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Special feature

The humanitarian situation in Yemen

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About HPN

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Cover photo: Distribution of Identity Cards by Oxfam staff in Yemen in March 2012

Editorial photo: A mother and child en route to an Oxfam-supported school in Yemen

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Editorial

The theme of the 61st edition of *Humanitarian Exchange* is the humanitarian situation in Yemen. Despite a political transition process, conflict has exacerbated the country's long-standing humanitarian challenges and restricted access to people in need. In the lead article, co-editor Steven A. Zyck emphasises the importance of maintaining a clearly delineated space for apolitical humanitarian efforts, while Ismail Ould Cheick Ahmed and Trond Jensen stress the need to find new partners and support long-term development, resilience and capacity-building. Michaël Neuman reports on a study of attacks against Médecins Sans Frontières (MSF) programmes in Yemen, which revealed the underlying cause to be the poor quality of relationships between patients and medical staff. Dr. Abdelhadi Eltahir, Nathaly Spilotros and Kate Hesel demonstrate that sensitive family planning and post-abortion care services have been accepted and used by Yemeni communities if they are good-quality and appropriate. Brian Wittbold and colleagues describe the International Organisation for Migration (IOM)'s work in areas controlled by armed non-state actors, and Anna Stein looks at the protection risks faced by migrants from the Horn of Africa moving to or transiting through Yemen. Helen McElhinney makes the case for the UK government's move to multi-year humanitarian funding in Yemen, while Leah Campbell reflects on the challenges of inter-cluster coordination in Yemen.

Articles in the Practice and Policy Notes section examine European donor financing policies and procedures; the link between accountability mechanisms and programme quality; the evidence base for civil–military policy decisions; the details of negotiated humanitarian access arrangements in Southern Afghanistan; and the use of Emergency Market Mapping and Analysis (EMMA) to improve water and sanitation programming in the Horn of Africa. Using Haiti as an example, the issue ends with an article questioning whether the humanitarian cluster system is agile enough to enable plans to be adapted as situations change.

As always, we welcome any comments or feedback, which can be sent to hpn@odi.org.uk or to The Coordinator, 203 Blackfriars Road, London SE1 8NJ.

Yemen's security crises and transition process: implications for humanitarian action and access

Steven A. Zyck

Insecurity in Yemen has risen sharply in recent months as several parallel conflicts have intensified and expanded. Hundreds of killings have been attributed to the state security services, tribal militias and Sunni and Shia movements since the start of the year. This spike in violence has taken place amidst – and has contributed directly to – a worsening humanitarian situation, and aid access has been curtailed. While there is some hope that the ongoing political transition, including the National Dialogue process, will help to bring stability, it may also lead to further conflict and greater humanitarian challenges.

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A boy waits in line for food at the Mazraq refugee camp in Hajjah province

The evolving security situation

Yemen faces three main categories of conflict and insecurity. The first has resulted from Al-Qaeda in the Arabian Peninsula (AQAP), which has launched regular attacks against Yemeni government and international targets. The second conflict has taken place between the Yemeni government and security services and a southern separatist movement known as al-Hiraak al-Janoubi. Hiraak, which has widespread support across the south, has repeatedly engaged in large demonstrations against what it considers to be a northern-dominated government.

Each of these conflicts has evolved in dangerous new ways following the Arab Spring protests of 2011. In 2011 an Al-Qaeda-linked group known as Ansar al-Sharia seized Abyan governorate in southern Yemen and imposed a harsh form of Islamic law. While the Yemeni military and local militias ultimately defeated Ansar al-Sharia, the 16-month conflict left hundreds dead. Ansar al-Sharia and AQAP were scattered to neighbouring provinces (or melded into the local population) and continue to drive violence.

Hiraak, the southern separationist movement, has also engaged in renewed conflict since the Arab Spring, mounting larger protests and regular, large-scale demonstrations. Yemen's security services have periodically opened fire on demonstrators – killing dozens and increasingly pushing Hiraak to demand independence rather than merely greater autonomy. The situation is likely to escalate further following fighting between the central government and Hiraak in Al Dhale governorate between late 2013 and mid-March this year, when the government and Hiraak agreed to a truce. During the conflict in Al Dhale the government had blocked aid agencies from the affected areas as the Yemeni armed forces shelled the provincial capital; at least 40 people were killed during the fighting.

Finally, the Houthis are engaged in intense bouts of sectarian and political violence against hard-line Salafist (Sunni) militias and the Islamist Al-Islah party. Several hundred people were killed in fighting between Salafists, Houthis, tribal militias and others during the uprising, and the situation has escalated markedly since then; the conflict has pulled in not only Iran (on the Houthi side) and Saudi Arabia (on the Salafist side), but also militants from across the region. In early February 2014 fighting between the Houthis and their sectarian and tribal opponents killed 150 people in Amran governorate alone. The fighting has increasingly neared the capital, with more than 50 people being killed in violence between Houthis and various Sunni groups near Sana'a in early March 2014. Formerly seen as a primarily tribal or territorial conflict oriented around remote northern governorates, the conflict is now predominantly sectarian and national in nature.

The humanitarian crisis

The changing nature of Yemen's major conflicts affected Yemeni civilians as well as aid agencies. As of late 2013, more than 300,000 people were internally displaced by fighting, and media reports indicate that tens of thousands

more have been displaced by more recent fighting in Al Dhale in the south and governorates affected by Houthi fighting (primarily Amran, Sa'ada, Hajja and Al-Jawf). Aid agencies operating in Yemen report that their ability to access affected populations is constrained despite unprecedented levels of humanitarian funding.

In some cases constraints are imposed by aid agencies themselves, based on assessments of local conditions. During the conflict in and around Abyan in 2011 and 2012, aid agencies were able to reach IDPs in surrounding provinces but had little if any access to directly conflict-affected areas. Many aid agencies were reluctant to return to Abyan after the conflict had ended. Aid workers interviewed in 2013 indicated that different NGOs had widely different perceptions of the risks in Abyan.

Armed groups, including the armed forces, also constrain aid access. During the fighting in Al Dhale between the Yemeni military and Hiraak, government forces reportedly prevented civilians from leaving besieged towns and prevented UN agencies and NGOs from entering. The Yemeni commander overseeing the siege of Al Dhale reportedly stopped aid agencies from entering the governorate to assess the situation even after officials in the capital had specifically authorised humanitarian missions. According to the UN, some 50,000 people were cut off from humanitarian assistance. In northern Yemen aid access is affected by sectarian and political violence, particularly around Dammaj, a Salafist stronghold in Sa'ada governorate, as well as by the Houthis, the government and other factions. The fragmentation of the conflict in the north means that negotiating aid access has become far more complicated and uncertain.

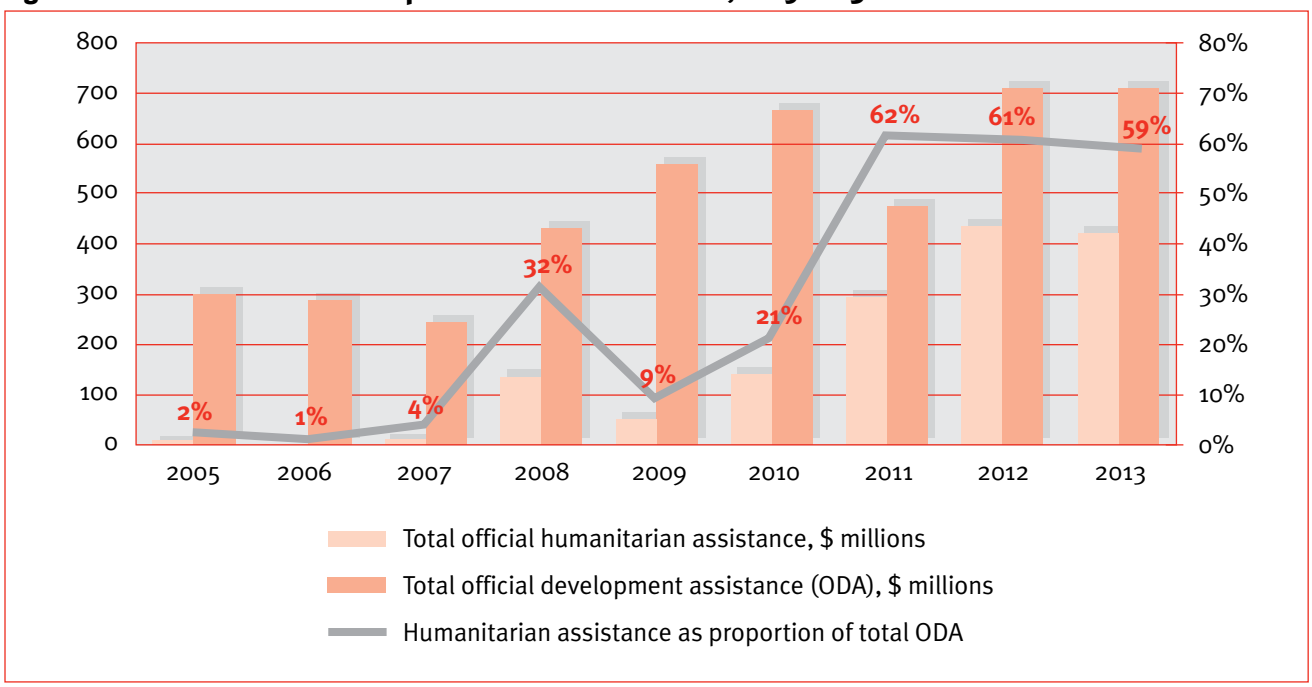
Heightened insecurity, particularly when combined with increased humanitarian funding, may lead to additional attacks against aid workers and facilities. The 2013 *Aid Worker Security Report* indicates that Yemen was the country with the second-most number of aid workers kidnapped (after Afghanistan) in 2012. While the number of attacks against aid workers reflected in the Aid Worker Security Database is relatively low – only four in Yemen in 2013 compared to 29 in South Sudan or 17 in Syria – several aid agencies note that threats, intimidation and minor attacks are common and often go unreported.

Implications of the transition process for humanitarian action

The various conflicts in Yemen are taking place in the context of a political transition following the end of President Ali Abdullah Saleh's 33-year rule in 2011. Saleh's departure was negotiated by the Gulf Cooperation Council (GCC), though implementation of the GCC agreement fell to the United Nations under the leadership of Jamal Benomar, the UN Secretary-General's Special Adviser on Yemen. The transition includes a National Dialogue process – inclusive of all political factions, women, youth and civil society – aimed at resolving major sources of conflict and political contention, including southern separatism, the Houthi rebellion, transitional justice, state-building and governance, security and military issues, rights and development. The National Dialogue Conference, which wrapped up this January, was intended to feed into a new constitution and elections later in 2014.

The National Dialogue and the broader transition process have involved several other UN agencies, including the UN Department of Political Affairs and the UN Development Programme (UNDP). UNDP, for instance, has engaged in capacity-building work related to transitional justice. Several NGOs and other UN agencies launched consultative processes to gather inputs from communities and civil society organisations to feed into the National Dialogue. These activities brought development NGOs more fully

Figure 1: Humanitarian and development assistance to Yemen, 2005–2013



into the realm of politics and meant that many were viewed as having endorsed the National Dialogue (which Hiraak, the Houthis, many youth activists and some civil society organisations mistrusted). Development agencies' political actions also coloured many Yemenis' perceptions of humanitarian actors, which tend to be seen as part and parcel of the broader international community. Few outside of aid circles differentiate between impartial humanitarian activities and more politically-tinged development work.

There is a risk that humanitarian actors could increasingly be drawn into politics and conflict in Yemen, for a number of reasons. Firstly, large amounts of foreign aid to Yemen are provided as humanitarian rather than development assistance. Given that many donors and the United Nations are heavily concerned with security and the political transition in Yemen, it is hard to believe that humanitarian actors will not be under pressure to ensure that the hundreds of millions of dollars in relief aid feed into stabilisation strategies. As a case in point, the UN and European Union (EU) have emphasised their intention to better link humanitarian and development efforts. The Joint United Nations Framework to Support the Transition in Yemen seeks to 'complement ongoing humanitarian assistance by finding ways of bridging from relief to more durable solutions' in terms of early recovery and longer-term development.

Secondly, many donor strategies and UN and NGO plans link living conditions and security. These de facto stabilisation strategies aim at improving material conditions in the hope that this will dampen armed groups' recruitment efforts or reduce opposition to the still-coalescing national government. While such activities are likely to focus upon livelihoods and basic services, they may push development actors into some of the most conflict-affected parts of the country – where they will work in close proximity with humanitarian actors, further blurring the distinction between principled humanitarian work and more political development efforts. For instance, one major donor's operational strategy for Yemen notes, with regard to humanitarian assistance, that it will provide 'indirect support to the transition by delivering assistance to chronically vulnerable people in urgent need, including those affected by conflict, refugees and migrants, building the resilience of affected communities and improving the capacity of agencies in Yemen to respond to emergencies'. While such an approach does not inherently undermine principled humanitarian work, it does raise the possibility that factors other than need may increasingly guide humanitarian efforts in Yemen.

It is too early to say whether Yemen's evolving conflicts and the international community's political objectives in the country will undermine humanitarian efforts. However, there are significant risks. It will be important for donors, development actors, humanitarian agencies and the diplomatic community to jointly consider how they can balance political and developmental objectives with the continuing and expanding need for humanitarian assistance in many of Yemen's most insecure and contested areas. Ensuring that humanitarian efforts remain distinct – and are recognised as apolitical and needs-based among Yemeni communities and armed factions – will help to safeguard aid workers and vulnerable populations, and ensure that this vital lifeline for millions of Yemenis is not severed.

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Political transition and the humanitarian challenge in Yemen

Ismail Ould Cheick Ahmed and Trond Jensen

Recent years have seen tremendous change in Yemen. The popular uprising against President Ali Abdullah Saleh's regime in 2011 led to a process of transition where parties to past conflicts engaged in an open and frank discussion about the country's future, and Yemen is seen by many as one of the very few countries where the events of the Arab Spring still hold out the promise of democratic change. Much of the world's attention has focused on the political process and security issues because of the country's strategic position, in terms of both energy production in the region and international shipping lanes. Considerable attention has also been given to the presence in the country of Al-Qaeda in the Arabian Peninsula (AQAP) and affiliated groups. Much less attention has been paid to the humanitarian crisis.

Poverty and humanitarian crisis

Yemen, the poorest country in the Middle East, has a per capita income ($1,270) that is a fraction of its neighbours'. The figure for Oman, for instance, is $19,110, and for Saudi Arabia $21,210. Income from natural resource extraction, mainly oil and gas, has not benefited the majority of Yemenis, over half of whom live below the poverty threshold. Indications are that oil reserves are rapidly diminishing. Meanwhile, decades of under-investment in basic social infrastructure and a population growth rate exceeding 3% mean that many Yemenis lack access to basic social services. This situation has been compounded by conflict and a lack of state authority in many areas.

More than half the population, 13 million people, lack access to safe drinking water and adequate sanitation. Nearly 9m lack access to basic health care, and 2.5m children are without access to basic education. Almost half of Yemenis, more than 10m people, are food insecure (4.5m severely), and some 60% of Yemen's children are chronically malnourished, the second-highest rate globally after Afghanistan. Some 47% of children under five are stunted, with one in three of them severely so. Food insecurity in particular requires long-term and innovative approaches. Yemen imports around 90% of its food requirements, but the revenues from oil and gas that largely pay for this are

diminishing. At the household level, access to income, rather than food production itself, determines food insecurity. The ability to grow food domestically is under threat from the unsustainable use of water resources. Yemen is one of the most water-stressed countries in the world and its aquifers are being depleted rapidly. Scarce water resources are used to grow *khat*, a mild narcotic, taking up to 70% of the water available for human and agricultural consumption. Indications are that *khat* consumption takes up a quarter of already meagre household incomes – much more for the poorest households. The production and consumption of *khat* therefore has wide ramifications for food production and consumption. The impact of *khat* on economic productivity is profound, hampering recovery and development efforts. That said, the *khat* economy employs up to 300,000 people and has become an ingrained part of Yemeni culture. Addressing the issue will therefore potentially carry a huge political cost for any government.

© Hugh Macleod/IRIN

A WFP food distribution point for displaced families in north-west Yemen

Tribal conflict, often over natural resources, particularly water and land, is increasing, and there is an underlying threat of increased sectarian violence in a country awash with small arms. There are an estimated 300,000 displaced people in the country. A further 228,000 returnees are facing the challenges of re-establishing their lives in areas with few if any basic services and widespread insecurity. Meanwhile, some 243,000 refugees, predominantly from Somalia, have sought refuge in Yemen. The promise of economic opportunities in the Gulf is luring a large number of economic migrants from the Horn of Africa, escaping poverty and destitution, but stricter border controls and a crackdown on illegal migrants in these countries have left many economic migrants stranded in Yemen, often in appalling conditions. En route many fall victim to human traffickers and economic and sexual exploitation and abuse, as well as severe human rights violations.

There are a multitude of humanitarian challenges in Yemen. Their causes are complex, as is the operating environment. Many of the manifestations of humanitarian needs are deeply rooted in socio-economic and structural causes that are beyond the scope of a humanitarian operation. Endemic poverty and a lack of viable livelihood opportunities are the primary underlying causes of vulnerability. To many observers it seems apparent that the political events of 2011, and the instability and turmoil that ensued, undermined the fragile coping mechanisms of people already living on the margin. As a result, it is estimated that 14.7m people are in need of some form of humanitarian assistance.

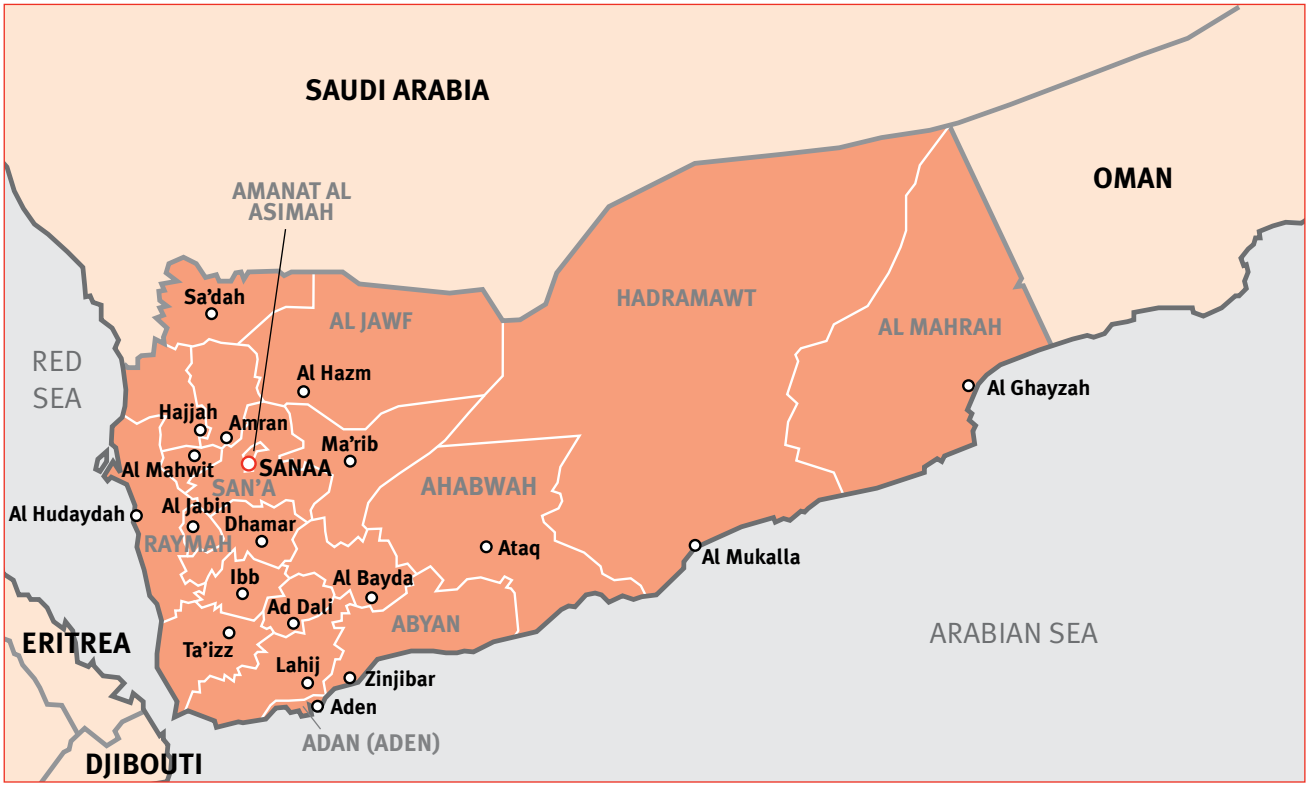
The humanitarian strategy

The humanitarian strategy developed for 2014–15 recognises that many of the underlying causes of vulnerability stem from a lack of development. The humanitarian community has therefore adopted a two-pronged approach: firstly, giving priority to addressing immediate humanitarian needs; secondly, an increasing focus on providing longer-term support to increase self-reliance and lift people out of vulnerability. To ensure that communities and local institutions can withstand and respond to future emergencies, the humanitarian community in Yemen has adopted five inter-linked and overarching strategic objectives:

1. Provide effective and timely life-saving assistance to the most vulnerable Yemenis.
2. Assist and protect people affected by crisis, including refugees and migrants.
3. Build the capacity of national actors to plan for and respond to humanitarian emergencies.
4. Together with development partners, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance.
5. Increase the resilience of households suffering from recurrent shocks.

Implicit in these objectives is the recognition that, in order to eventually phase out humanitarian operations in Yemen, the underlying factors causing vulnerability have to be addressed alongside ongoing life-saving activities.

The humanitarian plan for Yemen is forward-looking and aims to deliver smarter assistance by developing durable solutions for the long-term displaced in the north and building the resilience of vulnerable populations, for instance by diversifying their incomes to enable them to cope with and recover from shocks. It also aims to promote early recovery at the local level by rebuilding local services, strengthening local governance, clearing mines and promoting livelihood opportunities and other interventions that will allow local



communities to rebuild themselves. Cutting across these efforts is a focus on building capacity within NGOs and government institutions. Building national capacity is a deliberate strategy to reach vulnerable communities inaccessible to international organisations because of insecurity. It also seeks to ensure sufficient national capacity to deliver humanitarian assistance with a view to eventually phasing out the international humanitarian operation.

Addressing gender is an integral part of the humanitarian effort in Yemen. Gender is one of the key determinants of vulnerability in the country, particularly in terms of women's access to income, education, health care and political processes. Over the last five years, Yemen has ranked last out of 136 countries surveyed in The World Economic Forum's Global Gender Gap Index. This is a hard issue to address in a country where cultural norms and traditions often mean that violations against women go unreported and women's access to assistance may be curtailed. As a recent report from Saferworld indicates, women's participation in political and public life can contribute to their vulnerability.[1] It is therefore important that activities aimed at increasing women's participation through humanitarian action are based around a 'do no harm' approach.

One of the key dilemmas of the multilateral humanitarian operation is that it has largely failed to attract partners and funding from the region. It seems a paradox that a humanitarian operation on the doorstep of a very affluent region should fail to attract funding. None of the $370m mobilised through the Consolidated Appeals Process in 2013 came from the region. In light of the scale of needs and proximity one would have expected greater engagement from regional actors. Humanitarian partners are seeking greater involvement in the humanitarian operation from Gulf organisations and states, and the Office for the Coordination of Humanitarian Affairs (OCHA) maintains a close relationship with the Organisation of Islamic Cooperation (OIC) and holds regular consultations with the Gulf Cooperation Council (GCC). A representative of Gulf NGOs will also be included in the Humanitarian Country Team, and co-financing humanitarian activities through the OCHA-administered Emergency Response Fund (ERF) is showing promise.

Conclusion

The political process in Yemen holds the promise of a brighter future for Yemenis. It is, however, a fragile process that requires continued support. Likewise, the humanitarian challenges in the country are not insurmountable, but will need to be better linked with recovery and development efforts to address the underlying causes of vulnerability. The direction charted by the humanitarian community in the country points to the need for a longer-term perspective that envisions the end of the humanitarian operation. Achieving this 'end state' will call for close integration with development partners in addressing the underlying causes of vulnerability and efforts to build national institutions that can gradually take over the role currently played by international aid organisations. More importantly, the approach has to be one that enables Yemenis to find durable solutions to food insecurity and chronic malnutrition.

Without progress in addressing the desperate situation that many Yemenis face on a daily basis, the gains made in the political process cannot be sustained. The strategy chosen by the humanitarian community, therefore, aims to use limited resources more intelligently through improved targeting and prioritisation. It also entails reaching out to new partners, particularly in the region, that can help

1 Saferworld, *'It's Dangerous To Be the First': Security Barriers to Women's Public Participation in Egypt, Libya and Yemen*, October 2013.

sustain humanitarian efforts in Yemen. Ultimately, the challenge is to address the critical need for long-term development, resilience and capacity-building.

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Managing the risks to medical personnel working in MSF projects in Yemen

Michaël Neuman

Yemen is a country racked with violence. Religious sectarianism, rebellion in the north, a secessionist movement in the south and the resurgence of Al-Qaeda are all playing out against a background of economic collapse, insufficient state capacity, corruption and tribalism. A large number of security incidents have affected Médecins Sans Frontières (MSF) projects in Aden and Amran governorate north of the capital Sana'a (some 40 documented between April 2010 and July 2013 by MSF's French section alone), including security forces and armed men entering medical facilities to seek out patients, family and tribal revenge attacks against patients or doctors within hospital confines, the use of threatening behaviour to force doctors to treat family members and the retention of vehicles. Few of these incidents resulted in physical harm to patients or doctors, though one patient was killed in the emergency room of the MSF-supported hospital in Khamer in July 2011.

In March 2013 MSF began a research study to investigate the forms of insecurity affecting MSF projects in Yemen and the ways the organisation and other health professionals had adapted their practices to meet them. The research took place in Amran, where an MSF project was opened in February 2010 to treat internally displaced people (IDPs) fleeing fighting in Saada governorate. After the return of most IDPs in 2011, the project evolved to cover medical and surgical emergencies, with outreach activities in remote villages. MSF supports the Ministry of Health hospital in Khamer, as well as the health centre in the town of Huth. In Khamer, MSF is in charge of all hospital wards except the outpatient department, running mostly emergency activities but also providing maternity and paediatric in-patient services, as well as care for patients with leishmaniasis and rickets. After emergency treatment, patients are referred when necessary to secondary healthcare centres in Amran and Sana'a.

Khamer is a peaceful town where international personnel live without fear. They walk around the town freely, except at night (when stray dogs are a nuisance). The MSF team only spends a couple of nights a week in the rather less peaceful Huth.

The challenge of documenting insecurity

In a setting where violence and verbal threats are so prevalent, documenting insecurity is a real challenge. Should the team only record events that have a direct impact on operations (shootings in the hospital, car-jackings etc.), or should they document everything (including minor threats)? The decision on whether to report an incident or not depends on how the person responsible for drawing up the report wants to portray the reality – to alert or, on the contrary, reassure headquarters and the coordination team in Sana'a. Assessing the degree of severity of a threat or incident is equally challenging, particularly for international employees. For instance, in Yemen a *qita* – a tribal roadblock, during which tribesmen hold a car or people hostage in exchange for a variety of demands – is often seen as non-violent and commonplace. Being threatened at gunpoint is viewed as less serious than a slap in the face.

Threats occur against the backdrop of a structural problem in the relationship between doctors and patients/carers. A review of the press and interviews with doctors and non-doctors in Sana'a, Amran and Aden reveal the extent of the difficulties, whatever the level of political tension in the country. An article published in *National Yemen* in July 2012, entitled 'Yemeni Doctors Cause More Harm Than Good', noted that:

> *Many patients have died or been left disabled due to gross negligence and medical errors that frequently pass unpunished in Yemen. Thousands of Yemenis fall victim to medical errors at the hands of doctors, whose unearned and undeserved titles and certificates are the only things which connect them with the practice of medicine.*[1]

Yemeni health workers are extremely worried about their security. One Ministry of Health-employed doctor in Khamer explains: 'there are 20% chances [he] get[s] killed in the hospital, 80% chances [he] stay[s] safe'. It is not so much the actual incidents or their number that are the cause of stress, but more the doctors' perceptions of insecurity.

The underlying causes of insecurity

In three of the four incidents described in Box 1, the underlying source of conflict was the poor quality of relations between patients and medical staff. Doctors tend to blame this on the lack of education and an 'archaic tribal system living off the lack of strict regulation of government allowing any member of a tribe to do whatever he wants'.[2]

1 'Yemeni Doctors Can Cause More Harm Than Good', *National Yemen*, 18 July 2012.

2 Interview, hospital director, Sana'a.

Box 1: Security incidents affecting MSF

For the research, four short stories of incidents were compiled.

Incident number 1

Huth Health Centre, September 2012

One night, two armed men tried to enter the health centre in Huth. One was wounded and his friend appeared to be under the influence of the stimulant khat and drugs. A Yemeni MSF doctor was forced to treat the wounded patient with a Kalashnikov held against his head. Once stabilised, the patient was referred to Khamer. His friend stayed on the premises for a while, threatening to kill all three clinic staff if his friend died, before finally leaving. As a result, MSF and the Ministry of Health suspended their activities. The ministry resumed work a couple of months later, while MSF did so only six months after the incident. The MSF-employed doctor left with a financial package and psychological support.

Incident number 2

Khamer, February 2013

A family transporting a patient suffering from severe burns crashed their car through the main gate of the hospital. Although the patient was treated immediately in the ER, her family did not believe that she was taken care of quickly enough and threatened the doctor and nurses on duty. Once her condition had stabilised, the patient was transferred to the in-patient department. While the doctor on duty was calling a surgeon because the patient's head wound was severe, the patient's brother slapped him. The doctor hid for a while in the kitchen, and then left the hospital. The relatives calmed down and agreed to leave.

MSF decided to suspend activities, sending international staff and Yemeni personnel not from the region to Sana'a. Local sheikhs convened and sent apologies. The suspension lasted for two weeks.

Incident number 3

Amran to Khamer road, June 2013

An MSF surgeon operated on a patient's leg in Khamer hospital in September 2012. Dissatisfied with his post-operative care, his family sent him to Egypt in March 2013. When he did not recover full mobility the family accused MSF of mismanagement. They sent a number of messages to MSF via staff saying that they would take action if nothing was done. The Project Coordinator visited the family, who gave MSF two weeks to come up with a solution.

One week later, two MSF international staff travelling by car were held up at gunpoint between Amran and Khamer and forcibly detained by the relatives of the patient. The family demanded the MSF car in compensation for the cost of treatment in Egypt. After some discussion, the MSF staff members were allowed to return to the car and they drove off unharmed. An investigation revealed that there had indeed been failings in the management of the case, and the patient was fast-tracked to MSF's surgical project in Amman.

Incident number 4

Khamer, May–July 2013

An ER doctor on duty allegedly denied access to care to an old man accompanied by two members of a powerful family in Khamer. This apparently benign incident turned into a family feud, involving the hospital watchmen as well as the director. This incident illustrates the competition for resources and jobs in particular. In the space of three months, a number of security incidents occurred: gunshots in the hospital compound, threats against an MSF Yemeni doctor, armed men preventing people from entering the hospital, the hijacking of the hospital ambulance and then of an MSF car and, lastly, death threats by text message against the MSF international team.

People from villages outside Khamer – the primary target population of the project – are perceived to be the main trouble-makers. Other factors which negatively affect relations between doctors, patients and their families include problems with the location of the triage area, admission and referral criteria, the practice of orthopaedic surgery by Yemeni general surgeons and the lack of rigour in patient follow-up. An additional risk factor is the gap between the reality of care in Yemen and the high expectations patients have of doctors.

Our investigation singled out the dispute over jobs among the area's families and tribes and friction between different categories of staff (staff employed under Ministry of Health contract, staff under contract but with MSF incentives and Yemeni staff under MSF contract in particular) as other key elements in creating tensions potentially leading to incidents. Hospital staff have more than doubled since MSF's arrival in 2010 and MSF's incentive payments have resulted in a significant increase in the average wage. In a region with few employment opportunities, disputes over access to jobs at hospitals contribute substantially to tensions. Security incidents such as hijacking may also be seen as a way of applying pressure on local authorities to secure jobs and salaries or resolve family feuds. According to the driver, there were over 30 ambulance hijackings between 2006 and 2013, most of them involving demands for money from sheikhs or the government.

Responding and adapting to insecurity

Given these risks, doctors working in Yemen have attempted to adapt their work practices. Across the country, accounts of doctors trying to avoid treating highly complex medical cases and referring patients for security reasons abound. While there are situations calling for exceptional measures, for example openly hostile or armed patients or their families, conflict within the hospital and revenge killings, other patients who are merely perceived as a security risk are also increasingly being referred elsewhere. As one MSF-employed doctor put it, 'if there is a security risk, it is better to refer'.[3] While this practice is a reaction to insecurity, it can also cause insecurity.

3 Yemeni doctor, MSF, Khamer.

In 2012 and 2013, three MSF-employed Yemeni doctors left the Amran project, each after having been either threatened or involved in an incident. All three gave the same reason for leaving: a general lack of motivation to continue working stemming from insecurity. MSF itself, and the way it has adapted its activities or reacted to incidents, is also seen as a direct source of insecurity. Contested practices include the partial reimbursement of medical expenses incurred by patients in Sana'a or abroad in response to pressure on MSF, or the fast-tracking of referrals to the MSF surgical programme in Amman. Employees fear that resorting to such measures can only increase the pressure they face from patients. In a region where everybody is armed, many viewed MSF's decision to remove its armed guards from the hospital gate as bordering on foolhardiness.

© Saoussen Ben Cheikh/MSF

MSF Emergency Department consultations in Khameer hospital, Amran governorate

But it is debates around whether or not to suspend activities after an incident that are the most animated. Apart from when a hospital is damaged or destroyed, MSF rarely suspends activities after one incident. Some incidents lead to a suspension, while others do not. In most cases, the decision is preceded by discussions between field, coordination, 'Desk Team' and, at times, hospital management. Justifying or extending a suspension of activities involves a range of factors, including the gravity or perceived gravity of an incident, the type and relevance of the services provided (interviewees, for and against suspension, frequently viewed the suspension of hospital activities as a 'collective punishment'), and the reaction of the community/population/local leaders. Do they support MSF's decision? Are they pushing for a resolution? The lack of a straightforward policy on suspension is problematic, albeit establishing one is widely acknowledged to be an impossible task.

While its employees do not expect MSF to provide full protection, they do believe that it is the responsibility of the organisation to recognise their situation and demonstrate a real determination to improve working conditions. Some Yemeni employees perceive MSF to be over-reliant on traditional tribal reconciliation mechanisms when dealing with the aftermath of an incident. While this approach has resulted in a low prevalence of life-threatening incidents, it has not led to a significant reduction in exposure to risk. Identifying with a culture and achieving acceptance also means having to adopt its visible codes – in this case tolerating violence and focusing on crisis resolution rather than prevention. Yemeni staff acknowledge the limits of the sheikhs' ability to resolve disputes. Sheikhs have only limited control over their 'people', in part because they are principally based in Sana'a.

Conclusion

MSF's projects in Amran have to work within several constraints: health facilities are jointly managed with the Ministry of Health representatives, they host a range of activities which MSF does not fully control and, lastly, the project is one of the major employers in a region with very few employment opportunities. Services are contested, at times for what they deliver and at others for what they do not. The project has to rely on doctors with low social status, whose medical and social skills are mistrusted. The combination of these factors results in a high rate of exposure to tension and risk for health workers. In order to protect themselves or simply improve their working environment, they have developed – as elsewhere in Yemen – coping mechanisms which can in turn become aggravating factors of the very situation they are meant to contain.

Despite the specificity of the context, the issues experienced by MSF in Amran have much in common with those MSF and health professionals encounter in hospitals all over the world. MSF operates in settings where a high degree of violence is socially acceptable and intimidation an integral part of social regulation. No measure – apart from withdrawal from a project – can ever fully protect its employees. However, the research shows that humanitarian organisations do not have to see themselves as passive victims or Yemeni patients as inherently dangerous. For MSF, as for other medical actors working in such contexts, adjusting the operational strategy to deal with the needs of local actors, improving medical practices and instituting a stronger political base and more robust security management all contribute towards a better working environment.

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Family planning and post-abortion care in emergency response: IRC's experience in Yemen

Dr. Abdelhadi Eltahir, Nathaly Spilotros and Kate Hesel

There are more than 45 million displaced people in the world, 80% of them women and children.[1] Disasters, natural and man-made, typically destroy medical facilities, displace medical personnel and erode support structures. In these circumstances an unplanned pregnancy can be fatal, and between a quarter and a half of maternal deaths in crisis situations are due to complications from unsafe abortions.[2] Family planning and post-abortion care are proven, essential and cost-effective interventions that save women's lives.[3] Nonetheless, they have been long neglected in emergencies in favour of conventional priorities such as water, sanitation, shelter, basic healthcare and food. This article examines the International Rescue Committee (IRC)'s experience initiating an emergency reproductive health response in Yemen, with a strong emphasis on family planning and post-abortion care. We argue that these services are both necessary and feasible during emergencies, and commonly perceived barriers, such as socio-cultural norms, lack of supplies and trained providers and politically turbulent environments, can be overcome by establishing appropriate, good-quality services.

Prioritising family planning and post-abortion care in emergencies

In order to most effectively respond to reproductive health needs in crises, the IRC is committed to implementing the Minimum Initial Service Package for reproductive health (MISP), including family planning and post-abortion care. The MISP, a priority set of life-saving reproductive health activities, should be implemented at the onset of every humanitarian crisis and, with family planning and post-abortion care, provides essential interventions to prevent maternal and new-born deaths; prevent and manage sexual violence and subsequent trauma; prevent and treat sexually transmitted infections, including HIV; and prevent unwanted pregnancies and unsafe abortions. The IRC has an emergency contingency fund that ensures that activities can be implemented immediately when an emergency strikes, for a period of up to six months, and employs a Senior Emergency Reproductive Health Coordinator (RHC), who can be deployed within a week of an emergency.

In recent years, Yemen has faced a serious humanitarian crisis marked by internal armed conflict, separatist movements and growing Islamist militancy. Recurrent drought, food shortages and high levels of poverty further compound these problems. The crisis has resulted in over 300,000 internally displaced people (IDPs) as of January 2014. Yemen is also home to some 240,000 refugees. Conflict between the government and Islamist militants in the southern governorate of Abyan between 2011 and 2012 displaced over 200,000.

Reproductive health in Yemen and the IRC response

The average woman in Yemen has six children, modern contraceptive prevalence is estimated at only 28% and 39% of women have an unmet need for family planning. The maternal mortality ratio, previously recorded at 370/100,000 live births (2008–2012), is likely to have increased with the severe disruption of the health system during the current crisis, and unsafe abortions are one of the three leading causes of maternal death. The 2012 Yemen Health Cluster Response Strategy found inadequate reproductive health services, unhygienic delivery conditions and a lack of referral systems for emergency obstetric and neonatal care.[4] In June 2012, informed by discussions with other humanitarian actors, the IRC co-led a multi-sector rapid assessment in Aden and Abyan governorates. The assessment's objective was to determine the need for, and feasibility of, an integrated primary health, reproductive health, nutrition, and hygiene emergency response in neighbourhoods hosting internally displaced people (IDPs).

In late July 2012, in coordination with the Aden Health Department, the IRC selected Al-Buraiqa polyclinic (an outpatient facility) and the adjacent maternity centre in Aden to implement reproductive health programming. Aden lacked reproductive health services and supplies, and no other humanitarian actors were operating in the area. Further into the response, the IRC provided support to ten additional facilities in Aden with reproductive health training, drugs and equipment. Ultimately the IRC served a catchment population of almost 800,000 people, including 200,000 women of reproductive age (15–49 years old). (Due to security and accessibility concerns IRC did not initiate programming in Abyan.) The intervention was conducted from July to December 2012, and was led by the IRC's Reproductive Health Coordinator, with a Yemeni obstetric/gynaecologist (OB/GYN) as the project's Reproductive Health Manager. Project implementation, particularly coordination with local partners, was greatly aided by the RHC's fluency in Arabic and high cultural competency.

Family planning

The polyclinic and maternity centre lacked family planning commodities (oral contraceptive pills, injectables, implants and intrauterine devices (IUDs)), and the IRC worked closely with the Ministry of Health to procure, distribute and monitor these commodities. The majority of health providers had not received family planning training in five

1 UNHCR, *Displacement: The New 21st Century Challenge: UNHCR Global Trends 2012*, https://www.guttmacher.org/pubs/tgr/01/5/gro10510.html.

2 UNFPA, *Reproductive Health for Refugees and Displaced Persons: State of World Population 1999*, o{{wA66~~~5|umwh5vyn6z~w68@@@6johw{ly:m5o{t.

3 Susan A. Cohen, *Family Planning and Safe Motherhood: Dollars and Sense*, Guttmacher Institute Policy Review, 2010.

4 OCHA, *2012 Yemen Humanitarian Response Plan.*

Figure 1: Family planning uptake, July–December 2012

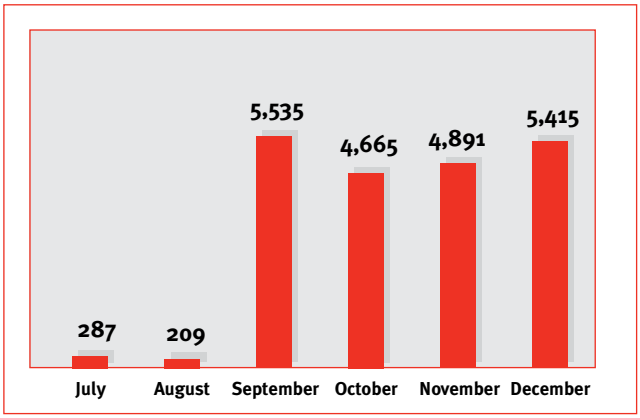
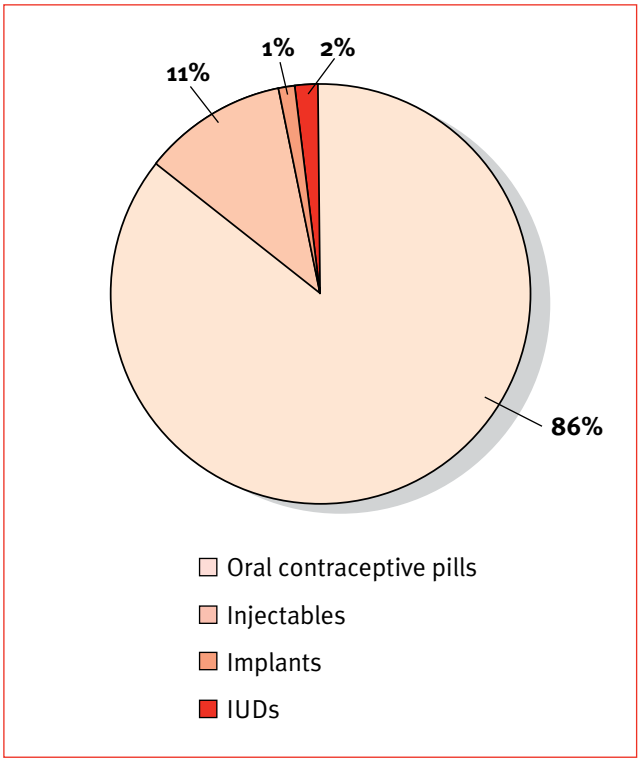


Figure 2: Contraceptive method chosen



or more years. IRC, with Aden governorate's Reproductive Health Programme and the Office of the Director of Health, conducted training on family planning at Al-Wahda Teaching Hospital in Aden. Sixty-four health providers were trained on IUD insertion, follow-up and removal, and 32 were trained on contraceptive implant service provision.

In all, 21,002 women (approximately 10% of women aged 15–49 in the catchment population) accepted a modern family planning method (see Figure 1; low uptake during July and August is attributable to full project activities not commencing until the end of Ramadan in August). Of those, 18,066 women chose oral contraceptive pills, 2,316 injectables, 369 IUDs and 251 implants. IUD and implant uptake was low because training took place in the latter half of the intervention. In addition, Ministry of Health guidelines prohibit midwives from providing implants, so while implants may be available in facilities, without an OB/GYN present they cannot be used. These factors also contributed to the large uptake of short-term methods in the project period – an area for future monitoring and improvement.

Post-abortion care

Post-abortion care reduces deaths and injuries from incomplete and unsafe abortions and miscarriages. Through years of programming experience in conservative societies, IRC has consistently encountered high demand for good-quality, confidential and compassionate post-abortion care. In 2013, IRC provided post-abortion care services to nearly 15,000 displaced women in 13 different countries, including Pakistan, the Democratic Republic of Congo and Sudanese refugee camps in Chad.

In Yemen, abortion is legally permitted only to save the life of the mother. Although recent data on abortion prevalence is lacking, the 1997 Demographic Health Survey found that 30% of women aged 28 years and above had ever had an abortion.[5] Yemen's abortion rate is on a par with rates in many other countries because Yemeni women, like women around the world, want to limit their family size: if contraception is not available, women will turn to abortion even when it is illegal.[6] For Yemeni women with large families, abortion is the commonest method of family limitation.

Post-abortion care was available at the Al-Wahda Teaching Hospital before the IRC intervention, but providers were using the outdated and invasive method of Dilation & Curretage (D&C). The number one training request the IRC received was for manual vacuum aspiration (MVA), the World Health Organisation-recommended method of providing post-abortion care. Training in post-abortion care, conducted in December at the Al-Wahda Teaching Hospital, included the application of MVA, counselling on post-abortion family planning, infection identification and prevention and key messages that placed the provision of post-abortion care within the context of preventing maternal deaths. Five female OB/GYNs from five separate facilities attended, ensuring that post-abortion care was available at both intervention sites as well as other facilities in Aden, and the IRC distributed MVA kits at facilities with trained providers. Between July and December 2012, 227 women received post-abortion care at IRC-supported facilities. Following the MVA training in December, health providers began to phase out D&C and replace it with MVA.

Additional reproductive health programming

Facility deliveries

Having a skilled attendant present during childbirth is the single most critical intervention for ensuring a safe birth, and is a core reproductive health priority for IRC. Before the IRC intervention, the maternity centre was operating one four-hour shift per week; if a woman

5 T. S. Sunil and V. K. Pillai, 'Age at Marriage, Contraceptive Use and Abortion in Yemen', *Canadian Studies in Population*, vol. 31(1), 2004.
6 Amy Deschner and Susan A. Cohen, 'Contraceptive Use Is Key to Reducing Abortion Worldwide', The Guttmacher Report on Public Policy, vol. 6, no. 4, October 2003, http://www.guttmacher.org/pubs/tgr/06/4/gro60407.html.

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A mother and her children at the Al-Buraiqa polyclinic in Aden, Yemen

went into labour outside this period she would have to give birth at home, without skilled assistance, or risk a lengthy journey to give birth at the Al-Wahda Teaching Hospital. The IRC provided the maternity centre with a generator to ensure a continuous supply of electricity, allowing it to operate around the clock, and rented an ambulance to transport emergency cases to the hospital. Approximately 2,700 deliveries were carried out during the intervention period.

Community awareness

Increasing community awareness and stimulating behaviour change requires sensitivity and patience, particularly when family planning and post-abortion care are involved. The IRC trained 24 Community Health Volunteers (CHVs) and two Community Health Supervisors to carry out health awareness activities, including information on where to access family planning and post-abortion care. CHVs integrated reproductive health messages into larger health discussions that covered core nutrition, child health and hygiene information, providing comprehensive health information and mitigating any potential backlash that could have arisen from a stand-alone information campaign on family planning and post-abortion care. Between August and December 2012 CHVs visited 1,913 households, stimulating demand and encouraging families to access reproductive health services. IRC also identified family planning/post-abortion care advocates within communities: one champion, an influential leader who was married to a midwife, not only understood the importance of access to family planning and post-abortion care but was also in a position to assist the IRC in gaining community trust and initiating discussions concerning these issues.

The Safety Committee

Galvanised by IRC-led training, 22 female OB/GYNs formed a 'Safety Committee' at the Al-Wahda Teaching Hospital. The training enabled committee members to recognise the gap between globally recognised standards of care for sexual assault survivors and current practice in Yemen. The committee uses the IRC-developed training module 'Clinical Care for Sexual Assault Survivors' to train providers on procedures for addressing the physical, psychological and legal needs of survivors.

Coordination with the Ministry of Health, NGOs and agencies

Close coordination with the Ministry of Health was essential to the success of the programme. From the beginning, the RHC attributed achievements to the Ministry and included it in key decisions. Ministry staff participated in health facility visits and were invited to give the opening speech at many training sessions and workshops. IRC was also able to identify and engage with family planning/post-abortion care advocates within the Ministry and other government agencies, highlighting the importance of family planning and post-abortion care within national medical protocols and Yemen's national strategy for reducing maternal mortality. Additional coordination included engagement with the Health and WASH clusters in South Yemen and Sana'a, UN agencies and the Aden Executive Committee, which is responsible for monitoring support to displaced people in the south.

Conclusion

Emergencies are innately sudden and unpredictable. Funding for emergency activities often lags behind need, especially in the first days and weeks of a crisis and particularly for life-saving reproductive health services. Investing in family planning and post-abortion care prevents maternal deaths and is cost-effective, yet even when emergency funding is secured family planning and post-abortion care are not typically a priority for governments or donors during emergency responses; conflict-affected settings receive 57% less funding for reproductive health programming than more stable settings.[7] The ongoing challenge, for the IRC as well as the larger humanitarian community, lies in finding donors who will provide the contingency funding that ensures implementation of reproductive health activities when disaster strikes, and securing longer-term funding to sustain emergency reproductive health programmes beyond the initial emergency intervention.

IRC's experience in Yemen confirms that women need and will utilise family planning and post-abortion care services in emergencies, despite perceived social, political and religious barriers. A dedicated staff member to lead responses, coupled with funding for emergency reproductive health, has enabled the IRC to respond quickly and efficiently to acute emergencies. In Yemen, strong programme leadership, along with dedicated family planning and post-abortion care advocates within the government and the wider community, helped ensure that women in Aden had access to good-quality emergency reproductive health services, including competent and compassionate family planning and post-abortion care.

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Humanitarian relief and building resilience in Yemen

Brian Wittbold, Maisoon Al-Awdi and Salama Mubarak

Yemen is beset by a constellation of overt and latent conflicts perpetuated by aggrieved local actors and aggravated by both the central government and regional and global powers. In parallel, localised conflicts have taken on dangerous new dimensions and involve new stakeholders. As armed non-state actors gain a greater foothold in the country conflict has expanded, precipitating multiple humanitarian crises in 'under-governed' areas beyond the reach of the central government and most aid agencies.

Delivery of humanitarian relief to affected populations has been frustrated by the presence of non-state actors wary of aid agencies' agendas; such groups often lack a centralised chain of command or administrative structure through which negotiations concerning aid access can be pursued. Aid agencies have been compelled to reconceptualise intervention strategies and develop new tools for monitoring the efficacy and accountability of interventions. This has confirmed the need to shift the emphasis of assistance from delivering relief to bolstering resilience.

This article reflects on the International Organization for Migration (IOM)'s efforts to address underlying vulnerabilities and build resilience among conflict-affected people through a strategy of deep cooperation with local tribal populations in areas under the de facto control of armed non-state actors. This cooperation takes advantage of tribal mechanisms of dispute resolution to generate community consensus and guarantees governing the management of public goods and resources, thus opening the door for assistance provision beyond one-off distributions. It emphasises raising awareness of humanitarian principles among the broader population and investing heavily in developing the capacity of local actors to facilitate relief activities.

Crises on the periphery

With humanitarian teams manning operational hubs in strategic locations near conflict zones in the north and south of Yemen, the United Nations Humanitarian Country Team (UNHCT) carries out coordinated relief operations through a network of national and international actors. However, where armed non-state actors control territory, relief agencies' access to affected populations remains constricted. Ongoing political violence, threats of kidnapping and assassination of aid workers, movement restrictions imposed by the UN Department of Safety and Security (UNDSS) and a host of communication and logistical complications inhibit large-scale relief operations in areas of active conflict.

The UNHCT relies heavily on the support of local non-governmental organisations (NGOs) with access to areas beyond UNDSS's security perimeter. Much relief programming is being delivered remotely through a network of overburdened, though ever-obliging, local NGOs. While Yemen boasts a strong civil society represented by several thousand charities, NGOs and special interest groups, few of these have the administrative and operational capacity they need to make them dependable and administratively viable partners within the context of coordinated, complex and principled humanitarian relief efforts. Yet many local NGOs, particularly the strongest ones, often feel pressure to overcommit themselves to relief efforts which they may be unable to deliver in an unbiased and transparent manner, particularly given their often pronounced political, religious and tribal affiliations.

IOM's experience in Al-Jawf and Abyan

Since February 2010, when a ceasefire ended official hostilities between the government and Houthi rebels in the north of the country, IOM has expanded its operational presence in areas of Yemen under the de facto authority of armed non-state actors. To establish and maintain this presence in Yemen, as in other high-risk operating environments, IOM employs locally-recruited consultants from the target geographic areas who are familiar with the operating environment and prevailing political, social and security conditions. Although IOM is subject to UNDSS security measures, it is able to assume an operational presence in areas beyond the reach afforded by UN security regulations by subcontracting local consultants unencumbered by restrictions on their movement. As such, IOM has been able to afford relief to otherwise under-served populations, and in doing so has gained a unique perspective that has been integral to informing the country-wide humanitarian relief strategy.

Responding to crises in northern Yemen

As one of very few operational agencies able to access and deliver relief to affected people in spontaneous settlements and host communities in insecure areas, in northern Al-

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A convoy of IOM relief material destined for IDPs in Barat Al Inan district, Northern Al-Jawf Governorate

Jawf IOM had very little pre-existing information regarding needs and vulnerabilities. Initial field visits to Barat al-Inan, Kharab al-Marashi and Rajouza districts confirmed that previous registration and verification exercises had been fundamentally flawed due to corruption and collusion of local authorities, which resulted in inflated IDP lists and ultimately discredited existing baseline information. Faulty IDP lists informed by biased parties complicated the distribution of basic relief materials and initial operations were fraught with obstruction, hijacking and looting as conflict parties blockaded or commandeered aid.

Given the lack of local partners who could provide unbiased assessments of needs and inform relief initiatives, IOM sought to enlist the support of well-respected local tribal leaders who could leverage the organisational and logistical capacity of an informal network of tribesmen. Working with key tribal leaders from conflict-affected areas throughout northern Al-Jawf, IOM facilitated the establishment and legal chartering of a charitable organisation that could securely and consistently access areas under Houthi control in order to carry out detailed needs assessments, deliver relief and maintain an open dialogue with non-state actors.

IOM invested resources in training members of the newly established organisation on humanitarian principles, project development, financial management, monitoring and evaluation and developing its institutional capacity through the rationalisation of a management structure, recruitment of key staff and establishment of a physical presence in Sana'a through which the organisation's management could receive visitors and conduct business. The organisation was eventually invited to participate in humanitarian coordination meetings in Sana'a and was thus afforded an opportunity to directly advise relief efforts throughout Al-Jawf and beyond, ultimately supporting international NGOs' and UN agencies' efforts to negotiate with non-state actors in territory under Houthi influence.

Responding to conflict in southern Yemen

As conflict erupted in southern Yemen's Abyan governorate in May 2011 between the government and an Al-Qaeda-affiliated group, Ansar Al-Sharia, IOM was able to draw on lessons from Al-Jawf and position itself to respond in areas of active conflict, where more than 25,000 people were displaced and out of reach of aid agencies operating from nearby Aden.

Given the dearth of 'neutral' local NGOs with safe access to Abyan, IOM replicated strategies pursued in Al-Jawf and began recruiting a relief team comprising tribal community leaders who had been displaced from areas across Abyan governorate. Team members were selected based on individuals' tribal affiliation, access to various geographic zones, their skill sets and their access to influential leaders in the target areas. Within days of the start of the conflict, IOM was able to access active conflict zones in order to undertake initial assessment of levels of displacement, damage to critical infrastructure and the availability of food, water, fuel and other essential commodities. In parallel with expanding field operations, the relief team received further training in carrying out humanitarian assessments and relief and monitoring missions, and led outreach and awareness-raising activities on public health issues such as community hygiene and sanitation. Delivery of assistance was always paired with outreach and awareness-raising activities that reinforced messages emphasising humanitarian principles.

In Abyan, as in Al-Jawf, IOM had to devise remote monitoring strategies and mechanisms that could ensure effective programming while minimising corruption and the misuse of IOM resources. As field teams comprised individuals from mutually hostile tribes or opposing political factions, IOM often received contradictory accounts of events in the field and uncovered corruption or abuse of power perpetrated by field staff that either misunderstood or wilfully misrepresented IOM's objectives and priorities. Where there was animosity among field staff, baseless accusations of corruption proved difficult to verify or disprove without time- and labour-intensive investigations.

Despite these challenges, alongside other actors such as the International Committee of the Red Cross (ICRC), the Yemen Executive Mine Action Center and local NGOs, IOM was able to gather information on the situation on the ground, including potential new displacement

and emerging threats to aspiring returnees. Operating in territory under the control of an Al-Qaeda-affiliated offshoot required consistent negotiation and very low visibility. Through service delivery, neutral awareness-raising messages and mediation via well-respected local staff, IOM retained its independence from conflict parties and was able to assist affected people across Abyan governorate throughout the period of active hostilities.

Conclusion

Humanitarian relief programming for people under the de facto control of armed non-state actors in Yemen has required IOM and partner aid agencies to take a longer view of relief efforts. In doing so, intervention strategies have been reconceptualised and alternative modalities for delivering relief have been explored. In seeking to address deepening vulnerability and build the resilience of communities to future shocks one-off distributions of aid that would benefit individuals and families in the immediate term were foregone in favour of services and awareness-raising that could benefit communities into the future.

In deepening its presence in the field in order to rehabilitate damaged infrastructure, effect behavioural change through awareness-raising campaigns and engage community members in the articulation of priority needs as well as the design and delivery of interventions, through its team of tribesmen and local community leaders, IOM became deeply entangled in a host of local political and tribal conflicts and was exposed to greater security risks both in the field and in Sana'a. Managing such exposure became paramount to the success and continuity of IOM's programming as well as the safety of the organisation's field and office-based staff.

IOM's experience of working through tribal networks and local consultants in Yemen suggests that it is possible to assist people in insecure areas to bolster their resilience to future shocks while addressing their immediate needs. Although cooperation with local populations in areas under the de facto control of armed non-state actors exposes relief agencies to additional dangers, including security risks, efforts to mitigate this through stringent monitoring, awareness-raising and tailored messaging can be effective when delivered conscientiously and consistently.

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Leading either to money or the sea: mixed migration from the Horn of Africa to Yemen

Anna Stein

Located on the south-western tip of the Arabian Peninsula and, at its closest point, a mere 30km from Djibouti, Yemen has long been an important point of transit and destination for migrants from the Horn of Africa. In recent years the numbers of migrants crossing the Red and Arabian seas have been registered in the tens of thousands, with numbers peaking at more than 107,000 in 2012. The majority of migrants are from Ethiopia and Somalia, and make up what is described as a 'mixed migration flow'. Most do not see Yemen as their preferred country of destination, aiming instead to reach Saudi Arabia or the Gulf States in search of improved economic opportunities. Migrants undertaking a long and hazardous journey to reach Yemen face severe protection challenges en route. On arrival in Yemen many are kidnapped and held for ransom, often suffering terrible physical abuse. The regional nature of this migration flow means that no one country can address its challenges alone: a regional response is required. Initial efforts have been made, but more must be done to address the protection challenges faced by people crossing the Red Sea to the Arabian Peninsula.

What is mixed migration?

The concept of mixed migration has gained in prominence over recent years. However, it remains a contested term, with many definitions and interpretations. At its most basic level, mixed migration can be considered an answer to the migration studies orthodoxy which divides migrants into two, mutually exclusive, categories: 'voluntary' or 'forced'. In more operational terms this division manifests itself as the difference between refugees and asylum-seekers and economic migrants. However, it is increasingly accepted that the factors which drive an individual's decision to migrate can be highly complex and do not necessarily lend themselves to binary distinction. As an illustration, an economic migrant's movement would traditionally be classified as 'voluntary', but the element of choice may be undermined if they see migration as the only way they can find work and thus provide for their family. Similarly, many forced migrants who have fled their homes as a result of danger and persecution may decide to leave their place of asylum in search of better economic opportunities. On the basis of this decision should these individuals cease to be forced migrants and instead be reclassified as voluntary migrants?

The concept is additionally complicated by a further use for the term, as it can also refer to mixed groups of refugees, asylum-seekers and economic migrants who travel using the same migration pathways and means of transport. The international community's duties to forced migrants vary from those owed to voluntary migrants in terms of the protection they must provide, reinforcing the importance of the binary classification even while it becomes harder and harder to uphold.

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Somali refugees in Sayoun

Protection challenges faced by migrants from the Horn of Africa

Yemen is the only state in the Arabian Peninsula which is signatory to the 1951 Refugee Convention and its 1967 Protocol, and it provides Somalis with prima facie refugee status upon arrival. There are believed to be approximately 230,000 Somali refugees currently living in Yemen, all of whom have the right to health and education services. Between 2010 and 2013 it is thought that over 80,000 Somalis arrived in Yemen. However, this figure is dwarfed by the almost 250,000 non-Somalis estimated to have arrived over the same period.[1] The non-Somalis come from countries throughout the Horn of Africa, but the large majority are Ethiopian. Some Ethiopians request asylum upon arrival, but the majority describe their journey as economically motivated. The collection of data relating to mixed migration flows is challenging, largely due to the clandestine nature of irregular migration. As a result it is not known how many migrants remain in Yemen and how many continue their journey onwards to reach their preferred destinations in Saudi Arabia or the Gulf.

Migrants travelling as part of the mixed migration flow to Yemen arrive irregularly, on boats departing from ports in Somaliland, Puntland and Djibouti. These boats are operated by smuggling and trafficking networks, and charge migrants for the crossing. Some migrants begin their journey with the funds necessary to complete it, but others must work en route to earn the money they need to continue. The cost of the passage to Yemen varies according to the point of departure, but in 2012 it was reported to range between $80 and $150.[2] The total cost of a journey from point of origin to the preferred destination can be as high as $500.[3] Given the number of migrants departing from the Horn of Africa each year, the financial incentive to engage in smuggling and trafficking is great.

The sea crossing is fraught with hazard, though the data suggests that it is becoming safer, with five people reported dead or missing in 2013[4] as opposed to the 1,056 reported in 2008.[5] However, new arrivals interviewed in Yemen report high levels of physical and sexual assault in transit, and challenge the accuracy of the reported figures. Arrivals data is collected by interviewing migrants encountered in Yemen. These individuals are asked to provide information on the numbers of migrants travelling with them, and the incidents that they witnessed. This data is then extrapolated to arrive at an estimated total figure. Given that almost all crossings take place under cover of darkness it is entirely possible that both the numbers of migrants and the events which befall them go under-reported. Additionally, if an entire boatload of migrants is lost at sea it is unlikely that their deaths will be recorded.[6] Those migrants who do reach Yemen's shores and are interviewed sometimes report seeing migrants beaten to death and infants thrown overboard by smugglers.

1 UNHCR, *New Arrivals in Yemen Comparison 2010–2013*, December 2013.

2 Regional Mixed Migration Secretariat, *Migrant Smuggling in the Horn of Africa and Yemen: the Political Economy and Protection Risks*, June 2013.

3 *Ibid.*

4 *New Arrivals in Yemen Comparison 2010–2013.*

5 Danish Refugee Council and Regional Mixed Migration Secretariat, *Desperate Choices: Conditions, Risks and Protection Failures Affecting Ethiopian Migrants in Yemen*, October 2012.

6 *Ibid.*

The protection risks faced by irregular migrants do not end upon arrival in Yemen. Criminal gangs, often working in collusion with smugglers and traffickers, frequently intercept migrants at the Red Sea coast and take them inland, where they are held for ransom and subjected to extreme levels of violence. The criminals' aim is to extort a ransom payment from the migrants' families, and as a result they can resort to egregious levels of abuse. Reported actions have included dripping molten plastic onto migrants' genitalia and gouging out their eyes. Relatives at home are forced to listen to their loved ones being tortured over the phone as an encouragement to find the money to pay for their release. Upon release, most of those who are able to do so continue their journeys north. Periodically, Danish Refugee Council (DRC) teams encounter migrants who have been subjected to brutal physical and sexual abuse and are then released. Despite the provision of medical assistance some do not recover; others go on to suffer permanent disfigurement or blindness. This fate is suffered overwhelmingly by migrants of Ethiopian origin, whereas Somalis largely escape the attentions of the gangs. The reasons for this are unclear, but it is unlikely to be because the kidnappers appreciate the protection provisions made for prima facie refugees.

The plight of female migrants is particularly concerning. High levels of sexual abuse against women are reported at all stages of the journey. At the Migration Response Centre in Obock, Djibouti, staff report female migrants asking for oral contraceptives in an attempt to prevent unwanted pregnancies should they be raped en route.[7] It should be noted that, while the women believe rape to be likely enough to seek ways to avoid a resultant pregnancy, they do not consider the threat sufficient to deter their onward migration. Even more worrying is the fact that the majority of female migrants seem to 'disappear' en route. Male migrants interviewed in Yemen report departing from the Horn of Africa in the company of women and girls, but very few women and girls are encountered in Yemen. The men report that the women are intercepted by traffickers upon arrival and few are seen again. What happens to these missing women is a matter for much concern, and further research is needed.

The future of mixed migration from the Horn of Africa

After three years of steadily increasing arrivals figures, 2013 saw an estimated 65,319 migrants arriving in Yemen, representing a 39% decrease on 2012.[8] The reasons for this reduction remain unclear. Certainly, it may be possible that whole boatloads of migrants are kidnapped on arrival, never to be encountered by humanitarian actors and therefore not included in the new arrivals data. However, it is highly unlikely that a drop of such a magnitude could be explained by the prevalence of kidnapping alone.

In 2013 Saudi Arabia, the preferred country of destination for the majority of migrants and Yemen's northern neighbour, instituted a change in its labour and immigration policies. It closed its border with Yemen, stranding many migrants in the northern governorate of Hajjah, and began the expulsion of irregular migrants within its territory. With the border closure prohibiting their onward movement and more people arriving each day, the number of migrants stranded at the Yemeni border crossing at Haradh reached an estimated 25,000 in May 2013.[9] With little prospect of reaching Saudi Arabia many thousands of migrants, most of them Ethiopian, opted to return home with assistance from the government of Yemen and the international community. These thousands join the estimated 151,000 who have been deported back to Ethiopia from Saudi Arabia since the end of 2013.[10]

For now the flow of migrants has reduced. It may well be that deportees have warned would-be migrants that conditions in Saudi Arabia have become increasingly challenging. It could also be that the stories of torture and abuse en route are deterring others from making the journey. Concerted efforts by the governments of Ethiopia and Djibouti to tackle the smugglers and traffickers and prevent their boats from departing, complemented by increased deterrent activity on the part of the Yemeni Coast Guard, may also be contributing to the reduction. However, it should also be noted that the downward trend is by no means certain or predictable. The estimated number of arrivals in January 2014 was almost double the number reported the previous month. Some migrants interviewed upon arrival in Yemen report a large backlog of migrants in coastal towns such as Obock and Bossaso awaiting their chance for departure.

Mixed migration is, clearly, a regional phenomenon, as much influenced by the social, political and security contexts of the countries of origin as the attractions offered by those of destination. Therefore, interventions which aim to minimise the migration flow – justified on humanitarian grounds, given the protection risks encountered by those who join it – must have a regional dimension. The most recent regional meeting, held in Sana'a in November 2013, resulted in the Sana'a Declaration, which included regional commitments aimed at addressing irregular migration from the Horn of Africa to Yemen and beyond. In addition, Mixed Migration Task Forces, which bring together all actors involved in mixed migration, have been set up throughout the region, and in Yemen. These regional initiatives are an important first step, as are the recent actions by the governments of Yemen, Ethiopia and Djibouti to tackle irregular population movements. However, as long as the countries of the Horn of Africa remain beset by poverty and insecurity, and smugglers, traffickers and kidnappers can ply their trade in the region with relative impunity, mixed migrants will continue to take their chance following the path that 'leads either to money or the sea'.[11]

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7 *Migrant Smuggling in the Horn of Africa and Yemen.*

8 UNHCR Yemen, *New Arrivals at the Coast 2006–December 2013*, January 2014.

9 IOM, *Situation Report No. 26*, 13 May 2013.

10 IOM, *Ethiopian Refugees from Saudi Arabia Top 151,000*, 10 January 2014.

11 'Woy kebiru woy kebahiru'. Quote from an Ethiopian focus group participant, Regional Mixed Migration Secretariat.

The evolution of DFID's humanitarian financing in Yemen

Helen McElhinney

Humanitarian financing has come a long way in recent years. The most notable innovation – multi-year humanitarian financing – has the potential to be as transformative as the UN Central Emergency Response Fund (CERF), and could influence the future direction of humanitarian funding globally. Alongside other country offices, the UK Department for International Development (DFID) in Yemen is piloting this new approach. This article outlines the evolution of DFID's thinking on humanitarian financing in protracted complex emergencies, the assumptions underpinning the shift to multi-year funding and the expectations and challenges in Yemen.

DFID Yemen's shift to a multi-year approach

DFID's humanitarian funding in Yemen has risen in line with escalating needs and the growing ability of partners to meet those needs. In 2010–11 DFID provided £7.5 million of assistance, rising to £20m in 2011–12 and £33.2m in 2012–13. In 2012 and 2013, the UK was the third largest humanitarian donor to the Consolidated Appeal (CAP) for Yemen, behind the US and ECHO, contributing around 10% of all funds received.

DFID agreed single-year humanitarian strategies and programmes, which were appropriate given the escalating humanitarian crisis and the uncertain political, economic and security situation. However, single-year programming also has severe limitations. Short planning cycles are inadequate for restoring livelihoods that have been steadily eroded over several years or for building community resilience to continuing or future shocks. Single-year programmes also increase the likelihood of staffing shortages and delivery problems in between funding cycles as one-year projects close and new ones start up, and can make it more difficult to align humanitarian programmes with development interventions. They can also hinder systematic information and knowledge sharing amongst partners and potentially stifle innovation and experimentation.

With a more stable environment and a more mature humanitarian presence, DFID Yemen has moved to a multi-year humanitarian strategy and multi-year programmes of 24 months minimum.[1] This support, up to £70m between 2013 and 2015, will provide emergency food assistance, shelter and clean water, as well as assisting people recovering from conflict. The aim is to support experienced partners to meet persistent assistance and protection needs; respond more effectively to emerging crises; help displaced families return to their homes; support livelihoods to help people graduate from emergency assistance where possible; and build resilience to shocks, thereby enabling vulnerable communities to cope better with the impact of future crises.

The potential benefits of multi-year humanitarian funding

Challenges will remain whether annual or multi-year humanitarian funding is provided: recruiting staff willing and able to work in insecure and challenging locations is difficult; carjacking happens, kidnapping risks are high

© Yemen Humanitarian Team

Healthcare workers seeking to address malnutrition though routine screenings, providing therapeutic feeding and large-scale food security interventions

1 Outlined in the DFID Yemen Humanitarian Strategic Framework 2013–2015.

and local politics are complicated. Recently community leaders fighting over resources threatened the staff of one organisation. The organisation was unable to continue in that area and new plans had to be made. DFID's hope is that more predictable funding will allow partners to better manage the risks, plan better and focus on critical delivery priorities while helping communities to prepare for and anticipate what may come in the longer term. The shift to multi-year planning and programming could help recipients of DFID's humanitarian aid to recover and transition to more sustainable programmes more quickly, while also helping them to plan for how to cope with future shocks.

Multi-year funding should also provide value for money through procurement efficiencies. Staff and assets can be maintained over a longer period, and some partners have been able to negotiate lower rental costs on offices. It may also allow partners to build stronger relationships with communities, deepen understanding of their needs and improve access. This is turn should improve quality and cut costs by reducing the administrative burden of designing consecutive annual programmes. Staff should have more time to undertake monitoring and evaluation.

Building national capacity within humanitarian response could also finally become a priority. Capacity-building should be at the heart of humanitarian response, particularly in complex environments such as Yemen which rely heavily on the implementation capacity of local actors. Yet it is often deprioritised, particularly in the face of short-term lifesaving funding. Multi-year funding offers opportunities to build up partnerships between international and national humanitarian actors strategically over time. As part of the bidding process, DFID Yemen's partners were asked to demonstrate how they would be building Yemeni capacity during the next two years of funding. Many focused at the household, community organisation and local authority level given the ongoing political transition, though in time we hope to support greater links and capacity-building with the future national government.

There is also scope for transition to more sustainable outcomes, including graduating beneficiaries from emergency support to longer-term programmes to improve their livelihoods. Unlike many other countries, Yemen already has a social welfare fund and distribution system, although it is in need of reform. Improving social protection provision by interlinking humanitarian and development strategies to increase investment in chronically vulnerable areas will also be a future focus for DFID. As part of this approach, in 2012 DFID Yemen developed a three-year nutrition programme in recognition of the fact that under-nutrition is a widespread development crisis in Yemen with humanitarian consequences. DFID's project combines funding from the Humanitarian and Development streams, and is designed to tackle both the immediate and underlying causes of under-nutrition.

Multi-year humanitarian financing on its own is of limited use

Humanitarian programming, by its very nature, needs to be flexible and adaptable to changing circumstances. This was highlighted midway through 2012–13, when humanitarian needs spiked and the UN Humanitarian Appeal was revised upwards from $447m to $585m. A separate UN flash appeal of $96m was announced in August 2012 in response to the crisis in Abiyan sparked by conflict between government forces and Al-Qaeda in the Arabian Peninsula (AQAP). On both occasions, DFID reallocated or rapidly mobilised funds to meet urgent needs.

While responding rapidly to sudden spikes in crises is essential, the timeliness of a response can be improved by identifying early warning triggers. Several of our partners are now working with communities to identify triggers in their local areas, such as steep rises in the price of certain goods, an increase in the number of people looking for work or unusual rainfall patterns. Early warning only works when it generates action and decision-making in response. As seen in the crisis in the Horn of Africa in 2011, excess mortality often happens early on in a crisis, particularly when it comes amid a protracted situation. We must avoid inertia in the face of consistently high emergency indicators. Often donors, DFID included, can become fixated on needs assessments being undertaken before they commit funds. We need to improve this and work towards a 'no regrets' approach to the early and rapid release or reallocation of funding in case of emergency. It is hoped that these local-level approaches to humanitarian forecasting may enhance the efficiency and effectiveness of our responses to future spikes in need.

Initiatives such as crisis modifiers – which allow 'development' programmes to switch into 'emergency' gear in response to certain triggers in the Horn of Africa – have encouraged innovative programming approaches in Yemen. Pre-approved contingencies have been incorporated into some of DFID's new humanitarian programme designs. A pilot crisis modifier with one partner in Yemen is under development that may help beneficiaries to maintain their purchasing power in the event of dramatic changes in food prices, for example. If successful, this approach could be scaled up within other parts of DFID's portfolio.

Resilience – a rallying principle?

A combination of conceptual and practical innovation offers new opportunities to reduce the risks facing people living in difficult environments, including Yemen. The concept of 'resilience' is proving a powerful organising principle around which different actors – national, international, public and private – can define common problems and solutions. The increasing concentration of aid finance in fragile and conflict-affected states like Yemen, combined with the prospect of multi-year financing through humanitarian windows, provides a practical opportunity to shift programming decisions from the short to the longer term.

A fundamental challenge to the resilience agenda is the humanitarian origins of policy and leadership for the process. Innovation in humanitarian financing approaches to try to increase resilience must be mirrored by and aligned with new interpretations of development financing.

Scalability and switch-ability are needed in development programmes to make them adaptable and resilient to protracted fragile contexts where risk is a reality and a probability. Indeed, achieving change on the development side is the real big win with most official assistance situated in this category. However, challenges are posed by the international architecture; mandates and insufficient coordination across financing mechanisms remain and require more attention.

By the end of 2015, DFID aims to have embedded disaster resilience in all its programmes, both 'development' and 'humanitarian'.[2] Moving to multi-year humanitarian financing and trying to build resilience in this way is just one part of this process. In Yemen, some progress has been made within the wider international community. Multi-year humanitarian planning now exists. The international community has developed a resilience strategy endorsed by both the UN Humanitarian Country Team (UNHCT) and the UN Country Team (UNCT). The European Union (EU) has designated Yemen a 'flagship' country for joint programming under its resilience initiative and is bringing donors together in the coming weeks to identify common analysis and plans. At the global level, new Organisation for Economic Cooperation and Development (OECD) guidance on risk management is soon to be forthcoming and should be piloted in Yemen. Thought leadership from the World Bank's 2014 report on risk management has the potential to positively shape longer-term future plans.[3]

Alongside the increased emphasis on resilience, there remains a critical place for principled humanitarian response aimed at saving lives. DFID's humanitarian policy, the Humanitarian Emergency Response Review (HERR) and reports on DFID's humanitarian response capacity by the UK government's Independent Commission for Aid Impact (ICAI) all reiterate the primacy of that work. Parts of DFID's humanitarian portfolio therefore focus solely on lifesaving assistance, and will continue to do so. If the context demands and in lieu of other funding, partners may reallocate funding or suspend resilience-building activities to meet lifesaving needs in dialogue with DFID.

Building the evidence base

As the first donor to move to multi-year humanitarian financing in Yemen, DFID has commissioned extensive evaluations of its programmes to test the assumptions underlying them. We will focus on whether multi-year humanitarian funding can indeed improve the impact and quality of programmes and whether it can provide value for money and efficiency. We want to know more about how to manage the trade-offs identified, what the most important shocks and stresses for different communities are in Yemen and what may successfully build resilience to these risks. Much is anecdotal, with little evidence as yet. We are working on this. Yemen will be at the forefront of efforts to generate evidence.

This will be an important period in Yemen as humanitarian partners and DFID move away from 'business as usual' and show what can be achieved with the certainty of multi-year humanitarian funding. The contextual challenges remain and this will still be a difficult environment to operate in, but this can be factored into how we measure success. Solid monitoring and evaluation will be needed. As we face a future of competing global crises, shifting to multi-year humanitarian funding in protracted emergencies has yet to prove its worth, but could prove vital to maximising the impact of overstretched resources.

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2 For more information, please refer to DFID's minimum standards for this process: o{{wzA66~~~5nv}5|r6nv}lyu t lu{6|wsvhkz6 z¡z{l t 6|wsvhkz6h{{hjo t lu{fkh{h6mpsl68@8?;76 Tpup t | t fz{hukhykzfmvyf l t i lkkpunfKpzhz{lyfYlzpsplujl5wkm

3 World Development Report 2014: Risk and Opportunity. Managing Risk for Development.

Overcoming obstacles: Inter-Cluster Coordination in Yemen

Leah Campbell

Inter-Cluster Coordination (ICC) requires clusters to work together to identify and reduce gaps and duplication, establish joint priorities and address cross-cutting issues in order to improve humanitarian response.[1] Information sharing is a first step, but ICC groups can also establish joint assessments and indicators, align training opportunities, set priorities, make recommendations to Humanitarian Country Teams (HCTs) and develop proposals for the Central Emergency Response Fund and other funding pools and engage in other activities. In a recent evaluation of global cluster performance, ICC was judged to be 'ineffective in most cases and there is little integration of cross-cutting issues'.[2] Coordination mechanisms were criticised for focusing too much on sharing information instead of coordinating strategic actions and reducing duplication and gaps in humanitarian response.

This article examines the structure and functions of the ICC Mechanism in Yemen. The cluster system was activated in Yemen in 2009, and currently ten clusters and two sub-clusters – on Sexual and Gender-Based Violence (SGBV) and Child Protection – are active. These clusters, as well as a representative from the INGO Forum, meet monthly in a national ICC Mechanism. Mechanisms have also been

1 IASC, 'Reference Module for Cluster Coordination at the Country Level – Draft Revision', June 2013, o{{wA66~~~5|upj lm5vyn6}pklvh|kpv6WKMz6 Js|z{lyfJvvykpuh{pvufYlmlylujlfTvk|slfPPfyl}f8f8;q|ul978:5kvj 5

2 Groupe URD and GPPI, *Cluster Approach Evaluation 2: Synthesis Report*, April 2010, o{{wA66~~~5|yk5vyn6PTN6wkm6NWWp3 \YKfZ¡u{olzlfLU5wkm.

© OCHA

Al-Mazrak Camp for internally displaced people in Haradh, northern Yemen

established in four coordination hubs (Saada, Haradh, Al-Hudaydah/Raymah and Aden). Early experiences were difficult, as a series of short postings and inadequate resources meant that little progress was made and it took some time to get ICC off the ground, even after the appointment of a dedicated ICC Coordinator in January 2013. Terms of reference and an organisation chart now exist for the ICC group, which set out the structure and remit of inter-cluster coordination in Yemen.

The functions of the ICC Mechanism

The ICC group in Yemen is both a forum for decision-making and a place where common issues and coordinated solutions can be identified. Regular monthly meetings have built trust and developed working relationships and have increased joint programming opportunities between Cluster Coordinators (CCs). The monthly meetings typically combine information sharing, updates on continuous processes such as the Humanitarian Response Plan (HRP) and Common Needs Assessment Platform (CNAP) and discussions around emerging issues and potential for collaboration. These areas often overlap. For example, information sharing following conflict in Dammaj at the end of 2013 led to the 'life-saving' clusters (Health, WASH, Food, Nutrition, Camp Coordination/Camp Management and Protection) arranging to meet and establish a coordinated response plan, to be shared for reference with the rest of the ICC Mechanism.

The ICC group also identifies cross-cutting issues and gaps and overlaps. Following a discussion of the mid-year review of the HRP in the group, a meeting was set up between the Protection and Early Recovery Clusters and the Mines Working Group to establish a common method of recording mine injuries. When the Early Recovery Cluster developed a new strategy, it was brought to the ICC Mechanism for comment. Involving other clusters clarified that the ER strategy would deal exclusively with areas not covered by other clusters, such as local governance, NGO capacity-building and non-agricultural livelihoods. Cluster Coordinators have also used the ICC meetings to discuss cross-cutting issues, such as the neutrality of partner organisations and contingency planning processes.

Access is a major challenge to the humanitarian response in Yemen. It also makes it especially important to work together, conducting joint needs assessments where possible and harmonising assessment tools to ensure that data can be easily shared. Through the ICC Mechanism, Cluster Coordinators gave input at the planning stage of the CNAP, and each cluster appointed a representative to participate in an Assessment Task Force. A pilot Multi-Sector Initial Rapid Assessment (MIRA) was conducted as a joint needs assessment in mid-2013, and several have been carried out since. The Assessment Task Force worked as a sub-group of the ICC Mechanism to establish and agree on common indicators. A database is now being created to hold information, led by REACH.[3] While the CNAP process has taken longer than expected due to funding constraints, a beta version of the platform is expected to be available in June 2014 and there are plans to develop guidelines and a standardised methodology for needs assessments. In the meantime, the ICC group continues to share information and plan joint needs assessments where possible, including most recently in Amran. The UN Office for the Coordination of Humanitarian Affairs (OCHA) in Yemen is also trying to develop common systems for situation reporting and contingency planning.

Challenges

The security environment in Yemen is perhaps the most significant challenge to Inter-Cluster Coordination. It often prevents meetings from being held, even when Cluster Coordinators are all in the same city. However, the

3 See http://www.reach-initiative.org.

ICC Mechanism has adapted by conducting meetings by phone or moving location. The group takes the attitude that, although meetings may be postponed, the security context only reinforces the importance of ICC. If meetings are necessary, the group will adopt whatever measures are necessary to ensure that they happen. This does mean accepting that processes are likely to take longer than they would in other contexts. ICC involves more than meetings, and though these may be disrupted work on needs assessment, strategic planning and response activities continues. Cluster Coordinators may be in contact bilaterally and outside of the capital even if national coordination activities are postponed.

The ICC Coordinator in Yemen was evacuated in December 2013 following a security threat. This had an impact on the quality of discussions within the ICC Mechanism. The Coordinator had developed a good rapport and trust with Cluster Coordinators, and this was cut off without notice. Although it took several months to recruit a replacement, a new Head of Coordination is now in post at OCHA Yemen.

There are also capacity issues around both human and financial resources. Frequent turnover of OCHA staff and Cluster Coordinators has made it difficult to build trusting relationships and enhance coordination. OCHA's Coordination Department has no national staff, making access problematic given the restrictions on where international staff can safely go. OCHA recognises the importance of staff stability, and is trying to ensure that all posts are filled. However, recruiting international staff for medium- or long-term placements is difficult.

Funding remains a challenge, both for coordination systems and clusters. Lack of funding delayed the CNAP process and places heavy demands on a small number of staff working in a challenging context with multiple competing priorities. Funding constraints make it harder for clusters, and the ICC Mechanism, to prioritise needs and projects.

The shift towards improved coordination has taken more time to reach all levels of response, and sub-national cluster coordination has lacked focus and clear objectives. There is a lack of understanding of the role of Cluster Coordinators and lines of accountability, as well as high turnover. Given the difficulties of access in Yemen, sub-national coordination is vital. There has been an effort to streamline sub-national coordination by creating Area Humanitarian Coordination Teams (AHCTs). As at the national level with the HCT, the AHCTs deal with operational and strategic decisions and provide direction to the response, while sub-national Cluster Coordinators focus on more technical coordination mechanisms. Important progress has been made in south Yemen, where an INGO Forum has worked with clusters to identify 'alternate' Cluster Coordinators at the sub-national level, which means that coordination is not disrupted if a Cluster Coordinator is unavailable to participate in a coordination meeting or activity.

While ICC has been increasing in Yemen, some Cluster Coordinators believe that there are still gaps. An initial period of weak coordination has created scepticism and a fear that progress could quickly dissipate, and recent disruption within OCHA, with unstable management and changes in key staff, means that it is difficult to know what Inter-Cluster Coordination in Yemen will look like in the future. The ICC mechanism was chaired at first by the ICC Coordinator, who had a close relationship with the Cluster Coordinators, but found it difficult to integrate ICC Mechanism discussions and activities into HCT decision-making. In May 2013, a new Deputy Head joined OCHA and took over as chair of the ICC Mechanism in an effort to better link it with the HCT. However, this created confusion about responsibilities within the OCHA coordination team, and efforts to better integrate the ICC Mechanism and HCT are ongoing.

Lessons

Several lessons can be gleaned from the experiences of ICC in Yemen. Firstly, ICC provides a clear and cohesive structure, facilitating communication between clusters and the HCT as well as other actors. It should be prioritised as a core working practice. Secondly, the role of the ICC group in funding and planning processes must be embedded in country-level planning structures. While decisions about the prioritisation of needs made in the ICC group can reduce the burden on HCTs, the outcomes of such decisions must be followed up. Thirdly, regular meetings, when not used as just an information-sharing platform, are worth the time involved for Cluster Coordinators, particularly when they are complemented by strong communication links for those unable to attend every meeting.[4] Fourthly, while ICC is most effective when all participate, not all clusters will have the same capacity to respond. This does not mean that they should be excluded from inter-cluster activities. Instead, efforts should be made to keep them informed and involved. ICC works best when all clusters are kept informed and involved to the extent feasible. Lastly, the importance of consistency and stability cannot be understated. ICC is near-impossible when Cluster Coordinators are constantly changing. Over time, the ICC group can be used to create continuity when Coordinators do change.

Conclusion

In the coming months the Yemen ICC Mechanism will work on this year's HRP, piloting the CNAP and conducting Cluster Performance Monitoring. There are plans for more training to increase the capacity of Cluster Coordinators, coordinated situation reports and contingency planning. More work is needed to understand how OCHA Yemen can best support the ICC Mechanism, including who does what and seeing that sufficient capacity is available. Cluster Coordinators in Yemen rely on OCHA for guidance and to set standards for coordination. Given the additional challenges of recruiting and ensuring the safety of international staff, incorporating national staff into the OCHA Coordination team is recommended. While a challenge, ensuring continuity in an environment when rapid change can be the norm is key to effective coordination, particularly as efforts continue to develop ICC processes both nationally and sub-nationally.

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4 Of those interviewed, none wanted less frequent meetings and most wanted more.

Towards 'principled' humanitarian funding

Sarah Bayne and Joanna Buckley

Most humanitarian donors recognise the core humanitarian principles of humanity, impartiality, independence and neutrality as a foundation for action in situations of conflict and complex emergency. They are enshrined in the 'European Consensus on Humanitarian Aid' adopted by European Union (EU) donors in December 2007 and are a key component of the Good Humanitarian Donorship (GHD) principles, first signed by donors in 2003. In practice, however, donors are confronted with numerous challenges to the application of humanitarian principles. There is growing political pressure to portray humanitarian action as part of the crisis management toolbox, or to link it to counter-insurgency, stabilisation or military intervention strategies. Humanitarian aid is regularly perceived as tied to political and military objectives, and in countries such as Afghanistan funding for relief activities is often concentrated in areas of strategic importance.

Against this background, this article draws on research that critically examines the humanitarian policies and practices of eight European donors: Denmark, France, Germany, Italy, the Netherlands, Poland, Sweden and the UK. It considers how far their policies, decision-making procedures, funding modalities, institutional structures and relationships support or constrain their ability to address these challenges and translate commitments to humanitarian principles into practice. It asks whether the mechanisms and processes through which these donors provide humanitarian assistance enable them to do so in a manner that is independent, impartial and neutral, on the basis of humanity and thus independent from political interference and policy preferences. In essence, are donors providing principled humanitarian funding?

Global funding allocations

Donors split global funding allocations in three main ways: through core contributions to international and multilateral organisations and the Central Emergency Response Fund (CERF); country allocations for protracted crises; and through a reserve for sudden-onset crises. Levels of core, and often un-earmarked, funding to multilateral and international agencies (and the CERF) have increased in recent years, and where earmarking continues, it is usually a result of restrictive legislation or guidelines (for instance in Germany, Italy and Poland), rather than donor preferences. From a principled funding perspective this use of multilateral funding mechanisms offers both advantages and challenges. Allowing recipients to allocate funds according to their own criteria enables the humanitarian system to respond more flexibly and effectively and insulates decision-making from the political preferences of donors. However, in the absence of robust oversight and monitoring mechanisms it is hard for donors to judge whether humanitrian principles are upheld once funds have been disbursed.

Funding allocations per country/crisis (protracted and sudden-onset) are informed by various assessments and processes, such as the Consolidated Appeals Process (CAP) and Flash Appeals. However, the lack of an objective measure of global humanitarian need and a tendency towards poor transparency in decision-making processes leave humanitarian funding decisions open to actual or perceived political interference and the influence of other criteria. Donors will naturally tend towards funding those crises where they have a comparative advantage or which reflect humanitarian policy preferences.

The impact of political influence in donor country allocations is shown in the disparity between the funding allocated to different crises, with geopolitically strategic areas receiving disproportionately more regardless of levels of need. Allocations to protracted crises are also often greatly influenced by what was provided the previous year, in part to honour donor commitments to stable funding flows. This raises an interesting potential inconsistency between donor attempts to avoid aid volatility and a commitment to make aid allocations more responsive to humanitarian needs. Some donors are developing more systematic mechanisms for ascertaining global need and determining geographic allocations and resources. There is a commitment among European donors to a greater division of labour, information exchange and coordination in global allocations in order to ensure a more even distribution. However, at the time of the research donors had yet to sign up to a formal mechanism for translating commitments into practice.

In-country funding allocations

Within countries donors identify need as the key driver for sector and regional funding decisions and rely heavily on third-party needs assessments to inform their choices. Although efforts are underway to improve the quality of these assessments they remain compromised by inconsistent methodologies, poor access and dependence on unreliable government assessments. Most donors have limited humanitarian staffing capacity, both at headquarters and in the field, to verify the accuracy of needs assessments and to adequately monitor projects and partners' adherence to principles. Short project funding cycles, limited flexibility to adapt projects and burdensome reporting systems can inhibit a principled response. Similar challenges relating to oversight, monitoring and accountability are present where donors support common or pooled funds.

Principled partnerships

The notion of principled humanitarian funding also needs to be reflected in principled partnerships, whereby donors'

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Panel on donor commitments in London

operational partners are selected on the basis of their technical capability and commitment to upholding the principles of humanitarian action and formal mechanisms to provide strong oversight and accountability. Although humanitarian principles are implicit in donor considerations regarding choice of partners, the use of systematic or documented processes for identifying partners varies and is not formalised across donors. The quality of processes for partner monitoring and evaluation differs between donors, and the lack of field-based staff results in weak oversight of funding. Some donors are developing deeper relationships with fewer NGO partners via global framework partnerships which provide for more systematic quality control and lesson learning.

Principles under pressure – safeguarding humanitarian principles in transition and stabilisation activities

Challenges to the application of donor commitments are particularly apparent in transition and stabilisation activities. Donor policy frameworks emphasise the importance of links and smooth 'transitions' between humanitarian action and early recovery and stabilisation efforts. At the same time, a policy agenda around building resilience is gaining ground. In practice, the overlap between the phases of transition, and the fact that it is neither a linear nor predictable process, can make it difficult to safeguard principled humanitarian funding. Humanitarian funds are often 'stretched' to encompass both humanitarian and early recovery activities, and many international NGOs are engaged simultaneously in delivering humanitarian and recovery/development assistance.

Adherence to humanitarian principles suggests the separation of humanitarian financing and action from other areas of policy. Yet ensuring a transition to recovery and supporting enhanced resilience requires greater coherence and sequencing between these processes and alignment with host government frameworks. Donors are increasingly co-locating the management of humanitarian and transition or stabilisation policy and activities within the same department, and are integrating humanitarian and development planning at country level. There is scepticism in some quarters about donors' commitments to protecting humanitarian principles and concerns that they will be increasingly subsumed within transition and stabilisation priorities. Yet at the same time there is an evident recognition by donors of the need to safeguard principles within integrated planning and decision-making processes, and to navigate between the different sets of principles governing development assistance, humanitarian assistance and engagement in fragile states. Donors are beginning to approach these issues in a systematic way, for example within the framework of the OECD's Development Assistance Committee (DAC) and the GHD forum. Donors will need to ensure that they retain an adequate humanitarian voice in these discussions and continue to emphasise consolidating best practice and ensuring that new guidelines keep pace with the evolving context.

Donors have established policies to counter the potential for infringement by military and security actors on principled humanitarian action and have signed up to the 'Oslo Guidelines on the use of Military and Civil Defence Assets' (MCDA) in disaster relief. Such policy frameworks help staff push back against overt political interference in humanitarian funding decisions and promote an understanding of humanitarian principles across departments. However, how far this advocacy penetrates to the field level is uncertain. Limited field-based donor humanitarian capacity may restrict the 'humanitarian voice', raising serious questions about the ability of donors to monitor and advocate for adherence to humanitarian principles (and the protection of civilians) at country level with political, military and stabilisation colleagues, as well as governments and other non-state actors.

Donor coordination and dialogue

Donor coordination and peer review mechanisms such as the GHD and the OECD DAC peer review provide a vehicle for holding donors to a standard regarding humanitarian principles. Although the weaknesses of the GHD (including donor commitment) have tended in the past to undermine its value as a coordination mechanism, progress has been made to create more robust processes for monitoring donor compliance to the GHD principles (for example a self-assessment questionnaire). The DAC peer review framework has been revised and is now more explicit about what donors have to do to comply with GHD and other related good practice.

As well as the GHD initiative and the DAC, the donors studied are actively involved in the European Working Party on Humanitarian Aid and Food Aid (COHAFA), the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the International Committee of the Red Cross (ICRC) Donor Support Group. There is potential for forums such as the GHD initiative, the OCHA donor forum and COHAFA to discuss key issues around burden-sharing and the division of responsibility. However, this is not being done effectively.

Conclusion

Although overarching donor policies outlining the humanitarian policy framework and commitments to the accepted principles of humanity, impartiality, neutrality and independence exist, they are only one component of the mechanisms and processes needed to enable donors to provide principled humanitarian funding. Challenges at the implementation stage are evident, and are being overcome by the donors studied to differing degrees. Systematic and robust approaches are required (and in some cases are emerging) to improve oversight of secondary-tier funding (including pooled funds), needs assessments and monitoring and evaluation of partners. This needs to go hand in hand with enhanced donor humanitarian capacity, for example by pooling information and expertise. Although donors are committed to a division of labour in global allocations, formal mechanisms to enable this are required. As humanitarian funds overlap and run in parallel with transition and stabilisation activities, there is a need for more systematic approaches outlining the safeguards that will be put in place around principled humanitarian space.

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This article draws on research undertaken in 2012 for the report *Tools for the Job: Supporting Principled Humanitarian Action*, co-published by the Norwegian Refugee Council (NRC) and the Humanitarian Policy Group (HPG) at ODI, within the framework of a contract with *the IDL group*, a private sector development organisation. Research involved a review of key literature and interviews with officials responsible for humanitarian financing within donor capitals.

Does accountability deliver results?

Murray Garrard

Accountability to affected populations. The ubiquity of the phrase in the humanitarian sector masks a crucial fact: while formulating a policy statement detailing accountability aspirations is relatively easy, actually being accountable to recipients of aid is often, surprisingly, difficult – and demonstrating that you have been accountable is more challenging still. Part of the problem is the sheer diversity of accountability delivery methods available. But more problematic is the fact that, despite the decade-long focus on accountability, little research has been conducted on the link between accountability mechanisms and programme effectiveness. As Paul Knox-Clarke of ALNAP has suggested, arguments for accountability mechanisms 'sound as if they ought to be true. Perhaps this is why, over the years, we have done so little to investigate whether they are true on the ground'.[1]

HAP Standard as the benchmark

The Humanitarian Accountability Partnership (HAP) joined Christian Aid and Save the Children UK, with methodological support from ALNAP, in an attempt to address this gap and generate evidence of the causal link between accountability mechanisms and programme quality. Acknowledging that no study of this size could provide a dataset solid enough to demonstrate a global trend, the methodology was designed to be open-source and replicable in anticipation that other organisations would grow the body of evidence across a broad spectrum of programme sites and contexts. Indeed, since the initial study of projects in Kenya and Myanmar, Save the Children UK funded an additional study of its Disaster Risk Reduction programme in Sindh province in Pakistan, with a particular focus on children, the results of which are included in this article.

The accountability mechanism tested was the *2010 HAP Standard in Accountability and Quality Management*, in particular the three benchmarks (reference points against which performance can be assessed) that most closely relate to community engagement in project planning and implementation: sharing information, participation and handling complaints.

The approach

The test sites were located at partner projects of Christian Aid (in Kenya) and Save the Children UK (in Myanmar). The Christian Aid project worked with community-based organisations to help identify the main issues preventing them from establishing and maintaining a good standard of living. The Save the Children UK project focused on child protection and non-formal education.

The first step in the research was to assess whether the three targeted accountability mechanisms were rolled out effectively in the country programmes under study. This was done using an adapted version of the Listen First Framework, rating performance on four levels: from basic to intermediate, to mature, to HAP compliant. In both Kenya and Myanmar, the three benchmarks in question were all rated

1 Andy Featherstone, *Improving Impact: Do Accountability Mechanisms Deliver Results?*, Christian Aid, Save the Children and the Humanitarian Accountability Partnership, June 2013, o{{wA66~~~5ohwpu{lyuh{pvuhs5vyn6~oh{3~l3kv6ylzlhyjo3huk3slhyupun6j|yylu{3ylzlhyjo3wyvqlj{z5hzw .

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A girl studies at night using a solar-powered light bought from an entrepreneur trained by Christian Aid partner ADS, Kenya

as either intermediate or mature. The second step involved assessing the contribution of the three accountability mechanisms to programme quality. For the purposes of the research, 'quality' was operationalised using the Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) criteria for evaluating aid projects: relevance, effectiveness, efficiency and sustainability. All assumptions around the impact of accountability mechanisms were linked to the four DAC criteria and assessed from the perspective of the communities targeted by the projects by an independent consultant not associated with the aid agency.

Accountability is worth the effort

Andy Featherstone, the author of the resulting study, *Improving Impact: Do Accountability Mechanisms Deliver Results?*, summarised the findings as follows: 'A modest investment in information sharing (in terms of financial resources, staff time and agency commitment), involvement by project participants in the design and delivery of programmes, and ensuring there is a means of listening to and acting on feedback, brings a significant return – not only in participant satisfaction and engagement in projects, but also in the tangible success of projects'.[2]

One of the most valuable findings from the research was that accountability is not just a Western concept, foreign to communities where many aid agencies operate. The discussions with local communities highlighted the fact that the link between accountability and programme quality is in fact very clear to the people targeted by aid organisations. In the words of a community in Kenya, 'Before [the partner organisation] came, other programmes have failed because they lacked accountability and there was corruption. Accountability is a key part of the success of the programme'.

2 *Improving Impact: Do Accountability Mechanisms Deliver Results?*

When it came to the contribution of accountability mechanisms to quality as measured by the four DAC criteria, some links were more obvious than others, though clearly they all, to some extent, depended on contextual factors.

With regards to relevance, participation was considered to have positively contributed to the successful targeting of beneficiaries, and was seen as an important component in ensuring that the project focused on the needs and priorities of communities. In Pakistan, participation ensured that the priorities of the whole community had been met, including more marginalised members. The Pakistan study found that the greatest impact of participatory mechanisms was on the relevance and appropriateness of assistance, which contributed to a greater sense of ownership and more sustainable programmes. Less frequently, complaints handling mechanisms were mentioned as catalysts to adapt projects to better meet local needs and contexts. In Pakistan, participants said that they had contacted Save the Children directly over issues of quality of materials and timeliness of work, which led to an improvement in programme quality.

In terms of effectiveness, the clearest link to the accountability mechanisms was the contribution of information sharing in generating participant understanding and uptake of the project. The study also demonstrated that information sharing built greater trust between participants and the organisation. Some specific examples were also provided to show how accountability mechanisms respect the dignity of participants and empower communities, or help identify and address problems swiftly (including fraud and mismanagement). However, no evidence was found of the accountability mechanisms in question strengthening the security of aid providers; neither in Kenya and Myanmar, where security was good, nor in Pakistan, where security was

much more of a concern. This indicates that, though there were examples of transparency and good relationships improving security, this is not a given in every context.

As far as efficiency is concerned, the research had less to offer, though there were several examples of how better project ownership by communities led them to actively check and challenge the quality of work conducted by contractors, provide more cost-effective options for procurement or raise instances of fraud, thereby improving value for money. In Pakistan there was evidence of an improvement in efficiency as a result of the complaints and response mechanism. In one example a delivery of poor-quality bricks was reported by mobile phone and arrangements were made for their replacement. This led to an immediate improvement in quality and hence a more efficient use of resources.

The sustainability of programmes was most commonly linked to the use of participation in project design and implementation, which resulted in stronger ownership. Less frequently, accountability mechanisms as a way to improve relevance were also cited as contributing to sustainability.

Finally, and perhaps most interestingly, both the Myanmar and Kenya case studies offered a number of examples of how exposure to, and use of, accountability mechanisms had influenced the actions of communities in a variety of ways that went beyond the expected outcomes of the project. These ranged from communities adopting decision-making processes experienced in NGO-led projects in their own social organisation, through to feeling empowered to raise complaints with other actors, for example banks. While it is difficult to quantify this influence, in each circumstance the community made explicit reference to the accountability mechanism as a primary sway.

These results offer a credible snapshot of the impact of accountability mechanisms in three distinct contexts, and give the clearest indication yet that accountability rhetoric is paying dividends in work on the ground.

What we learned on the research side

The methodology was designed to apply to a variety of situations and, so far, it has proved suitable for all three programmes assessed. However, it is likely that some of the DAC criteria would not be as relevant to rapid-onset emergencies, and the methodology would need to be contextualised in such cases. Additionally, striking the right balance between a solid methodology ensuring appropriate representation and a study that was cost-effective and could be conducted rapidly was a challenge. To make the process quicker, the methodology was revised for the pilot in Myanmar, allowing different groups to be involved, and this made for a quicker process while ensuring representativeness. It is important to acknowledge that, because projects were selected where participation was good, there was already a culture of discussion about accountability mechanisms. Similar discussions would be more difficult in instances where such dialogue had not already taken place.

One issue that did arise was the interplay between formal and informal accountability mechanisms. In Myanmar, the community was more comfortable using an informal mechanism for feedback. In Kenya, by contrast, a very formal mechanism was considered more robust and more highly valued. This demonstrates that accountability mechanisms need to be closely tailored to the community that they serve – one size does not necessarily fit all. It also reinforces the HAP guidance that communities should be consulted when accountability mechanisms are designed.

Perhaps the biggest drawback of the research was the absence of any counterfactual – a project with no accountability mechanisms in place. Primarily this was because those projects studied were undertaken by the same partner organisation, and the main difference with supposedly weaker mechanisms was that projects had been running for shorter periods of time and mechanisms had not yet been fully rolled out. This makes the prospect of trialling the mechanism in a humanitarian setting attractive since there is a greater likelihood that a counterfactual will be found.

Currently there is significant momentum behind the accountability movement; this is visible in the response to Typhoon Haiyan in the Philippines, where the profile and on the ground capacity of communication with communities, complaints handling and participation is much higher than in previous large-scale disasters. To support this and ensure that affected populations remain at the heart of what the sector does, research needs to provide more detailed evidence and understanding of the value of accountability, and encourage this type of assessment to be part of the range of external evaluations that routinely look into the quality of aid programmes. Only when those who are meant to benefit from aid programmes are systematically involved in their monitoring and evaluation can the sector truly claim to be accountable.

Murray Garrard is Communications Officer at the Humanitarian Accountability Partnership. *Improving Impact: Do Accountability Mechanisms Deliver Results?* is free to download from the HAP website at http://www.hapinternational.org/what-we-do/research-and-learning/current-research-projects.aspx, together with the detailed methodology. The Save the Children UK study in Pakistan will soon be available from the Save the Children UK website (www.savethechildren.org.uk) and will also be available in HAP's Quality and Accountability Resource Library (http://www.hapinternational.org/resources/resource-library.aspx). Those wishing to use this methodology to conduct further research may contact HAP's Head of Policy and External Relations, David Loquercio, for additional advice, on dloquercio@hapinternational.org.

Research gaps on civil–military policy trends

Lisa Schirch

For all the dialogue, debate and reams of policy and advocacy reports on civil–military policy trends, there is surprisingly little research on these issues. All sides of the debate are missing data that might help them make a more convincing case that current civil–military policy trends are either *necessary* or *dangerous*, as articulated by governments/militaries and NGOs respectively.

Governments are tying aid more explicitly to political and security goals and pushing for a comprehensive approach that integrates civilian and military personnel. Military personnel are receiving growing mandates and resources to work alongside NGOs and local populations to provide 'civic assistance' – including both humanitarian activities, such as delivering food, and developmental activities, such as building schools. Governments, militaries and some UN agencies see these three civil–military policy trends as *necessary* to accomplish political and military goals in counterinsurgency and stabilisation operations, from relatively stable settings in Africa and Latin America to actively hostile regions in the Middle East and Central Asia.

Among local and international aid agencies, there are widespread perceptions that these civil–military policy trends are *dangerous* to the mission and safety of aid beneficiaries and aid staff. Many NGOs believe that these trends blur the distinction between civilian and military targets (mandated by International Humanitarian Law), decrease trust among beneficiaries, who suspect that aid serves narrow political ends and decrease their acceptance with beneficiaries who may suffer without external assistance.

Most of the research on these civil–military policy trends is anecdotal, rather than evidence-based. This article maps out a comprehensive research agenda and methodology in the hope that this will help donors and researchers to develop a coherent approach.

Achieving political and security goals

Government and military policy documents describe the assumed functions that civic assistance plays in improving force security by gaining the support and winning the loyalty of relevant communities or local elites; addressing perceived drivers of instability; gaining access to and information about specific populations; extending the state's legitimacy and authority; and providing training opportunities for military personnel. Yet in most cases the monitoring and evaluation of military-based civic assistance has relied on measuring how much was spent, rather than the actual output or outcome of the effort in terms of security or development. Both military and civilian researchers have criticised these programmes as at best ineffective, and at worst counter-productive.[1] In East Africa, for instance, US counter-terrorism efforts have involved a range of civic assistance activities, including building wells which were 20 times the cost of a comparable NGO project, often did not work well and were regarded with suspicion by local people, who saw the operation as an intelligence-gathering exercise.[2] Civic assistance efforts may also decrease security for local people. US Female Engagement Teams (FET) aimed to build trust with Afghan women via sewing cooperatives or other microenterprise initiatives, with the hope that they would then encourage their husbands to stay away from insurgent sympathisers.[3] Anecdotal reports suggest that some of the women engaged by these teams have been killed and their families punished for their involvement with 'foreigners'.

Large-scale monitoring and evaluation efforts of government and military civic assistance programmes could help answer some of the research gaps outlined here:

- Do military civic assistance programmes enhance force protection, increasing the acceptance of these forces among local people?
- Do they build support for the host government and reduce support for insurgents? How do foreign interventions compare with host nation or recipient government efforts that use civic assistance to achieve these goals?
- What impact do civic assistance efforts have on security and stability, including local perceptions of security, and for whom?
- What impacts do foreign and host military, government, and contractor-based civic assistance programmes have on the safety of local people who take part in them? Are they at greater risk once military forces withdraw? Are these civic assistance projects specifically targeted by armed opposition groups?
- Regarding the IHL principle of distinction, do foreign and host military personnel dressed in civilian clothes or driving unmarked vehicles to conduct civic assistance erode the distinction between military and civilian targets?
- Regarding the IHL principle of precaution, are civilians warned of potential risks to engaging with foreign or host military forces?
- Regarding the IHL principle of proportion, is the risk to civilians proportionate to the military benefit?

Decreasing NGO security

NGOs widely assert that some foreign military and private security contractors' civic assistance initiatives can endanger NGO security by creating a perception that NGO and military personnel collaborate on development projects, emphasising that development is a political

1 See Ben Connoble, *Leveraging Development Aid To Address Root Causes in Counterinsurgency* (Washington DC: RAND Corporation, 2013); 'Research Areas: Humanitarianism and Politics', Feinstein International Center, http://sites.tufts.edu/feinstein/research/humanitarianism-and-politics.

2 Reuben Brigety. *Humanity as aWeapon ofWar: Sustainable Security and the Role of the US Military* (Washington DC: Center for American Progress, 2008).

3 Christopher McCullough, 'Female Engagement Teams: Who They Are and Why They Do It', WWW.ARMY.MIL, 2 October 2012, o{{wA66 ~~~5hy t ¡5 t ps6hy{pjs16??:==.

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Visit from civilian and military members of the Provincial Reconstruction Team to a local returnee and refugee village in Afghanistan

activity with security impacts and leading armed groups to view NGOs and other civil society organisations as 'soft targets'. But little research exists to attest to the accuracy of these claims. Recent research suggests there is a more complex dynamic at play, with a variety of factors influencing the decision to target NGOs and UN aid agencies.[4] In Afghanistan, insurgents reportedly researched NGO affiliations and donors, and seemed more amenable to agencies holding to an impartial and independent line towards the government and its foreign allies, even if they were building girls' schools or doing other activities they opposed. In other words, it seems that, at least for some insurgents, an NGO's affiliations were more important than what it was actually doing.

- What impact do the goals and activities of foreign or host military and private security contractors have on the safety and security of NGO and civil society staff, particularly in agencies that use the 'acceptance model' as a security strategy and operational imperative?
- Are NGOs that hold to an independent, impartial and neutral stance safer than those that do not?
- Regarding the IHL principle of proportion, are the risks to NGOs proportionate to the military benefit, and who measures this?

Undermining sustainable development

NGOs widely perceive that military and private security contractors' civic assistance efforts undermine long-term sustainable development and are not cost-effective. Guidelines for military involvement in humanitarian assistance recommend that it be time-limited, governed by civilians, timely and a last resort when civilians are unable to respond. Military guidelines for appropriate roles in development do not currently exist.

- Do military and private security contractor civic assistance initiatives use internationally recognised development metrics, such as the Busan Principles for Effective Development Cooperation, or the New Deal for Fragile States?
- What kinds of development activities, such as reopening factories or building water systems, may be appropriate for military forces and private contractors? Are there certain types of contexts or certain phases of conflict that might be more or less appropriate for military roles in development?
- What is the cost comparison of NGO versus military approaches to different types of development?
- Do military civic assistance programmes cause local people to doubt the goals of all assistance? Does local suspicion of military civic assistance goals in turn undermine NGO access to beneficiaries and hinder development?

Local perceptions

While some studies exist[5], far too little research focuses on local perceptions of civil–military relations among civilians and armed opposition groups.

- Do local civilians and armed opposition groups distinguish between types of NGOs, contractors and military forces conducting humanitarian and development initiatives?
- Do local civilians and armed opposition groups distinguish between political, security and humanitarian agencies in the United Nations?

4 Larissa Fast, *Aid in Danger: Reclaiming Humanity amidst the Crisis in Humanitarianism* (Philadelphia, PA: University of Pennsylvania Press, forthcoming, 2014).

5 Mary B. Anderson, Dayna Brown and Isabella Jean. *Time To Listen: Hearing People on the Receiving End of International Aid* (Cambridge, MA: CDA Collaborative Learning Projects, November 2012.

- Do local civilians and armed opposition groups perceive a positive or negative impact of military and private security contractors' humanitarian and development initiatives?

Civil–military guidelines and training

Civil–military guidelines provide guidance (not rules) for how military forces should relate to NGOs. In the UK and Australia, guidelines apply to how military forces relate to all aid agencies – humanitarian, development and other types of multi-mandate NGOs. The civil–military guidelines developed by the UN and the Inter-Agency Standing Committee (IASC) only explicitly refer to relations between military forces and humanitarian personnel. The US civil–military guidelines closely mirror this approach. No UN or US guidelines exist to guide relations between military forces and the growing number of non-humanitarian NGOs and civil society organisations (CSOs).

The Office for the Coordination of Humanitarian Affairs (OCHA) delivers training and support for adherence to UN civil–military guidelines. While guidelines for US armed forces and humanitarian NGOs came into being in 2008, the development of a systematic training programme to teach them is only now underway. In Australia, AusAid and NGOs are training military forces in relating to all types of NGOs and CSOs in addition to training on conflict-sensitive development to reduce the potential for military-based civic assistance to undermine sustainable development or to inadvertently increase social divisions, fuel corruption or fund armed groups.

- Do civil–military guidelines make a difference? How do the guidelines change military or NGO decision-making or communication in practice?
- Are civil–military guidelines for non-humanitarian NGOs necessary?
- Do military units and private security contractors that have had training on conflict-sensitive development, or on relating to NGOs and other civilians, operate differently than units that have not had such training? Does training reduce negative impacts and improve civil–military relations?

Potential research designs

A variety of potential research methodologies could help to answer some of the questions described in this article. Ideally, a coalition of researchers representing universities, NGOs and military think tanks whose collective networks could access both the military side and the NGO side could develop a set of joint research questions to test assumptions and measure impacts. Previous researchers on these topics have had more access to and sympathy with either military or NGO/civilian networks. A coalition of civilian and military researchers could take two broad approaches to examine the necessity or danger of current civil–military policy trends.

Real-time multi-stakeholder research

Real-time research could go in-depth in one country, such as Somalia, where foreign military forces carry out civic assistance to achieve security goals among the same local populations where humanitarian and development NGOs work. Ideally, real-time research could provide a multi-country comparison to assess whether the context itself affects the interaction between government, military and NGO efforts.

Past-focused

A second approach could evaluate impacts over the last decade in Afghanistan, the Horn of Africa or the Sahel, where military forces, private contractors and civil society groups have all conducted humanitarian and development activities for different purposes. Many research reports have been done on Afghanistan already. Yet most of this research is anecdotal, and little achieved a comparative analysis of cost, security and humanitarian or development outcomes.

Some data is already available and can be cross-referenced. For example, civic assistance or development efforts in similar villages in the same province by government, contractor and military-run Provincial Reconstruction Teams (PRTs) could be compared with NGO efforts in the same region. What impact did military civic assistance projects (with a focus on winning the allegiance of male tribal leaders) have on adjacent community development efforts that involved women in participatory decision-making and relied on local volunteers? A matrix of research questions and data could compare the financial costs, security gains, development gains, sustainability of the project and safety/security of the staff, volunteers, beneficiaries such as students in PRT-built schools, and the wider community in PRT projects versus those built through the National Solidary Program (NSP) Community Development Council, which involved NGOs and civilian government aid efforts.

Without extensive original research, researchers could also compare the rates of attacks against and kidnapping or killing of NGO and military contractor staff in Afghanistan. Did those NGOs that kept their independence working in the same province or region suffer fewer security incidents than private security contractors and those NGOs that worked explicitly with military forces?

These complex research questions and research designs pose a variety of challenges to potential researchers. Research can reveal correlations but not causation. Data relevant to these questions will be difficult to collect where access is difficult. Still, the research is not impossible, and surely those donors who invest in security, humanitarian assistance and development efforts would do well to understand the contested dynamics between governments, militaries, contractors, the UN and NGOs.

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5 Mary B. Anderson, Dayna Brown and Isabella Jean. *Time To Listen: Hearing People on the Receiving End of International Aid* (Cambridge, MA: CDA Collaborative Learning Projects, November 2012.

Negotiating humanitarian access in southern Afghanistan: communication, complexity and coordination

Will Carter

After three decades of bitter conflict, humanitarian operations in Afghanistan remain fraught with difficulties and risks. In the early days of the conflict, humanitarian organisations worked in Kandahar and elsewhere in the south with much freedom of movement. However, the death of an International Committee of the Red Cross (ICRC) water engineer travelling between Kandahar and Uruzgan in March 2003 signalled a sea change in operational security and humanitarian access in the south, and perhaps Afghanistan as a whole. Conflict intensified over the decade that followed, and security incidents affecting NGOs (mostly at the hands of the armed opposition) increased commensurately. By late 2009 the majority of organisations had closed their offices in southern Afghanistan or had decided to 'remote manage' a much-reduced portfolio of aid programming. Even so, a humanitarian presence persisted, partly due to bilateral engagement between NGOs and the armed opposition.

This paper examines humanitarian access arrangements in southern Afghanistan. It looks at how communications underpinning the negotiations actually worked; complexities and challenges to negotiating access there; and opportunities for inter-agency coordination and collaboration. The analysis is based on field observations during the author's posting as a humanitarian security adviser in Kandahar, as well as interviews with ten practitioners representing the main humanitarian organisations in the southern provinces of Helmand, Kandahar and Uruzgan.

Communication

In some ways making contact with the armed opposition in southern Afghanistan was much more difficult than negotiating with them; actual communications were problematic. Based on this research, the following five means of communication were identified:

1. Community engagement: gaining acceptance (or at least tolerance) for NGO programming within a community, and therefore indirectly with local opposition commanders.
2. Structured networking: selectively engaging with key local leaders (e.g. religious leaders), who may act as intermediaries with the armed opposition.
3. Local negotiations: directly negotiating access with local opposition commanders.
4. Senior-level negotiations: directly negotiating access with senior opposition leaders.
5. Collaborative negotiations: multilateral (i.e. inter-agency) access negotiations with the armed opposition.

The majority of NGOs worked through community acceptance practices, and a minority also negotiated access bilaterally at local or senior levels, but no NGO worked collaboratively with others on these issues. Direct negotiations, especially at the local level, appeared to be the most difficult form of communication, but were also the most effective medium to gain credible security assurances. However, such face-to-face meetings were difficult. Of the two NGOs which liaised directly with local opposition commanders, one had premises which could serve as a neutral meeting location, whilst the other visited opposition commanders at places of their choosing. In the latter of those two modes there were significant risks of death or abduction, particularly as an expatriate would be leading negotiations in a relatively vulnerable setup. However, such demonstrated vulnerabilities, the NGO believed, were critical for trust-building between the NGO and the armed opposition groups, and paid dividends in the latter stages of negotiation.

The substance of talks also deserves attention. Generally speaking, derived from case studies obtained in the research, the objectives of these local-level access negotiations included written undertakings from opposition commanders covering access, staff safety, 'taxation' and the independence of NGO programming and resources from opposition plans. For their part, opposition groups required transparency and confidence in NGO programming in their areas, as well as minor gains for themselves. Further compromises could often be reached by hiring particular relatives for project work or in support positions, or by extending programming to other specified villages or communities. Negotiations often took place over two or three dedicated meetings, though thereafter meetings were kept to an absolute minimum for security reasons. The process was often repeated, partly because opposition commanders were often replaced. Prior to each summer 'fighting season' 'shadow' Provincial Governors would often introduce new local commanders, with whom agencies would negotiate new access memoranda. These temporal and personality-driven aspects of communications complicated and nuanced access negotiations as they frequently changed, necessitating regular reviews of humanitarian access strategies.

Complexity

The case study above suggests that rational, interest-based access negotiations with the armed opposition are possible, and testimonies highlight their lifesaving utility (for both practitioners and beneficiaries). However, a number of complexities became apparent from the research, namely: balancing principles and pragmatism; knowing who to talk to, and how stakeholders change over time; testing the credibility of security assurances; and resourcing effective and sustained negotiations.

Firstly, an obvious tension is apparent in whether access negotiations can realistically be fully principled, particularly in terms of perceived neutrality. One participant explained that 'you can't simply say that you're here for the population ... local powerbrokers always ask "what's in it for me?" ... But if you pander to [their] interests you might effectively be buying your access, and this is dangerous'. Another participant

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An Afghan girl watches a coalition aircraft during a 'village clearing operation' in northern Khakrez District, Kandahar province, Afghanistan

highlighted that local commanders would have to be engaged on interests other than humanitarian imperatives, and that these would change over time. Careful planning is required, outlining what can or cannot be compromised and why – balancing both principles and pragmatism.[1] One way to take this ethical dilemma by the horns is to think of humanitarian principles in ordinal terms, in which the principle of humanity (i.e. responding only to human suffering) is the highest principle, and the humanitarian principle of neutrality as subordinate. Usually, however, an organisation does not compromise its neutrality, particularly in terms of decision-making. Rather, external perceptions of the NGO's neutrality or bias are more variable, although these can affect access and operational security just as much.

Secondly, negotiated security assurances were perceived as insufficient, even when they were credibly offered, because many fatal incidents are simply indiscriminate, the operational control of senior opposition commanders over the lowest echelons was dubious and there was a kaleidoscope of different opposition cells, and boundaries between their areas of operation were dynamic. In one incident in 2007, an NGO gained security assurances from credible opposition authorities to undertake a field movement between Kandahar and Helmand, but the convoy was still fired upon. As such, negotiating access may mitigate certain security risks, but cannot eliminate them completely.

Thirdly, there were structural difficulties in maintaining contact with the armed opposition, and it was difficult for humanitarians to know who they were negotiating with ('there is no organogram [for the armed opposition]'), if they were credible and if they had authority and control. Moreover, the international military 'targeting' strategy meant that the turnover of opposition commanders was high.[2] One NGO staff member commented that, a few months after local elders had concluded lengthy negotiations for written permission from one commander for NGO projects to be implemented in their community, that commander was replaced with another with whom a new agreement was required, and the process had to be laboriously repeated.[3] However, another NGO maintained that trust-building at a high level in the armed opposition allowed routine introductions to new command appointments as and when they came about.

Fourthly, sustained and effective access negotiations were difficult to resource, with estimates of community outreach and negotiation activities ranging from 5% to 15% of programme budgets, rising to 30% when related activities, such as communications (e.g. media, policy, advocacy), were included. Negotiated humanitarian access typically required at least one expatriate staff member working exclusively on it, and a network of credible, local 'community outreach officers' to facilitate engagement and conduct preliminary negotiations. Negotiations moved slowly because of the time required to build mutual trust, and were an ongoing process.

Coordination

No organisations engaged in multilateral/inter-agency access negotiations akin to Operation Lifeline Sudan, the

1 E. Thompson, *Principled Pragmatism: NGO Engagement with Armed Actors*, World Vision International, 2008, o{{wA66 ~~~5IpZm5I|6yIzv|yjIz6p{I t 6FkD; :8@.

2 A. Jackson and A. Giustozzi, *Talking to the Other Side: Humanitarian Engagement with the Taliban in Afghanistan*, HPG Working Paper, 2012, www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7968.pdf.

3 N. Pont, 'Southern Afghanistan: Acceptance Still Works', *Humanitarian Exchange*, no. 49, February 2011, www.odihpn.org/humanitarian-exchange-magazine/issue-49/southern-afghanistan-acceptance-still-works.

Special Relief Programme for Angola or the Southern and Northern Operations in Ethiopia. Initiatives to track access and engage in negotiations in Afghanistan (including efforts by an NGO coordination body and later a UN-led Access Working Group) have not been very successful. One option may be to aim first at smaller, localised humanitarian access agreements, as opposed to attempting national-level negotiations.[4] Whilst a consortium approach to humanitarian engagement could add leverage to access negotiations with the armed opposition and allow organisations to pool resources, NGOs operating in southern Afghanistan that engaged with the armed opposition were wary of collaborative engagement and none of the three organisations that negotiated with senior opposition commanders believed it prudent to expand their arrangements to include other partners. As one participant put it: 'if one NGO were to make a mistake, we would all pay'. All three organisations were open to facilitating negotiated access on behalf of smaller organisations (and had done so in the past) – but only when they could retain full control of the process.

In summary, negotiating access is clearly possible, of life-saving utility and an emergent feature in humanitarian security management. It can significantly mitigate the risk of direct attacks, opportunistic violence and collateral damage. It is also complex, difficult to coordinate and highly risky. Nonetheless, this is a key moment to reconsider a coordinated humanitarian strategy regarding access negotiations. Structural transformations in the operating environment in Afghanistan, in the wake of the recent national election and international drawdown, present unprecedented opportunities for effective engagement with interlocutors at local, regional and national levels in order to secure safe access for humanitarian operations. Such coordination has high risks, but also potentially very high rewards for humanitarian access. Unfortunately, such an endeavour requires resourcing, leadership and consensus, and the moment of opportunity will pass quickly. The new social orders and political dynamics in Afghanistan will begin to recrystallise not long after this transitional period ends. The humanitarian community therefore needs to move quickly and deftly to seize the opportunity and lead discussions to re-negotiate access with all stakeholders.

4 L. Chounet-Cambas, 'Negotiating Ceasefires', in *Managing Peace Processes: A Handbook for AU Practitioners*, Vol. II, Humanitarian Dialogue Centre, 2013, www.hdcentre.org/uploads/tx_news/AU-Handbook-Volume-II-Thematic-Questions.pdf.

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Rethinking emergency water provision: can we stop direct water trucking in the same places every year?

Thomas Wildman, Carol Brady and Emily Henderson

In eight out of the past ten years, there has been drought somewhere in the Horn of Africa, affecting nearly 70 million people. Indeed, the Arid and Semi-Arid Lands (ASALs) of Kenya, Ethiopia and Somalia suffer from water scarcity on an almost annual basis. In this context, water trucking has played a pivotal role in addressing basic water needs. It is a coping mechanism during 'typical' dry seasons, based on existing private sector water trucks and vendors who sell water to those who are able to pay for it. In times of drought, direct water trucking is a common relief intervention, with water being transported over long distances to people in areas with no permanent water points.

In 2011, the ASAL region experienced two consecutive failed rainy seasons, resulting in some areas in one of the worst droughts since 1950/51, with over 12m people affected. As part of its emergency drought response activities in Kenya, Ethiopia and Somalia, Oxfam supported the provision of water to people getting less than five litres per person per day (the minimum needed for survival and basic hygiene). A significant proportion of this water was provided by water trucking operations, with water transported via large tanker trucks from permanent water sources (boreholes accessing deep groundwater) to areas with no permanent water points between 20 and 120 kilometres away. These interventions lasted for 2–3 months until the rains arrived.

The need for an alternative approach

Although direct water trucking is a common emergency intervention in times of drought and water scarcity in the Horn of Africa, it is also expensive, unsustainable and difficult to manage, implement and monitor. As water is typically delivered to communities at a central distribution point, it is frequently distributed on a 'first come, first served' basis, with people living closer to the distribution point receiving more water than those who live further away. There has been great uncertainty over the quantity of water actually delivered by trucks to these distribution points, as well as over the quantity accessed per target household. Without an independent monitor present for each delivery, it is nearly impossible to ascertain delivery quantities. There is anecdotal evidence that better-off households regularly contract water trucks to transport water to drought-stricken areas, for their use and sometimes for resale to other members of their community. By contracting external trucks and establishing competitive conditions NGO water trucking

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Water being transported in Wajir town, northern Kenya

increases truck hire costs, and NGOs also tend to pay a higher price for water at the water points. In any water trucking intervention, Oxfam becomes an actor in the water trucking market and in the supply chain – paying for truck rental, purchasing the water to be transported and the fuel for the trucks, as well as covering the costs of delays and vehicle breakdowns. Oxfam carries all the risks of the operation, bearing responsibility for ensuring that each link in the market chain functions effectively.

To understand how the market functions, what constraints people face in accessing water and whether the market had the capacity to deliver adequate amounts of water, Oxfam undertook several market assessments in the ASALs, based on the Emergency Market Mapping & Analysis (EMMA) approach. Assessments were carried out in Jijiga Zone, Ethiopia (February 2012), and in Wajir County, Kenya (September 2012). Further market surveys and assessments were carried out in Moyale and Marsabit in 2012.

Market analysis in Jijiga Zone, Ethiopia

This analysis was based in Harshin, a particularly drought-prone *woreda* of Jijiga Zone. Harshin supports a population of over 100,000 people, yet has no permanent water points. The only sources of water are structures which harvest rainfall runoff during the two yearly rainy seasons. In the event of a failed rainy season, nearly all water points in the entire *woreda* are dry. Water trucks in the area are contracted by members of the population to import water into the *woreda* during these periods of water scarcity. Emergency water trucking activities by NGOs and government agencies are commonplace.

Contrary to prior assumptions, the market analysis established that, during extended dry seasons, water security is not limited by water availability (water is available in sufficient quantities in nearby areas). Rather, the primary obstacle is a lack of purchasing power. As (free access) rainwater-fed water points dry up, the only option is to purchase water from vendors. As such, the situation is not purely a water crisis, but rather a crisis of livelihoods.

The existing water market of boreholes and trucks has the capacity to meet water needs during times of drought. During severe droughts, truck owners act as retailers, which better-off and middling households contract to deliver water. This water is either for use by a collective group, or is sometimes resold to other residents of the community. Poorer and more distant communities find it difficult to access, and negotiate within, this market, in part because of the attractive contractual conditions NGOs (the main customers) offer and because of lack of purchasing power to pay for a truckload.

The market analysis pointed to a range of response options, including a voucher system to improve beneficiary targeting and monitoring of water deliveries, limit market disruption through the creation of a parallel branch in the supply chain and reduce the logistical burden on Oxfam; increasing the capacity of community market actors to undertake water transportation and delivery as a business, reinforcing the link between market actors and customers; and cash transfers to enable beneficiaries to buy water from these local vendors. Longer-term recommendations highlighted the need to identify triggers for future emergency water provision, including water availability, livelihood conditions and community redistribution systems.

Emergency activities implemented in the drought response in March 2012 were based on the provision of water vouchers, linking beneficiaries to the market system, as opposed to Oxfam directly trucking water. Beneficiaries were given vouchers for a two-week supply of water. As water was only given in return for a voucher, beneficiaries could more easily collect their fair share of water, and focus groups confirmed that this led to more equitable distribution of water as beneficiaries who lived far from water distribution points had equal access. It also improved beneficiary targeting (82% as opposed to a previously unknown percentage). Water truckers were responsible for the entire delivery chain, from purchase at the borehole to delivery to targeted households, shifting a significant portion of the risk and the logistical load away from Oxfam. Suppliers were paid based on the number of vouchers they submitted to Oxfam.

Although the voucher system was officially adopted by the Water Bureau in Somali Region and by the WASH cluster, water truckers resisted it because it implied more work and less profit for them, as well as increased accountability and reduced opportunities for fraud. There was also resistance from some local authorities, as the new approach would affect the existing system whereby their officers were paid to monitor trucks. Approaches between different agencies in the region were inconsistent and there was tension between existing logistical procedures and alternative means of contracting local trucks in terms of splitting the award of contracts between multiple vendors. Nonetheless, it is clear that there are feasible alternatives and that direct water trucking is by no means the only response option. The market analysis in Jijiga opened the way for subsequent assessments in Kenya and beyond. There is now substantial learning from across the ASALs that can help agencies to refine their approaches.

Learning from the ASALs

The market analyses to date (Jijiga, Dire Dawa, Wajir, Marsabit and Moyale) have highlighted a number of shared characteristics and issues. During dry seasons, people rely on commercial water providers and markets to meet their needs; as water scarcity worsens, better-off households also purchase water for resale within their communities. These markets have the capacity to meet water needs during these periods: across the ASALs, it is a lack of purchasing power rather than water availability that is the primary constraint to accessing water. In this context, NGO contractual arrangements with truck owners push up the costs of truck hire, disrupting the market and further reducing the opportunities for communities to access water directly. This highlights the need for a better understanding and analysis of people's access to water, including an understanding of community-based social support structures. This analysis could also be linked to a wider understanding of household and community water management, in terms of how emergency responses could contribute to people's strategies and community plans to address water scarcity.

Significant areas of debate and progress remain: The market analysis raised the issue that, although water is a basic right, it is also, in many cases, a monetised commodity: in other words, it has costs associated with it. In an emergency response, when is it appropriate to partially subsidise water (i.e. to bring costs down), and when is it appropriate to 'donate' water by fully subsidising it? Should agencies support the monetisation of water during an emergency? These questions need to be thought through in depth. The issue of how to work with the private sector in water delivery, operation and maintenance needs to be addressed. More consideration is needed about the levels of risk transferred and the conditions under which NGOs should engage with the private sector. There is also an opportunity to learn from private operations, in terms of understanding consumer behaviour and managing trader information. As suggested above, the market analysis can be linked to wider community-based resilience approaches or longer-term livelihood programming. The Hunger Safety Net Programme in Kenya is a good example of how emergency responses can evolve into longer-term programmes that seek to reinforce access to essential goods and services and strengthen livelihoods. In Wajir, there is an opportunity to create a WASH and food security package combining water and commodity vouchers (or grants or combined vouchers/grants) that reflect different seasonal needs. In emergency periods, these vouchers/grants could be used to access additional assistance. Finally, in areas of chronic water constraints, does the distribution of vouchers or direct water provision year after year actually keep people vulnerable by giving them just enough to survive in these arid areas?

Conclusions

In addition to the ASALs, market assessments have also been carried out in WASH programmes in other contexts, including the Democratic Republic of Congo (DRC), Jordan and Nairobi. These assessments have generated a broader understanding of response options and response design. These response options are potentially more cost-effective and efficient, link more closely with early recovery and are less likely to undermine existing markets. The assessments have also demonstrated the relevance of cash- and market-based programming in WASH and the potential role of the private sector. Market analysis and market-based programming also opens up opportunities to link with longer-term development programming and connect water and sanitation issues with food security issues. Market analysis could also play a role in preparedness and contingency planning, helping to develop better and timelier responses and more realistic response triggers, potentially mitigating the impacts of a crisis.

The market assessments undertaken in WASH programmes have underlined the need to embed response design in a sound market understanding, as well as highlighting the benefits of doing so. Yet these assessments are not undertaken routinely. It is essential, both for WASH programming and for the wider humanitarian community, that WASH staff are present in technical discussions, and the WASH sector needs to establish a place for itself in the cash and markets communities of practice. This would enable the sector to capture and share learning, have more influence in the development and refinement of tools and guidance and be involved in discussions around outstanding issues.

As a broader humanitarian community there is a need to widen the skill set of our members, not only to enlarge the pool of people who can understand and apply market analysis, but also to enable practitioners to see the possibilities that market-based programming could open up. It is important that new ideas are tested and that learning is harnessed. Despite the setbacks that are bound to happen in any radical change to programming, markets work has the potential to open up responses anchored in longer-term development or resilience-building, challenging traditional, and potentially inefficient and harmful, methods.

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Path-dependency culture in humanitarian decision-making: why it was hard to change direction in Haiti

Kate Crawford, Jim Kennedy and Alison Killing

This article questions whether the humanitarian cluster system's mechanisms for strategic thinking really allow plans to be adapted as situations change, with a particular focus on the Shelter Cluster during the Haiti earthquake response Using strategy documents, the Office for the Coordination of Humanitarian Affairs (OCHA)'s Financial Tracking Service and minutes of the Strategic Advisory Group (SAG) of the Haiti Shelter Cluster (the coordination structure for shelter agencies), we ask whether different decisions could have been made in early 2010. The article seeks to determine whether more questions could have been asked about the assumptions underpinning the response; learn from the Shelter Cluster's strategic thinking in Haiti – one of the only published accounts of this process; offer a method of analysis for other clusters or responses; and illustrate the larger problems with the way the cluster system (and many other bureaucratic structures) has been conceived. It reflects on our roles without over-inflating the importance of the international contribution, attributing blame, singling out the Shelter Cluster or dwelling on Haiti as an exceptional or complex context.[1]

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A cluster coordination meeting in Port-au-Prince, Haiti, February 2010

Assumptions and money

Within days of the earthquake, the international community had conducted rough needs assessments. The displaced population was estimated at 70% of the 1.1 million people affected, against only 10% who remained 'non-displaced on damaged homesteads'.[2] The displaced were then designated as the priority group to receive assistance, even though the Shelter Sector Response Plan acknowledged that many had been displaced only short distances from their homes. The response plan categorised assistance in terms of individual, displaced households in urban settings, planned or self-settled sites (emergency and transitional shelter kits) or rural settings (host support).

The Haiti Flash Appeal reflected this analysis in its allocation of resources to clusters. Funding for Camp Coordination and Camp Management (CCCM) outstripped other clusters and was awarded twice what had been requested. Three UN-Habitat proposals designed to strengthen Haitian capacity to coordinate urban response at national, municipal and neighbourhood levels were allocated only a fraction of the small amount requested and much less than any of the international clusters. The decision-makers and criteria involved in the allocation of this funding are not clear but, whatever the basis, this set in motion a coordination structure – around which people would then be gathered to report, analyse and strategise – that favoured the separate treatment of displaced and non-displaced groups, single-sector interventions and responses for individuals rather than groups.

Clusters and policies

There were thousands of affected and displaced people and we know that displacement contributes to vulnerability after disasters, but using 'displacement' as the priority category not only shaped coordination structures but also masked the complex and rapidly changing processes by which people sought shelter. The real-time evaluation of the response conducted by Groupe URD and GPPI three months after the earthquake noted that the population *before* the earthquake had been 'highly mobile'. After the earthquake, people moved rapidly 'within the city as well as between the city and rural areas' and settled outdoors in fear of aftershocks.[3] There was daily anecdotal evidence of larger camps spontaneously consolidating, secondary migration to these settlements, dispersal, return and eviction and people drifting back to Port-au-Prince after initially fleeing to rural areas.

As the categories of displaced and non-displaced were reinforced through the cluster structure, UN-Habitat – and other agencies supporting 'return to neighbourhoods' – recognised that circumscribing displacement camps as

1 These findings are not peculiar either to the Shelter Cluster in Haiti or the Global Shelter Cluster but are illustrative of larger problems with the way the Cluster System (and many other bureaucratic structures) has been conceived around the world.

2 Shelter Cluster, 'Guiding Principles for the Emergency and Transitional Shelter and Settlement Strategy in Support of the Government of Haiti V5', 28 January 2010.

3 Francois Grunewald and Andrea Binder, *Inter_agency Real_time Evaluation in Haiti: 3 Months After the Earthquake*, Groupe URD and GPPI, 31 August 2010.

the unit of analysis meant that only camps and the people in them would be enumerated. The agency pushed for a conceptual shift – 'neighbourhoods not camps' – in February 2010, and this was partially reflected in the Humanitarian Country Team (HCT)'s safer shelter strategy. This did not offer any analysis of neighbourhoods, but it did link the exit from camps to spaces outside, promoting assistance for return, relocation to province of origin or relocation to a planned site.[4] These options appeared in early drafts of the national housing framework of October 2010, but were not translated into a strategic spatial approach connecting people to real places in the city until August 2011, when the Haitian government produced its 16:6 plan to decant people from six camps to 16 neighbourhoods in Port-au-Prince.[5]

Plans and standards

Prioritising support for the displaced but mandated to operate outside camps, the Haiti Shelter Cluster proposed a transitional shelter kit: a lightweight, notionally mobile asset (reacting to displacement and insecure tenure) but substantial in cost, size and durability (anticipating slow reconstruction). Overwhelmed procurement, logistics and installation teams were then organised to deliver this, reinforcing the tendency to overlook the original plan, which had included information campaigns, technical advice, cash, vouchers, materials distribution and rubble clearance (for displaced people); self-help, phased materials distribution and technical advice (for non-displaced owners); and relocation assistance, rent and credit (for non-displaced renters).

Coordination via Technical Working Groups (TWGs), drawing on procurement and logistics staff from these teams, quickly became a process of harmonising technical standards, particularly square metres of Covered Living Space (Sphere SS&NFI Standard 3), unit costs and material specifications. This closed off opportunities to:

- support cheaper or bespoke solutions for people who had been 'mobile' before the disaster and 'non-displaced' or 'slightly displaced' afterwards, for example cash or repair programmes;
- consider settlement planning (Sphere SS&NFI Standard 2), the spatial context into which Covered Living Space would be inserted and whether the projected number of shelters could even be squeezed into Port-au-Prince; and
- challenge the priority given to displaced people and the preoccupation with improving '"security of tenure", rather than addressing any identified insecurity of tenure'.[6]

4 Government of Haiti and Interim Haiti Recovery Commission, *Neighbourhood Return and Housing Reconstruction Framework*; *Stratégie de retour et de relocalisation*, officially endorsed March 2011; Government of Haiti, *Politique nationale du logement, de l'habitat et du développement urbain*, April 2012.

5 Haiti Shelter Cluster, http://sites.google.com/site/shelterhaiti2010/home/logement-quartiers/16-6.

6 Simon Levine et al., *Avoiding Reality: Land, Institutions and Humanitarian Action in Post-earthquake Haiti*, HPG Working Paper (London: ODI, 2012).

Questioning via the Strategic Advisory Group (SAG) mechanism

With clusters established, the responsibility for coordinating shelter and land issues was split between the CCCM Cluster (inside camps), Shelter (outside camps), the *Logement-Quartier* working group (housing and neighbourhoods) in the Early Recovery Cluster and the Housing, Land and Property (HLP) working group.

The Shelter Cluster convened its own Strategic Advisory Group (SAG), but the minutes suggest that this group identified but could not react to three key signals:

- Doubts about data (April). The Shelter Cluster wanted a number of beneficiaries to set targets for fundraising and delivery of T-Shelter kits, but SAG participants realised that they did not have these numbers. Available data had not been gathered to assess need. Estimates of housing damage gauged the cost of the disaster; registration of people in camps (the Displacement Tracking Matrix (DTM)) was used to plan for resourcing camps; the Ministry of Public Works, Transport and Communications (MTPTC) Building Safety Assessment categorised housing as safe or unsafe to enter, but did not diagnose failures or allocate resources according to damage. The SAG was missing a synthesis of these datasets, broad-brush analysis of neighbourhoods and housing processes and information about the capacities of households, builders and markets.
- Deliberate disconnect from housing (May). SAG minutes stressed repeatedly that transitional shelter should mean many forms of support, not just kits, and had to be linked to plans for housing. Coordination between the Shelter Cluster and the working groups looking at housing was ad hoc, and when housing was raised by the SAG one donor warned the group, correctly but unhelpfully, that it was dangerously close to the limit of its mandate.
- Framing strategic problems as technical problems (April–August). Responding to concerns about the cost and appropriateness of T-Shelters and the slow pace at which they were arriving, participants proposed various solutions: communicating successes and lobbying the government to expedite access to land for T-Shelter settlements; adding a note to T-Shelter kit parameters to account for taxes and inflation; accepting a lower target number of shelters (a reduction of 10–20%); flexibility on the location of kits rather than not questioning what would happen in places where kits were a poor fit; and wrangles over the relative merits of plastic sheeting versus plywood.

This failure to react is likely to stem from a combination of path dependency, bias and organisational politics.[7] Once the assumptions, the flow of money and organisations and plans were in place, it was almost impossible to reconceive problems, counter-scenarios or geographic and strategic priorities. The embedded cluster logic to service camps and deliver shelter meant that problems were framed as obstacles to these objectives: lack of

7 See James Darcy et al., *Use of Evidence in Humanitarian Decision Making: ACAPS Operational Learning Paper*, January 2013.

land for shelters and lack of government capacity to make decisions about land or accelerate approvals and procedures. In terms of bias, questions and data-gathering centred on what agencies were doing, rather than what Haitians were already doing for themselves, and meetings were inaccessible to Haitian decision-makers. Without analysis of activities other than the distribution of T-Shelter kits (and their relative and geographic impact), it was difficult to consider other non-permanent solutions, such as reinforcement kits; the appropriateness of T-Shelter kits for non-displaced populations; what non-assisted people would do and when; and trade-offs between alternatives, such as repairs, in terms of pace, cost and appropriateness. The final factor was organisational politics: UN-Habitat has a global urban mandate, chairs the Global Protection Cluster's HLP Sub-Working Group, established *Logement-Quartier* and took over the HLP working group in June and the Shelter Cluster in November 2010. This was an opportunity for joining up many of the fragmented discussions, policies and data but, according to the SAG minutes, Habitat did not consistently attend the SAG, was under-resourced and appeared to be marginalised by peer agencies, perhaps for resisting the coordination paradigms it had challenged since the Flash Appeal.

Conclusion

The chain of events set in motion by early assumptions, the allocation of funding for coordination and an unexamined cluster structure all made it difficult to change course. Early estimates showing very small numbers of non-displaced people disconnected the territory of the camps from the fabric of the city and shaped the priorities, organisation, plans and data collection that followed. The destruction of high-density urban housing and infrastructure is likely to give rise to degrees of displacement that vary by population group, distance and duration, so we should think about the implications that these 'degrees' have for the assumption that displacement is the overriding determinant of urban vulnerability. Discussion of 'appropriate', 'acceptable' or 'existing' standards, required by Sphere, will be pointless unless we synthesise and interpret evidence about different places, historical shelter processes, infrastructure, markets and livelihoods, and develop a spatial account of our own actions that goes beyond 'who, what and where' to 'why, when and how'. Strategy is better devised, at any scale, when we show realistic, honest and public assumptions about what might happen, how fast and where. With time, this can move from identification of risks to deeper consideration of particular courses of action and how and *with whom* to weigh up associated risks.

In terms of the money, funding for coordination followed and fed the logic of target groups (displaced versus non-displaced), functions (servicing camps, providing individual shelters), shelters rather than places and fragmentation of the cluster's efforts at analysis and synthesis. This compounded the better-known problem of separate operational funding for emergency shelter and reconstruction. Splitting responsibility for displaced and non-displaced people and embedding this in coordination structures drove strategy, rather than strategy driving organisation, and even when the strategic focus switched to return, policy frameworks remained disconnected from a strategic spatial approach to the city and its interrelated neighbourhoods. There was no concerted effort to create a spatial account – a shared platform combining urban and neighbourhood data (from before the disaster) with emerging damage and needs assessments, international activities and data on Haitian recovery. Without this, coordination in support of the government and the Haitian people has not been as useful or as open to scrutiny as it could have been then (or now). One serious consequence is that agencies were able to comply with the cluster strategy and with their own accountability frameworks while delivering, in the aggregate, a response that was homogeneous in activity and patchy geographically. Even with the sector's traditional list- and zone-based tracking tools, we should have been concerned that a lot of large agencies were implementing only one activity from the shelter strategy.

A preference for technical answers over strategic questions forestalled thinking about vulnerable places, geographic priorities or community capacities. Locked into this path, discussions were limited to asset-based space standards not places, with a focus on space inside shelters not places on the ground and individual shelter units, not settlements. Flexibility in implementation was understood only in terms of T-Shelter kits: changing the numbers delivered, locations, unit costs and timescales for delivery – but strategic plans in complex emergencies are about revising holistic scenarios, not fiddling with single, pre-determined solutions. The strategic advisory process did not call for resources to synthesise existing evidence *and* ignored the learning from successful responses elsewhere. Data collection followed the cluster logic and could not flesh out or expose our assumptions: when we made maps, we plotted only our own islands of activity; when we photographed shelters, we did not zoom out or pan to their context and setting.

The Shelter Cluster was not working in a vacuum. Some of the limits on mandate and failures to think about the broader picture were determined by other agencies and clusters, which themselves had little capacity for (and no contemporaneous account of) strategic thinking. Humanitarian decision-making often happens in a context of scant evidence and overwhelming data. Leaders are rarely committing to a single solution but are rather signing up to a scenario, based on a bundle of implicit and interconnected assumptions about the best thing to do. But those assumptions need to be reviewed and this level of coordination – stitching back together the plans, synthesising the disparate data, building a shared spatial account of activities – did not seem to be happening anywhere in the wider humanitarian system.

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