-tuned, it is still akin to a pocket calculator attempting the job of a computer. It is not fair to hold the system to account for a role far larger than it was designed for or could realistically be expected to play, but it does raise the question: Should we perhaps design something else?

Options for change

The SOHS report is designed to be descriptive rather than prescriptive, and as such it refrains from tendering specific recommendations to practitioners and policymakers (who have not asked for them). Instead, it concludes by outlining the areas of international humanitarian assistance most in need of change and summarises the current thinking on what options for change might exist. These range from relatively modest proposals for the major humanitarian implementers to make a systematic inventory of their capacities – technical, material, and financial – in order to identify and address gaps, to more far reaching ideas, such as assessed humanitarian contributions from governments and unifying the UN humanitarian functions and reporting lines.

The calls for radical reform, now heard from the highest levels of the humanitarian system, would seem justified. The upcoming World Humanitarian Summit could present one important opportunity to spur change, but this would require concerted political will on the part of member states, and in particular the major donors, which so far is not evident. The danger also exists of the current reform dialogue missing the point. The goals of increasing the system's connectedness with affected state actors and building capacity to devolve more of the humanitarian response to where it should be – at the local, national and regional levels

– are important. But they are not inherently at odds with an enhanced global system in which clearer lines of authority and accountability can quickly marshal international actors and resources, at scale. Both changes are needed, along with the expanded resource base that would make them possible. The humanitarian system must engage better with local leadership and civil society where that capacity exists, help build it where it does not, and bypass it when necessary to save lives. ●



INTRODUCTION

This report, the third in the State of the Humanitarian System (SOHS) series, examines the system's performance from 2012 to 2014. Its research framework and methodology remain consistent with the previous iterations but have been elaborated and refined in some areas. The goal of the SOHS study is to gather and synthesise evidence to form an overall picture of the system, and indicate how well it is serving the needs of people affected by conflict and crisis. By doing so the report aims to inform the global policy discussion and help to improve international cooperation in humanitarian assistance.

1.1 Definitions and analytical framework

System? What system?

At the outset of each review, we have found it necessary to explain the use of the word ‘system’ to describe the rather messy assemblage of actors and activities in the humanitarian sector. Some commenters have objected to the term on the grounds that it implies an internal logic and functional order that simply do not exist in the humanitarian sphere. Others believe that the very attempt to demarcate a system is exclusionary, defining an in-group in relation to an out-group to no useful purpose – or worse, that it invokes and perpetuates the sense of a hierarchical relationship between the international aid agencies, which control most of the resources, and local organisations and people, who perform most of the aid provision.

All socio-economic models of this kind are subjective and differ according to the modellers’ vantage point and purpose. This is especially true when applied to such a basic human activity as helping others in need. Such constructs are really just useful fictions, created to help us understand, describe and potentially influence the process being observed. Accordingly, the SOHS study’s definition of the humanitarian system is intended simply to delineate the field of study in a way that makes it meaningful and useful as a subject of analysis and as something that could be improved through collective action.

We also reject the notion that addressing ‘the system’ means necessarily focusing on Western, UN-centred entities and leaving out local, regional and rising global actors. These non-Western actors are integral to the system, and we have included them in our analysis. It is true, however, that because of the large numbers of host country non-governmental organisations (NGOs) and a lack of recorded data on their activities, the analytical task is made more difficult.

This study uses the term ‘system’ in an organic rather than mechanistic sense, as a complex whole formed of interacting and interrelated elements. The humanitarian system is thus defined as **the network of interconnected institutional and operational entities through which humanitarian assistance is provided when local and national resources are insufficient to meet the needs of the affected population**. The most salient characteristic may be the interdependence of its component actors, for in a humanitarian emergency no single entity can serve the needs of an entire affected population; rather, the task requires the concomitant actions of other donors, implementers and host institutions. Furthermore, although leaderless and fragmented, the system exhibits evidence of shared principles, norms and values and a convergence of interests that, despite protests to the contrary, suggests something systemic at work.

Key actors

The humanitarian system, thus defined, is composed of the organisational entities for which humanitarian action is the core business and *raison d'être*, and others that may play important roles in aid but have other principal functions and goals. The first group can be considered the core actors. They have aid provision as their primary mandate, are operationally or financially related to each other, and many of them share common overarching goals and normative principles in humanitarian action. They include the following:

- local, national and international NGOs
- UN humanitarian agencies
- the International Red Cross and Red Crescent Movement
- recipient government agencies with responsibility for crisis response
- humanitarian arms of regional intergovernmental organisations
- donor-government agencies and offices that provide humanitarian funding and coordination



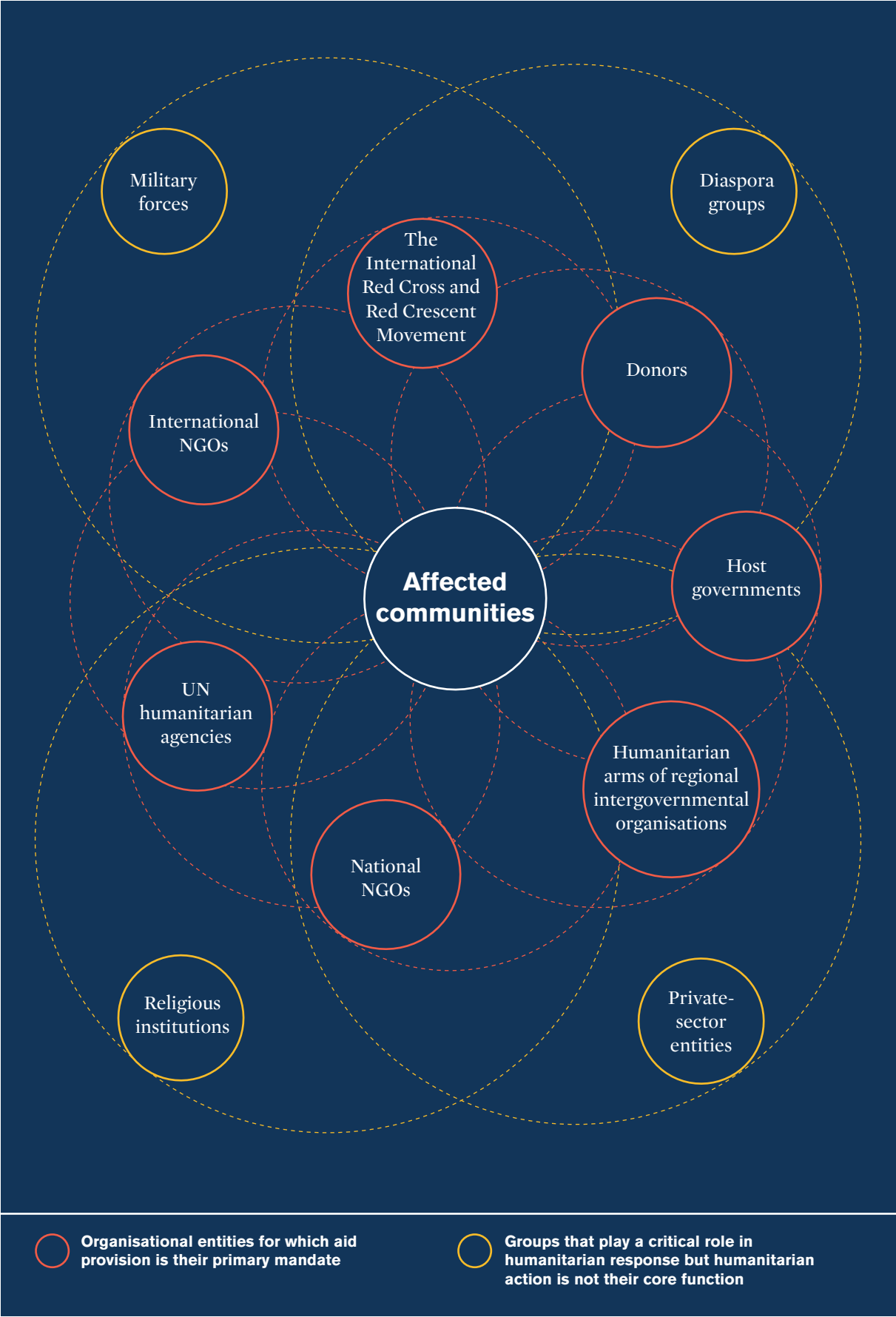
In other words, the humanitarian aid system exists to fill gaps. It can supplement national capacity to respond to a disaster, step in for an absent public sector, or intervene to protect and aid civilians caught between warring parties.

Military forces, religious institutions, private-sector entities and diaspora groups often play critical roles in humanitarian response as well. In some emergencies they may work parallel to, or in coordination with, the other members of the humanitarian system, but humanitarian action is not their core function. Their participation is usually determined by the geographic location of the crisis, and they generally have different approaches and ultimate goals. Their activities nevertheless affect the core humanitarian actors and provide important context for their work.

Most aid providers in most emergencies are local to the place experiencing the emergency. But a village or a nation that has the capacity to cope with a crisis and meet people's needs through its own public and private resources has, by definition, no need of the international humanitarian system. In other words, the humanitarian aid system exists to fill gaps. It can supplement national capacity to respond to a disaster, step in for an absent public sector, or intervene to protect and aid civilians caught between warring parties.

The sizes and types of such gaps vary, and humanitarian responses must be tailored accordingly. A middle-income country with a stable government will have very different needs than a failed state whose population lacks the most basic services and means of survival. ALNAP has proposed thinking in terms of four basic models of humanitarian response, depending on the crisis: comprehensive (where needs are great and host-government capacity is lacking), constrained (in situations of conflict and challenge to humanitarian principles), complementary (in low-to-middle-income countries with growing capacity) and consultative (in middle-to-high-income countries with specific technical gaps to fill) (Ramalingam & Mitchell, 2014).

Figure 1 / The humanitarian system



Analytical framework

The study evaluated the humanitarian system on its performance and progress during 2012–2014, using the OECD-DAC (Organisation for Economic Co-operation and Development, Development Assistance Committee) evaluative criteria as modified for humanitarian action (OECD-DAC, 1991; Beck, 2006): coverage/sufficiency, relevance/appropriateness, effectiveness, efficiency, connectedness, coherence and impact.

This year's report differs from earlier editions by adding a second organising layer to the research framework: the core functions of the humanitarian system. This provides a clearer analytical logic as to what is being evaluated and, we hope, improves readability.

The humanitarian system can be seen as having two principal functions and two auxiliary functions.

The 'principal' functions are:

- Providing rapid relief in response to major sudden-onset disasters that overwhelm the capacity of the state and local actors to respond
- Meeting the basic humanitarian needs of populations undergoing chronic crisis conditions caused by conflict, repeated natural disasters, failures of development or governance, or some combination thereof.

The auxiliary functions are:

- Building capacity for local disaster preparedness, recovery and general resilience
- Advocating for humanitarian action and access on behalf of crisis-affected people.

The four functions described above do not make up an exhaustive list of humanitarian activities and are not equally important in every case. Rather, elements of each are usually at work to some degree in any given humanitarian context.

Table 1 summarises the research framework that was used as a basis for the interview questions, practitioner and recipient surveys and evaluation synthesis categories used in this study (see SOHS Annexes – www.alnap.org/resource/sohs2015-annexes). Four emergencies (also shown in Table 1) were chosen for a more in-depth look, one to represent each of the four humanitarian functions explored in the study. Highlights of those four country studies are presented in boxes throughout the report.

1.2 Methodology

The research team for SOHS 2015 was composed of Humanitarian Outcomes Partners and Research Associates. ALNAP (Active Learning Network for Accountability and Performance in Humanitarian Action), the commissioner and institutional home of the SOHS project, provided management and direction of the study.

As in previous years, the research had six main components:

1. compilation and analysis of descriptive statistics
2. review and synthesis of formal evaluations and other secondary literature
3. key informant interviews
4. field visits
5. surveys of humanitarian actors and host government representatives
6. surveys of humanitarian aid recipients.

Descriptive statistics

The SOHS study measured the size and scope of the humanitarian system by quantifying its organisational, human and financial resources and comparing them to quantified measures of need. This was done through organisational mapping, caseload analysis and financial analysis.

- **Organisational mapping:** The Global Database of Humanitarian Organisations (Humanitarian Outcomes, 2015) was the principal research tool for quantifying the system's implementing actors. The database contains information on more than 4,000 operational organisations that provide aid in humanitarian emergencies, including national and international NGOs, UN agencies and Red Cross/Red Crescent entities. It includes their sectors and countries of operation, annual humanitarian expenditures, staffing numbers and other basic organisational data. Information was compiled from public sources, including agencies' annual reports and financial statements; where hard numbers were not available, estimates were derived with an algorithm that uses averages from similarly sized and operating organisations. (see SOHS Annexes – www.alnap.org/resource/sohs2015-annexes).
- **Caseload analysis:** The team gathered information on emergency-affected countries from sources such as the Centre for Research on the Epidemiology of Disasters Emergency Events Database (EM-DAT), the Financial Tracking Service (FTS) provided by the UN Office for the Coordination of Humanitarian Affairs (FTS, 2015), and World Bank data sets. The caseload data set was compiled to glean the numbers, types, locations and relative severity (number of people in need) of the humanitarian crises occurring or ongoing during the time period, and to compare it to the response.
- **Financial analysis:** The study used two different measures to assess the financial resources of the humanitarian system. First, we looked at direct recorded contributions to specific emergency responses occurring during the time period (FTS, 2015), in order to identify trends in aid volume, donorship and funding channels. For analysing global humanitarian funding trends, FTS remains the most comprehensive and useful dataset available. It does not, however, capture the entirety of humanitarian resources within the international system in a given year. It omits, for example, portions of unearmarked funds raised by humanitarian organisations from the public, which are generally not reported to FTS.

For this reason, in addition to the FTS analysis, the study team also considered global organisational resources for humanitarian action based on agency budget and expenditure information (Humanitarian Outcomes, 2015). The organisational mapping exercise compiled budget information on overseas humanitarian expenditure by all the UN humanitarian agencies (plus IOM), the ICRC and IFRC and INGOs. Wherever possible, figures were drawn from annual reports and audited financial statements compiled in the Global Database of Humanitarian Organisations. Where data were lacking, figures were imputed using a formula based on averages for the organisational type and tier level (see SOHS Annexes – www.alnap.org/resource/sohs2015-annexes). The two sets of data thus allow for both a rigorous analysis of trends and a more comprehensive estimate of the overall financial capacity of the system.

Evaluation synthesis and literature review

Findings from 147 formal evaluations conducted in 2012–2014, covering 38 countries, were synthesized using a protocol developed in past SOHS studies. Each report was reviewed, categorised and coded based on a set of standard research questions (Table 1), and then logged to a unified spreadsheet matrix. This allowed comparative and partial quantitative analysis of the findings. Evaluations were also graded for quality according to evaluation standards and guidance from the United Nations Evaluation Group (UNEG), OECD-DAC and others, and weighted accordingly in the analysis.

The review of literature other than formal evaluations covered 276 published reports, articles, agency grey literature and opinion pieces. The aim of the review was to synthesise a broad range of qualified opinion on the current state and future of humanitarian assistance.

The SOHS Annexes (www.alnap.org/resource/sohs2015-annexes) provide a full list of evaluations and other documents reviewed and an annotated list of the evaluation matrix categories, including the weighting criteria.

Key informant interviews

The SOHS 2015 team interviewed 340 individuals – 209 in person, as part of the field-based research, and 139 remotely from the study headquarters. Key informants were selected to be broadly representative of the major actors and sectors of the international and national systems, reflecting their proportional share of resources (human and financial) and operational presence in humanitarian response. Nine countries were chosen to ensure broad representation of the four humanitarian functions (with the understanding that multiple functions may be at play at any given time):

- Haiti (response to sudden-onset disaster, and a follow-up to SOHS 2012)
- Afghanistan, Democratic Republic of the Congo (DRC), Somalia and South Sudan (support in chronic crisis)
- Indonesia and Mauritania (fostering preparedness and resilience)
- Myanmar and Yemen (advocacy).



340
KEY
INFORMANT
INTERVIEWS
FED INTO
THE SOHS
2015
ANALYSIS

		Evaluation criteria: Research questions	
Core humanitarian functions		Coverage/sufficiency Is the volume and distribution of resources sufficient to meet needs? To what degree are needs covered?	Effectiveness How well were humanitarian objectives met? Was the response timely?
KEY FUNCTIONS	 <p>FUNCTION 1 Rapid response to sudden onset disasters</p> <p>Philippines, Typhoon Haiyan</p>	<ul style="list-style-type: none"> • Volume of public and private financial flows following disaster onset. • Perceptions of sufficiency of humanitarian actors, host governments and recipients. 	<ul style="list-style-type: none"> • Time from disaster onset to start of activities. • Specific objectives met or not met, according to evaluations. • Perceived relative effectiveness of different sectors and actors, according to survey responses.
	 <p>FUNCTION 2 Support in chronic crises</p> <p>Central African Republic</p>	<ul style="list-style-type: none"> • Annual global and sectoral funding flows, compared to needs. • Global and sectoral programming presence, compared to needs. 	<ul style="list-style-type: none"> • Accomplishments based on objectives (as identified in strategic response plans, programme proposals and the like), according to evaluations.
AUXILIARY FUNCTIONS	 <p>FUNCTION 3 Fostering resilience and preparedness</p> <p>Mali</p>	<ul style="list-style-type: none"> • Funding flows dedicated to preparedness and resilience, compared to needs. 	<ul style="list-style-type: none"> • Level of preparedness (advance funding and rapid deployment). • Demonstrated improved response and/or quicker recovery in subsequent emergencies.
	 <p>FUNCTION 4 Advocacy</p> <p>Syria</p>	<ul style="list-style-type: none"> • Institutional resources devoted to global and national-level advocacy. 	<ul style="list-style-type: none"> • Policy changes by political actors attributed to advocacy efforts.

Relevance/ appropriateness	Efficiency		Connectedness	Coherence
Do interventions address the priority needs of recipients? To what extent do they drive programme design?	Do outputs reflect the most rational and economic use of inputs?		Do humanitarian activities take account of other key actors and efforts?	Does the intervention adhere to core humanitarian principles and align with broader peace and development goals?
<ul style="list-style-type: none">• Evidence of government and/or community involvement in and leadership of needs assessment and prioritisation.• Consultation with local community and beneficiaries on needs assessments, appeals and other feedback mechanisms.	<ul style="list-style-type: none">• Employment of most efficacious materials and logistical platforms for the type of disaster.• Rational allocation of time and resources as perceived by participants.	<ul style="list-style-type: none">• Efficient division of labour between donors and funding channels.• Gains in economies of scale vs. loss in cascading overheads of sub-partnership arrangements.	<ul style="list-style-type: none">• Involvement of local and national authorities (if appropriate), development actors and civil society throughout the programme cycle (needs assessment and prioritisation, planning, implementation monitoring and evaluation).• Existence of exit or transition plans.	<ul style="list-style-type: none">• Evidence of promotion of and respect for international humanitarian law by humanitarian actors (public statements and policy input, via media monitoring).• Adherence to core humanitarian principles (mapping outcomes of relevant meetings at the global and regional levels and perceptions indicated by survey data).• Evidence of reconciliation with development and peace building priorities when possible, independence of humanitarian priorities when necessary (evaluations).
<ul style="list-style-type: none">• Operational emphasis on priority needs.• Use of systematic, broad-based and participatory needs assessments.• Beneficiary consultation and feedback mechanisms.	<ul style="list-style-type: none">• Rational allocation of time and resources as perceived by participants.			
<ul style="list-style-type: none">• Activities and resources strategically targeted to areas most vulnerable to shocks and disasters.• Consultation and participation of populations in determining needs.	<ul style="list-style-type: none">• Appropriateness of preparedness and resilience inputs.			
<ul style="list-style-type: none">• Planning and activities against collectively identified priorities for advocacy.	<ul style="list-style-type: none">• Measurable results of activities and time spent on advocacy efforts.		<ul style="list-style-type: none">• Independence of humanitarian objectives from other agendas.	



201 FIELD-BASED INTERVIEWS



4 country case studies

Philippines
Central African Republic
Mali
Syria

fed into the analysis for
the SOHS 2015.

Most of the headquarters-level interviews were undertaken by phone, but some took place in person where opportunity allowed. Interviewees represented the following entities:

- local NGOs and diaspora groups – 8 interviewees
- international NGOs (INGOs) – 28 interviewees, around 65% based at global or regional headquarters and the rest in field locations
- consortia of INGOs – 5 interviewees
- UN secretariat and agencies – 32 interviewees, 70% based at global or regional headquarters
- global clusters and sub-clusters – 14 interviewees
- members of the Red Cross/Red Crescent movement – 7 interviewees
- donor governments – 21 interviewees, about half based in the field
- regional organisations – 5 interviewees
- academia, the media and the private sector – 17 interviewees
- the military – 1 interviewee
- the World Bank – 1 interviewee
- Women made up 39% of the interviewees. Annex 1 provides the full list of interviewees.

Field-based research

Field-based research was conducted in four countries that experienced a significant humanitarian emergency during the study period. The countries were selected to represent both geographic diversity and one of the four key humanitarian functions (again with the understanding that multiple functions may be at play at any given time):

- Philippines (rapid response to sudden-onset disaster)
- Central African Republic (support in chronic crisis)
- Mali, as part of the Sahel (fostering preparedness and resilience)
- Syria (advocacy)

The humanitarian responses in these countries were reviewed according to the research framework, and provided an opportunity to delve deeper into issues explored in the global-level research. The focus of each mission was on in-person interviews, particularly national-level stakeholders such as host government authorities and local aid workers, in addition to those deployed from within the region and from international organisations. One focus of the field research was the extent to which beneficiary perspectives had been captured through different mechanisms, including evaluations. In the Philippines, the researchers held focus group discussions with aid recipients; this was not possible in the other study countries due to security concerns.

In these four countries, the researchers conducted 201 interviews in addition to the Philippines focus groups. In the **Philippines**, the team conducted in-person interviews in Manila, Tacloban and Santa Fe, and four focus groups with a total of 47 participants. The visit was supported by *Action Contre La Faim* Spain, whose staff provided translation for interviews with beneficiaries and some local government officials. For the **Mali** study, hosted by *Solidarités Internationales*, all interviews took place in Bamako. The planned visit to the **Central African Republic (CAR)** coincided with several days of violent clashes within Bangui, causing humanitarian organisations to suspend operations or restrict their movement, which forced the trip to be cancelled, and all interviews were conducted by phone; this resulted in fewer national-level stakeholders being consulted. For Mali and CAR, the interview guide was professionally translated into French, and over half of the interviews were conducted in French. For the **Syria** study, the team travelled to Amman in Jordan, Gazientep and Antakya in Turkey, and Beirut in Lebanon. The International Rescue Committee hosted the visit.

Surveys of



1,271

aid practitioners



100

countries

39

host governments
representatives
from

24

countries



1,189

aid recipients from
DRC, the Philippines
and Pakistan

add informed the
SOHS 2015

Survey of humanitarian actors

Two online surveys were created for humanitarian actors, one targeting aid practitioners (both international and national staff) and the other host-government representatives. Each survey was available in English, Arabic, French and Spanish and was disseminated for eight months through dozens of humanitarian networks and fora, with a particular focus on staff in operational settings. The practitioner survey received 1,271 responses from 100 different countries, and the host government survey received 39 responses from 24 different countries. For the practitioner survey, INGOs constituted 47% of the sample, UN agencies 30%, national NGOs 8%, International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC) 6 per cent, national Red Cross/Red Crescent societies 1% and donors 3%. Over 80% of respondents were based in countries receiving humanitarian assistance, and these countries corresponded closely with those receiving the most humanitarian assistance during the study time frame. The SOHS Annexes (www.alnap.org/resource/sohs2015-annexes) provide the templates and full results of these online surveys.

Survey of aid recipients

SOHS 2012 incorporated remote surveys of aid recipients for the first time, on an experimental basis. SOHS 2015 continued and expanded this component with the purpose of giving a stronger voice within the evidence base to the 'end users' of the humanitarian system – the people in emergency-affected countries who received humanitarian aid. Using cell phone networks, surveys were disseminated through GeoPoll to recipient populations using text messaging or interactive voice response (IVR) technology. The surveys were conducted in the eastern DRC and Pakistan

(countries that were also targeted in the 2012 study, for comparative purposes) as well as the Philippines. The surveys had a target minimum sample size of 267 for a 95% confidence level with a confidence interval of 6. Target sample sizes were met in all but the Pakistan survey. The surveys captured the perspectives of 1,189 aid recipients (470 in DRC, 481 in the Philippines and 238 in Pakistan) on the quantity, quality and timeliness of the aid they received, the extent to which they were consulted on programming, and what they saw as the main obstacles to improved aid delivery. The survey questions and results can be found in the SOHS Annexes (www.alnap.org/resource/sohs2015-annexes).

Surveys were also attempted in CAR and Mali, but conflict-related service disruptions and coverage deficits contributed to a very low response in these countries. In total over 80,000 phone calls were made, with a significant non-response rate due to unreachable phone lines or non-pickup. Of those reached, a small portion of those who opted in actually qualified for the survey based on the requirement that they had received aid during the past three years.

The fact that aid recipients were surveyed in only three countries, and at sample sizes at the minimum level of confidence for statistical significance, means we must be modest in using them to draw conclusions about performance for the entire humanitarian system. However, we consider them to be a component of evidence of equal weight and importance to the surveys and interviews of aid practitioners, and highly illustrative for the simple reason that the end users of aid are seldom systematically polled for evaluations of this kind. The recipient survey findings are referenced throughout the discussion and presented in detail in section 4.6.

Analysis

In order to analyse and synthesise the wide range of research findings, the team members produced separate papers on each of the above components, which were exchanged and reviewed by the whole team, culminating in a pre-drafting conference during which the team weighed the key findings from the components and reached consensus on indicative conclusions. Findings based on the OECD-DAC evaluative criteria in each component were organised and analysed by the core humanitarian function they pertained to.

The criterion of ‘impact’ – that is, long-term changes in living conditions or well-being attributable to an intervention, was not explicitly included in this breakdown. (This was also true of earlier iterations of the study – ALNAP, 2012.) The shorter-term, output- and outcome-oriented nature

of humanitarian action creates an attribution problem for measurements of impact that most humanitarian evaluations do not attempt to tackle, and those that do have trouble demonstrating with any rigour. Although this study did find more instances of humanitarian evaluations attempting to include impact compared to prior years, some seemed to conflate impact with sustainability and others with beneficiary satisfaction. Only two evaluations reviewed for the synthesis were specifically billed as ‘impact evaluations’ (one was of the Sudan education cluster and the other of a Kenya rapid assessment preparedness initiative). Because impact remains problematic for humanitarians to define and measure in relation to their work, synthesising a small number of project-level impact results in order to say something about the overall system would not be realistic or useful. However, the SOHS study attempted to draw conclusions about the humanitarian system as a whole, assessing its function and value within the broader global arena.

1.3 Limitations

In addition to the inability to conduct recipient surveys in CAR and Mali and the cancellation of the CAR field trip due to a sudden escalation of hostilities, a few other limitations affected the study. For one, although the number of host-government representatives responding to the survey was significantly greater than in the previous survey, at only 39 respondents from 24 host countries, it remains far smaller than we would have liked.

Additionally, a small number of targeted key informants were not available for interviews. Where possible, these were replaced with individuals with similar profiles in an effort to maintain the diversity called for in the research strategy.

Finally, there is the matter of positive bias in evaluations. Over 50% of evaluations rate the performance of the evaluation subject as good. Most evaluations are commissioned by agencies or donors with a vested interest in the results, so it is very possible that the incentive structure tends toward more positive findings, even when external consultants are hired to carry out the evaluation. A summary reading of results led us to conclude that ‘good’ was also often used to indicate ‘adequate’ performance. Impact was measured infrequently in the body of evaluations and received a disproportionate number of ‘good’ or ‘excellent’ ratings in comparison with other criteria. ●

2

THE NEED

NEW TRENDS AND CHALLENGES IN THE HUMANITARIAN CASELOAD

The past three-year period has seen the international humanitarian system responding to fewer emergencies, mostly 'complex' (conflict-related) in nature, and with larger human caseloads. This contrasts with the prior study, which reported an increase in the number of emergency responses in 2009–2010 compared to 2007–2008 (ALNAP, 2012).



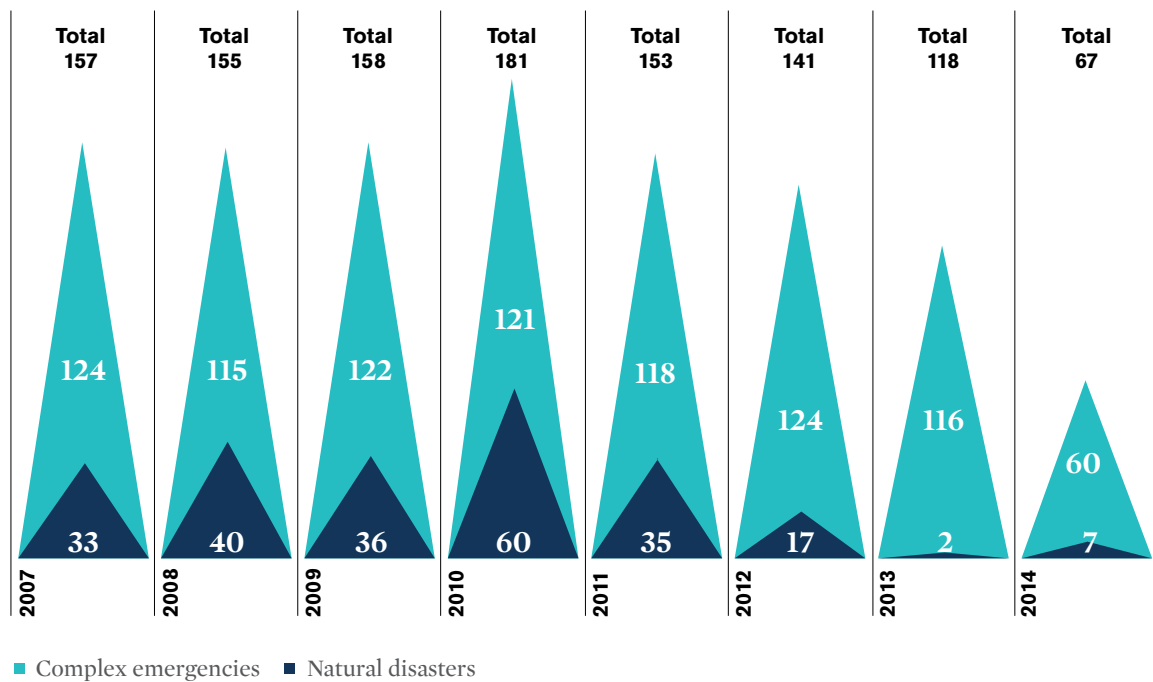
The number of emergencies to which the system responded in 2012–2014 decreased by a third, and the number of natural disaster responses by more than two thirds, compared to the prior period.

2.1 Emergencies: Larger and mostly conflict-driven

According to the UN’s humanitarian Financial Tracking Service (FTS), the number of international responses has gone down appreciably, particularly interventions for natural disasters (see Figure 2). On average, the number of emergencies to which the system responded in 2012–2014 decreased by a third, and the number of natural disaster responses by more than two thirds, compared to the prior period. This is not to say that far fewer natural disasters are occurring – the Centre for Research on the Epidemiology of Disasters (CRED) reported 350 natural disasters in 2013 (Guha-Sapir et al, 2014) – but rather that fewer emergencies were declared for which the host government requested international assistance and/or for which the international system issued a formal appeal.

At the same time, significantly greater numbers of people were targeted for assistance (a 44% average increase from 2009–2010, and a 78% increase from 2007–2008), and the price tags for the responses have risen accordingly. The most significant development during the period was the escalating Syrian civil war, which engendered a massive human exodus

Figure 2a / International humanitarian emergency responses, 2007–2014



Source: FTS (11 January 2015).

into the neighbouring countries of Iraq, Jordan, Lebanon and Turkey and confronted the system with the double task of caring for upwards of three million refugees while seeking ways to reach more than double that number of people displaced or otherwise in need inside Syria.

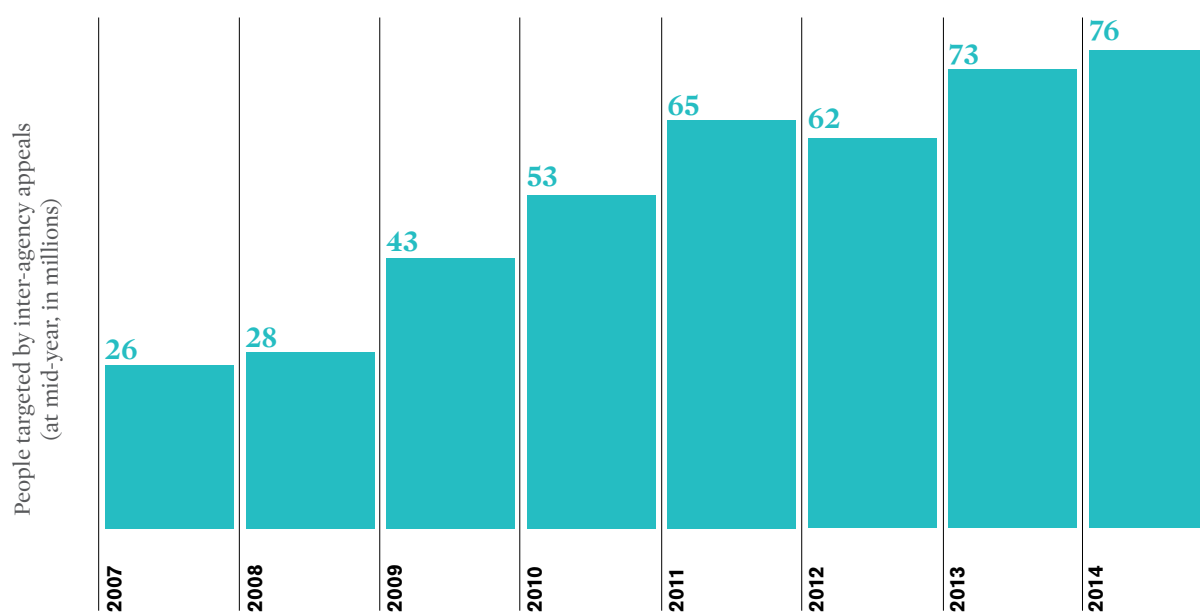
Not only is the system faced with larger numbers of people needing

assistance, but the complexity of the task has arguably increased as well, with the preponderance of violent civil conflicts in the caseload. Chronically vulnerable and unstable areas such as CAR, Mali and South Sudan, whose populations were already receiving humanitarian assistance, experienced new outbreaks of violence leading to further displacement and magnified needs. Unlike sudden-onset natural disasters, which tend to have limited periods of acute crisis and recovery, chronic complex emergencies – characterised by long-standing conflicts, weak governance and severe poverty – create conditions where people need outside help to meet their most basic needs year after year, with no foreseeable ‘normal’ to get back to.

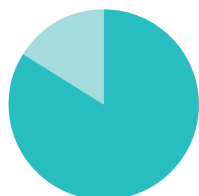
Needs tend to accumulate as new complex emergencies are added to the caseload more quickly than older ones drop off. The absence of political and development solutions to the underlying causes has led to the current situation in which the majority of humanitarian resources are directed to chronic complex emergencies. Of the 58 countries that received humanitarian assistance in 2014, 49 (84%) had received it every year for the last five years and 40 countries (69 per cent) were on their tenth straight year of receiving humanitarian aid.

Figure 2b / Targeted recipients of aid

Source: OCHA, 2014(b) World Humanitarian Data and Trends.

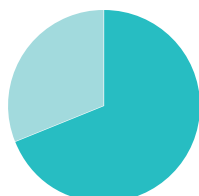


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The result is a core caseload of emergencies that are resistant to resolution and that bring the additional problems of insecurity, impediments to access, and weak or non-existent host government capacity to receive and coordinate the aid efforts. Add to this the occurrence of a climatological disaster of historic proportions (Typhoon Haiyan) and an uncontrolled region-wide outbreak of deadly infectious disease (Ebola), and recent experience makes it reasonable to expect that the world will continue to experience bigger crises than the current humanitarian system is designed and equipped to handle.

The occurrence of humanitarian emergencies can't be reliably predicted, and will always be 'spiky'. The challenge for the system is attaining a level of capacity that would allow it to cope with new surges in need while maintaining the necessary level of aid in long-running crises.

2.2 The problem of measuring and defining needs

The numbers of emergencies and targeted recipients of aid give only a partial picture of the actual humanitarian need, and getting to a more accurate accounting of needs is one of the thornier problems in humanitarian action. The system has not developed a standard formula for calculating people in need, typically a subset of 'people affected' by an emergency (some of whom can cope without outside assistance). In the past, most humanitarian appeals were based not on the number of people in need but rather on the total number of targeted beneficiaries of different projects planned by agencies. More recently, humanitarian actors coordinating in a given emergency have used consensus numbers that are derived from a variety of data sources. Very different estimating methods are used in different contexts, however, depending on the strength of the source data and the way in which the consensus is reached. This makes global analysis difficult.

Good data is typically in short supply in humanitarian emergencies, particularly in volatile and hard-to-access settings or where baseline surveys have not been carried out. Further challenges include distinguishing between humanitarian needs caused by conflict and those caused by underlying poverty, and counting displaced people who may move frequently. To meet the programming needs of individual humanitarian agencies, the majority of needs assessments continue to be undertaken in ways that are ad hoc and uncoordinated across sectors (ACAPS, 2013a). Complicating matters further, the numbers may carry political weight, with pressure from various actors and agendas to come up with the 'right' estimates.

Some global reports have consolidated need numbers in opaque and inconsistent ways, adding to the confusion. The lack of solid data on people in need remains a major obstacle to understanding the success or failure of a humanitarian response. Without being able to measure the proportion of people who needed aid who actually received it, coverage rates cannot



The lack of solid data on people in need remains a major obstacle to understanding the success or failure of a humanitarian response.

be estimated. Errors or confusion in this regard can harm the credibility of appeals; donor governments have been known to complain about ‘appeal inflation’, suspecting that agencies, knowing they were unlikely to get 100 per cent of what they were requesting, were overstating the requirements, hoping to maximise their returns.

In 2011, the Inter-Agency Standing Committee on Humanitarian Response (IASC) developed the Humanitarian Profile to provide a standard methodology for counting people affected by an emergency (IASC, 2011). In addition, the Humanitarian Dashboard and the Humanitarian Needs Overview, recently introduced as part of the new country-level coordinated strategic planning process, now provide estimates of total people in need per sector (as opposed to just the people that the agencies expect to reach). This is an important improvement, generating a more transparent planning approach in that it shows the larger scope of needs. However, these recipient groups overlap, since most people experiencing a crisis have needs in more than one sectoral area (for example, food, clean water and shelter), so simply adding the sector totals would overstate the total number of people in need in a country. A recent interagency initiative to address this problem (the Humanitarian Profile Support Package Consultation, December 10, 2014, Geneva) as well as ongoing research by the Assessment Capacities Project and others, are leaning towards using the total from the sector with the most people in need as the best available proxy. ●

3

THE RESPONSE

ACTORS AND RESOURCES IN THE HUMANITARIAN SYSTEM

For better or for worse, humanitarian response is a growth industry. Although fluctuating along with the number and scope of emergencies occurring year by year, the system continues to expand, with the size of provider organisations generally following the growth in donor outlays. In economic terms, growth in the humanitarian system is ‘sticky’ – when organisations enlarge their capacity in response to a surge in emergency funding, they tend not to shed staff and other resources to the same degree afterwards. Many of the largest INGOs operating today have grown by successive big leaps related to major emergencies.

This section looks at actors and resources in the humanitarian sector and compares them to the prior period (2009–2010). Overall the findings indicate continued growth in budgets and staffing and an increased consolidation of resources in the largest INGOs – a couple of which, Save the Children and International Rescue Committee, saw significant growth increases. There have been no big changes in terms of new entrants or ‘disruptors’, and few agencies succumbed to competition. Rather, contributions continued to flow to trusted partners, where a prior funding relationship and track record is most important.

3.1 The core humanitarian actors

Provider organisations

As of 2014, roughly 4,480 organisations operated as humanitarian aid providers around the world, according to the Global Database of Humanitarian Organisations (Humanitarian Outcomes, 2015). The majority of these are national or local NGOs that work only inside their own countries; they comprise the indispensable delivery mechanism for much of the international aid that moves through the system.

Most aid organisations, national and international, provide development aid as well as emergency humanitarian relief. Table 2 shows the percentage of programmatic expenditure and staffing devoted to humanitarian aid, based on agencies’ reports.

Table 2 / Organisational resources devoted to humanitarian aid, 2013

	UN agencies ^a	NGOs (estimates)	Red Cross/Red Crescent movement
Number of organisations	11	4,278 • 783 INGOs • 3,495 national NGO	191^b
Field personnel	56,000 • 47,000 national • 9,000 international	249,000 • 219,000 national • 30,000 international	145,000 • 12,000 ICRC/IFRC, national • 2,000 ICRC/IFRC, international • 131,000 NRCS, national ^c
Humanitarian expenditure	\$10.6 billion	\$10.7 billion	• \$1.10 billion , ICRC • \$0.17 billion , IFRC • \$14.4 billion , NRCS

Source: Humanitarian Outcomes (2015).

Notes: Because much of the UN’s humanitarian spending is programmed through NGOs, expenditure figures cannot be totalled across provider types (it would result in double counting). However, the above suggests that that total resources are at least \$25 billion, if one adds the total resources of the UN and the national Red Cross/Crescent societies, between which there is hardly any overlap. Some multi-mandated organisations report the figures for the humanitarian portion of their spending and staffing separately; for others, this calculation was made based on the reported percentage of their programming that went to emergency relief. See the SOHS Annexes (www.alnap.org/resource/

sohs2015-annexes) for the methodology used to estimate organisations’ humanitarian expenditure and staffing.

a. Includes IASC full members plus UNRWRA and the International Organization for Migration.

b. Includes ICRC, IFRC and 189 national societies.

c. This figure is from 2012 and includes only the staff from low-to-middle-income countries where humanitarian interventions are more likely. The total number of paid staff for national Red Cross/Red Crescent societies globally in 2012 was 427,000.

**As of 2014,
there were**



4480

humanitarian
organisations



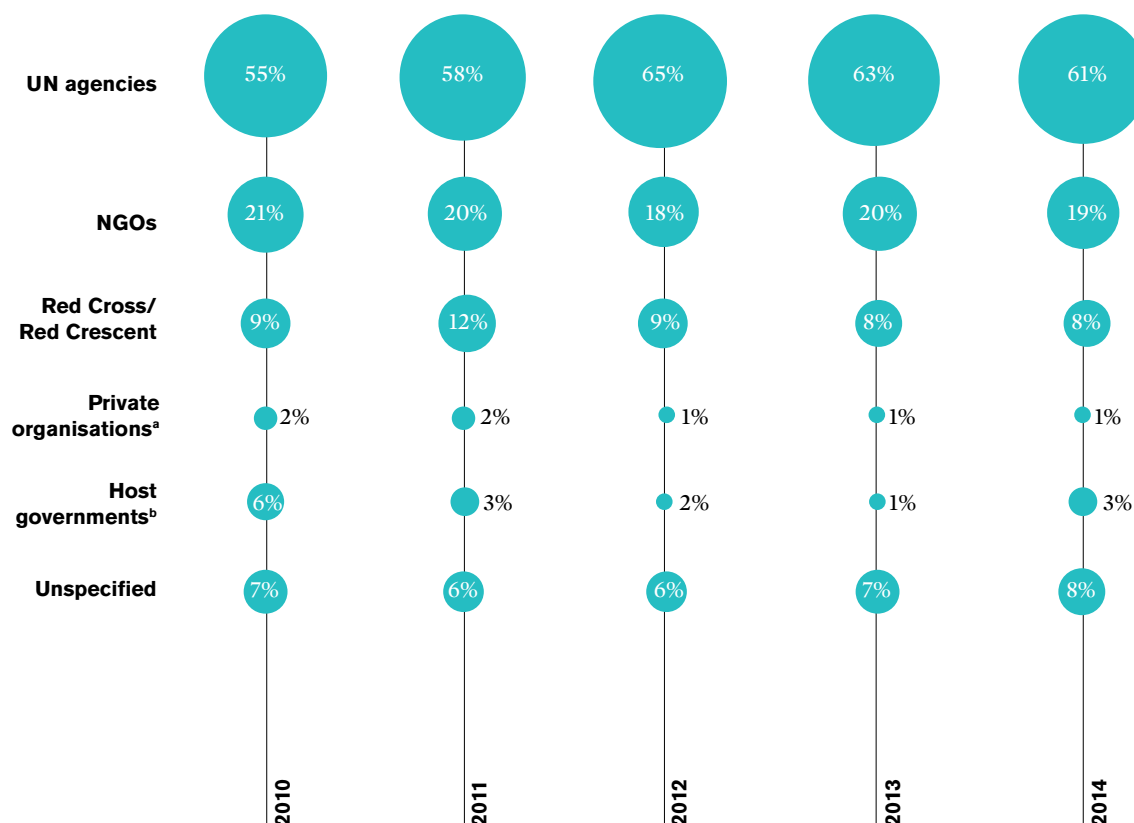
4 out of 5

being local NGOs
working in-country

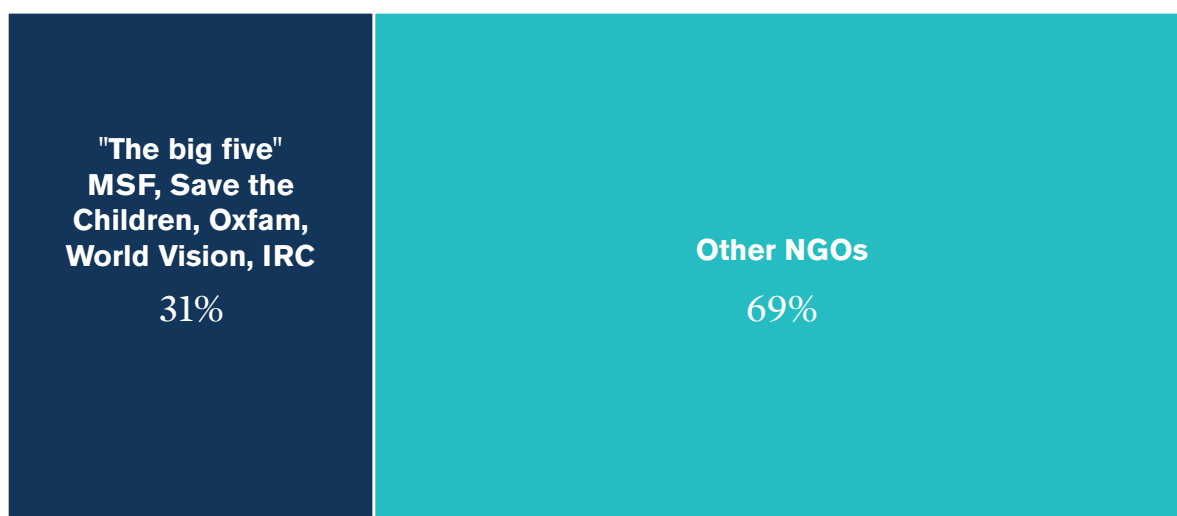
Along with humanitarian expenditure, agencies have increased their humanitarian staff in the field. Using the same calculations as used in the SOHS 2012, the increase is on the order of 16% (from 274,000 to 319,000). However, the SOHS 2015 benefited from new staffing data made available for the first time in 2013 by the IFRC on national Red Cross and Red Crescent societies. Past SOHS reports cited IFRC estimates of national society staffing: 30,000 paid staff and 300,000 volunteers. However, a federation-wide data-gathering exercise has resulted in more precise staffing numbers that are quite a bit higher: 427,000 paid staff across all national societies and over 17 million volunteers. Yet, the majority of these personnel were in the national societies of wealthy nations in particular (Germany, Japan, China, and US) – that did not require international humanitarian assistance during the period, so it would not be accurate or internally consistent to count them all among the humanitarian field personnel estimates. Instead we have counted the paid staff from low-to-middle-income countries where humanitarian emergencies requiring the intervention of the humanitarian system are more likely. This comes to 130,993 (IFRC, 2014).

As the previous SOHS report pointed out, the bulk of the financial resources are controlled by UN humanitarian agencies and the largest INGOs. The vast majority of donor funding, tracked by FTS, flows directly to UN agencies, INGOs and the Red Cross/Red Crescent movement. Direct funding to the governments or NGOs in disaster-affected countries is still rare.

The UN agencies' share of direct humanitarian funding continues to grow relative to all other recipients (Figure 3). The average percentages of reported contributions going directly to host governments, already low, decreased by half compared to 2009–2010, in which a larger number of natural disasters (particularly the floods in Pakistan) temporarily drove their share upward.

Figure 3 / Recipients of direct contributions to emergencies, 2010–2014

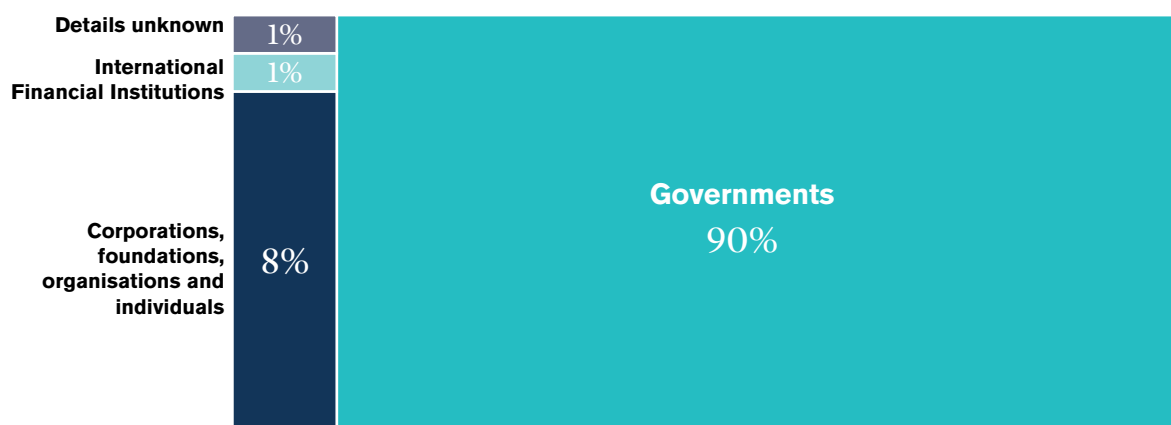
Source: FTS (2015).

^a Includes foundations^b Includes intergovernmental organisations**Figure 4 / Humanitarian expenditures, 2013**

Source: Humanitarian Outcomes (2015).

Note: Percentages based on the estimated total global humanitarian spend of NGOs, 2013, based on annual reports/financial statements. Source: Humanitarian

Outcomes Global Database of Humanitarian Organisations (see Annex 3, Organisational Mapping Methodology)

Figure 5 / Recorded contributions to emergency responses, 2014

Source: FTS (2015).

Although the majority of NGOs are in the global South, providing first-line humanitarian assistance within their own borders, the NGO field continues to be dominated by a handful of extremely large organisations. Just five organisations – 0.1% of humanitarian NGOs worldwide – together represent roughly 31% of NGO humanitarian expenditures (Figure 4) – a drop from 38% three years ago (ALNAP, 2012.) In descending order by humanitarian expenditure during the review period, these were: *Médecins Sans Frontières*, Save the Children, Oxfam, World Vision and International Rescue Committee (IRC). IRC is a newcomer to this top tier of ‘giant’ INGOs, having nearly tripled its humanitarian spending since the period covered by SOHS 2012, and it is the only organisation among them which is not a federation of multiple national branches but maintains a single, U.S.-based headquarters. Save the Children also saw significant growth during the period, partly because it absorbed the NGO Merlin; it is now the second largest humanitarian provider among the INGOs, after *Médecins Sans Frontières* (MSF).

Donors

Governments, individually and through inter-governmental organisations like the European Union and the African Union, continue to provide the large majority of external contributions to humanitarian emergency responses (Figure 5). This has not changed in any meaningful way in the seven years that the SOHS study has been running. As was noted in the last report, contributions from private sources (including corporations, foundations, individuals and the private funding raised and spent by NGOs) only rise to significant levels in years that see high-profile, sudden-onset natural disasters. For instance, the 2010 Haiti Earthquake saw private contributions rise to 20% of the total (FTS, 2015). But for the bulk of humanitarian response activities, the chronic needs and conflict-affected contexts, private funding hovers below 10% (8% for 2013 and 2014, 6% in 2012).



The system might finally be seeing genuine signs of ‘rising donors’ from outside the rich Western club. The largest increases in contributions from this donor group during 2012–2014 came from Saudi Arabia and other Gulf states such as Kuwait and Qatar.

This status quo prevails despite years of enthusiastic rhetoric about the potential of transformative public-private partnerships in humanitarian assistance and the imminent rise of commercial entities as both donors and humanitarian actors in their own right. Humanitarians now generally recognise that the real potential of commercial partners is not as prospective major donors, but rather as a resource for technical expertise, particularly in preparedness and new technologies relevant to the aid enterprise (Zyck and Kent, 2014). However, though individual examples of such private-sector engagement are not difficult to find (at least in natural disaster scenarios) they do not add up to any significant shift in burden-sharing at scale. The tech sector in particular is engaged and engaging to small degrees, with companies like Google both making philanthropic donations and developing engineering solutions and other innovations to support aid interventions. But it is still very much a marginal activity for these companies.

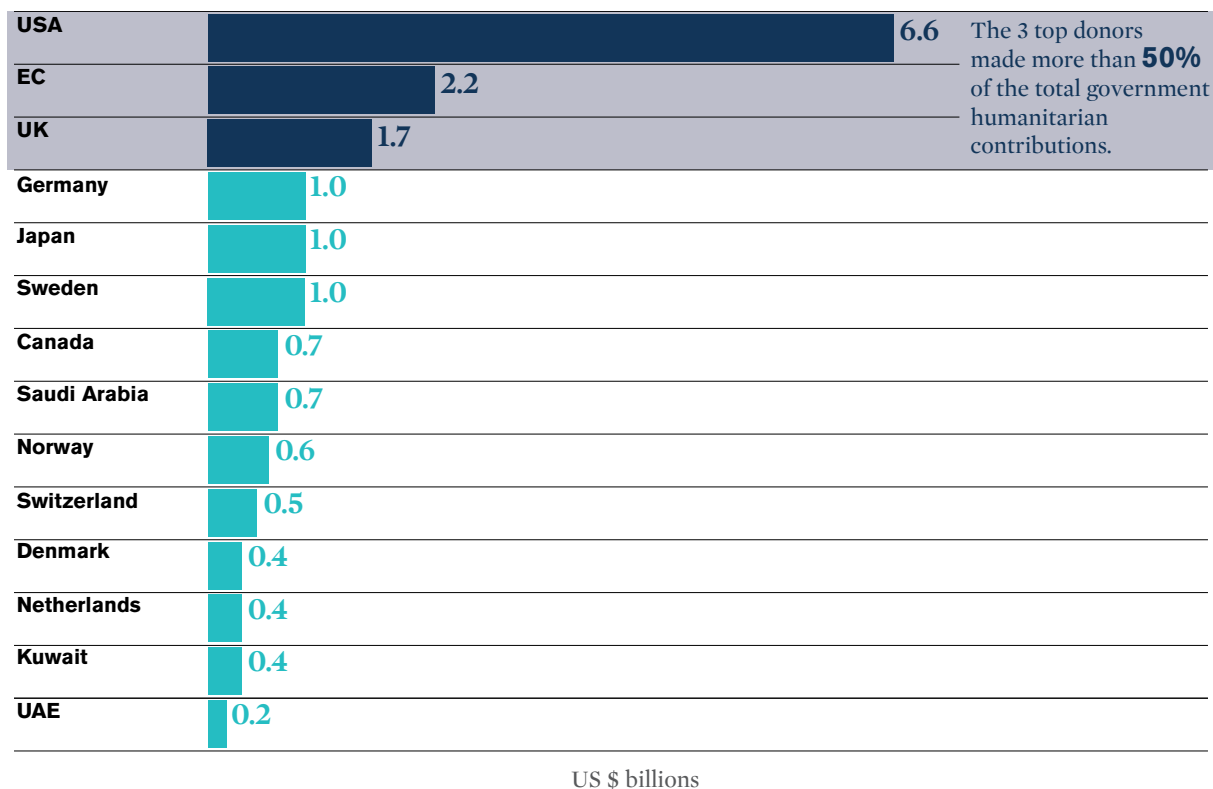
Finally, it is not just the general public who tend to give generously for natural disasters but keep their wallets closed in cases of man-made emergencies; many corporate donors also eschew donations to responses to political and conflict-based crises. According to private-sector interviewees, it is easier and safer from a business perspective to avoid involvement that could alienate governments or their allies and jeopardise markets.

Among government donors, there is still lopsided contribution to humanitarian financing (Figure 6). The top three donors – the US, European Community and United Kingdom (UK) – made more than 50 per cent of the total government humanitarian contributions in the current period.

However, the system might finally be seeing genuine signs of ‘rising donors’ from outside the rich Western club. The largest increases in contributions from this donor group during 2012–2014 came from Saudi Arabia (whose largest grants went to the Syria and Iraq emergencies) and other Gulf states such as Kuwait and Qatar.¹

Non-DAC donors tend to give a larger share of their contributions directly to host governments than do other major humanitarian donors, and a far larger portion of their valuated contribution is in kind, in the form of relief materials and equipment. Yet they increasingly register significant cash contributions to UN agencies and pooled funds such as the UN Central Emergency Response Fund (CERF) as well. Humanitarian contributions are, of course, voluntary and not assessed according to a member state’s wealth, as they are for the UN regular budget and for peacekeeping operations. As a result there remains a mismatch between the relatively high GDPs of some nations, such as China, Brazil and Russia, and the amounts they contribute for international humanitarian assistance.

Figure 6 / Largest international humanitarian aid flows from governments, 2014

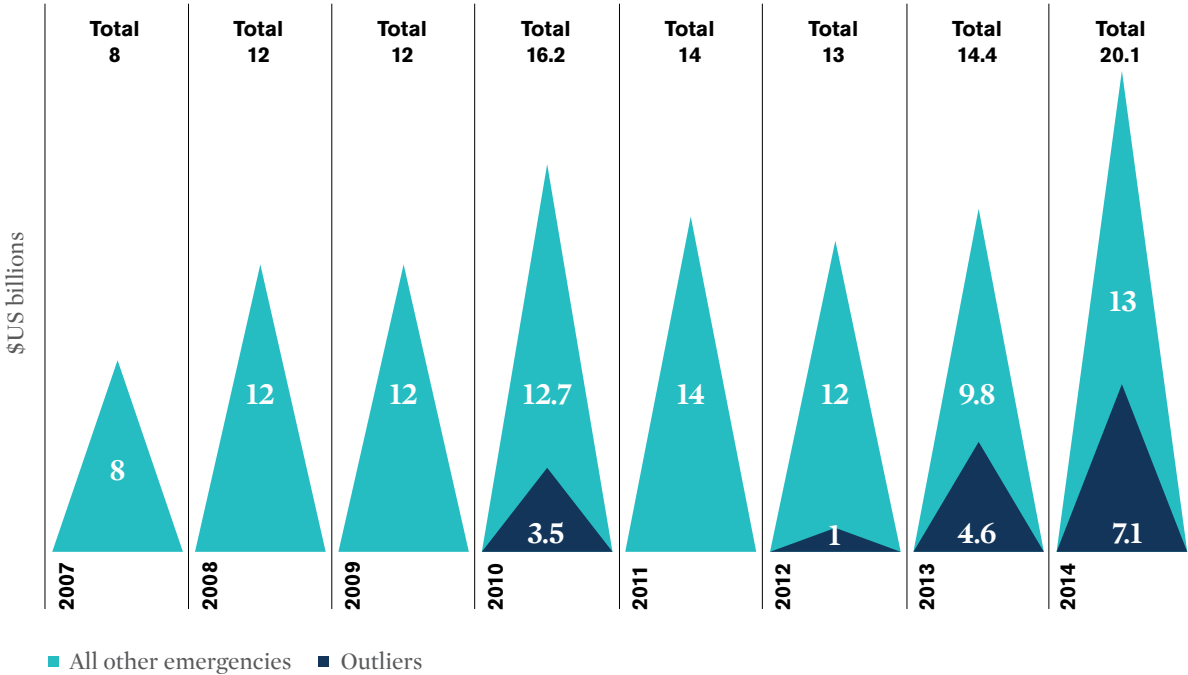


Source: FTS (2015).

3.2 Coverage and sufficiency

At over \$20 billion in recorded direct contributions to emergencies in 2014 (Figure 7), the system has reached its highest funding level yet.² This included contributions for ‘outlier’ emergencies that required much higher than average funding – the Philippines (\$0.9 billion), South Sudan (\$1.6 billion) and Syria (\$4.6 billion). Having dipped in 2012, the long-term trend of humanitarian funding remains upward, in terms of both volume and share of global gross domestic product.

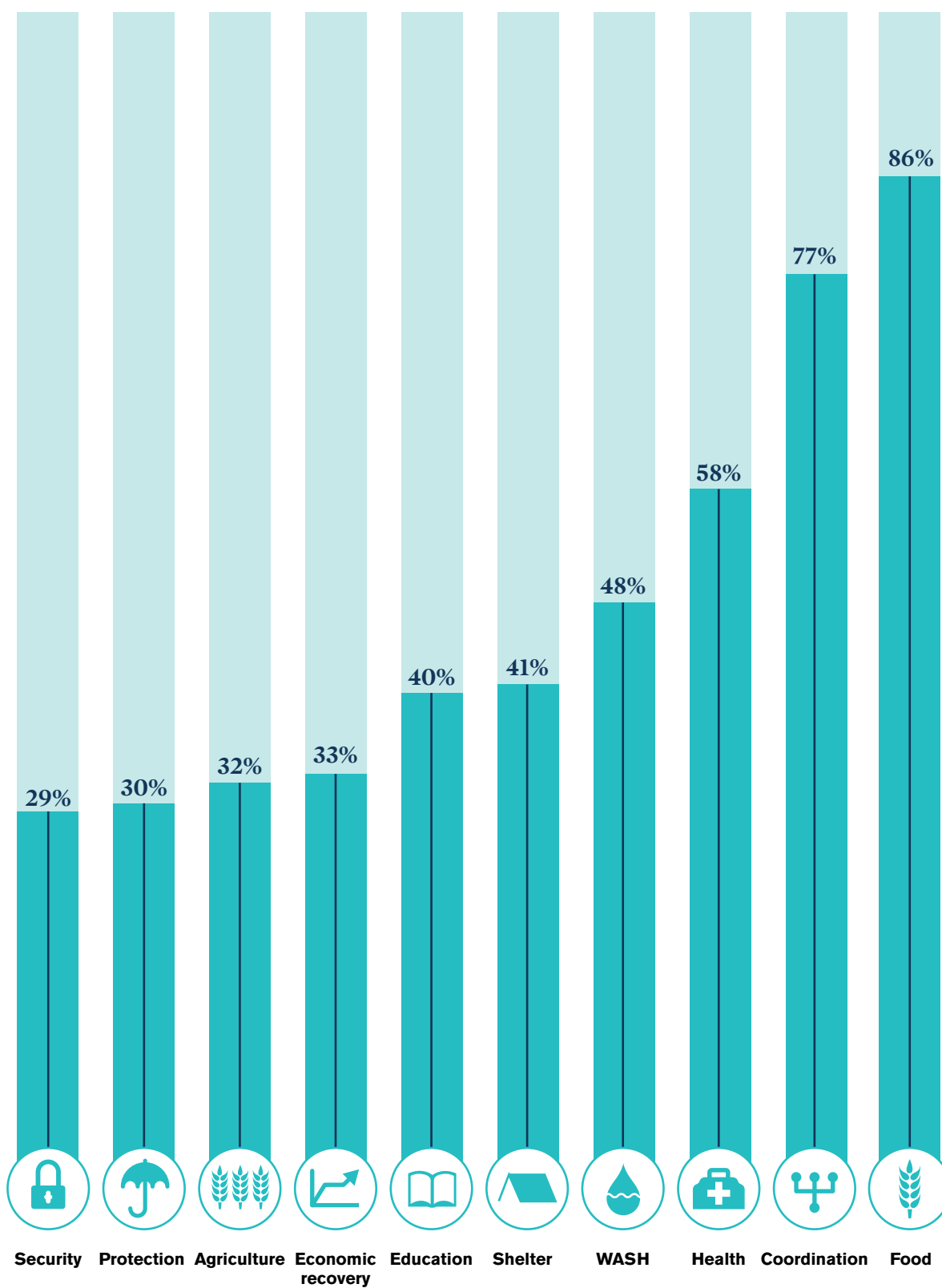
Figure 7 / Total direct humanitarian contributions to emergencies, 2007–2014



Source: FTS (downloaded 11 January 2015). As discussed above, FTS figures represent reported direct contributions to response efforts.

Funding levels alone are not a good measure of the humanitarian system’s coverage and sufficiency, for several reasons. Because increases in the number of people targeted for assistance have outstripped the growth in funding, the average amount contributed per aid recipient has dropped 26% since the last SOHS period. Also, not all emergencies are funded at equal levels: The responses to many chronic emergencies subsist on low levels of funding.

Similarly, not all sectors are funded equally (Figure 8). In certain sectors – especially early recovery, shelter and protection – the gap between coverage and stated requirements has widened. At a time when protection crises dominated the humanitarian caseload, protection was the most poorly funded activity. In 2013, apart from safety and security of personnel, protection was funded at just 30% of stated requirements. Of course, underfunding of sectors has to do with a number of factors, including donor priorities as well as perceptions of weakness in certain sectoral actors and strategies in certain settings. The challenges to the protection sector, including a lack of consensus on operational definitions and approaches, are addressed in the next section, which focuses on performance assessment.

Figure 8 / Percentage of stated requirements covered, by sector

Source: FTS (downloaded 11 January 2015).

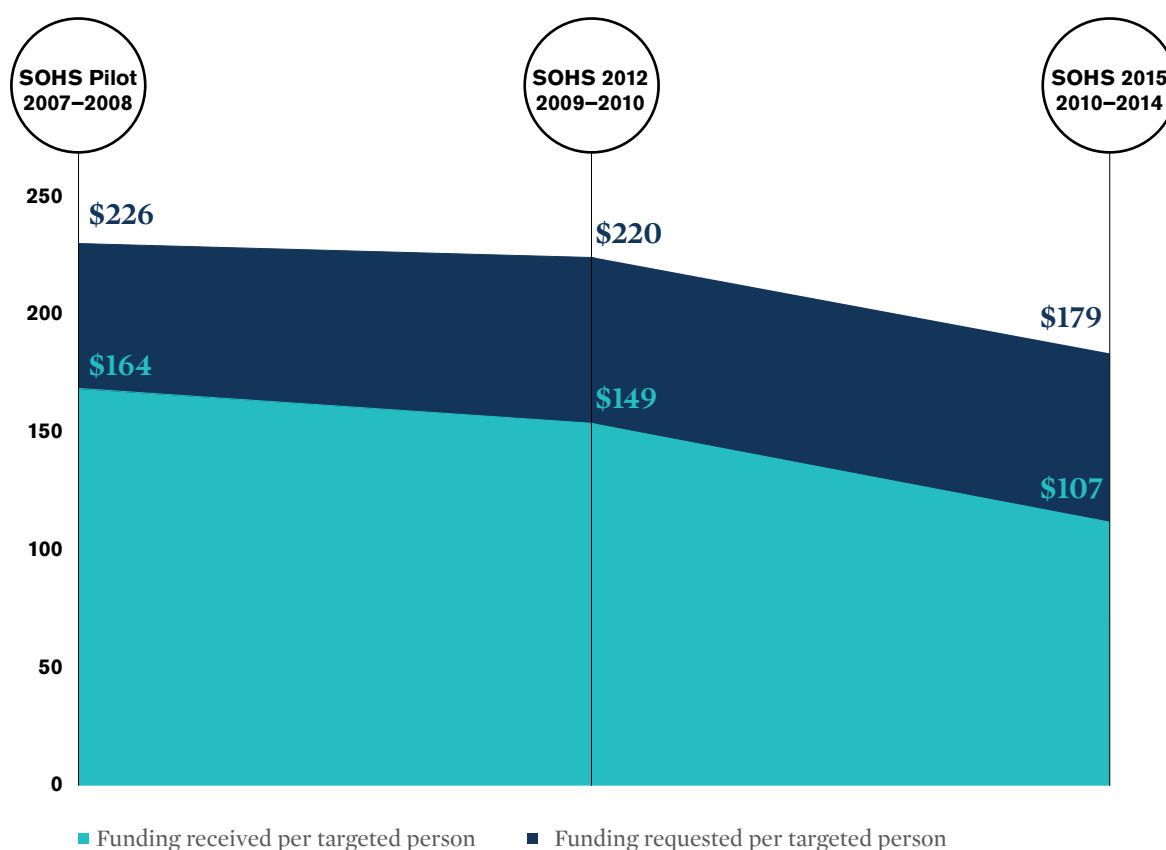
Table 3 / Funding compared to numbers of targeted recipients

Review period	Year	Number of people targeted	Funding requested	Funding received against response plans/ appeals	Funding requested per targeted person		Funding received per targeted person	
					Per year	Average	Per year	Average
SOHS pilot	2007	26 million	\$5.1 billion	\$3.7 billion	\$198	\$226	\$143	\$164
	2008	28 million	\$7.1 billion	\$5.2 billion	\$255		\$184	
SOHS 2012	2009	43 million	\$9.8 billion	\$6.98 billion	\$227	\$220	\$162	\$149
	2010	53 million	\$11.3 billion	\$7.2 billion	\$212		\$137	
SOHS 2015	2011	65 million	\$8.9 billion	\$5.6 billion	\$137	\$179	\$87	\$107
	2012	62 million	\$9.2 billion	\$5.7 billion	\$149		\$93	
	2013	73 million	\$12.8 billion	\$8.3 billion	\$176		\$114	
	2014	76 million	\$19.2 billion	\$10.2 billion	\$252		\$134	

Sources: FTS (downloaded 11 January 2015), and OCHA, 2014(b) World Humanitarian Data and Trends.

Figure 9 / Average funding received vs. requested per targeted person

This chart compares the last two categories in the table above.



Aid practitioners' perception of sufficiency has declined. Among humanitarian practitioners participating in the SOHS survey, the perception of sufficiency dropped to a new low of 24% (from 36% in 2010 and 34% in 2012). Not surprisingly, more sufficiency gaps were cited in conflict settings than in natural disasters (where some coverage improvements were cited). Pessimism was greater about the ability of the humanitarian system to reach people in need in conflicts, mostly due to insecurity; other concerns were bureaucratic restrictions and political impediments.

Funding is only one factor in humanitarian actors' ability to meet needs on the ground. Agency capacity to scale up can be limited, particularly in identifying personnel with technical and language skills. Insecurity and political impediments to access can add to this problem, and agencies can find themselves in a position where they simply cannot programme the funds they have raised, as evidenced by large percentages of carryover (unspent funds) in agency budgets. Agencies have been less than frank in acknowledging that in conflict-affected and logistically challenging settings they face serious operational capacity gaps quite independent of funding. Several interviewees specifically noted a decline in technical capacity in key sectors such as health, nutrition and water/sanitation. Although a thorough empirical comparative analysis of global sectoral capacities over time has not yet been done, the perceived reduction is felt keenly by many, especially at a time when humanitarian needs and technical demands have gone up.

Finally, humanitarian coverage continues to be challenged by serious security impediments in a handful of violent operating environments. In 2012–2014 these were Afghanistan, Pakistan, Somalia, South Sudan and Syria, according to the Aid Worker Security Database (www.aidworkersecurity.org). The year 2013 saw the highest number of aid worker casualties yet recorded, with 155 killed, 171 wounded and 134 kidnapped (Stoddard, Harmer and Ryou, 2014).

3.3 Financing issues and trends

In 2011–2014, between 6 and 8% of total government flows to emergencies went through pooled funding instruments such as the country-level Common Humanitarian Funds (CHF) and Emergency Response Funds and the global-level CERF. These continue to be popular channels for some donors, who find efficiency in programming larger amounts through a single channel instead of managing multiple separate grants, and who also see their benefits in incentivising coordination and common planning in the field. During the current SOHS study period, the UN Office for the Coordination of Humanitarian Affairs (OCHA) revised and merged CHF and Emergency Response Funds in an effort to increase their efficiency. However, with the two largest donors, the US and the European Commission Humanitarian Aid Office, largely eschewing them, at least at the country level, in favour of bilateral funding directly to recipient organisations, it is unlikely that pooled funding instruments will ever become the primary channel for financing field operations. In general,



The past period did not see any major changes in funding channels or donor agency architecture.

Although the volume of funding continues to grow, it is not on a par with the growth in funding needs.

donors' evidence base on the relative effectiveness of different funding channels and partners remains weak, with some exceptions, such as the UK Department for International Development's Multilateral Aid Review in 2011 and 2013. Donors continue to rely on their habitual partners, which are almost entirely international organisations – INGOs, often from their own country, and UN agencies. Little serious exploration has been done of the potential feasibility of funding disaster-affected governments or national NGOs directly.

Currently, international funding for national NGOs is 'unpredictable, volatile, difficult to access, insufficient and is not sufficiently enabling to support the strengthening capacity' (Poole, 2013). National NGOs and others reported no real increase over the time period of this review. The rhetoric on investing in local capacity continues, but to no serious effect. Government donors' willingness to take risks and adjust internal financing regulations remain key issues, as do foreign banks' willingness to transfer funds to Islamic charities and organisations working in the Middle East (Muslim Charities Forum, 2015).

During the past few years humanitarian country teams in a small number of contexts have explored the use of multi-year humanitarian planning rather than the standard 12-month cycle.³ The logic behind this move is that a longer time frame provides a more stable resource base and the ability to build in resilience programming in contexts in which humanitarian aid is likely to be needed for years to come. This began in 2013 with Somalia, and is now being implemented on a regional basis for the Sahel response, as well as in Sudan and Yemen. If successful in these cases, it might be usefully implemented in many other contexts.

Newer still is the introduction of a methodology known as 'activity-based costing',⁴ for estimating the total costs of a humanitarian response. This is a form of parametric cost estimation intended to standardise the average cost per humanitarian activity in a given context so that total resource needs can be estimated in advance and irrespective of individual agency proposals and budgets. This costing model has been used in Afghanistan, CAR, DRC and a few other places, and its drawbacks and benefits are hotly debated. Many field actors have found it to be useful and time-efficient, removing the need to hurriedly prepare projects for the common planning/appeal cycle, which are not guaranteed to be funded and will most likely change by the time the process is complete anyway. There are some valid concerns, though, about whether donors, despite their calls for a more strategic planning and appeal process, will be able in practice to allocate funding to an overall activity-based plan in advance of specific project budgets. And if project details are not required for common appeals, how will funding and activities be tracked later? Whether or not it is used as a basis for appeals, this costing model is seen as a step forward at the operational level and has some vigorous supporters in the field and headquarters levels.

Donors have driven some of the modest progress made in mainstreaming cross-cutting issues (gender, age and disability) and increasing accountability towards vulnerable groups. Gender markers (indicators of consideration of gender issues in programming) are required by a number of donors, and at least one requires an age marker. These markers do not, however, offer a reliable read on how the actual integration of gender or age as a cross-cutting issue is being carried out, or the extent to which programming is implemented in a gender-sensitive way. There is also often a disconnect between the identification of gender markers at headquarters and their application in local contexts where there are cultural challenges or limited data to develop an appropriate and diversity-sensitive programme.

The past period did not see any major changes in funding channels or donor agency architecture. Although the volume of funding continues to grow, it is not on a par with the growth in funding needs. The widening gap between stated requirements and donor contributions prompted UN High Commissioner for Refugees António Guterres to propose consideration of something long considered a non-starter: assessed humanitarian contributions from member states to replace the current voluntary system. ‘I believe that in the future,’ Guterres remarked, ‘humanitarian response should be able to rely partially on assessed contributions, which could be envisaged to fund a kind of “super CERF” for [major] emergencies’ (UNHCR, 2014b). ●

4

HOW IS THE SYSTEM PERFORMING?

The principal challenge to evaluating the performance of something as large and amorphous as the humanitarian system is the lack of defined, system-wide objectives against which to gauge success or failure. How to assess system performance if it's not clear precisely what it is attempting to accomplish?



4.1

A FUNCTIONAL ASSESSMENT OF SYSTEM PERFORMANCE

In the absence of specific aims on which all actors and observers would agree – beyond the broad goals of saving lives and reducing suffering – we can nevertheless define four broad humanitarian functions:

- rapid response to massive sudden-onset disasters that overwhelm a country's coping capacities
- provision of crucial basic services to populations living under chronic emergency conditions due to conflict and failures in development and/or governance
- supporting resilience and strengthening local capacity for independent response
- advocating on behalf of crisis-affected people.

The first two consume the bulk of humanitarian resources and efforts. Of these, massive sudden-onset disasters like the Haiti earthquake and Typhoon Haiyan in the Philippines inevitably attract the most media and public attention. Natural disaster response is also where many of the most interesting developments in the humanitarian sector can be found, such as technical innovations and crowdsourcing initiatives, the involvement of the private sector and direct giving by individuals at a previously unseen scale. But as we saw in section 2, by far the bulk of the humanitarian caseload falls under the second function, chronic crisis support. In these contexts, largely the same (often too few) donors and implementers do the heavy lifting to keep basic humanitarian aid flowing year after year.

The third function, supporting resilience, is less central; labelling it a humanitarian function can be controversial, particularly when the system is already stretched thin attempting to carry out traditional crisis response. Some insist this is not an appropriate role for humanitarian actors, as it blurs the line between development and relief, and between governmental responsibility and the distinct, apolitical sphere of humanitarian action that needs to be kept separate for humanitarians to do their job effectively (MSF, 2011). Humanitarians are nonetheless increasingly assuming the function of supporting resilience, particularly in countries where they have experienced the futility of launching repeated relief responses to the same emergencies and watching as the population becomes successively more vulnerable with each.

The fourth function, advocacy, is the attempt to influence external actors, chiefly the political forces that represent both the causes and potential solutions for many of the crises that humanitarians deal with. Advocacy can take the form of public campaigns or behind-the-scenes negotiations, and may be accompanied and strengthened by the provision of first-hand information on conditions on the ground. Advocacy efforts can be directed toward broad goals, such as promotion of international humanitarian law, or to small and specific operational concessions. The advocacy role is explicit in the job description of the UN Emergency Relief Coordinator, and implicit in the roles of field-level humanitarian leaders, but is generally practiced in an ad hoc manner. Humanitarian actors hold



The function of supporting chronic crisis – by far the bulk of the humanitarian caseload – continues to see largely the same (often too few) donors doing the heavy lifting to keep basic humanitarian aid flowing year after year.

different conceptions of the purpose and place of the advocacy function, which can lead to tension between them, for example about whether and how openly to push for specific political or military action.

This section assesses the performance of the humanitarian system in carrying out the four functions described above. Assessment was based on the standard OECD-DAC evaluative criteria (OECD-DAC, 1991), as adapted for humanitarian action (Beck, 2006). Findings have been further organised into four categories, combining some of the original criteria for clarity and to avoid repetition:



The section integrates findings from field visits, interviews, review of evaluations and other documents, and surveys of aid practitioners and recipients, and highlights examples from humanitarian responses during 2012–2014. The interviews were all conducted on a not-for-attribution basis, and in the interest of narrative flow we did not include in-text citations for most references to interview findings. Exceptions are when interviewees expressed perspectives specific to their agency or actor type and when certain views agreed or conflicted with other strands of evidence, in which case we have qualified them accordingly. Findings drawn from the literature and survey responses are cited as such.

The next two subsections focus on the first two functions – rapid response to sudden-onset disasters and support in chronic crises – in some detail. This is followed by a briefer look at the secondary, and occasionally contentious, functions of resilience-building and humanitarian advocacy.

4.2

RESPONDING TO MASSIVE SUDDEN-ONSET DISASTERS



Coverage/
sufficiency



Effectiveness and
relevance/
appropriateness



Efficiency,
Coordination and
connectedness



Coherence/
Principles





In the response to Typhoon Haiyan the humanitarian system proved itself capable of timely, effective and relevant responses in terms of meeting immediate objectives and priority needs.

Summary

Typhoon Haiyan (known as Yolanda in the Philippines) was, thankfully, the sole massive natural disaster during the review period. There the humanitarian system proved itself capable of timely, effective and relevant responses in terms of meeting immediate objectives and priority needs. It also demonstrated the ability to provide sufficient coverage in terms of mobilising resources and accessing populations, with only moderate trade-offs in efficiency, coordination and connectedness that come with the large size of the response. In natural disasters, moreover, coherence and principled humanitarian action are far easier to achieve than in conflict-driven crises.

While not a natural disaster, the Syrian refugee exodus to neighbouring countries also began as a massive and quickly unfolding crisis. Despite some reported problems in efficiency and coordination, the aid response to the refugees in the region has also been given mostly high marks for effectiveness, timeliness and appropriate focus on priority needs.

These overall positive results were assisted to no small degree by cooperative and capable host governments and an automatic surge of international capacity made possible by the new interagency process for system-wide mobilisation and response to major disasters, termed Level 3 (L3) emergencies. Tellingly, similar success was not seen in the chronic crises of CAR and South Sudan, which experienced sudden conflict escalations during the review period. The system also saw some key early failures in a very different sort of natural disaster: the Ebola outbreak of 2014, a case sufficiently different from the typical rapid-response scenario in challenges and response requirements to warrant separate discussion below.



Coverage/sufficiency

Of the nearly \$1 billion in funding contributions for Philippines Typhoon response recorded by FTS, over 20% came from private sources, including individual foundations and corporations, exemplifying the success in mobilising private funding for responses to sudden-onset natural disasters. From a resource position, the amount raised was more than sufficient for acute emergency assistance, as noted by interviewees and evaluations. An INGO worker in the Philippines commented in the survey, ‘working in a sudden onset natural disaster, in a country where the majority of the population speaks English (which is great for media attention) meant we were over 100% funded very quickly, with enough money to put away for 3–5 year programming and also contingency plans for the entire country.’

Not all agencies were able to roll the surplus funding over so easily, however. The Philippines government declared the emergency phase over and the recovery phase begun just three months after the storm. For some agencies this led to the dual problems of not enough new money coming in for recovery activities and being stuck with large balances of funding earmarked for emergency activities that could not be rolled forward into recovery and rehabilitation. Donors expressed some frustration with this state of affairs. In the words of one, the inability to spend down



Some agencies were faced with the dual problems of not having enough new money coming in for recovery activities and being stuck with large balances of funding earmarked for emergency activities that could not be rolled forward into recovery and rehabilitation.

the emergency money ‘continues to undermine the credibility of the humanitarian appeals’. The donors expected all emergency funding to be spent in the first six months, and were not happy to see surpluses. This problem was most apparent in the shelter sector, where the system found itself struggling to raise funds to cover medium- and long-term shelter needs for the millions of people whose homes were damaged or destroyed.

The SOHS field visit took place five months after the typhoon and observed that many of the most heavily affected people living along the coast had lost both their homes and their source of income (fishing) and faced an uncertain future while staying in temporary shelter, often with poor sanitation. The Inter-Agency Humanitarian Evaluation (IAHE) noted much greater success in meeting the original targets for the distribution of emergency shelter kits than in meeting recovery-oriented targets, such as target numbers of households with durable roofing and other safety features (IAHE, 2014). The extent to which the surplus from humanitarian operations should be reallocated, or expected to make a significant contribution to recovery, is a matter of debate. The broad consensus was that there was no easy answer and no ready well of resources for long-term shelter needs.

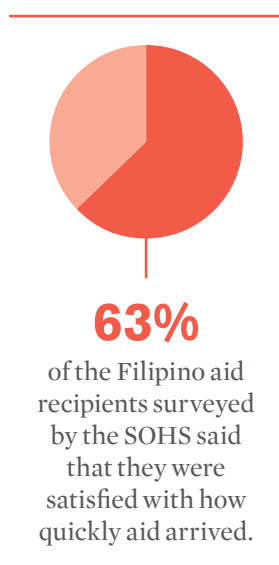
The Syria crisis has attracted historic levels of contributions, even when considering only the tracked cash contributions to the formal humanitarian system and not the untallied amounts going through informal channels. During 2012–2014, the Syria Refugee Response Plan mobilised roughly \$5.5 billion in humanitarian contributions (FTS 2015). Interviews and evaluations noted that good humanitarian coverage of refugee needs in camps has not been matched by sufficient support for refugees outside camp settings (around 60% of the total) and their host communities (Crisp et al., 2013), but that non-camp refugee support has increased over time.



Effectiveness and relevance/appropriateness

Reviews, including for the SOHS, found evidence of timely, appropriate and effective assistance delivered in the Philippines despite formidable logistical challenges. This was illustrated by the absence of major excess morbidity and mortality in the storm’s aftermath.

The Philippines presented a challenging physical environment for a rapid and large-scale humanitarian response. Typhoon Haiyan affected a large number of provinces and individual islands and resulted in significant communication and logistical challenges for both assessment and response. Despite the scale of the crisis, evaluations found that on balance, humanitarian responses were timely, at scale and appropriately targeted to immediate needs. The IAHE found that appropriate emphasis was placed on key risks ‘such as communicable disease outbreaks, food insecurity, lack of clean water, emergency shelter and protection’ (Hanley, et al., 2014). In terms of preventing the water-borne and communicable diseases that often accompany mass destruction and displacement, response efforts appear to have worked. Malnutrition, which usually



occurs in the first months after a disaster of this type, also did not spike after the storm, even though a whole harvest had been lost. By these critical outcome metrics, the Haiyan response compares very favourably to the last major typhoon that hit the Philippines (Bopha in 2012, a smaller storm than Haiyan) and to emergencies with similar levels of devastation. One interviewee used the example of the earthquake in Bam, Iran, a decade ago to illustrate how ‘tremendously’ the capacity of the international system has improved.

An enabling environment for the humanitarian response was created in part by the rapid deployment of support and coordination systems. Interviewees noted that the logistics and emergency telecommunications clusters, led by the World Food Programme, performed well, backed by additional corporate resources. The emergency telecommunications cluster moved quickly to bring in satellite phones and generators, enabling voice and data services. Initial bottlenecks at the airport were quickly resolved, in contrast to the experience in Haiti, and the government worked with the logistics cluster to set up a one-stop shop for quick customs clearances, making sure bureaucracy did not impede the smooth delivery of supplies. The IAHE reported that 462 surge personnel arrived within three weeks, and OCHA’s final period monitoring review confirmed that cluster and coordination capacity was able to scale up quickly, faster than operational capacity and relief supplies – which were slower to be positioned in relative terms. Timeliness was also greatly facilitated by pre-existing framework agreements between donors and NGOs that allowed funding to be advanced without the need for written proposals and approval periods. This included £2.5 million from the UK Department for International Development (DFID), split among its pre-selected NGO partners. A majority (63%) of the Filipino aid recipients surveyed by the SOHS said that they were satisfied with how quickly aid arrived.

Uneven needs assessment, but overall appropriate aid

In the Philippines, relief assistance was perceived to be highly relevant and appropriate. Unlike in the Haiti Earthquake and other major natural disasters, no serious problems occurred with inappropriate aid creating bottlenecks or working counter to relief and recovery goals. Needs assessments, however, were reported by interviewees as being uncoordinated, resulting in a number of parallel rapid assessment mechanisms during the early days of the acute emergency and creating some inefficiencies and duplication of efforts. In this instance, humanitarian actors saw the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) as not living up to its promise as a rapid multi-sectoral assessment tool. Undertaken in two phases in November and December 2013, the MIRA in the Philippines had several problems, most notably that it was not released soon enough for maximum effect. The IAHE noted this challenge and that the Strategic Response Plan (SRP), produced 30 days after the typhoon, was informed (or at least validated) by MIRA 1, but

that the Humanitarian Needs Overview fell short of the ideal envisaged in SRP guidance (Hanley, et al., 2014). The IAHE noted that this did not meet the guidance which states that ‘strategy development follows needs analysis’. Concerns were also raised that the assessment did not adequately review and incorporate existing health data. This included the omission of health needs from the first phase due to a miscommunication with the health cluster and the MIRA team. Alongside the MIRA, a joint shelter and WASH (water, sanitation and hygiene) needs assessment was conducted in November to also inform the SRP; this was seen as largely successful.

Though uncoordinated, the quality of the individual national and international needs assessment exercises in the Philippines was not faulted. With relatively well-developed disaster risk management and response mechanisms in place before the typhoon, the process for assessing and prioritising needs was largely successful and, according to the government disaster authority, was more efficient and better at integrating international actors than in past disasters. Given the massive scale of the disaster, immediate needs assessments were generally considered solid, and even in some hard-to-reach areas, food assistance arrived within one to two weeks. Considering the level of incapacitation faced by the national and local governments, their ability to participate in needs assessments relatively soon afterwards was commendable. Data-gathering software for handheld devices was reported as having offered increased speed, efficiency and accuracy by eliminating the need for data entry; users recommended broadening its use in humanitarian response.

With some exceptions, Filipino recipients surveyed for this review reported that the aid they received was appropriate to their needs and of good quality. (Several aid workers said they were struck by the frequent expressions of gratitude they encountered in the Philippines.) There were a few reports of inappropriate or unusable in-kind aid, such as expired food or incorrectly sized children’s clothing, but this seems related to local donations and not the formal aid system. Although less than half of surveyed recipients (41%) stated that they were consulted by aid groups prior to distribution, in general the consultation levels were higher than for other aid contexts. Among survey participants, 45 per cent stated that aid groups communicated about their plans and activities, and 63% stated that they were able to give their opinion to aid agencies in a feedback or complaints mechanism.

For Syria, the enormous outflow of refugees into Lebanon, Jordan, Turkey and to a lesser extent Iraq required a large and challenging scale-up of assistance by the United Nations High Commissioner for Refugees (UNHCR). A recent independent evaluation found that ‘qualitative and quantitative evidence illustrates overall satisfaction with UNHCR’s effectiveness ... in how it has met refugees’ assistance needs, deploying resources and people quickly and address[ing] needs despite a highly complex and quickly changing environment’ (Hidalgo, et al., 2015). This



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view was somewhat challenged, however, in field interviews conducted for SOHS with humanitarian actors responding to the Syrian crisis, who reported coordination difficulties and inefficiencies in the refugee response. Additionally, consultations for the World Humanitarian Summit with refugees and others who receive aid across the Middle East, including many refugees from Syria, conveyed a range of strong and ‘sobering’ criticisms related to the accountability and performance of aid agencies (World Humanitarian Summit, 2015).



Efficiency, coordination and connectedness

In late 2011, the IASC principles agreed on a set of coordinated measures that would constitute the Transformative Agenda. A major part of the Transformative Agenda has been a mechanism to designate certain humanitarian crises as requiring ‘humanitarian system-wide emergency activation’ (Inter Agency Standing Committee, 2012) in which agencies commit to providing a certain level and speed of surge capacity to the emergency. The Philippines response was the first natural disaster response in which this was tested, and overall it was seen to perform well. Interviews and evaluations were positive overall, but some pointed criticisms did emerge, including regarding tension between agency (UN and INGO) priorities and the collectively constructed plan. The IAHE noted that despite the Transformative Agenda’s empowered field leadership model, the humanitarian coordinator (HC) and the humanitarian country team were sometimes undermined in their decisions by ‘constant attention and direction’ from agency headquarters.

The political environment and potential for full collaboration with national systems was very positive, described in the IASC evaluation as enabling (Hanley, et al., 2014). The government of the Philippines had significant standing national disaster response capacity (the National Disaster Risk Reduction and Management Council) and had been actively engaged internally and with international partners in a range of disaster preparedness programmes. In addition to the robust response from the core actors of the humanitarian system, a number of countries’ national militaries provided significant logistical capacities, and there was a large (if unmeasurable) inflow of remittances from the Filipino diaspora and direct support for local groups.

The Haiyan response included some interesting small-scale innovations aimed at improving efficiency. Several interviewees praised the work of a small NGO, Fuel Aid, which focused solely on procuring and supplying fuel for relief aid vehicles and generators, providing a valuable and time-saving service for the whole system. Another NGO discovered they could do without renting a warehouse and offloaded straight from boats and planes to a truck, which they used as a rolling warehouse, shortening delivery time, cutting costs, and avoiding competition for warehouse space. Yet even well-run natural disaster responses can show inefficiencies at a larger scale. The cost of using 747s, the preferred aircraft of international humanitarian relief



The Philippines response was the first natural disaster in which the Transformative Agenda was tested and overall it was seen to perform well.

efforts, skyrockets in a disaster due to increased demand. Failure to prepare for and mitigate this means, according to one UN interviewee, that ‘we blow money on airlift’ with every emergency operation. Efficiencies could be gained, he added, if the logistics cluster put its mind to this issue.

Overall strong coordination, but room for improvement in connecting with national actors

Competing lines of report between the HC and agency headquarters aside, no major coordination problems were cited in the Philippines response. Given the large number of actors, this is a significant achievement. There is also consensus that central coordination with government was initially strong, but that connectedness between the international system and other response structures could and should have been stronger overall.

Government officials interviewed for the SOHS, from Manila to local *barangays* (districts) unanimously expressed satisfaction with the humanitarian response and gratitude for the role played by international actors. When pressed further, however, SOHS interviewees revealed some reservations about the high levels of international surge staffing and the extent to which this disrupted pre-existing working relationships with cluster leads and senior agency managers. In some instances, this led some officials to feel pushed aside by international staff. The IAHE noted that although government remained nominally in the lead, leadership and coordination mechanisms took on an ‘international feel’ and that in multiple cases, coordination systems became duplicative and divergent. One interviewee pointed out that this is partly a problem with the lack of nuance in the L3 designation, which implies ‘that the government cannot cope [and so the] system defaults to going in heavy with no regrets, which makes a certain sense in terms of helping victims, but can be damaging for government’s reputation and risks overwhelming local capacity.’ A similar observation was made by a former senior UN official, who remarked that it was ‘a pity that there are only 3 levels in the system. On a Richter-type scale I would put Syria and Iraq as a 9, and South Sudan, CAR, Somalia on a lower level. Syria will be a generational crisis.’ An expectation emerged that national NGOs should also have engaged in cluster coordination, but the IAHE found that they were largely unable or unwilling to do so. Overall, the response was judged to have missed opportunities to work with and through national NGOs and civil society (Featherstone and Antequisa, 2014).

Overall, the system for mobilising humanitarian response capacities for an L3 emergency worked as envisioned in the Philippines response, and the consensus of those interviewed was that efforts on the ground showed significant improvements over past (and smaller) disasters.

In the Syrian refugee response, interviews and an evaluation of the UNHCR’s response in Jordan and Lebanon gave mixed reviews in the areas of coordination and efficiency. Tensions were cited between OCHA and UNHCR regarding coordination roles and responsibilities for refugees in an L3 emergency, but it was also noted that improvements had been made



SOHS interviewees revealed some reservations about the high levels of international surge staffing and the extent to which this disrupted pre-existing working relationships with cluster leads and senior agency managers.

(Hidalgo, et al., 2015). The same evaluation found that the agency had identified ad-hoc ways to save money, but was not able to analyse ‘what is working and what is not’, which was found to be a more general problem across the agency and the humanitarian sector (Hidalgo, et al., 2015).



Ebola and the challenge of infectious disease emergencies

In 2014, the world’s worst outbreak of Ebola confronted humanitarian actors with a new magnitude of operational challenge. Appearing first in December 2013 in Guinea, the virus spread over the following months to Liberia and Sierra Leone, creating a region-wide health emergency that prompted a large-scale crisis response beginning in the latter half of 2014. The response thus began at the tail end of the SOHS research period, and was ongoing as this report was being drafted. Because of this, no interagency formal evaluations had been completed and the published literature was still relatively limited. The review therefore relied heavily on interviews with actors engaged in the response – including staff from UN agencies, NGOs, donor governments, and international public health experts – augmented by agency reports, unpublished analysis and press accounts. Although it would not have been appropriate to omit an emergency of this scale from the SOHS 2015 report, the response was continuing as this report went to print, and the final analysis may look different once the crisis has been definitively concluded and more thoroughly assessed.

What makes the outbreak of deadly infectious disease different from other tests of the international system is not only that it requires a higher level of technical capacity and threshold for risk, it also demands significantly speedier and more tightly coordinated operations. For a number of reasons, the system fell far short of these requirements in the critical onset period of the epidemic.

In the ideal scenario, an epidemic is recognised and declared early through good disease surveillance, following which the affected government leads the response, with technical and policy support from the World Health Organization (WHO), and material and social mobilisation assistance from UNICEF and medical and health NGOs. In this case, however, despite strong and repeated warnings by MSF about the disease’s rapid spread in March, WHO did not activate the international public health emergency machinery until nearly half a year later, on 8 August (WHO Ebola Response Team, 2014). At that point the virus had spread to Liberia and Sierra Leone, for the first time infiltrating densely populated urban areas. The number of new cases appearing each week had reached 400, and a thousand people had already died (WHO, 2014).

This early failure was due to several factors. For one, the virus diverged from its usual pattern, giving misleading signs that it was on the decline before the extent of its spread became clear. In fact, during the early months there was strong and genuine disagreement among Ebola experts on the epidemic’s projected course. Governments had a natural wariness in sounding the Ebola alarm precipitously in response to a disease outbreak



The outbreak of deadly infectious diseases requires a higher level of technical capacity and threshold for risk from humanitarians, as well as a significantly speedier and more tightly coordinated operations. These fell far short in the onset of the Ebola Epidemic.

that had no precedent in the region, fearing the implications of trade and travel restrictions on their economies. WHO's governance structures and sluggish bureaucracy replicated and compounded the forces delaying action, rather than overriding them. The power to trigger an international response rested with those who are effectively political appointees at the regional and national level. In what amounted to a fatal error, the WHO Directorate in Geneva waited, deferring to the member states rather than using its moral authority and expertise to push for aggressive action.

Once the severity of the epidemic was clear, the humanitarian system found itself unprepared to launch the rapid, massive, and concerted response that was called for. It became clear that the international community has no standing system to combat an international outbreak. Even had it acted quickly, WHO (by dint of its design and recent defunding) lacked the capacity to lead operations on the ground. Donors have reduced WHO's funding for acute epidemic response in favour of preventive efforts like immunisation (Tong, 2014). While interviewees recognised this, few saw it as providing the whole explanation for the poor performance and some strong views were voiced regarding the inadequate capacity and competence of the institution to undertake this role even if the money were there.

According to interviewees, the initial deployments by both WHO and the US Centers for Disease Control, the other preeminent international health authority, were weak, disjointed and lacking strategic direction. A small number of agencies and NGOs, foremost among them MSF, were doing critical work treating patients and tracing contacts, but as 'disconnected islands of activity' (Banbury, 2015) rather than as integrated components of a unified intervention. Recognising the need for a leading body with a centralised chain of command, the UN secretary-general initiated the creation of a new body, the UN Mission for Ebola Emergency Response (UNMEER), to play this role in the style of a UN integrated mission, but even more directive, emphasising crisis management and decision-making over consensus and coordination. Although it was stood up more quickly than any UN mission in history, its leadership 'had no idea how to go about stopping Ebola' and 'were figuring it out as we went' (Banbury, 2015). Interviewees gave mixed opinions on UNMEER's effectiveness, with a few insisting that goals would have been served better if the standard humanitarian coordination system was used instead. As one senior official put it, "We have 15 to 20 years of fairly decent experience, networks, and working relationships. Let's forget about all that and create a brand new body." Has that ever worked? UNMEER did ultimately succeed in bringing the key actors together in a unified strategic plan, and new cases began to decrease at rates exceeding initial projections. To do so, the mission initially bypassed host government structures, and even excluded government representatives from the first joint planning meeting held in September, for fear that it would slow down the process. However, according to interviews with humanitarian actors involved in the Ebola response, and the first

head of UNMEER himself (Banbury, 2015), the mission did not ultimately achieve the kind of command and control that was sought, as agency heads questioned and pushed back on UNMEER's authority over them.

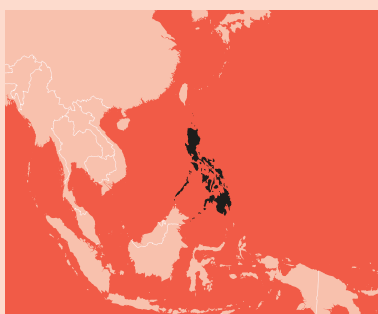
Other challenges to effective response to Ebola included the following:

- The lack of assurances by Western governments to humanitarian agencies that their staff members would have access to medical evacuation if they got sick (and not face draconian quarantine measures when they returned home) proved a serious challenge to an already difficult recruitment task.
- The 'Balkanisation' (in the words of one interviewee) of the US and UK military support to the region, with the US operating primarily in Liberia and the UK in Sierra Leone, led, according to a consensus of interviewees, to uneven performance, with Sierra Leone faring worse.

At the time of this writing, people are still contracting Ebola in West Africa, but the rate of new cases has levelled off, and the epidemic appears to be contained, confined to a series of micro-outbreaks. The work of local health professionals and humanitarian agency staff has been nothing short of heroic. MSF has been highly praised, not only for its own operations, but also for its full-throated advocacy and for providing training and other resources to partners. Other organisations stepped up to the challenge in courageous and decisive ways as well, some of them moving into unfamiliar areas of operation simply because there was no one else to do it. At the apex of the crisis, governments, local health systems and international actors, including the military, were working together well and incredibly hard. It is important that these accomplishments be recognised in any appraisal of the Ebola crisis. None of this, however, changes the central fact that local practices, as well as institutional weaknesses and capacity deficits in the international humanitarian system and national governments, prevented the response from halting the epidemic in its early stages, thus allowing it to spread and ultimately cause thousands of preventable deaths.

The Ebola experience has spurred serious reflection and momentum for action, including a reassessment of WHO's capacity and role in major disease outbreaks. Up for consideration was whether the role of addressing such outbreaks should be removed from the agency's remit altogether, and a new international entity established with the independence and flexibility to lead epidemic responses. What was ultimately proposed by WHO's executive board was to keep this function within the body, with a new 'global cadre of public health workers trained to deal with a crisis' and supported by a new \$100 million emergency fund. However, no change in governance appears to be on the horizon, only a 'commitment by the Executive-Director to ensure that regional staff members are selected for their expertise' (New York Times, 2015).

Even though the Ebola outbreak was an exceptional challenge, the experience nonetheless illustrates some fundamental tensions in the



PHILIPPINES (TYPHOON HAIYAN)

Typhoon Haiyan struck the central islands of the Philippines (where it is known as Typhoon Yolanda) on 8 November 2013. The strongest tropical cyclone ever recorded, it killed over 6,000 people and displaced about 4 million. In total, an estimated 14 million people were affected across 36 provinces, the majority living on the island of Leyte and in its major city, Tacloban, which lost about 90% of its infrastructure. About a million homes were damaged in the storm, about half of those completely demolished, and millions of people saw their income sources lost or disrupted. Unlike in previous typhoons, the devastation included air and sea ports in the hardest-hit regions, as well as entire city infrastructures, necessitating emergency airlift to bring in critical supplies.

Overview of performance

Coverage/sufficiency: Nearly \$1 billion in funding was mobilised for the response, from major donor governments (notably Japan and the United Kingdom and United States) as well as from private sources in countries with large Filipino diaspora populations. Acute emergency needs in the first three months were amply covered, but deficits appeared in longer-term housing assistance and other aspects of recovery. Stated requirements for food assistance, WASH, coordination and logistics were relatively well covered (all over 70% funded), while contributions for early recovery and livelihoods were far below the request (29% funded). The L3 designation triggered a global surge of UN human and financial resources, with relevant agencies, funds and programmes treating it as a global priority and dedicating resources accordingly. The response was able to reach all affected areas; however, some complained that Tacloban and its surrounding areas were over supported compared to other places, like eastern Samar.

Relevance/appropriateness:

Although problems were noted with MIRA, the relevance and appropriateness of relief aid for affected people was not faulted.

Unlike in other natural disasters, there were no major problems with inappropriate aid clogging ports and working counter to relief and recovery goals. Needs assessments were multiple and largely uncoordinated across the system, but most were undertaken in close coordination with local authorities and in a timely fashion.

Effectiveness: The response was timely and met the critical objectives of providing food, water and shelter and preventing significant post-event mortality and morbidity. No major incidence of waterborne disease or malnutrition occurred, as typical in the aftermath of natural disasters (and seen in prior Philippines typhoons), and outbreaks of vaccine-preventable diseases such as measles were not severe. The work of the logistics and emergency telecommunications clusters greatly facilitated the overall response, and the greater use of cash assistance was valued by participants and popular among most aid recipients.

Efficiency, coordination and

connectedness: After an initial (arguably unavoidable) period of confusion, coordination was established quickly and in good cooperation with the government.

Standby agreements in place between donors and implementers proved very helpful. Thanks to government preparedness and leadership within the cluster system, coordination worked well. However, evaluations concluded that the surge of new international personnel had an overbearing effect on government and local aid actors in some instances.

Coherence/principles:

The transition to recovery created challenges, and humanitarian actors felt that cluster leadership was missing for coordinating strategies for the transition to long-term objectives (or handover to development actors). Longer-term housing remains a critical issue. As in Haiti, underfunding of the shelter sector, intractable land use issues, and lack of a locus of responsibility in the international aid system for medium- and long-term shelter needs resulted in a great many people stuck in temporary shelter, with limited prospects for solutions at scale. This is broader than a humanitarian problem, but it has the potential to lead to renewed humanitarian crisis, as people with inadequate shelter remain vulnerable to disease and other hazards. ●

humanitarian system, including between the need for highly reactive global response capacity on the one hand, and the desire for more locally devolved capacity and prevention-oriented priorities on the other – an unnecessary tension, as we will argue. It also raises issues related to the costs and benefits of a system based on independent, flexible and voluntary coordination compared to those of a command-and-control model.

4.3

SUPPORTING POPULATIONS IN CHRONIC CRISES



Coverage/
sufficiency



Effectiveness and
relevance/
appropriateness



Efficiency,
Coordination and
connectedness



Coherence/
Principles





In chronic crises humanitarians are being asked to play increasingly wider roles – including supporting securitisation, filling gaps left by development actors and substituting for weak or neglectful host governments.

Summary

Many of the same countries receive humanitarian aid year after year. Crisis conditions persist in these places⁵ due to a combination of development challenges (including poverty), cyclical natural hazards and conflict and instability.

Chronic crises can also have peak moments, such as a famine, natural disaster or a severe upsurge in or start to a conflict, in which existing humanitarian programming must be quickly re-evaluated and humanitarian actors must re-prioritise internal capacity. Because building international consensus for humanitarian assistance is usually easier than tackling underlying political or security problems, or engaging with difficult governments, humanitarians are being asked to play increasingly wider roles – including supporting securitisation, filling gaps left by development actors and substituting for weak or neglectful host governments.

Perhaps not surprisingly, the evidence suggests that humanitarian assistance is falling short of its aim of supporting vulnerable people living in these crises. Coverage/sufficiency is weak, partly because humanitarian organisations are being pulled in different directions within crises and increasingly stretched thin across crises. The review period saw a spike in the number of chronic crises undergoing a rapid deterioration and a few cases in which civilians faced violence on a massive scale. Interviewees reported a growing sense of competition between crises linked to funding gaps and human resource challenges.

Despite modest gains in efficiency and coordination, local aid actors continue to be marginalised within coordination and funding structures. The effectiveness and relevance of humanitarian interventions were challenged by persistent shortcomings in aid actors' ability to engage with affected people. Interviewees and the funding analysis suggest that reducing the politicisation of humanitarian funding allocations across countries and increasing donor presence and involvement at field level would go a long way to addressing many coverage and performance issues. The totality of evidence collected in chronic crises also suggests a need for more joint, system-wide monitoring, with genuinely independent, transparent and critical analysis that incorporates the perspectives of affected people.



Coverage/sufficiency

Several chronic crises showed significant gaps in funding, human resources and organisational presence during the review period, most notably CAR and South Sudan. In CAR, throughout most of 2013, as the crisis escalated under the radar of international media attention and as humanitarian needs rose, humanitarian organisations actually scaled down their activities. From 2014 onwards, the trend reversed, but funding, staff capacity and coverage were still far from sufficient. Similarly, in South Sudan, four months after the declaration of an L3 emergency, the scale of the needs was 'enormous and likely to increase, requiring a global effort to deliver beyond the current levels' (IASC, 2014a).

Echoing this, SOHS survey respondents based in chronic crisis contexts tended to identify insufficiency overall and in more sectors than those working in sudden-onset natural disasters or in a regional or headquarters office. The three countries where survey respondents were most negative about funding levels – CAR, Somalia and Sudan – are all chronic crisis contexts.

Long-running crises mean that people need humanitarian assistance year after year, making it difficult to sustain funding in the face of competing donor priorities. Generally, funding for humanitarian response continues to materialise more quickly in high-profile crises and those that touch on the national security interests of major donors, such as Iraq in 2014, Gaza (Palestine) in 2014 and Mali in 2012–2013. In some of the most neglected chronic emergencies, such as CAR and Chad, a much smaller pool of government donors and aid providers (most with long historical ties) are operational. In many such contexts, interviewees reported scaling back programmes and carving out priorities within priorities in order to make the most of insufficient funds. In Mauritania, for example, WASH interventions were reportedly delayed by six months because donors provided funding only for food security activities, even though both were required to prevent acute malnutrition.

In regions affected by cyclical drought, humanitarian agency representatives spoke of delays in funding when it was not deemed to be a crisis year, reflecting a certain acceptance of high levels of need. In the Sahel, for example, the response in 2013–2014 was seen as late, despite almost equal numbers of people being affected as in 2012. In Somalia, one interviewee spoke of a change in baseline perceptions to the effect that ‘if it’s not a famine, it’s OK’, which was ‘frightening’ to consider.⁶

Gaps also stemmed from difficulties in identifying and recruiting qualified staff, both international and national. This was a serious shortcoming in both CAR and South Sudan, where difficulties were linked to low levels of education in the countries, challenges in finding French speakers (for CAR), difficult living conditions, and/or competition for staff with higher-profile crises. Interviewees mentioned similar challenges in Yemen, including growing security threats and difficulty finding Arabic speakers. As one INGO survey respondent in Yemen remarked, ‘Funding was insufficient to meet the scale of the needs of our target populations. However, I also believe that the humanitarian community would have been unable to absorb further funding. In other words, even if funding had been sufficient, the humanitarian community would not have been able to reach our targets as per the humanitarian appeal.’ In CAR and South Sudan, the L3 staff surges were generally appreciated and seen as helpful for providing additional support to stretched capacity, including the HC and/or deputy HCs. In CAR, as our research and others’ (IASC, 2014b) has found, the L3 surge contributed to a top-heavy initial response, with too much time devoted to planning and coordination and not enough to actual operations. In both Iraq and South Sudan, the surges were limited and challenged



Long-running crises mean that people need humanitarian assistance year after year, making it difficult to sustain funding in the face of competing donor priorities.



Between 2012 and 2015, aid actors grew more pessimistic about their ability to reach populations in protracted conflict settings: in 2015, 34% of survey respondents said this ability had declined in the past two years, compared with 27% in 2012.

by a combination of depleted human resources (internal and standby rosters), security issues, and difficulties in attracting people, especially to work outside the capital cities. Problems with planning for transition out of surge staffing were reported in CAR and South Sudan (e.g., IASC, 2014a and IASC, 2014b).

For non-L3 emergencies, UN hiring processes remain slow, with one UN interviewee describing the organisation as ‘hopeless at facilitating good people’. Other capacity gaps were noted in technical areas, such as cash and vouchers (‘because it was siloed into the food security sector for so long’), designing projects in urban areas, and information management. Lastly, there was seen to be a continued dearth of mentorship and programmes to expand the humanitarian cadre, although interviewees noted that a few positive initiatives in this area were under way.

More broadly and more worryingly, capacity gaps were also linked to organisations’ under-prioritisation of certain crises. The CAR study found that humanitarian activities scaled down from March to October 2013 even as needs were rising dramatically. This happened in large part because CAR was not sufficiently prioritised by most UN agencies and humanitarian NGOs. Humanitarian actors allowed themselves to be directed by donor governments’ under-prioritisation of CAR, which in turn was likely driven by CAR’s perceived lack of importance in their foreign policy agendas. This allowed the country to become a ‘backwater’ for humanitarian action (see MSF, 2011; Liu, 2013). In South Sudan, some interviewees expressed concern about the temporary evacuation of international staff in December 2013 and the reliance on national staff (often displaced themselves) during a period of acute crisis, which they felt reflected agencies’ under-prioritisation of the crisis response.

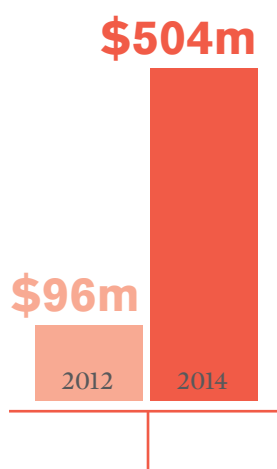
Between 2012 and 2015, aid actors grew more pessimistic about their ability to reach populations in protracted conflict settings: in 2015, 34% of survey respondents said this ability had declined in the past two years, compared with 27% in 2012. This was especially the case in Afghanistan, Lebanon, South Sudan, Sudan and Syria; the main obstacle to access was insecurity, followed by bureaucratic restrictions and interference, or a combination. Access was a topic of focus during the review period, driven by the Syria crisis and reflected in a range of inter-agency initiatives and dialogues at the operational level (for example, in Mali, Palestine and South Sudan) and at the level of research and policy (Steets, Reichhold and Sagmeister, 2012; Jackson, 2014a). In Mali, we found that serious access challenges persisted in the north; many INGOs worked through local partners, and UN staff were unable to move outside of towns, resulting in limited deployment of emergency humanitarian aid for isolated people (see also Grünewald, 2014b). Similarly, in CAR and South Sudan, lack of infrastructure, insecurity and remoteness presented enormous challenges to reaching affected populations (IASC, 2014a and IASC, 2014b). Direct and sustained negotiations with armed actors, pre-positioning of supplies and independent air transportation – like those sometimes available to MSF and ICRC – all resulted in greater flexibility and ability to access populations.



Effectiveness and relevance/appropriateness

Improving performance through the L3 mechanism?

During the review period, the L3 activation procedure of the Transformative Agenda was used in one sudden-onset natural disaster (Philippines, in November 2013), one major ongoing conflict (Syria, in January 2013), and three contexts in which a chronic crisis suddenly took a turn for the worse (CAR, December 2013; Iraq, August 2014; and South Sudan, February 2014). The L3 mechanism did appear to play a useful role in these chronic crises. Nonetheless, because the mechanism was designed for sudden-onset crises (IASC, 2012b), it has played a different role than expected in severe crises that come on more slowly and last longer than, for example, a typhoon.



In CAR, the L3 designation resulted in a sharp rise of funds for the response: from \$96m in 2012 to \$504m in 2014

In CAR, the L3 designation was found to contribute to turning around what MSF had called an ‘unacceptable performance’ (Liu, 2013). It effectively kick-started the system and shone an internal spotlight, particularly within the UN, to make up for what had been – at least until around the time of the L3 declaration – a notable lack of international media and donor government attention. The L3 designation helped increase funding, the number of operational NGOs and staff capacity. Nonetheless, actual response triggered by the L3 was slow; while this was somewhat made up for by agencies’ internal funding and faster funding from some individual donors, CHF and CERF funds were reportedly slow to arrive, and several INGO representatives felt that UN agencies did not sufficiently adapt their systems to speed things up. It was also broadly felt that donors did not deliver on their commitments quickly enough – or in some cases, ever – after pledges were made in early 2014. Despite considerable operational and security difficulties, however, deployment outside Bangui steadily increased throughout 2014 as many agencies, pushed by certain donors and the visibility afforded by the L3, increased their determination to reach populations in need.

These experiences illustrate the way that an L3 declaration can shed light on performance. In addition, operational peer reviews, meant to be undertaken within 90 days of an L3 declaration, allow an important system-wide review of progress that is not routinely conducted in other contexts. While the operational peer reviews were largely seen as useful, consultative and broadly accurate in their findings, interviewees noted that they lack transparency (the reports remain unpublished), recommendations are not routinely followed up, and their focus has tended to be on systems and processes rather than the response itself.

One consequence of the L3 mechanism has been, by default, to draw attention away from other chronic crises: DRC, Mali, Pakistan and Somalia were all noted as experiencing neglect due to the focus on L3s. In CAR, interviewees pointed to the general difficulty in attracting funds as one reason that some are keen to retain the L3 designation. Concern was raised that ‘INGOs were setting up programmes in CAR for the first time, at the [urging] of the international community and donors [because of the L3], but then somehow it’s not easy for them to find funds.’

Underlying challenges: Timely, appropriate, at scale?

The L3 mechanism helped in some contexts to improve organisational capacity and leadership where humanitarian actors were in danger of under-performing. But it has also served to highlight deeper performance and accountability problems, many related to the timeliness of response, the relevance of interventions and communication with and accountability to affected people.

Recognition is growing of how slow emergency humanitarian response can be. As MSF has argued, ‘Emergency response requires flexible, rapidly disbursable and unearmarked funding to be effective and to respond to changing needs – but the current emergency financing mechanisms fail to provide this’ (Healy and Tiller, 2014, pp.17). The same report noted that three months is frequently mentioned as the amount of time it takes from concept note to funds arriving in the field, and this was echoed in our research on CAR and Mali (see also CBHA, 2014). For example, an INGO in CAR reported that they started negotiating in February with a UN agency that had received CERF funding, but the agency was not able to sign an award until May, because of requests for revisions and different formats for proposals. Interviewees and documents reviewed for this study also reported slower than expected aid delivery in South Sudan, where aid efforts were hampered by ‘insufficient and delayed funding’ and ‘the slow or non-return of staff’ (IASC, 2014a), and Iraq, where setting up camps and positioning supplies took longer than expected. While there are many work-around mechanisms, such as INGOs’ standby funding agreements or the rapid response mechanisms mentioned earlier, ‘the fact that such initiatives are necessary at all is itself an indictment of how ill-adapted the major mechanisms are to responding to emergencies’ (Healy and Tiller, 2014, pp. 17).

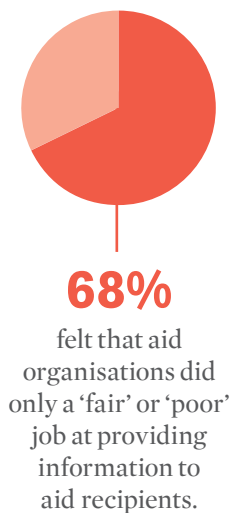
One notable achievement during the research period seems to have been greater awareness at the field level of the importance of engaging with affected people. In several L3 crises, special advisers on communications with affected populations have been appointed and OCHA has taken the lead on ‘communication is aid’ efforts. Initiatives such as the Communicating with Disaster Affected Communities Network, the Listening Project and the World Bank’s Voices of the Poor project have all further taken root during the review period. Policy discussion, backed by operational research, increasingly supports the idea of rethinking power dynamics so that conflict- and disaster-affected populations are not seen ‘purely as recipients’, and that interventions are designed to centre more on their needs and preferences (Austin and O’Neill, 2013, pp. xii; see also Anderson, Brown, and Jean, 2012; Brown and Donini, 2014).

Progress in accountability to aid recipients has mainly been at the level of rhetoric rather than reality, however. While nearly every agency interviewed in the field attested to having some sort of communication or feedback mechanism, the aid recipient surveys and interviews revealed

**3 months**

is frequently mentioned as the amount of time it takes from concept note to funds arriving in the field.

little consultation on project design before the fact and little practical action on complaints and feedback after the fact. Aid actor survey respondents were most likely to rate participation of aid recipients as poor (compared to other performance areas); 68% felt that aid organisations did only a ‘fair’ or ‘poor’ job at providing information to aid recipients. Respondents from the UN had the most negative views on the ability of aid actors to provide information and complaints mechanisms to aid recipients. When asked how well aid organisations provide information to aid recipients and allow them to lodge complaints, one survey respondent said ‘only fair, but we’re heading in the right direction. Ten years ago I’d have said, “poor.”’



Although the use of feedback and complaints mechanisms is increasing, interviews and other findings from this study raised important questions about the extent to which aid actors actually respond to complaints generated from them, either to address specific problems or to redesign programmes accordingly. As one interviewee commented, ‘communities are saying that they are not getting the information that they need to make informed choices about what they want to do and how they want to respond, and while agencies are busy collecting information they rarely have the capacity to analyse it let alone act on it. This poses serious questions about feedback mechanisms and of course threatens relevance and appropriateness.’ One study also concluded that there is still ‘a lack of evidence that beneficiary feedback mechanisms actually improve the efficiency and/or effectiveness of aid’ or that they are the best method to improve downward accountability (Jump, 2013).

Aid actors were more positive about their ability to prioritise and address the most urgent needs. As in 2012, survey respondents rated performance in this area highly compared to other areas. But a number of examples suggest that poor communication with aid recipients may – not too surprisingly – be negatively affecting aid organisations’ ability to design interventions that meet people’s real needs. An otherwise largely positive evaluation of the Rapid Response to Population Movements mechanism in DRC, for example, found that ‘from a beneficiary community perspective many interventions do not meet priority needs, either because sectoral needs are not evenly covered or because [the rapid-response] interventions are not linked to longer-term activities, notably for returnee communities trying to rebuild their lives’ (Baker, et al., 2013, p. iv). Similarly, one UN survey respondent in Ethiopia noted, ‘the refugee community prioritise education but this is not reflected in the action plans. Education is reduced to being an item mentioned on the strategic level but absolutely not reflected in the resource allocation.’

Studies have noted a high level of path dependence in humanitarian decision-making, where the ‘preferred response’ is repeated with each new crisis, irrespective of evidence on its effectiveness (Darcy and Knox-Clarke, 2013a; Darcy, et al., 2013b). This finding was evident in the system’s struggle to identify and meet the needs of particular vulnerable population groups, such as the elderly and disabled. As one interviewee commented:

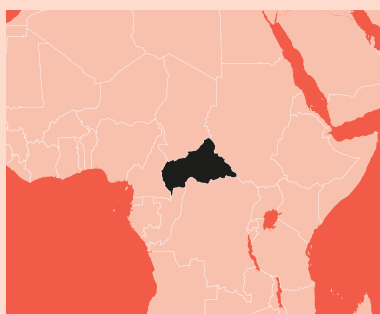


In CAR, DRC, Mali and South Sudan internally displaced people (IDPs) in concentrated, easy-to-reach sites remained more likely to be assisted than host communities and people living in remote or highly conflict-affected areas.

‘the system continues to face the challenge that life-saving assistance is the priority and the analysis of who needs that assistance comes second.’ Many interviewees concurred that there are in-built assumptions about which groups are most vulnerable and inadequate assessment processes that fail to identify evidence gaps, with the result that the system often doesn’t ‘look for the information that might challenge assumptions’.

In CAR, DRC, Mali and South Sudan, aid actors struggled to orient assistance to need and vulnerability rather than displacement status; internally displaced people (IDPs) in concentrated, easy-to-reach sites remained more likely to be assisted than host communities and people living in remote or highly conflict-affected areas. As one survey respondent from an INGO working in DRC wrote: ‘the problem is rather – does the money go to the areas that need it most? It’s a cluster of aid initiatives around Bukavu, but once you leave the tarmacked road to the airport, the number of NGOs present drastically drops.’ In Mali, efforts to assist hosted IDPs in urban areas were seen as inadequate, partly because aid actors may have followed donors’ interest in stabilising the more rural north of Mali and partly because the endemic poverty meant that it was ‘difficult to ensure that IDPs can access assistance and basic services when their hosts are confronted with similar challenges’ (Brown and Hersh, 2013). In other words, the fact that IDPs living with urban host families were difficult to identify or count simultaneously made it more difficult to address their needs and easier to ignore them. These challenges were compounded by a lack of global guidance on IDP protection and programming in impoverished urban settings, since most guidance is focused on camp settings (Brown and Hersh, 2013) – as well as, more broadly, a continued lack of leadership on IDPs generally. In CAR, the needs of hosted IDPs in urban areas were not assessed at all (ACAPS, 2014b).

In CAR, concerns were raised about the appropriateness of discontinuing assistance to IDPs in Bangui. Four months after the arrival of IDPs at the M’Poko airport in March 2014, aid agencies deliberately scaled back food, shelter and non-food items assistance in M’Poko (Healy, 2014; McLeod, 2014), seeking to strike a ‘balance’ of ‘providing assistance but not wanting to create incentives to stay’, in the words of one interviewee. Aid agencies do not appear to have consulted IDPs as to how assistance levels at the site may or may not affect their decision to return home. As one UN observer noted, “There is still an assumption that, as aid workers, we know what is best for a certain population. As such, communications are often designed to convince people of something, rather than to share information. This was the case in IDP sites in Bangui, where the assumption was that, because of the poor conditions in which displaced people were living, including an increased risk of disease during the rainy season, people should be encouraged to return home or relocate to other sites. This failed because most people were not ready to return due to security concerns” (Loquercio, 2014).



CENTRAL AFRICAN REPUBLIC

One of the poorest countries in the world, CAR has suffered from persistent under-development and conflict. In December 2012, the *Séléka*, a loose alliance of Muslim fighters, began a military campaign that succeeded in ousting the president. Self-defence groups called *anti-Balaka* were formed, and although the *Séléka* was formally dissolved in September 2013, both groups subjected populations to extensive attacks and abuses. An estimated 900,000 Central Africans were displaced by the fighting in December 2013, and a large portion of Muslims (about 15% of the pre-crisis population) fled the country. A UN stabilisation mission followed a French military intervention and an African-led international support mission. CAR was declared an L3 emergency in December 2013. Humanitarian assistance flows subsequently increased sharply, from \$96 million in 2012 to \$504 million in 2014.

Overview of performance

Coverage/sufficiency: From March through October 2013, humanitarian organisations scaled down activities in the country despite a dramatic increase in needs. The humanitarian actors had followed the under-prioritisation of CAR by development actors, including donor governments. While the L3 declaration prompted increased funding (the 2014 SRP was eventually funded at 71%), donors' pledges did not translate to timely funding. The L3 resulted in many new organisations establishing operations, eventually including increased deployment to areas outside Bangui, but it remained extremely difficult to recruit qualified staff, both national and international, particularly French speakers.

Relevance/appropriateness:

Needs assessments were largely one-off, qualitative exercises, making national prioritisation difficult, and the needs of IDPs in urban areas were not assessed at all. Leadership on IDPs generally was lacking, with joint strategies and approaches not well articulated. Some approaches, such as decreasing assistance to IDP sites as an incentive to return home, indicated a lack of understanding of the IDPs' assessment of the

conflict and their needs. This and other examples indicated a lack of effective two-way communication with affected populations, although efforts to improve in this area were also noted.

Effectiveness: The L3 helped to turn around a situation of 'unacceptable performance', in the words of MSF (Liu, 2013), whose advocacy played a role in kick-starting the humanitarian system, and it helped make up for what had been a lack of international media and government attention. This resulted in an initially top-heavy response, however, with too much time and staff devoted to planning and coordination and not enough to operations. Response triggered by the L3 was also slow; while agencies' internal funding and some individual donor mechanisms helped offset this somewhat, CHF and CERF funds were slow to arrive to implementing organisations. Little emphasis was given to preparedness and contingency planning in 2014, despite calls for an increased focus on this.

Efficiency, coordination and connectedness: Qualified and capable HCs and cluster/coordination staff were rapidly

deployed after the L3 declaration. The MIRA and a myriad of related assessments and plans were completed ably and rapidly, but agencies struggled to remain informed in the highly fluid context. The humanitarian country team and various coordination structures, while improved, were seen as under-functioning compared to other crises. The rapid response mechanism played a valuable role, helping correct some of the built-in barriers to a fast and flexible response. Overall, the crisis underscored the difficulties humanitarian actors have in defining their role in this type of fragile, highly under-developed country where development donors have receded, including in supporting the basic services of a collapsed state.

Coherence/principles: The protection cluster was seen as functioning relatively well in a context where protection was a key issue, and some positive collaboration with the UN stabilisation mission was noted in this area. Humanitarian agencies' capacity to negotiate with actors relevant for access remained under-developed, even as security conditions were deteriorating. ●



Efficiency, coordination and connectedness

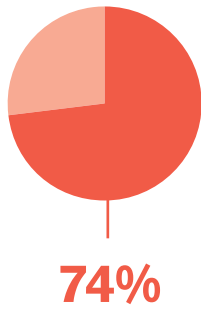
Despite (or because of) being stretched thin across many chronic crises, humanitarian actors have slowly developed efficiencies in some long-running crises – mainly in the areas of financing, pre-positioning of supplies, preparedness and coordination. In many countries, mechanisms have been established to help correct some built-in inefficiencies that make humanitarian response slower, less coordinated and less flexible than it could be.

In the CAR and DRC, for example, rapid response mechanisms – whereby INGOs, working with UNICEF and OCHA, deploy mobile teams to provide multi-sector aid in response to new displacement – have made significant contributions towards a faster and more predictable response (e.g., Baker, et al., 2013). In DRC, given the lack of other agencies with comparable pre-positioned capacity or resources, the mechanism experienced pressure to respond to every displacement, which was beyond its capacity (Baker, et al., 2013); similarly in CAR, the mechanism was appreciated but seen as (unhelpfully) both ‘first resort and last resort’. Interviewees in several other countries also mentioned the importance of MSF’s and ICRC’s flexible standby capacity as helping to fill gaps in the system’s response.

Financial instruments like the CHF and CERF, while still much slower than they could be in facilitating urgent response, continued to improve at field level, for example in DRC and Somalia, according to interviewees. In South Sudan, the CHF was ‘used flexibly’ and was found to play ‘a significant role in financing critical gaps in the response’ (IASC, 2014a). A positive shift was also seen with the move from single- to multi-year (two to three years) planning and funding with the chronic crises in the Sahel and in Somalia (as noted in other parts of this report). In the Sahel, the multi-year SRP was seen as a step forward, but annual funding was limiting its utility.

Many of the improvements noted above were focused on the process, rather than the substance or outcome of humanitarian assistance, essentially serving as workarounds for structural inefficiencies in the system. Interviewees for this study mentioned a consistent set of management challenges linked to delays in contracting and pass-through funding (from the UN to implementing agencies); slow, inadequate or inappropriate human resource mechanisms; and shifting donor reporting requirements which are not harmonised with one another (DARA, 2013).

With regard to connectedness, interviewees and aid actor survey respondents presented a mixed picture, but one that spoke to ongoing issues with how humanitarian actors relate to host government authorities and local civil society in chronic crises. In countries such as Ethiopia and Pakistan, governments have sought to exercise greater control over humanitarian aid, including in assessment and coordination. This has at times led humanitarian actors to conduct ‘shadow assessments’ to ensure impartiality. Interviewees in Afghanistan, DRC and Yemen also noted that some coordination improvements run the risk of edging out



of aid actor survey respondents described the participation of local actors in interagency coordination as fair or poor.

host government actors, for example when eliminating projects from appeals had the effect of reducing the role of the government in vetting projects. Host government survey respondents were more likely than other respondents to select 'poor communication and consultation between host government authorities and international actors' as the biggest problem in the humanitarian response in their area. But a majority of them felt that international actors had worked with them on needs assessment, and most rated the quality of that working relationship as good or fair.

The surveys and interviews also revealed that local organisations continue to be underrepresented in coordination structures. Aid actor survey respondents were fairly negative about the participation of local actors in interagency coordination, with 74% describing it as fair or poor. Host government survey respondents were not positive overall, but only one described local participation as poor. In several countries, notably Iraq, Lebanon and South Sudan, a large percentage of survey respondents reported that coordination meetings were never conducted in the national language of the country or with translation for national participants. A large majority (81%) of aid actor survey respondents described local NGOs' ability to access direct funding from international donors as fair or poor. Respondents were also fairly negative about how well international aid organisations and donors support capacity building for local actors, with national NGOs most likely to describe this as poor.



Coherence/principles

Humanitarians interviewed for this study expressed differing views, and sometimes confusion, about what they are trying to accomplish, their role in relation to other international players, and the proper scale of the humanitarian enterprise – particularly where natural disasters occur in fragile states with weak institutions. It is not new that once an initial shock has passed, humanitarian actors face pressure (internal and external) to engage in recovery or reconstruction. Development actors often do not step up, particularly in unstable or conflict-affected areas, and it can be practical for humanitarian organisations to stay, adapting their programming and building upon existing relationships. For certain kinds of shocks, the line between relief and recovery can be thin (Cosgrave, 2014). In other cases, there may be no obvious shock at all, but humanitarian organisations may nonetheless feel compelled to step in, for example responding to cholera and high rates of malnutrition or helping people living in urban slums where there is violence and/or entrenched poverty (Savage and Muggah, 2012).

What is new is a growing recognition of the risks to the expanding scope of humanitarian action. While it is tempting for humanitarian organisations to engage in these activities, it is also controversial. Opponents of humanitarian mandate creep identify three main risks:



The evidence collected in chronic crises revealed that a key question for humanitarian actors is whether they should seek to take on additional roles when they lack the capacity to adequately meet the core humanitarian needs of the context.









1. that limited humanitarian resources will be thinly stretched, both globally and within organisations, reducing the collective capacity to respond to new or difficult crises (Kent, Armstrong, and Obrecht, 2013; Healy and Tiller, 2014);
2. that humanitarian principles will be undermined, for example when recovery or development activities are linked with the host government or another authority involved in the conflict (Collinson and Elhawary, 2012; Brauman and Neuman, 2014); and
3. that expectations will be set that are well above what humanitarians can realistically accomplish, further letting the responsible actors off the hook. This is especially true since – unlike sudden-onset disasters in middle-income countries – real recovery to a pre-crisis ‘normal’ is usually unachievable, and certainly not with humanitarian agencies’ limited resources (Development Initiatives, 2013).

A number of interviewees, from DRC to Haiti to Mauritania, highlighted the challenges of ‘stop-start’ programming that temporarily alleviates the symptoms, such as malnutrition and cholera, of much deeper structural problems. Equally problematic, in some contexts (such as DRC outside the eastern provinces), because of the sheer scale of the problems, donors may not seriously entertain the idea of humanitarian action, even when the same level of need would trigger emergency action in another context.

The evidence collected in chronic crises revealed that a key question for humanitarian actors is whether they should seek to take on additional roles when they lack the capacity to adequately meet the core humanitarian needs of the context. The overlapping and in some cases enormous crises occurring during the review period revealed that current capacities are woefully insufficient or, as an agency representative in South Sudan described it, the crisis is ‘several levels above our capacity to cope’ (IASC, 2014a). Even in contexts where an acute phase has passed and humanitarian operations have found their footing (such as in CAR, DRC, Mali or South Sudan), the system as described above does not provide mechanisms that would allow the kind of genuine accountability to affected people needed to ensure a high-quality response.

4.4

BUILDING RESILIENCE AND INDEPENDENT CAPACITY

			
Coverage/ sufficiency	Effectiveness and relevance/ appropriateness	Efficiency, Coordination and connectedness	Coherence/ Principles
			

Summary

Preparedness, disaster risk reduction, recovery and capacity building, while distinct areas of activity, have come to be seen as critical components of resilience. The goal of resilience programming is to break out of the reactive cycle of humanitarian action and build local capacity to prepare for, withstand and mitigate the effects of crises. Over the period of review, resilience initiatives proliferated both in stable countries that face severe natural disaster hazards and in chronic crises settings where vulnerable populations are put further at risk by repeated floods, droughts and famines. Although on the rise, resilience remains a small corner of humanitarian action. The study found some important gains in preparedness, particularly in natural-disaster-prone stable countries; however, to date there is only limited evidence that these efforts have had a meaningful result in chronic crisis settings.



Coverage/sufficiency

Funding for emergency preparedness is an ongoing challenge for communities and the humanitarian system, and humanitarian actors find themselves having to continually prioritise life-saving activities and forego preparedness and capacity-building initiatives. As one interviewee noted: ‘we keep talking about: \$1 saves \$9 in response, but it’s not mainstreamed [in] thinking.’ While there have been improvements in certain countries, funding preparedness remains a challenge at the global level, and the mechanisms for channelling resources are not well developed (Kellet and Peters, 2014).

Funding post-crisis recovery and reconstruction is equally problematic, and did not improve during this period of review. Our research on the Philippines Typhoon response, for example, found considerable gaps in recovery funding that particularly thwarted efforts to restore housing and livelihoods. This also reflects a lack of donor prioritisation and ineffectual cluster leadership in addressing how to transition to longer-term objectives. This is an even more acute problem in chronic crises. In Mali, for example, while aid agencies made strong arguments for funding to continue in the north, they nonetheless anticipated a funding decline, partly due to donors directing their attention to the more urgent L3 crises.

An area of potentially positive change is the small number of chronic emergency contexts that have explored multi-year humanitarian funding to allow better planning and to build in longer-term programming where humanitarian aid will assuredly be needed for years to come. This began in 2013 with Somalia, and is now being done on a regional basis for the Sahel, as well as in Sudan and Yemen. This finding from the interviews is in line with the financial analysis for this study, which also found that humanitarian funding for resilience activities has increased, reaching 5% of total humanitarian flows. The majority of such funding went to sub-Saharan Africa, followed by Asia (FTS 2015). Resilience activities include projects identified as having objectives related to resilience, building capacity for



An area of potentially positive change is the small number of chronic emergency contexts that have explored multi-year humanitarian funding to allow better planning and to build in longer-term programming.

independent response and coping mechanisms, disaster risk reduction and risk management. Projects that were primarily oriented toward capacity building for international organisations were not included.

Overall however, the challenges in financing resilience activities underscore the findings discussed in Section 4.3 in that there remains a critical lack of flexibility and sufficiency in development funding instruments to support social safety nets in chronic contexts.



Effectiveness and relevance/appropriateness

As a whole, outcomes have not yet been assessed on a broad enough basis to say whether humanitarian resilience programming has made a given population more resilient or not, and the lack of a common definition of what this would look like adds to the difficulty (Levine and Mosel, 2014). The majority of interviewees voiced some degree of dissatisfaction with the concept of resilience. As one remarked, ‘resilience is really a bucket term that almost anything can fit into.’ However, examining preparedness specifically, as a component of resilience, there is evidence of progress. Preparedness is where the humanitarian system’s technical capacities are strongest and where there is a clear, shared understanding of the goals, as well as some progress on measuring performance. While investment has also been made in disaster risk reduction, much of the work is led by multi-mandated actors and is directed from their broader development portfolios.

Overall, performance in preparedness continues to improve along the same trajectory observed in SOHS 2012, but far more so in stable countries affected by periodic natural disasters (such as Indonesia and the Philippines) than in countries experiencing chronic crisis and instability. Interviews and evaluations attest that preparedness investments in contexts of recurrent sudden disaster are having a demonstrable positive effect. The Philippines research revealed that preparedness investments in advance of Typhoon Haiyan, including the early warning measures and the government’s evacuations, according to a UN official, ‘saved hundreds, if not thousands of lives’. And as discussed earlier, preparedness in joint host-government/international response coordination structures were an important element of the effectiveness of that response. Basic measures, such as the UN-led Minimum Preparedness Package, humanitarian clusters co-led by government authorities, and appropriate legislation were all in place at the time of the typhoon and all enhanced response effectiveness. Similar good results have been seen in Latin America and the Caribbean, where donor governments and agencies with the support of regional offices have developed close and supportive working relations with national authorities. In these settings the international humanitarian system also contributes to capacity building in the form of ongoing training of national authorities and adoption of lessons from simulations, and supports the establishment of legal frameworks, structures and policies (Stoddard and Harmer, 2013).



A broader challenge for effectiveness in resilience programming is the level at which humanitarian aid actors are focussing. Much work remains at the project and programme level, and in many ways simply involves a retrofit of previous activities.

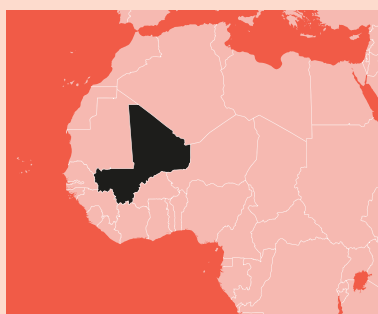
At the global level, efforts to create regional supply hubs and inventoried stockpiles have advanced global preparedness capacities and increased efficiencies. These efforts have also enhanced practice at the country level; for example, in Mali, interviewees spoke about how the pre-positioning of WASH and non-food item stocks and treatments for acute malnutrition has improved the ongoing response. And in South Sudan in 2014, consistent with 2012 findings, the Common Humanitarian Fund was useful in supporting pre-positioning of supplies and pipelines. Since 2012, contingency planning has also improved in a range of countries, including chronic-crisis contexts such as Mali and South Sudan (IASC, 2014a).

A number of regions faced with food insecurity have continued to invest in early warning systems, for example, the Horn of Africa, West Africa, and the Sahel. Evaluations reviewed for this study found that early warning systems were cited repeatedly as particularly valuable and effective. Interviews also indicated, however, that they are not always well used for effective decision-making, and for that reason need to be clearly linked to available funding and programming options.

Settings where governments are unstable and where armed conflict represents a primary hazard are the most difficult in which to establish the structures for preparedness. Early warning for conflict contexts is technically and politically challenging. New initiatives like INFORM (www.inform-index.org), which offers an index that identifies countries at risk from humanitarian crises and disasters that could overwhelm national response capacity, while welcome from the point of view of mapping risk, are also noted as controversial with states that have strong indicators of instability.

In both northern Mali in 2012 and in South Sudan in 2013, international and national actors were taken by surprise by the suddenness and severity of the crises. At least one UN agency with a regional Sahel preparedness unit had categorised Mali as having a very low likelihood of conflict-related crisis. On the other hand, ICRC had long recognised the potential for conflict and had planned accordingly. Interviewees also saw South Sudan as a preparedness failure: ‘we weren’t responsive to early warning signs and the crisis that occurred ... could have been dealt with earlier and mitigated.’

A broader challenge for effectiveness in resilience programming is the level at which humanitarian aid actors are focussing. Much work remains at the project and programme level, and in many ways simply involves a retrofit of previous activities. SOHS 2015 research findings suggest that while the fundamental architecture and funding systems remain untouched, and the analysis of context and vulnerability remains the same, resilience work is unlikely to be transformative. This is consistent with findings from the evaluation synthesis, which showed that while resilience programming received higher marks overall than rapid response and chronic crisis support, the picture changed once the focus areas of the evaluation were broken down. Performance assessments of individual programmes in resilience tended to be rated higher (mostly good to excellent) than



MALI

Fighting by insurgent groups in the north of Mali beginning in January 2012 caused several hundred thousand people to flee, including local government officials. By April 2012, armed groups had taken over the three largest cities in northern Mali. The violence took many donors and aid actors by surprise; despite its endemic poverty, Mali had been considered an example of democratic and development success. In response to the crisis, humanitarian assistance flows to Mali increased greatly, from \$28 million in 2011 to \$375 million in 2014 (FTS 2015). In July 2013, the UN Multidimensional Integrated Stabilization Mission in Mali deployed in July 2013, and new presidential elections were held, but much of the country remains contested and highly insecure.

Overview of performance

Coverage/sufficiency: While aid actors perceived the funding levels in 2012–2013 as largely sufficient, they noted gaps in protection, education and WASH. Humanitarian access and coverage were limited due to insecurity in the north of the country, despite attempts to enhance access through support of local NGOs.

Relevance/appropriateness:

The response lacked a comprehensive, cross-sector picture of humanitarian needs and priorities. While there was a sizeable response to internal displacement in 2013, many IDPs were hidden from official view, living with urban host families, which made it simultaneously more difficult to address their needs and easier to overlook them. Leadership on IDPs and on protection issues was also unclear and generally weak. In addition, many aid actors reported that the dominance of in-kind food aid was not optimal, particularly given the lack of a clear strategy linked to the reduction of vulnerability.

Effectiveness: Agencies and donors previously working in Mali with a development or resilience focus were able to switch gears, bring in new personnel and mechanisms and launch a humanitarian response, but some agencies scaled up more slowly than their internal capacity suggests would be possible. Despite their presence in the region, most humanitarian actors (except ICRC) did not anticipate or plan for the crisis, although contingency planning and preparedness have been stepped up since the crisis.

Efficiency, coordination and

connectedness: Aid actors widely viewed the humanitarian coordination functions, including clusters and the humanitarian country team, as appropriate and functional. The government disapproved of the humanitarian modalities, however, and wished to exercise greater control over these aid flows. The SRP for the Sahel region was viewed as a step forward because of its regional approach and longer time frame, but was not viewed as resulting in increased

coordination and connectedness, largely because the results indicators are very broad and activities lack prioritisation. Humanitarian actors pointed to the lack of a vision for humanitarians' role in resilience-building, the nature of resilience-building in general, and ways to address chronic, structural needs, in particular those with a conflict dimension.

Coherence/principles:

Aid actors demonstrated knowledge of and intention to adhere to the humanitarian principle of independence and neutrality, in particular vis-à-vis the UN Integrated Stabilization Mission and other foreign forces, and a code of conduct on specific practices and international support helped actors to realize the importance of humanitarian principles and modalities in general. However, the roles of the Resident Coordinator/ Humanitarian Coordinator and OCHA within the integrated mission have at times been seen as detracting from a strong strategic focus on humanitarian needs. ●

evaluations that examined the results of resilience-building in the country as a whole (mostly poor to fair). This suggests the difficulty of scaling up successes from the community to the country level. In terms of relevance/appropriateness, the evaluations of resilience projects, albeit focused on a low, localised level, found that targeting of resilience was considered appropriate to the areas and groups of people most vulnerable to disasters and other shocks.

One persistent challenge to relevant and appropriate resilience-building is the lack of information on existing capacities of local, national and international actors. Humanitarian actors in most contexts have not undertaken a comprehensive inventory of their own material, logistical and technical capacities, and have limited understanding of what their counterparts in government and the humanitarian system currently have or are prepared to provide in the event of an emergency (Stoddard and Harmer, 2013). The relevance criterion cannot be met if the needs and gaps are unknown or unspecified, and this is the case with much of what humanitarians do in the area of preparedness.



Efficiency, coordination and connectedness

The review of evaluations of resilience programmes conducted for this study found lower ratings for efficiency than for any other criterion. Typical complaints cited in this area included delays in project inputs (problems with procurement and delivery chains), poor information sharing and inefficient management and decision-making structures leading to high transaction costs (e.g., Gubbels and Bousquet, 2013). The UN's regional resilience strategy and adapted humanitarian appeal for the Sahel is seen as a modest step forward in efficiency because of its longer time frame (three years rather than the usual one) and integration of resilience and long-term activities. Some donors, such as the European Commission Humanitarian Aid Office, allocate part of their humanitarian spending to resilience activities, but they have not maximised efficiency by coordinating labour or funding.

Coordination findings were mixed. In countries prone to sudden-onset disasters, such as the Philippines and Indonesia, extensive consultation with the government and the local authorities continues on preparedness measures, and separately on disaster risk reduction and mitigation (often by development partners), but there is less evidence that governments are consulted and engaged in a broader resilience needs assessment, which would include recovery and financing needs.

The broader question, as mentioned in section 4.3, is the extent to which humanitarian actors are responsible for addressing deeper problems, especially given the strain on resources and capacities with the current caseload, and the difficulties in working at scale. Some humanitarian actors in the Sahel, such as MSF and the European Commission Humanitarian Aid Office, have framed their interventions to address malnutrition as responses to recurring crisis, even as these interventions have shifted 'from emergency response efforts towards structural measures that can



The review of evaluations of resilience programmes conducted for this study found lower ratings for efficiency than for any other criterion.

assist the longer-term mission to fight illness' (MSF, 2012). This approach reflects the general challenge of how humanitarians should manage recurring problems when development actors do not take up these responsibilities.



Coherence/principles

Establishing practical links between the humanitarian response and more structural development and resilience work has proved challenging. The Sahel SRP stresses advocacy and partnership with governments in recognition of the fact that humanitarians cannot effectively tackle resilience on their own. While this makes sense as an aspirational goal, the findings from the field visits and evaluations review suggest that humanitarian actors are not strategically engaged at higher levels and have generally weak linkages and dialogue with governments and development actors. This derives from humanitarian actors' inherently narrower and people-centred focus (compared with the institutional focus of development programming). Unsurprisingly, then, in evaluations reviewed for this study, resilience efforts were rated more poorly for coherence and coverage than for other criteria. In other words, programmes might be effective for the local community or targeted beneficiary group, but were not well integrated with national structures and development programmes; nor were they meeting the full scope of needs.

A recent study focused on Mali found that, of five key goals, aid actors perceived that the least progress had been made in establishing joint humanitarian-development mechanisms. As one interviewee for this study highlighted: "We must be very clear that humanitarians can make only a very modest contribution to building resilience in Sahel. The problems are created by structural development and governance issues that we simply don't have toolbox to fix [and that are] well beyond our capacity."

Responding and calling attention to structural weaknesses arguably can be an appropriate role for humanitarians. Because they are focused on immediate conditions, they are more alert to unacceptable suffering, regardless of the cause. Responses to structural problems will be most appropriate and potentially most effective when they include advocacy – such as MSF's programming and advocacy in CAR long before the current upsurge in conflict (MSF, 2011) and humanitarians' innovative approaches to recurring acute malnutrition in the Sahel (Haver, et al., n.d.).

A better definition of criteria that can function as triggers for humanitarian action in such situations is needed. Such criteria include when and how to withdraw (without causing harm) when the (often temporary) acute phase of a problem subsides. Humanitarian actors should not be expected to pick up the slack, but to provide information about the problem (including supporting monitoring or early warning systems), raise the alarm, and explore new or alternative response modalities, with the purpose of getting those responsible (usually host governments with development donors) to tackle the problems themselves.

The challenge is to build better ways to engage in that dialogue with critical resilience actors –including development agencies, regional and donor governments and international financial institutions like the World Bank, who bring appropriate resources and leadership – rather than to devote overstretched humanitarian resources to it. The IASC's Common Framework for Preparedness offers an expanded understanding of preparedness as a critical component of resilience (IASC, 2013a). It consists of a systematic approach whereby humanitarian and development actors work together to support national and local preparedness. This approach is most realistic where there is strong national government leadership and investment in local capacity as part of an overall risk management strategy.

4.5

ADVOCATING FOR HUMANITARIAN ACTION AND ACCESS



Coverage/
sufficiency



Effectiveness and
relevance/
appropriateness



Efficiency,
Coordination and
connectedness



Coherence/
Principles





Overall, while some organisations have invested considerably, global humanitarian advocacy efforts are still limited in scope and coordination, and their effectiveness has been hampered by the lack of clear targets and a coherent strategy.

Summary

As described in the introduction to this section, humanitarian actors engage in advocacy with a broad range of objectives – from enabling and increasing humanitarian assistance, to encouraging actors to uphold international humanitarian law, to seeking broader solutions to crises. When civilian populations are suffering as a result of war and the humanitarian action designed to help them is severely constrained by political and/or security impediments, as in Syria, the role of advocacy can take on added importance. It can become both a moral imperative and a function of last resort for humanitarian actors.

Advocacy can take place in the public realm or through private dialogue. Its objectives can be small-scale and local, as when pushing for armed actors to allow humanitarian aid to proceed through certain routes, or large-scale and global, for instance lobbying the UN Security Council to call for respect for international humanitarian law. Different aid organisations have very different stances on the types of advocacy they are willing to engage in, and at what level of investment. Advocacy is not only the most variable but also the least tangible humanitarian activity, and perhaps one of the most difficult to measure, and limited documentation is available on its evaluation. Applying the evaluation criteria used in the rest of this study to the advocacy function is thus more difficult.

This study's assessment of humanitarian advocacy draws mainly on findings related to the civil war in Syria but also on material from CAR, South Sudan, and other contexts. It looks at what humanitarian actors seek to accomplish through advocacy and analyses the difficulties and prospects for future efforts. Overall, while some organisations have invested considerably, global humanitarian advocacy efforts are still limited in scope and coordination, and their effectiveness has been hampered by the lack of clear targets and a coherent strategy. Advocacy on behalf of CAR and South Sudan did not succeed in mobilising sufficient international response to the unfolding crises there. In the case of Syria, although advocacy contributed to the passing of UN Security Council resolutions endorsing cross-border relief operations, these have had little meaningful effect on the protection of Syrian civilians or their access to humanitarian aid, which raises important questions about the meaning and role of advocacy.



Coverage/sufficiency

Sufficiency cannot be measured for advocacy in the same way as for other humanitarian functions, since advocacy objectives are not costed or included in response appeals, and only a few organisations budget specifically for them. However, it is possible to identify certain capacity and coverage issues. While regional advocacy positions have grown over the course of the Syrian conflict, the SOHS study found, only a small number of humanitarian organisations have dedicated policy and advocacy staff positions, much less fully resourced advocacy units or offices.

Global-level humanitarian advocacy initiatives on Syria undertaken by Western international humanitarian organisations have focused on primarily Western entities, such as the US and UK governments and the European Union, with which they have a means of dialogue. Weak links to critical non-Western stakeholders in the region, including the Syrian government, prevented organisations from targeting the key objects of influence. In interviews, agency representatives commented on this fact, citing missed opportunities to influence critical moments in the crisis. In addition, humanitarian advocacy efforts in a sense have an in-built scale problem owing to the relatively small size of many of the independently operating agencies and the ethos held by many of them, MSF in particular, not to advocate on issues beyond the scope of their own operational area or what they have witnessed first-hand. The UN can act more readily on broader national and international political levels, but its humanitarian advocacy role is often compromised by its simultaneous political role, which in most contexts has it firmly positioned on one side of the conflict (Egeland, Harmer, and Stoddard, 2011). The ICRC is the most influential and active advocate for international humanitarian law and civilian protection, in accordance with its mandated role, but this mandate also limits its advocacy agenda and the type of action it can take.



Effectiveness and relevance/appropriateness

As the saying goes, ‘there are no humanitarian solutions to humanitarian problems.’ To assess success in advocacy may be inherently unfair, since it often depends on political decisions that are outside humanitarians’ control. Advocacy requires communication with actors outside the humanitarian arena, whose agenda humanitarians may not fully understand, on a range of issues, some more controversial than others. Advocacy on relatively non-controversial issues such as disaster risk reduction, for example, is not as difficult as advocacy in conflict situations, such as Syria, where access is limited and speaking out must be weighed against potential risks to staff and loss of access to the affected population. Advocacy can be critical in emergencies such as the violence in CAR or the Ebola outbreak, where an immediate response is needed to rapidly deteriorating conditions of vulnerable populations.

When agencies restrict their advocacy to back-channel approaches for fear of losing access to an affected population, it can create the public perception that they are acquiescing. This approach can also foster uncoordinated and unaccountable humanitarian action, as agencies become reluctant to communicate their plans and actions even to each other. When advocacy lacks stated goals or plans, its success is inherently difficult to measure. And, particularly when the goals of advocacy include respect for international humanitarian law and humanitarian principles, its measurable results compared to time spent can be particularly challenging to gauge.

Effectiveness in humanitarian advocacy is also linked to timeliness. Serious advocacy efforts for Syria, for example, did not start until late 2013,

nearly three years after the crisis began. In CAR, MSF alone advocated for a stronger response (Healy and Tiller, 2014), while Crisis Action and other human rights entities played a similar role in relation to South Sudan.

A significant challenge to effective advocacy is the lack of a shared understanding of protection threats. In CAR and Syria, no comprehensive protection needs assessment had been done over the period of review, and information available to a single agency was not widely shared or systematically accessed by local and diaspora NGOs, at least in the case of Syria (Svoboda and Pantuliano, 2015). In such situations, developing informed protection approaches, including for advocacy on protection issues, is almost impossible.



Coordinating advocacy

Creation of a solid, coordinated advocacy message can be difficult to achieve, largely because of the conflicting needs to secure a wide base of support while ensuring a sufficiently robust message. In addition, in many politicised contexts, information sharing is highly constrained and advocacy must be done in secret. Although non-public negotiations are a valid and often useful form of humanitarian advocacy, they run counter to the goals of building a common, unified position across humanitarian actors.

In CAR, there appears to have been no coordinated approach to advocacy or plan for acquiring adequate information about the deteriorating conditions and corresponding needs of the population (ACAPS and FAO, 2012). On the other hand, in CAR and South Sudan, NGO groups had effectively coordinated their advocacy to government on administrative issues related to framework agreements, tax exemptions, staffing requirements and other issues.

In Syria, coordination on advocacy has been hampered by the complexity of the operation over six affected countries, and the secrecy and lack of transparency of the response meant a lack of information with which to generate common positions. As a result, most humanitarian advocacy on Syria has been private and bilateral, or undertaken by a few like-minded organisations.

Advocacy with the government of Syria, and global advocacy by Damascus-based agencies, have been limited and conducted with very low visibility, primarily due to the risk of expulsion or other harm to programme priorities. This has been the major trade-off to operating from inside Syria. The UN reportedly worked behind the scenes to advance cross-line operations, but took considerable time to publicly release this information or measure the success of those efforts (Reuters, 2015).

The advocacy efforts to increase cross-border aid delivery through UN Security Council resolutions, particularly UN Resolution 2165, was a significant achievement during the period covered by this review, involving private and public lobbying on the part of the UN emergency relief coordinator, OCHA and a group of INGOs at headquarters and in Syria, reaching out to a vast range of political, legal and operational actors.



The advocacy efforts to increase cross-border aid delivery through UN Security Council resolutions, particularly UN Resolution 2165, was a significant achievement during the period covered by this review.

It also had a number of positive indirect effects: It offered the potential for a significant increase in assistance going into Syria, somewhat lessened the secrecy of the response and made it possible to consider a ‘whole of Syria’ approach, and helped draw attention to the schism between Damascus and the cross-border operators, and offered the opportunity to advocate for scaling up to address unmet needs.

While the potential increase in cross-border activities looked like progress on paper, in practice it is not being sufficiently utilised by the UN. For its part, the government of Syria has played a careful and coordinated line in relation to advocacy efforts. Many interviewees for this study noted that the authorities continue to be two steps ahead in seeing the way differing advocacy positions will play out, as well as in setting the terms for the way in which relief efforts will take place.



Coherence around principles and protection

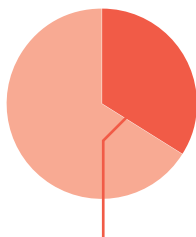
A broader question is whether humanitarian advocacy efforts have resulted in any changes in adherence to international humanitarian law or humanitarian principles or in the protection of civilians.

In Syria, despite the acuteness of the crisis and the known levels of violence against civilians, the international community has failed to offer any semblance of protection to Syrian civilians who did not manage to flee their country. The obligations of parties to the conflict have been ‘flagrantly ignored’; UN member states, including members of the Security Council, have failed to ensure respect for international humanitarian law; and the protection of civilians seems to be an ‘empty concept’ in Syria (Svoboda, 2014 p2).

Humanitarian agencies, while they do not have primary responsibility for protection, nevertheless bear some responsibility for responding to the consequences of violations. The broad findings from this study, including the interviews and survey responses, are that advocacy and other responses to protection threats have been limited. Survey respondents cited protection the most frequently as a sector showing gaps: 34% of all respondents, from headquarters to regional offices to the field, felt that protection was deficient.

The ‘Rights up Front’ advocacy efforts within the UN (an initiative by the secretary-general to improve UN action to safeguard human rights around the world), combined with the L3 designation, went some way to focus attention on protection and rights issues in CAR. The decentralized and inter-communal nature of the violence undoubtedly also made it politically safer to tackle protection than in contexts, such as Syria, where the government is an active party to the conflict.

In Syria, a protection strategy was not established until June 2014, three years after the start of the conflict. This extraordinary delay reflected the humanitarian community’s fear of addressing the issue with the Syrian government. Interviewees commented that the word ‘protection’ could not even be used. Even when, in 2014, protection was formally incorporated in the SRP and named as its first strategic objective, it was expressed



34%

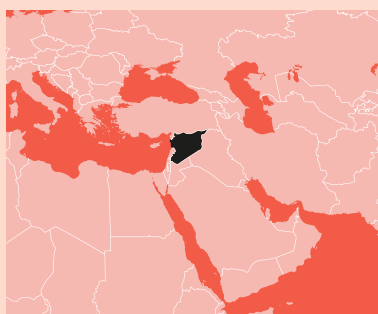
of all respondents, from headquarters to regional offices to the field, felt that protection was deficient.



The seriousness with which humanitarianism embrace the responsibility of advocacy is not matched by efforts to identify and pursue advocacy objectives.

as ‘advocat[ing] for the protection of civilians’ rather than undertaking protection activities.

Advocacy is clearly a role that many humanitarians feel the need to play, both for moral reasons and for practical ones – to allow them to do their work unimpeded. The seriousness with which they embrace this responsibility in principle, however, is not matched by efforts to identify and pursue advocacy objectives – including establishing the right networks to reach the most influential actors – let alone measure whether those objectives have been met. The Syrian experience illustrates that, as a humanitarian function, advocacy continues to carry the same sense that prevailed before the coordination reforms of the past decade.



SYRIA

Since late 2011, the conflict in Syria has resulted in a quarter of a million deaths, over 7 million people displaced, and more than 12 million people in need of humanitarian aid. The extraordinarily difficult operating environment involves an obstructive government (itself a violator of international humanitarian law) as one of the conflict parties, a fractured opposition that includes actors with no compunction against targeting aid workers for violence, as well as a divided aid community. Active combat and high levels of insecurity, alongside the constraints imposed by the government, have severely limited access for humanitarian actors. UN agencies and a few NGOs have provided aid from Damascus, mainly through the Syrian Arab Red Crescent, while other NGOs and diaspora groups deliver cross-border aid from the neighbouring countries of Iraq, Jordan, Lebanon and Turkey.

Overview of performance

Coverage/sufficiency: With \$5.5 billion raised through the Syria SRP over three years, the crisis has brought in a historic volume of financial contributions. Additional contributions come through untracked channels, including from the Middle East and Syrian diaspora organisations. However, with humanitarian access severely constrained, funding has not translated into physical and material coverage of needs, particularly in some of the worst-affected areas inside Syria. As acknowledged in the most recent SRP, ‘recognising that all needs cannot be covered, critical humanitarian gaps remain both in terms of geographical coverage and the scale of activities.’

Relevance/appropriateness:

Getting solid information on the aid picture for the whole of Syria has been extremely difficult, and as a result the humanitarian community is unable to determine if the aid getting through is the most relevant and appropriate to people’s needs. Until 2014 there was no information on needs for Syria as a whole. Although a consolidated assessment was finally accomplished in the Humanitarian

Needs Overview produced at the end of 2014, it remains limited due to the small number of primary information sources available. The consensus among humanitarians, however, is that the biggest gaps are in protection, health and shelter, recognising the limited extent to which humanitarian actors can influence protection in the absence of a political solution.

Effectiveness: As a measure of timely relief delivered on a prioritised basis to those most in need, it would be impossible to call the Syria response a success. Less than half of the estimated 12.2 million people in need have been reached by humanitarian assistance. The insurgent-held and heavily contested districts in the north, as well as besieged areas, have the highest numbers of people in need, and many people have been relying on cross-border aid operations that were secretive until the UN Security Council endorsed them in 2014. Only a small proportion of the aid, whether from Damascus or cross-border, can be monitored, making it extremely challenging to determine whether it has reached the target population or met its objectives.

Efficiency, coordination and connectedness:

Coordination among and between the UN agencies and NGOs has been severely hindered. Organisations have been highly reluctant to share information, both for security reasons and in some cases for the reputational risk in not being able to state confidently where their aid was ending up. Tensions have also run high between the UN-led response coordinated from Damascus and the NGOs, working largely cross-border, preventing a unified humanitarian operational response to the crisis. Western humanitarians have also been criticised for missing opportunities to build more effective partnerships for delivery through local and diaspora Syrian actors.

Coherence/principles:

Much of the aid delivered within Syria has been neither impartial nor independent, primarily due to restrictions imposed by the government and other armed actors, general insecurity, and the difficulties of operating at scale from cross-border locations. ●

4.6

HOW AID RECIPIENTS ASSESS THE HUMANITARIAN SYSTEM



Most recipients said that the aid they received addressed their most pressing needs only partly, and 24% said it didn't address them at all.

The SOHS study surveyed aid recipients in three countries, representing two chronic, complex emergencies (DRC and Pakistan) and a major sudden-onset natural disaster (Philippines post Typhoon Haiyan).

Despite the oft-repeated refrain that the humanitarian system represents just a tiny slice of the aid provided in emergencies, in these three contexts it was seen by recipients to play a prominent role. Humanitarian organisations (local and international) were cited as the primary source of aid for DRC recipients and the second most important source in the Philippines and Pakistan, after the government. In all three countries aid organisations were cited as a more important source of aid than local businesses and remittances from family members living abroad (Figure 10).

Most recipients said that the aid they received addressed their most pressing needs only partly, and 24% said it didn't address them at all. For all three countries, the most pressing need was identified as food. The ranking of other needs differed (Figure 11) – for the Philippines, the next most urgent need was shelter followed by cash; for DRC, education followed by protection; and for Pakistan, education followed by health. Cash (or vouchers or mobile money) also ranked high in all three contexts. Education seems to be a greater priority for people living in chronic crisis conditions than the sector's funding coverage suggests.

Figure 10 / Recipients' perceptions of main source of aid (when specified)

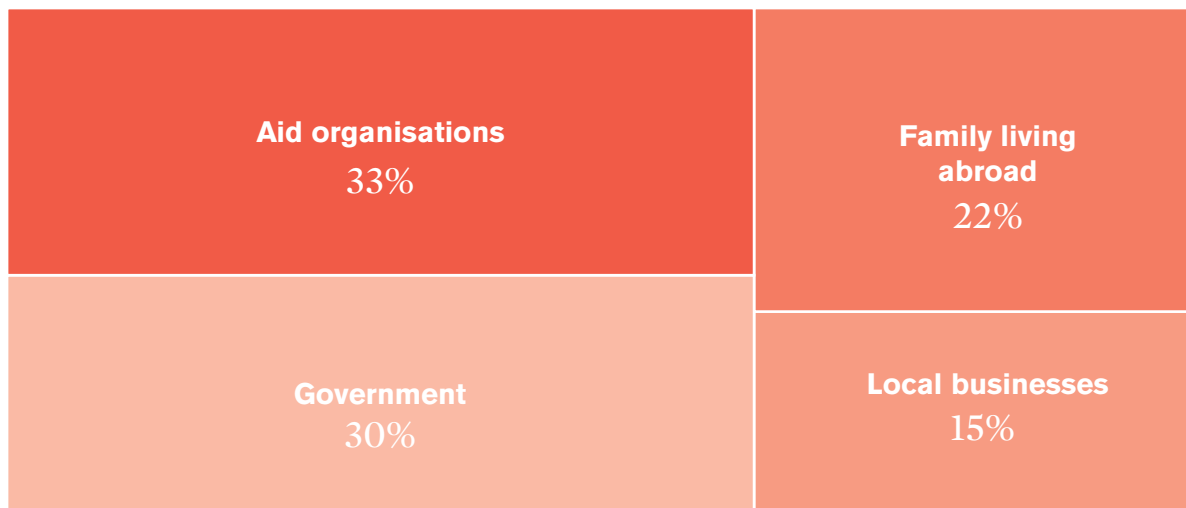
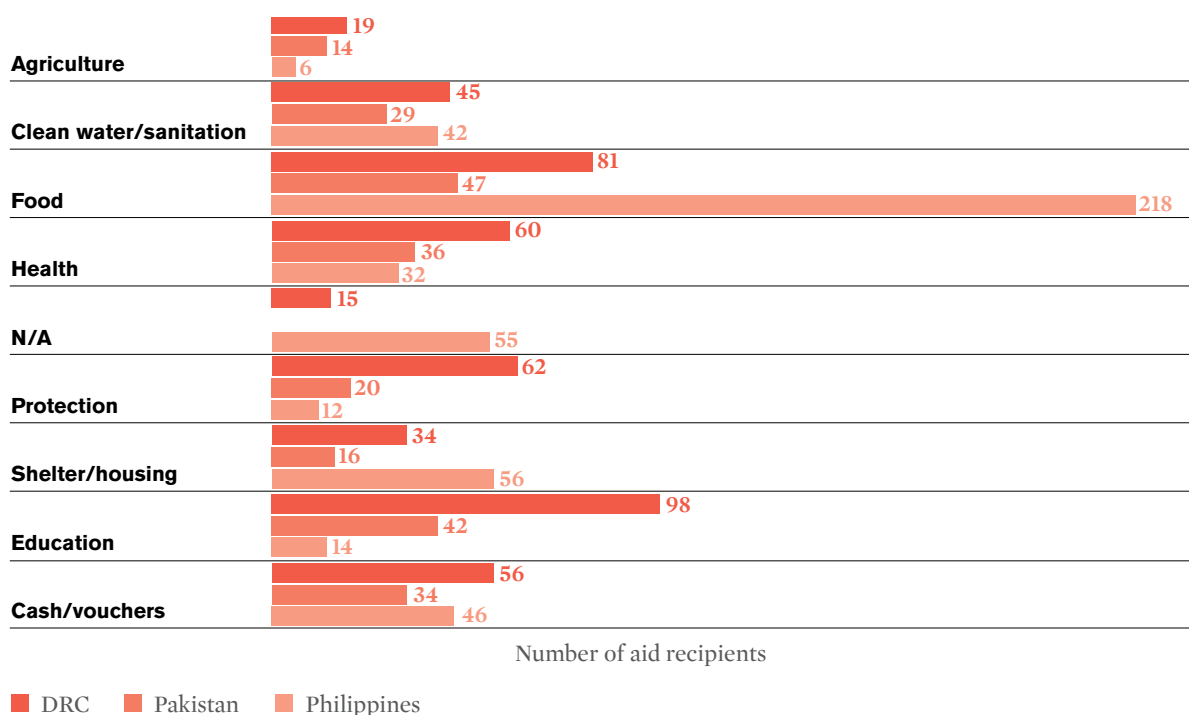


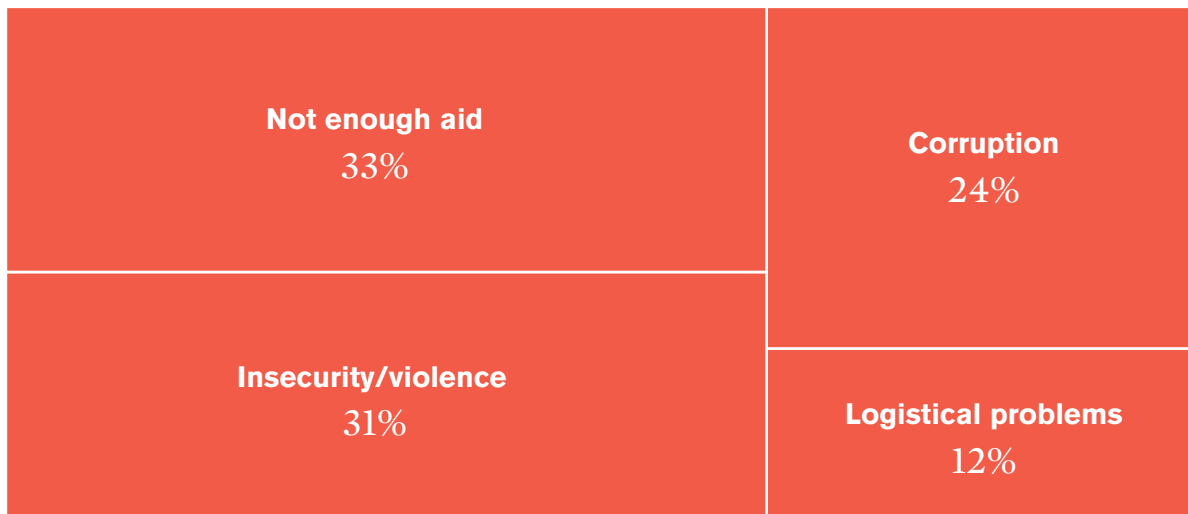
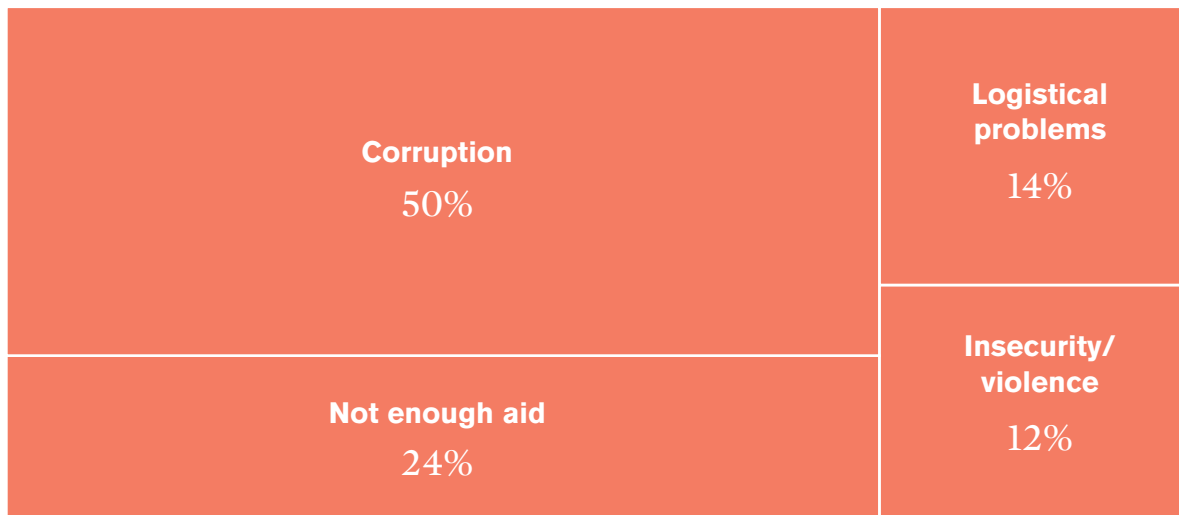
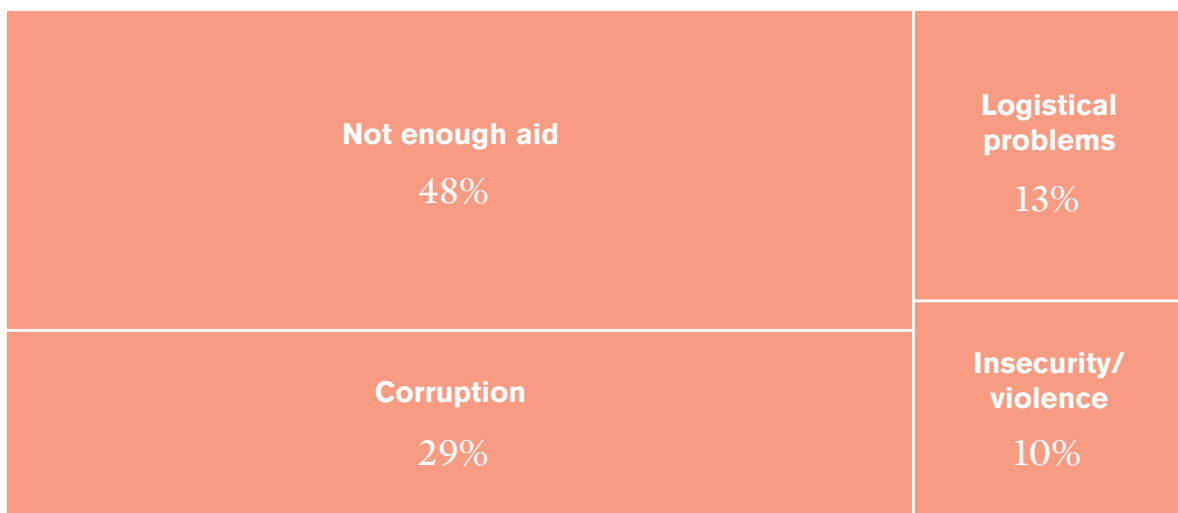
Figure 11 / Priority needs identified by aid recipients

More than half (53%) of aid recipients were satisfied with the speed at which the aid arrived; this was particularly true in the Philippines, where nearly twice the number of respondents answered yes than no to this question.

Across the three countries, most recipients (a plurality at 37%) also reported that they were only partly satisfied with the quality and quantity of the aid they received; of the two, there was greater dissatisfaction with quantity.

Also, 44% of surveyed recipients reported not having been consulted by aid agencies on their needs prior to commencement of the aid programming, while only 33% said they had been (23% didn't know). The agencies fared somewhat better on communicating with their recipients once programming began, to solicit their feedback and complaints (with more recipients in all three countries reporting that they had been consulted than had not); however, only 19% of those that had been consulted said that the agency had acted on this feedback and made changes.

Respondents in the three countries also diverged on what they saw as the largest obstacles to receiving the aid they needed (Figures 12–14). In DRC, lack of sufficient quantity of aid coming in and insecurity/violence were both seen as major problems. In Philippines the main issue was seen as lack of sufficient quantity of aid, whereas in Pakistan it was corruption.

Figure 12 / Perceived obstacles to aid (when specified), DRC**Figure 13 / Perceived obstacles to aid (when specified), Pakistan****Figure 14 / Perceived obstacles to aid (when specified), Philippines**



More than half (53%) of aid recipients were satisfied with the speed at which the aid arrived. Most recipients also reported that they were only partly satisfied with the quality and quantity of the aid they received; 44% of surveyed recipients reported not having been consulted by aid agencies on their needs prior to commencement of the aid programming, while only 33% said they had been. However, only 19% of those that had been consulted said that the agency had acted on this feedback and made changes.



4.7

**WHAT'S NEW?
IDEAS AND
INNOVATIONS IN
HUMANITARIAN
ASSISTANCE**

During the past few years the most notable innovations in humanitarian assistance have involved information and communications technology (IFRC, 2013c). These pertain more to planning and targeting assistance than to facilitating its actual delivery, and tend to be more applicable to natural disaster response and places with higher levels of Internet access and use. The operational and institutional aspects of the humanitarian system also saw some new, if not especially game-changing, developments during the review period. These were aimed more toward the chronic crisis support function. They included the IASC's new strategic response planning modality for country-level humanitarian coordination and multi-year funding.

This period also saw growth in the subsector of organisations created to serve and facilitate the work of other humanitarian organisations. Additionally, the idea of innovation itself has gained particular salience among humanitarians in recent years, as agencies have established new units and initiatives with the aim of developing new ideas for programming and operational improvements.



Innovative attempts to address the first problem, information scarcity, include crowd-sourced mapping initiatives and remote surveying of affected populations.

Using big data and crowd-sourcing to fill gaps in information

Humanitarian response suffers simultaneously from too little information in some areas and too much in others. In the immediate aftermath of an emergency, for instance, information on conditions, needs and existing capacities in the worst-affected areas is often scarce. Conversely, when multiple agencies begin producing assessments, situation reports, and competing analyses, it can be overwhelming and counterproductive to coordinated action.

Innovative attempts to address the first problem, information scarcity, include crowd-sourced mapping initiatives and remote surveying of affected populations. The Digital Humanitarian Network (<http://digitalhumanitarians.com>) is a volunteer 'network of networks' that supports humanitarian responses with tasks such as media monitoring, crisis mapping and data cleaning. It holds a Digital Humanitarian Summit every year at the International Conference of Crisis Mappers. Micro-mapping platforms such as Crisis Mappers use volunteers to report on and verify local conditions, using artificial intelligence software to compile crisis-related tweets and distil the most relevant information from them (Meier, 2013b). While still experimental, these methodologies seem to hold great potential for quickly gathering, sorting and analysing data using a combination of human and artificial-intelligence inputs, at low or no cost (Meier, 2013a). Mapping software in general has been a boon to humanitarian needs assessment, planning and monitoring. Software such as ArcGIS makes it possible to quickly generate maps that can be layered with different information sets.

Humanitarian agencies have also increased their use of remote telephone polling of affected populations. Although not yet a widespread practice, phone surveys using interactive voice response technology or text



The past few years have seen a renewal of efforts to gather, sort and connect the different data streams within the humanitarian community.

messaging potentially allow much greater and more random sampling of a target population than traditional face-to-face household or site surveys. They have been used to get information on needs and to gauge perceptions of or satisfaction with humanitarian programming. This has been greatly enabled by expanding Internet coverage and cell phone ownership, and yet the state of development and income levels remains critical hindrance in some contexts (OCHA, 2013e). In conflict-affected areas, service disruptions, unsecured cell towers and the risk of drawing attention to and potentially endangering respondents make this a nearly impossible task.

A challenge to harnessing the power of big data is the lack of international data standards, which leads to poor information sharing. This has resulted in a call for ‘humanitarian data space’ whereby telecommunications firms would release survey information with the knowledge that this information would be used ethically and responsibly in decision-making for a response.

Finally, although not yet widespread enough to be called a trend, the use of radio frequency tags and GPS locators to track aid commodities as they are delivered and to ensure the integrity of cold chains for vaccines is a promising innovation for humanitarian logistics. At the moment, commodity tracking is used by a surprisingly small number of humanitarian actors, even among the larger UN agencies with well-developed logistics and procurement systems. For instance, only one INGO providing cross-border assistance into Syria has used this technology on a comprehensive and systematic basis to track its deliveries. Barriers to more widespread use are likely to include lack of awareness, fear that tracking devices will arouse suspicion among conflict belligerents, smaller agencies’ reluctance to take on the additional expense and larger agencies’ reluctance to change existing logistics systems.

Filtering out the noise: Consolidating and optimising information for retrieval

In the late 1990s with the inception of ReliefWeb and other websites and databases, a plethora of humanitarian information began accumulating online. In the case of information, more is not always better – the surfeit of material being produced by individual actors will have little utility if it is impossible to systemically search and compare it. The once promising web-based Humanitarian Information Centers established by OCHA country offices for particular crises were meant to serve humanitarian actors seeking a single comprehensive information source. However, they were not standardised and individual sites varied in quality of content and upkeep, and they were ultimately discontinued.

The past few years have seen a renewal of efforts to gather, sort and connect the different data streams within the humanitarian community. The Humanitarian Data Exchange initiative (data.hdx.rwlibs.org), with its humanitarian exchange language (HXL) project, is attempting to standardise the technical language of different data sets so they can be easily



In the humanitarian sector, funding originates primarily from government donors, with a different set of incentives and low tolerance for risk – a serious handicap, given that, in the words of one private sector interviewee, ‘innovation requires failure’.

searched and cross-referenced. Using a system of Twitter-style hashtags, agencies can code their own data sets to share and compare with others and create additional categories of information. At the time of this writing, the Humanitarian Data Exchange had a total of 1,478 data sets, and the project is still in the alpha stage, but humanitarian technology experts believe it is ‘on its way to becoming something important’. One interviewee noted that it was used to good effect during the Ebola crisis, when there were no comprehensive and reliable sources of incidence data.

In a related initiative, OCHA has developed an application programme interface for the ReliefWeb site so that it can be made to interface with other programmes for enhanced searchability. ReliefWeb has long been recognised as a potential gold mine of information on humanitarian emergencies but has never been properly exploited because its information could not be easily located or extracted in a standard format.

Operational and institutional developments

On the practical, operational side of humanitarian assistance, little that is wholly new emerged during the review period. Cash and mobile money assistance, discussed in past SOHS reports, continue to take on a more prominent role in humanitarian programming, increasingly replacing food and other material assistance. Cash assistance (conditional and unconditional) and mobile money were perceived to be largely successful in the Haiyan response, where one innovation cited was the decision to give smaller amounts to beneficiaries over longer periods. The use of unmanned aerial vehicles (drones) for needs mapping and aid delivery (small payloads) has been introduced at a small scale but is still controversial.

A phenomenon that, while not new, is growing, is the presence of humanitarian-to-humanitarian organisations. Like the business-to-business sector, humanitarian-to-humanitarian organisations do not deliver aid themselves, but rather provide products and services to other humanitarian organisations, to expedite their work and create efficiencies for the sector. These organisations are mainly funded by grants from traditional humanitarian donors. They provide informational and technical services such as needs assessments (ACAPS, REACH), mapping (iMMAP, MapAction), and security analysis (International NGO Safety Organisation), to name just a few. This trend can be seen as a natural market development in a field with numerous small constituents, and as recognition that the coordination task has become too large and complex for one mandated office (OCHA) to perform singlehandedly.

Towards a culture of innovation in humanitarian agencies

The concept of innovation itself, as an organisational aspiration and area of activity, has taken root in the humanitarian system. In addition to the establishment of the grant-making Humanitarian Innovation Fund hosted by ELHRA (Enhancing Learning and Research for Humanitarian Assistance), the review period has seen the major UN humanitarian



While many welcome the Core Humanitarian Standard, it has also attracted some criticism for being bland – a lowest common denominator and lacking a connection to technical standards that agencies continue to struggle to meet.

agencies establish new structures and processes dedicated to finding innovative solutions and approaches. UNICEF created innovation units in its headquarters and three other cities, as well as 14 ‘innovation labs’ around the world ‘that bring together the private sector, academia, and the public sector to develop solutions for key social issues, and ensure we are always watching for new ideas from unexpected places’ (UNICEF, 2015). In 2013, the World Food Programme established its Cooperating Partners’ Innovation Fund to help cultivate new ideas for cash and voucher programming. And UNHCR has launched UNHCR Ideas, ‘an initiative that uses crowd-sourcing technology to connect employees, partners and beneficiaries using a platform that allows them to share and discuss ideas for tackling some of the organisation’s most pressing problems’ (IRIN Africa, 2013).

Conceivably, by the time the next SOHS report is written, these innovative projects will have resulted in significant new tools to enhance humanitarian programming, but it will be an uphill battle. Innovation in the private sector is made possible by funding from investors who knowingly assume the risk in anticipation of reward. By contrast, in the humanitarian sector, funding originates primarily from government donors, with a different set of incentives and low tolerance for risk – a serious handicap, given that, in the words of one private sector interviewee, ‘innovation requires failure’.

On the institutional and normative side of new innovations is the Core Humanitarian Standard on Quality and Accountability (2014). This initiative is the result of a number of years of attempting to bring together existing standards (Humanitarian Accountability Partnership, People in Aid and Sphere, initially called the Joint Standards Initiative). The Core Humanitarian Standard sets out nine commitments designed to improve the quality and effectiveness of humanitarian assistance. While many welcome the standards, they have also attracted some criticism for being bland – a lowest common denominator and lacking a connection to technical standards that agencies continue to struggle to meet. Interviewees for this study offered few comments on the standards, possibly because of their newness but possibly because the standards simply reflect well-understood good practice, and the challenge remains of ensuring that they are consistently operationalised. ●

5

STEERING THE FLOTILLA

COORDINATION, LEADERSHIP AND CORE PRINCIPLES IN A COMPLEX SYSTEM

Many of the issues cited in the cases discussed in this report pertain to how well or poorly the various pieces of the humanitarian system coordinate with each other and with other key actors. As stated at the beginning, the conglomeration we are describing is only a 'system' in the sense that the agencies, donors and local actors cooperate and depend on each other, in various configurations in different contexts, to provide humanitarian assistance. One observer likened the humanitarian system to a sort of flotilla (as opposed to a battle fleet) in which coordinated movements are inevitably sloppy and slow to execute. This reality shapes how the system performs in each of its functions, and presents particular challenges in the areas of protection and adherence to core principles.

5.1 The coordination burden

A former Under-Secretary General for Humanitarian Affairs once tautologically observed that ‘the main humanitarian coordination problem is that the humanitarian system is very fragmented’. Of course, if the system were fully unified, no coordination would be necessary; everyone would have the same information and be working toward the same objectives. But instead it is composed of autonomous entities with separate governance structures, incentives and lines of accountability, which necessitates the coordination task. A coordinated system is always inefficient to some degree, simply because it requires so much extra work (and in the present case, the creation of rather large organisational structures) to coax the pieces into a coherent order. It runs the risk, often realised in practice, of over-emphasising process and creating bureaucratic busywork that gets in the way of its principal tasks. On the positive side, maintaining the independence of actors within a heterogeneous voluntary coordination mechanism enables flexibility of approach and favours innovation over group-think.

Since 2005, humanitarian reform efforts have sought to regularise the processes of coordination to make humanitarian response more predictable, effective and efficient. More recently the Emergency Relief Coordinator’s Transformative Agenda, initiated with the IASC at the end of 2011, represented a sort of ‘reform of the reform’, to be more results-oriented, particularly in terms of achieving stronger surge capacity and more effective leadership. Evidence gathered by this review suggests that the Transformative Agenda has had significant positive effects on surge capacity, particularly in major sudden-onset disasters (such as Typhoon Haiyan). But the limits of these effects are seen in chronic crises where, even when they are designated as L3 emergencies, the coverage and capacity of humanitarian resources still did not approach the needed levels. In fragile, conflict-affected countries, humanitarian actors continue to struggle to formulate coherent approaches to helping IDPs and protecting civilians, and to deliver aid in ways that are fast, flexible and faithful to humanitarian principles and meet populations’ most critical needs.



Humanitarian actors often call for stronger leadership while showing no willingness to concede autonomy.

5.2 Seeking leadership in a leaderless system

Humanitarian actors often call for stronger leadership while showing no willingness to concede autonomy. And although this period did see the merger of a relatively small and struggling INGO, Merlin, with a much larger one, Save the Children, this was a singular example and not indicative of a trend. On the UN side, consolidating the humanitarian agencies into a single ‘super agency’ has not been seriously discussed since the 1990s in the wake of the troubled responses to the Bosnian and Rwandan crises. UN Resolution 46/182 seemingly settled the question with an institutionalised coordination mechanism instead. The result, therefore, is the continuation of an atomised, voluntarily coordinating, multi-actor system.



HC leadership mechanisms (training, job description and overall recruitment pool) have all been improved though determined efforts to wring the most out of the non-authoritative position.

Some in the humanitarian sector have given serious thought to how leadership can be developed in the absence of authority structures, and several organisations are now instituting emergency management and leadership systems that do not rely exclusively on an individual (Knox Clarke, 2013). Interviewees for SOHS 2015 were less likely to cite leadership as a key problem in the humanitarian system than they were in the last iteration, and they gave positive reports on the improving pool of HCs. While still fettered to the United Nations Development Programme's resident-representative system, HC leadership mechanisms (training, job description and overall recruitment pool) have all been improved though determined efforts to wring the most out of the non-authoritative position. Interviewees reported that HCs are more respected within the humanitarian system and within the UN system more broadly and better equipped to execute their roles. The HC position and expectations of agencies are now more institutionalised, but the relationship of HCs to the agencies in the field is far from direct line management; the agencies are still primarily accountable to their own headquarters. Concerns about the lack of strategic priority and independence afforded to humanitarian action continued to be raised in situations where the HC/RC was also the deputy special representative of the secretary-general of a UN peacekeeping mission.

Two opposing models for organising the humanitarian system can be broadly summarised as the centralised system, with a unified line of reporting and accountability,⁷ and the decentralised network. This dichotomy was popularised by the 2006 book *The Starfish and the Spider: The Unstoppable Power of Leaderless Organisations* (Brafman and Beckstrom, 2006) and recently invoked as a useful analogue for thinking about the organisation of the humanitarian system (Currion, 2014a). The idea behind the starfish model is that an enterprise can operate, replicate and grow independently, and often more effectively, without the need for central direction. Examples include *Al Qaeda*, Alcoholics Anonymous and peer-to-peer file-sharing services (Brafman and Beckstrom, 2006). It is worthwhile to consider whether this is a false choice. Much of the relevant humanitarian literature on the topic over the past few years implicitly recognises this and speaks to the need to continue to strengthen the core system while at the same time devolving control where appropriate, and to explore and engage with alternative delivery systems. Just as national emergency response systems in high-income countries exist to step in when local coping capacities are overwhelmed or working at cross purposes, a central global locus for humanitarian response is necessary and appropriate. In this regard the subsidiarity principle – devolving responsibility for something to the most proximate level that is capable of handling it – remains particularly relevant to reform of the humanitarian system (Stoddard, 2004).

But if the global system is failing to build from a local base, and is duplicating or crowding out independent local capacity, it is being worse than unhelpful – it is causing harm. Even in the successful response to Typhoon Haiyan, the humanitarian system was faulted, and justifiably

so, for not engaging better with local response capacity. Conversely, in the Ebola outbreak response in West Africa, a focus on consultation and participatory engagement would clearly have resulted in delays that cost lives; a command-and-control model was required (though, as many argue, UNMEER's attempt at something like this model was not successfully executed). Indeed, the most emblematic of command-and-control mechanisms, the military, was called upon to respond to the Ebola crisis, due to what was dubbed a 'global coalition of inaction' (Hussain, 2014).

In Syria, one could argue that an overly centralised model, with too much acquiescence to the sovereignty of the Syrian regime (and a lack of broader political support for humanitarian assistance) created a stalemate that was partially broken by cross-border aid delivery. Apart from such extreme cases, the challenge is to understand when emergency conditions make it necessary to bypass local structures. When would engaging such local actors mean unacceptable (potentially fatal) delays, and when would not doing so mean sacrificing quality, efficiency and sustainability?

5.3 Humanitarian principles

Another tension appears in the dialogue on humanitarian principles. One set of actors is concerned with reaffirming and strengthening the core humanitarian principles of impartiality, neutrality and independence, while others are urging diversification and inclusion of different moral frameworks from which to pursue humanitarian action, such as local religious and cultural values, or broader peacebuilding goals.

The first position is represented by the Western traditionalist humanitarian organisations concerned with safeguarding humanitarian action from dilution (by other values) and pollution (by political interests). These actors are particularly alarmed by the use of humanitarian assistance to address root causes of conflict, and its alignment with stabilisation and state-building agendas, as 'political alignment with belligerent parties' (Brauman and Neuman, 2014). The fact that humanitarian coordination mostly takes place under a UN rubric exacerbates the perception of humanitarian assistance as an arm of a larger political project. As a result, and as a reaffirmation of its own interpretation of neutrality and impartiality, MSF continues to limit its engagement at country level with UN-led coordination on a case-by-case basis (Brauman and Neuman, 2014). ICRC has also noted that it is 'it is becoming increasingly difficult to demonstrate unambiguously the distinctly independent character of the ICRC within the larger humanitarian response' and that this issue is likely to persist and to grow in a context of increasing politicisation of the IASC-led system (ICRC, 2014a).

It is also clear that donors have consolidated whole-of-government approaches, including attempts to reconcile humanitarian action and stabilisation and state-building objectives from the War on Terror. Donors are simultaneously and confusingly committed to the OECD-DAC Principles for Good International Engagement in Fragile States



A tension appears in the dialogue on humanitarian principles. One set of actors is concerned with reaffirming and strengthening the core humanitarian principles while others are urging diversification and inclusion of different moral frameworks.

and Situations, the Paris Declaration on aid effectiveness, and the Good Humanitarian Donorship Initiative. In certain contexts, this entails balancing a commitment to respecting the independence of humanitarian action with a commitment to state building as the prime objective. Donor governments have dedicated little attention or analysis to reconciling these simultaneous commitments.

One outcome of this ongoing politicisation is that humanitarianism, and particularly its expression through the UN-led system, is increasingly perceived in the global South as a Western construct and, as such, a 'vector of ... values and interests that are not universally shared in the places where it intervenes' (Collinson and Elhawary, 2012). More bluntly, some non-Western states worry that humanitarian action can be used as an excuse to violate sovereignty. The growing association of humanitarian action with the projection of Western interests has resulted in a push-back against what is viewed as the projection of 'soft power' by the wealthy donor nations. This dynamic makes the goal of opening up the system to more meaningful participation by affected states and non-Western entities more difficult to achieve.

Debates on the application and operationalisation of core principles are perennial among humanitarians, regularly rekindled and coloured by the most recent humanitarian crises. These principles underpin international humanitarian law and are indeed worthy of reaffirmation and protection. On the other hand, Western humanitarian actors seem at times to assume that the history and values of humans helping other humans originated at the Solferino battlefield in 1859, when in fact they are common to all cultures (even if their application in wartime is not explicitly codified). These principles are not devalued by acknowledging the unfortunate reality that their practical utility is limited in intrastate, asymmetric conflicts and when dealing with religious extremist movements.

The two points of view have clashed on the question of principled humanitarian access amid conflict. In contexts where aid access is limited by extreme insecurity, difficult choices must be made. If Western humanitarians define humanitarian access only by whether they themselves can operate, the needs of large populations of conflict-affected states will continue to go unserved. If local actors (humanitarian or not) have superior access and are able to operate securely, without doing harm, international organisations should make every effort to support them and channel external aid through them. This could take place simultaneously with advocacy efforts to change the underlying situation, and for it to work would require the willingness of donors as well as flexibility and creativity on the part of aid agencies. ●

6

WHAT NEXT?


The evidence analysed for SOHS 2015 paints a picture of a system that has continued to improve operational modalities but has not increased operational capacity to the level needed to adequately respond to the current humanitarian caseload. The laudable accomplishments in rapid response to sudden-onset disasters like Typhoon Haiyan and to Syrian refugees, the improvements in coordinated planning and the investment in innovation and new technologies unfortunately all pale in comparison to the poor coverage and capacity gaps in crises such as CAR and South Sudan, the impotence in the face of political impediments to humanitarian access and protection inside Syria, and the early failures of the Ebola response.

6.1 Conclusions

It is unlikely that the gap between global humanitarian need and global humanitarian response capacity will be filled by continuing modest improvements to the current funding and coordination mechanisms. The Transformative Agenda's improvements and the preceding waves of humanitarian reform since Resolution 46/182 have all remained inside the confines of the current institutional architecture. Although some agency leaders and analysts are beginning to raise questions about more radical and far-reaching reform, those with the most influence over the system – the major donor governments – do not appear to be thinking strategically at this level. Rather, interviews for this study suggest that they remain focused on merely gaining new operational efficiencies and making incremental improvements.

Humanitarians, when confronted with mounting operational challenges and needs, tend to reflexively call for more money, as if donors could resolve the principal problems simply through increased spending. This assumption is not supported by the evidence in this report, which suggests structural deficiencies in areas such as human resources (including waning technical capacity and slow recruitment), duplicative administrative systems, and the time-consuming and costly coordination of entities whose incentive structures and lines of accountability are not aligned. This is not to say that major additional funding is not needed, but without major structural changes to the system, new money could not be put to optimal use.

Evidence also does not support the notion that major reform would require a choice between a top-down hierarchical system and a bottom-up, decentralised network of localised capacities. Rather, the wide spectrum of humanitarian needs, contexts and functions demands both a stronger centralised directive capacity for major acute emergencies (where host government capacities are overwhelmed, weak, absent or obstructive) *and* operating modalities that are more responsive to local realities, continual capacity building and appropriate devolution of responsibility to local and regional levels. All three elements – funding, global-level capacity, and devolution or subsidiarity – would be required at once to enable a meaningful increase in operational capacity.



Evidence also does not support the notion that major reform would require a choice between a top-down hierarchical system and a bottom-up, decentralised network of localised capacities.

6.2 Options for the way forward

As with previous editions, the SOHS study is not intended to offer specific, targeted policy recommendations, but rather to point to areas of potential change, with a view to informing the thinking and approaches of all humanitarians.

SOHS 2012 directed attention to a set of glaring but persistent weaknesses in the system that warranted renewed attention. At the time, humanitarian action appeared to be heading, slowly but steadily, in a positive direction. The record of the past three years, however, suggests that the system has in many ways reached its limits, and that while we could,

and should, continue on a path of reform, more radical rethinking will be required if we are to reckon honestly with the scale of the challenge.

Important moments ahead include, but are not limited to, the World Humanitarian Summit, where important and wide-ranging issues of humanitarian principle and practice will be discussed. The following ideas have been put forward to address some of the issues highlighted in this report.

Identifying and remediating humanitarian capacity gaps

Acknowledging weak and overstretched capacity in chronic crises, a few NGOs have floated proposals for the major humanitarian actors (UN agencies and large INGOs) to undertake a systematic mapping of their collective technical capacities, resources and gaps. This could occur with and alongside national governments and local partners, and would allow refocusing and reinvestment in core emergency response capacity. Financially, this could also include establishing a capacity-building grant window in the CERF, funded from donors' development and resilience budgets, and implemented regionally.

Enabling greater humanitarian access and coverage in conflict environments

While reaffirming the importance of humanitarian principles (as many have recently called for in response to Syria and other conflict settings where humanitarian action has been constrained), agencies have also been discussing proactive and pragmatic approaches to gaining and maintaining access. These include increasing support to the actors with the best, most rapid access – often local aid actors – including direct funding from donors (or more flexible means of transferring assets from INGOs) to national NGOs, and generally greater capacity building support. CERF regulations could be changed to provide direct funding to local and international NGOs of demonstrated capacity, which would also increase the speed of response. As a complement to this, government donors would need to examine their counter-terror regulations and other policies, as well as funding relationships, to ensure they do not compromise the neutrality, and by extension the safety, of humanitarian actors.

Making humanitarian action more relevant and accountable to those receiving aid

Humanitarians wishing to turn rhetoric on increasing recipient consultation into more concrete action could develop and invest in joint, ongoing monitoring of humanitarian responses from the perspective of recipients, making use of communications technology for remote polling and crowd-sourced feedback on both recipient needs and humanitarian performance. Donor governments could also increase the number and humanitarian capacity of their representatives working in operational contexts, to improve performance and accountability.



At some point it arguably becomes necessary to take a step back from the system that has evolved, and consider how it might look and function differently if it were designed to achieve the best possible humanitarian outcomes.

A model for assessed contributions

UN High Commissioner for Refugees António Guterres recently put forward the idea of funding humanitarian action through assessed contributions from the member states. This would address the inherent limitations of the current voluntary financing model, and respond to calls for increased burden sharing by affluent states that contribute at relatively low levels relative to their GDP. Governments could contribute fixed amounts each year, pegged to a percentage of GDP, to a significantly expanded CERF. This could act as a form of insurance for emergency response, replenishable up to the target total, year on year. With universal participation, such a model could do away with the notion of a charitable system that is bifurcated between donor and recipient countries, and serve to increase the universality, predictability and flexibility of humanitarian action in very practical ways.

Rationalising UN humanitarian capacity

While no formal proposition has been put forward recently, another significant structural change to consider would be to rationalise the UN's humanitarian capacity, now dispersed among 10 or so separate agencies, into a more unified emergency system with unified lines of accountability. Short of a single UN humanitarian agency, this could involve integrating and streamlining the separate systems of human resources, finances and contracting. Streamlining could strengthen country-level humanitarian leadership, lighten the coordination burden and allow quicker and more directive action when needed, including through improved consolidation of supplies and logistical hubs at regional levels.

The common thread running through these options is the notion that the current system requires more significant change than the past two decades of reform have accomplished. While some might appear quixotic when viewed through the lens of an entrenched interagency structure, at some point it arguably becomes necessary to take a step back from the system that has evolved, and consider how it might look and function differently if it were designed to achieve the best possible humanitarian outcomes. If the past three years are any indication, the global demand for such re-invention is only likely to rise. ●

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ENDNOTES

1. The *Global Humanitarian Assistance Report*, 2014 noted that the role of non-DAC donors “continued to increase substantially, with their share of the government total more than doubling between 2011 and 2013 – from 6% to 14%” (GHA, 2014) (GHA, 2014).” This GHA’s calculation includes Turkey’s reported humanitarian aid contribution, which jumped from \$264 million in 2011 to over \$1 billion in 2012. The bulk of this increase (\$979 million) consisted of social service costs incurred inside Turkey for hosting Syrian refugees (Turkish Cooperation and Coordination Agency, 2012). The SOHS methodology does not include this as an international humanitarian contribution.
 2. To calculate financial trends, SOHS relies primarily on FTS (2015) – which, while arguably not capturing all relevant flows, is the most comprehensive and timely source of humanitarian financing information and is comparable across cases and years.
 3. Some donors, such as the European Commission, have pursued mechanisms for multi-year funding for many years, including “Humanitarian Plus’ programmes and other transitional mechanisms.
 4. The term has a different meaning in the commercial sector, having to do with assigning indirect costs to products based on related activities and nonmaterial inputs of a firm, and is somewhat of a misnomer here.
 5. The following countries/regions received at least \$100 million in humanitarian aid in 2012, 2013 or 2014 and had country humanitarian appeals every year since 2010 (FTS): Afghanistan, Central African Republic, Chad, Cote d’Ivoire, Democratic Republic of the Congo, Ethiopia, Haiti, Iraq, Kenya, Korea (DPR), Mali, Myanmar, Niger, Pakistan, Palestine, Somalia, South Sudan, Sudan, Syria, Sahel region, Yemen and Zimbabwe.
 6. The ‘normalisation of crisis’, is by no means a new problem; the phenomenon that ‘the trend towards developmental relief practices coincides with an increasing acceptance of higher levels of humanitarian distress in Africa’ was recognized more than 15 years ago (Bradbury, 1998, 328).
 7. ‘Also known as ‘chain of command’, a military term that can strike a wrong note when discussed in the humanitarian arena. The key element behind the idea as a management principle is not hierarchy, however, but rather having a single line of reporting and accountability, ensuring that no one’s work is divided between different agendas or competing interests. Unified accountability lines (chain of command) in theory also facilitate the subsidiarity principle, identifying the appropriate level of action – local, national, regional or global.
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ANNEX 1

**People
interviewed
International,
local NGOs and
NGO consortia**

Sara Almer, CaLP

Coordinator, Cash
Learning Partnership
(CaLP)

Zedoun Alzoabi, CEO,
Union of Syrian
Medical Relief
Organizations
(UOSSM)

Augustin Augier,
President, Alliance for
International Medical
Action (ALIMA)

Nan Buzard, Executive
Director,
International Council
of Voluntary Agencies
(ICVA)

Oenone Chadburn, Head
of Humanitarian
Support, Tearfund

Sasha Chanoff, Co-
founder and
Executive Director,
RefugePoint

Joel Charny, Vice
President for
Humanitarian
Policy and Practice,
InterAction

Sophie Delaunay,
Executive Director,
Médecins Sans
Frontières (MSF) USA

Jan Egeland, Secretary
General, Norwegian
Refugee Council
(NRC)

Dr. Hany El Banna,
Chairman,
Humanitarian Forum

Omayma El Ella, Policy
& Research Officer,
Muslim Charities
Forum

Kryriakos Giaglis,
Country Director,
Afghanistan, Danish
Refugee Council

Alexandre Giraud,
Responsable des
Missions, Direction
des Operations,
Première Urgence-
AMI

Dr. Manu Gupta, Director,
Seeds India

Rola Hallam, Volunteer
Doctor, Hand in Hand
for Syria

Rachel Houghton,
Director, CDAC
Network

Barbara Jackson,
Humanitarian
Director, CARE
International

Ayman Jundi, Trustee
and General Secretary,
Syria Relief

Bob Kitchen, Director,
Emergency Response
and Preparedness,
IRC

Camila Knox Peebles,
Deputy Humanitarian
Director, Oxfam

Nagwa Kondo, Director,
Nuba Relief
Rehabilitation
and Development
Organisation

Anais Lafite, Regional
Coordinator for West
Africa, ACF

Lucie LeCarpentier,
Humanitarian Policy
Officer, Médecins Sans
Frontières (MSF)
Myanmar

Jenny McAvoy Director
of Protection,
Interaction

Patty McIlveary,
Senior Director of
Humanitarian Policy,
InterAction

Lisa Monaghan,
Protection and
Advocacy Advisor/
Protection Cluster
Co-Lead, NRC South
Sudan

Lars Peter Nissen, Project
Director, Assessment
Capacities Project
(ACAPS)

Dina Parmer, Conflict
Adviser, Norwegian
Refugee Council
(NRC) South Sudan

Rein Paulsen,
Senior Director,
Humanitarian Quality,
Strategy and Policy,
World Vision

Lahpai Seng Raw,
Independent/
formerly Director,
Metta Development
Foundation, Myanmar

Abdurahman Sharif,
Executive Director,
Muslim Charities
Forum

Marcus Skinner,
Humanitarian Policy
Manager, Help Age

Ricardo Solé Arqués,
Dahlia

James Sparkes, Education
Cluster Coordinator,
Save the Children

Frances Stevenson,
Head of Emergencies,
Help Age

Yenni Suryani, Country
Team Leader, CRS
Indonesia

Sandrine Tiller,
Programmes Advisor-
Humanitarian Issues,
Médecins Sans
Frontières (MSF)

Nigel Timmins, Deputy
Humanitarian
Director, Oxfam

Jacqui Tong, Independent/ formerly Médecins Sans Frontières (MSF)	Rick Brennan, Director, Emergency Risk Management and Humanitarian Response unit, WHO	Arafat Jamal, Head of the Inter-agency Service, UNHCR
Neil Turner, Country Director, Norwegian Refugee Council (NRC), Afghanistan	Gian Carlo Cirri, OiC - Office of the Director of Operation, WFP	Trond Jensen, Head of Office, OCHA Yemen
Onno Van Manen, Country Director, Save the Children, Afghanistan	Mark Cutts, Head of Office, OCHA Myanmar	Afshan Khan, EMOPS Director, UNICEF
Jean-Michel Vigreux, Representative, CARE USA, Haiti	Noemi Dalmonte, Gender Based Violence Coordinator, UNFPA	Martin Kristensson, IT Emergency Coordinator, WFP
Guillaume Woehling, Country Director, Solidarités, Afghanistan	Jahal de Meritens, Coordinator, IASC Global Cluster on Early Recovery, UNDP	Themba Linden, Humanitarian Affairs Officer, OCHA South Sudan
	Filiep Decorte, Chief Technical Advisor, UN-HABITAT	Ewen Macleod, Head of the Policy Development and Evaluation Service, UNHCR
	Lucia Elmi, Representative, UNICEF Mauritania	Carla Martinez, Early Warning and Preparedness Chief, Office of Emergency Programmes, UNICEF
	Elizabeth Eyster Head of the IDP Unit, UNHCR	Steven Michel, Acting Head of Emergencies Section, UNICEF DRC
	Cyril Ferrand, Global Coordinator, Food Security Cluster, FAO	Erin Mooney, Senior Protection Officer, Procap
	Nigel Fisher, Former Regional Humanitarian Coordinator, Syria	Ben Negus, International Humanitarian Partnership (IHP) Secretariat, Geneva, OCHA
	Helena Fraser, Head of Private Sector Partnerships, OCHA	Nuno Nunes, CCCM Cluster Coordinator, IOM
	Rajan Gengaje, Head of Office, OCHA Indonesia	Drew Colin Parker, Senior Advisor, Water Sanitation and Hygiene (Emergencies), UNICEF
	Antoine Gerard, Deputy Director, Coordination and Response Division, OCHA	Johan Peleman, Head of Office, OCHA Haiti
	John Ging, Director, Coordination and Response Division, OCHA	
	Josephine Ippe, Global Nutrition Cluster Coordinator, UNICEF	
UN Secretariat and UN agencies		
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Liz Hughes, CEO, Map Action

Dr. Randolph Kent, Visiting Senior Research Fellow at King's College, London, Humanitarian Futures Program

Patrick Philippe Meier, Director of Social Innovation, Qatar Computing Research Institute

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Kyla Reid, Head of Disaster Response, GSMA Mobile for Development, GSMA

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World Bank

Francis Ghesquiere, Manager of the Disaster Risk Management Practice of the World Bank and Head of the Global Facility for Disaster Reduction & Recovery (GFDRR) Secretariat, World Bank

Military

Wade O. Popovich, Office of the Under Secretary of Defense for Policy-USD(P), Special Operations/ Low-Intensity Conflict (SO/ LIC): Stability & Humanitarian Affairs, US Department of Defense

Field case studies

Central Africa Republic

Carolina Reyes Aragon, Humanitarian Expert, Panel of Experts on the Central African Republic established pursuant to Security Council resolution 2127 (2013)

Francesco Ardisson, Deputy Representative (Protection), UNHCR

Veronique Barbelet, Research Fellow, Humanitarian Policy Group (HPG), Overseas Development Institute (ODI)	Olivier David, Country Director, Norwegian Refugee Council (NRC)	Jacques Terrenoire, Country Director, Mercy Corps
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Carole Baudoin, Head of Security Sector Reform (SSR) and Officer in Charge for DDR, MINUSCA	Souleymane Diabete, Representative, UNICEF (CAR)	Anne Katrin Schaeffer, Project Manager, Community Stabilization, IOM
Julie Belanger, Africa II Section Chief, Coordination Response Division, Office for the Coordination of Humanitarian Affairs (OCHA)	Abdou Dieng, Representative, WFP (Ethiopia) and former Humanitarian Coordinator for CAR	L.Paul Sevier, Program Manager, USAID
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Anne Marie Brinkman, Country Director, International Rescue Committee (IRC)	Karima Hammadi, Technical Assistant, DG ECHO	Mark Yarnell, Senior Advocate, Refugees International
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