the
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The *Humanitarian Leader/Leader Humanitaire*, a bilingual publication in English and French, is an independent voice for the humanitarian sector. We tell stories that challenge our collective assumptions and present concepts that help make humanitarian aid more just, equitable and effective.

Humanitarian Leader authors include researchers, activists, volunteers and humanitarian professionals—anyone with something to say about how aid could and should be better.

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Areas of focus include international humanitarian architecture, ethics, response design and implementation, evaluation methodology, strategic foresight, and innovation—but all papers must inform humanitarian leadership.

The Centre for Humanitarian Leadership acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the lands on which we work. We pay our respects to ancestors and Elders, past, present and future.

Cover image: Demonstrators in London protest against the military coup in Myanmar, calling on the UK to recognise the National Unity Government formed by opposition groups. © Tayfun Salci/ZUMA Wire/Alamy Live News

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Decolonising mental health interventions in the humanitarian system

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Image: A Child Friendly Space in an informal camp in Ethiopia allows children to play, learn and access psychosocial support. © Sacha Myers / Save the Children

Abstract

Mental health is an increasing concern around the world, but there is a substantial gap between Western and non-Western countries in terms of access to quality mental healthcare. To help close this gap and improve the delivery of mental health and psychosocial support services (MHPSS), the UN's 2016 Grand Bargain declared a new approach of prioritising the localisation of these services. This paper examines the effects of the Grand Bargain on the localisation of mental health and psychosocial support services in non-Western countries, as a means to decolonise mental health.

An outcome evaluation was carried out to measure the amount of funding received by local and national agencies that provide MHPSS services in less economically developed countries. All data was gathered from the UN Financing Track System (FTS) and looked at financial contributions over time in six humanitarian sectors: health; water, sanitation and hygiene (WASH); gender-based violence; nutrition; protection, and shelter. The results show that local and national agencies received only 3% of international donors' MHPSS-related humanitarian funding between 2017 and 2021. Most localised MHPSS-related funding is driven by country-based pooled funds, with Middle Eastern countries as the primary beneficiaries, and localised MHPSS funding predominantly went to the health, WASH, and protection sectors. The study found limited localisation of MHPSS services in less economically developed countries, and a limited focus on community capacity building through associated humanitarian sectors. Based on this study, it is recommended that humanitarians should advocate for increased localisation and culturally competent practices in the MHPSS space.

Leadership relevance

Community leaders and local service providers are essential in the aftermath of a humanitarian crisis, both in terms of giving immediate aid and building the framework for a sustainable recovery, yet many local and national agencies that focus on MHPSS and child protection services suffer from a lack of funding. They are sometimes hampered by an imbalance of power that places funders, rather than local leaders, in charge of making important decisions regarding the strategic allocation of limited resources. Through shedding light on funding disparities, this paper informs humanitarian leadership practitioners of our responsibility to make MHPSS and child protection services localised, accessible and culturally appropriate.

"National liberation, the struggle against colonialism, the construction of peace, progress and independence are hollow words devoid of any significance unless they can be translated into a real improvement of living conditions"—Amílcar Cabral (1979).

Introduction

The suffering of people from mental illnesses is an increasing problem across the world. The World Health Organisation (WHO) anticipates that one in every four people will experience a mental health issue during their lifetime (WHO, 2021). Depression, for example, is known to be one of the primary causes of disability, while suicidality is the fourth highest cause of mortality among 15 to 19-year-olds (ibid.). Individuals and communities coping with mental health conditions are frequently subjected to serious human rights abuses, particularly discrimination and interpersonal violence (Lund, 2020). However, mental illness, and specifically accessibility to adequate care, is manifested differently in various parts of the world. For instance, about 42% of the individuals coping with mental illnesses in Western countries receive no formal treatment, while this figure is nearly double in non-Western countries (Bedi, 2018).

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Despite the need for mental health services across communities worldwide, treatment disparities persist because the current approach to delivering these services has been Western-oriented and fails to embrace cultural contexts and integrate local practitioners (Tay et al., 2019; Tefera, 2022). This approach not only fails to leverage the practices, knowledge, and beliefs of local communities, which leads to apprehension about treatment, but the imposition of a Western-based approach is also seen as an extension of colonialism (Cullen et al., 2021). To narrow these treatment disparities, public health and humanitarian experts have been encouraged to examine how the delivery of mental health services can be more responsive to local sociocultural contexts.

In May 2016, the United Nations conducted the World Humanitarian Summit (WHS), during which possible approaches to providing more funding to local organisations in humanitarian emergencies were discussed (Gómez, 2021). Following this conference, the 'Grand Bargain' was launched, and by 2019, its signatories represented 84% of all donor humanitarian contributions worldwide (Esmail, 2022)—making

it a substantial guideline for enhancing equality in funding of humanitarian missions. The main purpose of the agreement was to strengthen local and national capacities by reinforcement rather than by replacing them with international organisations (Metcalfe-Hough et al., 2021). The Grand Bargain presents this goal as the basis of localisation. One of the ways in which the goals of the Grand Bargain can be accomplished is by localising mental health services (Esmail, 2022; Gómez, 2021).

Key concepts

To lay out the theoretical basis for this analysis of localisation and its role in the decolonisation of mental health and psychosocial support, six key concepts will be briefly explored: MHPSS, decolonisation, cultural relativism, therapeutic governance, localisation and the UN cluster system.

Mental health and psychosocial support services

Mental health and psychosocial support services (MHPSS) integrate interventions that individuals, groups and communities receive to care for or enhance their mental health and psychosocial wellbeing (Tol et al., 2015). MHPSS approaches include treatment and prevention of mental health disorders such as depression, anxiety and post-traumatic stress disorder (Rehberg, 2015). In the past several decades, international organisations such as the WHO, UNICEF and Save the Children have prioritised psychosocial issues in humanitarian emergencies (Williamson and Robinson, 2006). MHPSS departments have been established across the globe, often cooperating with local mental health agencies to promote both short and long-term interventions to alleviate emotional suffering in times of crisis (Tol et al., 2015).

Such programs are critical, as war and conflict fragment societies and damage their capacity for recovery (Rokhideh, 2017). The negative impacts of war and conflict affect future generations, as the memory of trauma and violence is transmitted across generations. This intergenerational trauma erodes the cultural, physical, and socio-emotional conditions of a society (Lehrner and Yehuda, 2018). Research has shown that the effects of post-conflict trauma on communities include high levels of social fragmentation; broken families and warring communities; violence and aggression; gender-based violence; negative economic productivity trends; alcohol and drug abuse, and depression and suicide (Tinari and Fürst, 2020).

Paying attention to psychiatric illnesses and emotional wellbeing—from biological, sociological and psychological perspectives—is evidently important. MHPSS programs are developed on mass scales and international NGOs strive to provide adequate

services to individuals, groups and communities in complex humanitarian situations. However, medical anthropology has begun to question the utility of imposing Western-based MHPSS programs and interventions on communities across the world (Roepstorff, 2020). On one hand, MHPSS interventions might be valuable in bringing attention to humanitarian problems. On the other hand, these efforts might be considered as another form of modern colonisation. Specifically, growing critiques from the international humanitarian community have been made regarding the overly medicalised approach used in assessing and treating individuals in humanitarian emergencies (Roepstorff, 2020; Watters, 2001). Watters (2001) argues that attention should be given to the socio-ecological factors that affect individuals in those settings, rather than focusing on bio-medical treatment which often portrays them as "passive victims" (p. 2).

The field of MHPSS uses an approach called the Inter Agency Standing Committee (IASC) MHPSS Pyramid of Interventions, which was created by the IASC in 2006 (O'Connell et al., 2021). It aims to categorise interventions that target both recovery and prevention phases. Recovery interventions include creating community resilience, strengthening the social fabric that was destroyed, or creating a new one to be ready for following adversities (Tol et al., 2015). Prevention interventions include psychosocial support to help people affected by crises to recover and help communities to get up on their feet, and aims to prevent certain symptoms developing into pathology (e.g., Post Traumatic Stress Disorder) (Tol et al., 2015; O'Connell et al., 2021).

Decolonisation

Andreotti et al. (2015) discuss the term decolonisation in relation to the right to self-determination and as a process that seeks to challenge white supremacy. Decolonisation, according to Tomaselli (2016), is achieved through developing forms of autonomy for indigenous people, including self-governance and economic independence. The process of decolonisation becomes more complicated in times of crisis and humanitarian emergencies (Andreotti et al., 2015).

Arthur Kleinman's *Social Suffering* (1997) offers a critical analysis of interventions for social problems that are influenced by power and colonisation. In the growing field of MHPSS, it is inevitable that the intentions behind mental health and psychosocial interventions in humanitarian emergencies are questioned, especially when they are coordinated by international NGOs. Recent research has examined the relationship between global mental health and the preservation of global power dynamics (Kola et al., 2021), however practical responses to these critiques have been widely avoided

by most international agencies. Perhaps philanthropists and donors do not appreciate seeing the word 'colonising' in a grant proposal; however, programs that do not involve a critical lens will not be able to offer a culturally respectful approach to the delivery of critical mental health services.

According to Bojuwoye and Sodi (2010), MHPSS colonisation is grounded in Euro-American oriented approaches to mental health services, which usually include the use of conventional Western psychotherapy. Despite the limitation of Western body-mind practices evident in many non-Western countries, where the integration of holistic approaches is often embraced within traditional healing practices, MHPSS programs often miss integrating local practitioners, claiming that their practices are not evidence-based (Finnstrom, 2008).

Since its formation as an international development and humanitarian aid practice, MHPSS has been coping with these tensions within the world of community work. This is because, in part, the framework that guides MHPSS does account for varying cultural and socio-political contexts across the communities in which it is implemented. Bojuwoye and Sodio (2010) emphasise the importance of implementing traditional healing and therapeutic practices into local psychotherapy work in humanitarian emergencies. As the world of aid covers events where high exposure rates to trauma are evident, there is a need for practitioners who use local healing practices and methods, and for programs that take into consideration the stigma many communities have towards mental health conditions.

Cultural relativism

The term cultural relativism is defined by Swartz (1996) as the ability to comprehend a certain culture and its social norms according to its own people. The goal of this approach is to promote an understanding of cultural practices as well as enable others to live according to their own norms and beliefs. In relation to mental health, the concept of cultural relativism might be adopted by understanding that a society's practices and traditions could affect how therapy is conducted, or by choosing to approach mental health issues differently and with respect to local cultures.

Therapeutic governance

Therapeutic governance is defined by Pupavac (2001) as a means of control through which non-profit organisations and other international agencies represent 'Western' values and interests and seek to manage global risk in emergencies. Therefore, according to Rehberg (2015), psychosocial programs might be seen as dehumanising less-economically developed countries

and non-Western cultures. Rehberg also suggests that therapeutic governance in relation to psychosocial interventions and other well-being programs could affect the way psychosocial professions (social workers, psychologists, mental health practitioners) perceive what seems to be the appropriate intervention in cases of emergency.

Localisation

Research and academia have not yet established one explicit definition of localisation. However, the International Federation of Red Cross and Red Crescent Societies (IFRC) define localisation as "a process of recognising, respecting and strengthening the independence of leadership and decision making by national actors in humanitarian action, in order to better address the needs of affected populations" (IFRC, 2018, p. 2). The predominant goal of localisation is to make aid response better through ensuring access to reliable, affordable, inclusive, and tailor-made humanitarian services for all populations in need (Van Brabant and Patel, 2018).

Local agencies and humanitarian NGOs are vital for this aim and carry distinct, meaningful strengths, mostly because they play a critical role in guaranteeing early response and understand the socio-cultural and religious contexts of affected populations in emergencies. Therefore, localisation comes from the understanding that a multidisciplinary approach is needed in humanitarian work to navigate between immediate responses to development and recovery (Van Brabant and Patel, 2018). In MHPSS, the main goal of localisation would be to maximise not only the interests of local stakeholders but maximise collaborations between international and national providers (Tol et al., 2015).

The cluster system

The UN cluster system is a mechanism used by the UN to coordinate services that are made to serve individuals during and after an emergency (Abaya et al., 2020). In 2020, more than 36 countries have been recognised as 'clustered countries'—those that use the system. Clusters include different thematic areas such as nutrition, water and hygiene, gender-based violence and health. Each cluster coordinates between the different humanitarian interventions that provide services in a specific setting and are usually overseen by UN agencies (Abaya et al., 2020).

The cluster system and its coordination are complex and bureaucratic (Olu et al., 2015). Between the UN agencies in Geneva and New York, and between the individuals and communities who end up receiving MHPSS services, there are multiple layers of stakeholders and organisations, each with their own motives, including political power, funding and prestige (Roepstorff, 2020). Each layer contains professionals and non-professionals who, due to globalisation and the high number of NGOs providing psychological support, come from different backgrounds and have different motivations and understanding. When guidelines are written in an office in Geneva to cope with, for example, adolescents who are survivors of sexual abuse, it is inevitable that cultural nuances will be missed and that the guidelines will lack deep understanding of local mental health issues.

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Increasing the influence, decision-making and access to financial resources of local stakeholders leads to a quicker, more efficient, and sustainable humanitarian response (Manis, 2018). These advantages can be due to the better awareness of local MHPSS service providers to the local government, political and social dynamics, which often leads to a more culturally appropriate approach to fulfilling the needs of a community (Chan and Shaw, 2020). Such advantages are particularly valid with respect to child-protection programs, especially when looking at multi-sectoral work. The multi-sectoral approach is based on the belief that cooperation between different UN clusters during an emergency strengthens interventions and enables clients to receive adequate and accessible services (Chan and Shaw, 2020).

An example of the implementation of this approach could be through an education cluster working together with a protection cluster to provide adequate MHPSS services that tackle both emotional support in schools and adequate access to prescribed medications (UNICEF, 2018). As children around the world depend on psychosocial care, the localisation—and ownership of—accessible MHPSS services is needed. Therefore, a localised approach provides an opportunity to enhance access to services, and increase their quality and effectiveness, while acknowledging a region's or country's essential duty to protect its citizens—even in places where adequate access to mental health care is less approachable (Roepstorff, 2020).

The current study

Based on the theoretical frameworks presented so far in this paper, there is an urgent need to bridge the gaps between the continuous colonisation of Western-based therapy modalities and the ambition of the UN to localise services. This paper aims to answer specific questions to provide a coherent, evidence-based picture of the funding and localisation efforts of MHPSS services, including:

1. What financial contribution did the UN make to support the localisation of humanitarian MHPSS services in less economically developed countries between the years 2017-2021?
2. What were the primary sectors with localised humanitarian MHPSS-related funding in less economically developed countries between the years 2017-2021?

Methodology

Design

An outcome evaluation was conducted for this paper. The assessment measured the funding of local grassroots organisations in the provision of MHPSS services in less economically developed countries, to determine whether and how well the objectives of localising MHPSS services—an objective set by the UN's Grand Bargain—have been met.

Quantitative methods of analysis were selected in order to have a clear picture of how much funding has been dedicated to localising MHPSS services since the Grand Bargain. For this reason, an analysis of cash transference has been done. This research could catalyse donors and UN agencies to fund localisation and capacity building efforts, through providing an overview on where it is lacking.

Sample

All data was collected from the UN Funding Track System (FTS) to evaluate how localisation was enhanced in developing countries through prioritisation in the humanitarian funding arena. The study includes data from 40 international agencies and governments that fund humanitarian MHPSS activities in less economically developed countries. This data includes information on the amount of cash transferred from donors and international organisations to local agencies in less economically developed countries between the years 2017-2021. The feasibility of this evaluation is high since FTS includes most of the funding in this arena that governments and funds report to the United Nations.

The sample included the following organisations:

- Local organisations—registered in the one country only, with headquarters in the same country activities are provided
- Organisations providing MHPSS services
- Organisations receiving direct funding from international organisations
- Organisations registered in the UN Funding Track System

Measures

The outcome variable was money, or financial contribution, in dollars, per year (2017-2021) allocated for one of the following services: mental health interventions that include psychotherapy or psychotropic medications; the creation of informal child-friendly spaces in humanitarian settings; mental health and psychosocial support trainings for service providers; and/or any direct case management with individuals in less economically developed countries. As MHPSS is not a standalone sector, the outcome variable of financial contributions over time were analysed in six humanitarian sectors: health; water, sanitation and hygiene (WASH); gender-based violence; nutrition; protection, and shelter.

Both research questions were measured via the use of the UN Funding Track System (FTS). All data supplied to FTS—including by local organisations who provide MHPSS services—is collected, curated, and published. This is referred to as "total reported funding" and indicates only direct funding. This database was utilised to examine humanitarian funding across all sectors between 2017 and 2021, in other words, funding across the last five years.

The funding analysis was based on extracting MHPSS keywords mentioned in the description of the funding in the FTS. In particular, the analysis focused on funding going to local and national actors (such as local NGOs, national NGOs, national governments) in respect to MHPSS. Keywords searched for in the funding description included: MHPSS, Mental Health, PSS, Psychosocial, CFS, Child Friendly Space. The French and Spanish equivalents of the above terms were also part of the keyword search. Data was extracted from FTS on 17 January 2022.

Data analysis

Data was analysed using Microsoft Excel and examined whether there was a specific trend for financial contributions over 2017-2021 within the main humanitarian sectors of health, WASH, gender-based violence, nutrition, protection, and shelter. The level of measurement is continuous. Descriptive statistics have been examined.

Results

The results of the quantitative analysis are described in this section.

Figure 1: Funding with an MHPSS keyword on FTS between 2017-2021

| Local /National Actors	International Actors
2.8% $36m	**97.2%** $1,247m
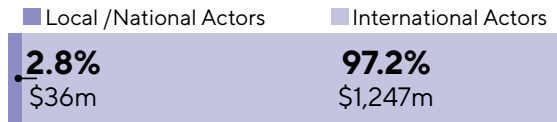
The Big Picture: Money spent on MHPSS-related funding

As can be seen in Figure 1, only $3 in every $100 of the funding identified as related to MHPSS activities in the last five years goes directly to a local or national organisation.

It was found that the international actors receiving over $30 million across the five-year period were: KfW Development ($341m), the International Organisation of Migration ($59m), the United Nations Relief and Works Agency ($49m), the International Rescue Committee ($40m), Save the Children ($39m), the United Nations High Commission for Refugees ($38m), International Red Cross and Red Crescent ($34m), and the United Nations Population Fund ($31m). Forty local and national actors shared the remaining $36 million dollars.

Figure 2: All funding with MHPSS keywords vs. specific local funding to local and national agencies (L/NA) between 2017-2021
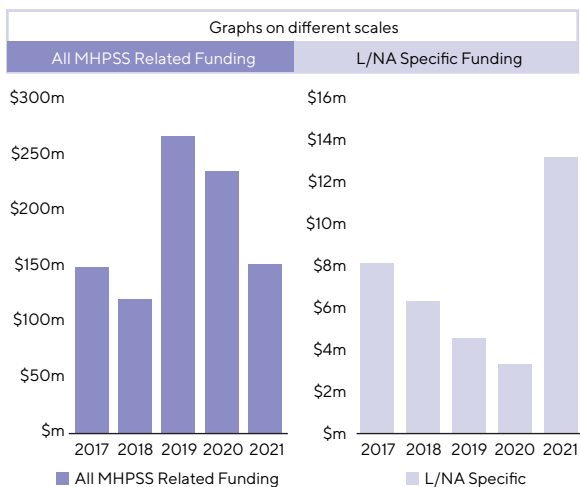
Overall MHPSS-related funding vs. local and national agencies

Figure 2 reveals that total MHPSS-related funding has fluctuated year-on-year, starting the period with $150 million in 2017, and ending it with $154 million in 2021. Specific funding directed towards local and national actors appears to be declining year-on-year, until 2021 when it reached a new high of $13 million (+150% increase on 2020).

Figure 3: Division of funding according to country-based pooled funds
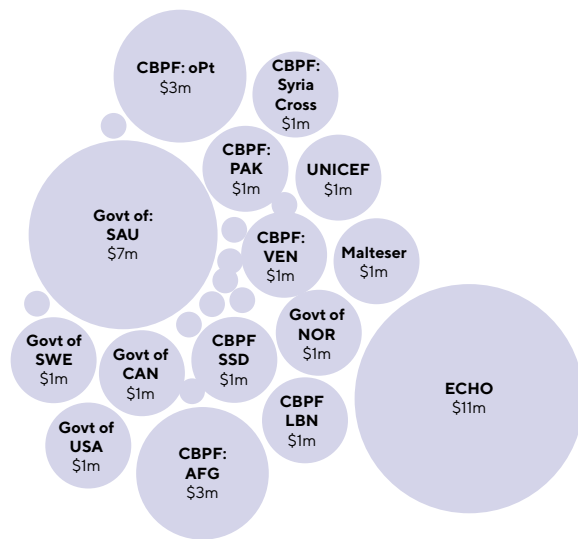
Key:
CBPF: oPt = Country-based pooled funds Occupied Palestinian Territories
CBPF: Syria Cross = Syria Cross-border Humanitarian Fund
Govt of SAU = Government of Saudi Arabia
Govt of SWE = Government of Sweden
Govt of USA = Government of United States of America
CBPF: AFG = Country-based pooled funds Afghanistan
CBPF: SSD = Country-based pooled funds South Sudan
Govt of NOR = Government of Norway
CBPF: LBN = Country-based pooled funds Lebanon
ECHO = European Commission's Humanitarian Aid and Civil Protection (ECHO)
CBPF: VEN = Country-based pooled funds Venezuela
CBPF: PAK = Country-based pooled funds Pakistan
UNICEF = United Nations International Children's Emergency Fund

Country-based pooled funds (CBPFs) donations to MHPSS-related local and national agencies

Figure 3 presents the largest donors of direct MHPSS funding to local and national actors. These were the European Commission's Humanitarian Aid and Civil Protection department (ECHO) and the Government of Saudi Arabia (all funds from both donors were for Syria and Yemen). However, if looking at the organisation type contributing funds to MHPSS-related activities, pooled funds come out on top, with 34% of all funding identified

coming through pooled funds in Afghanistan, occupied Palestinian territories (oPt), Syria-Cross-border, South Sudan, Lebanon, Pakistan, and Venezuela—all of which contributed +$500K. Country-based pooled funds are seen to be a driver of MHPSS-related funding to local and national agencies.

Figure 4: MHPSS-related funding to local and national agencies (L/NA) by context
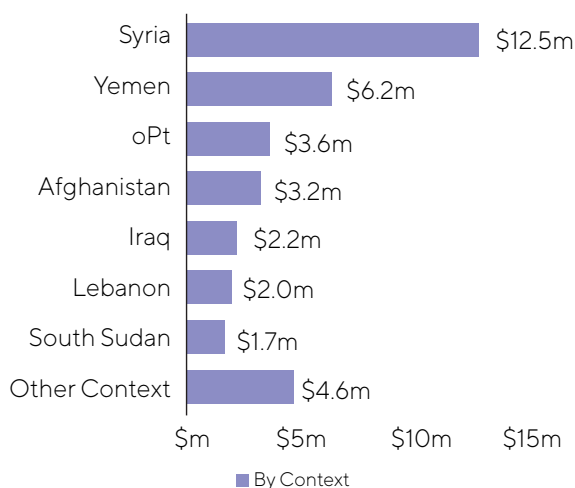
Primary beneficiaries of MHPSS-related funding to local and national agencies

Figure 4 shows that of the contexts that received more than $1 million over the five-year period, six of the seven were in the Middle East. This is partly due to the high volume of funding to Syria and Yemen from ECHO and Saudi Arabia. However, it is also in part due to the country-based pooled funds. All localised MHPSS-related funding for Afghanistan came through the pooled fund, 85% of the identified occupied Palestinian territories funding came from the pooled fund, and the equivalent figure for Lebanon was 48%. Middle Eastern contexts were the primary beneficiaries of identified MHPSS-related funding to local and national agencies.

Figure 5: Sector breakdown of localised MHPSS-related funding

Multi-sectoral work with localised MHPSS-related funding

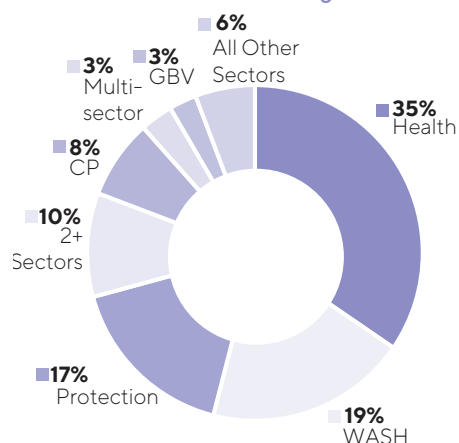A sector breakdown of the $36 million allocated to local and national agencies over the five-year period shows that health receives a plurality of funding (35%), followed by WASH (19%), and protection (17%). Child protection (CP) (8%) and gender-based violence (GBV) (3%) make up a combined 11% of the total. Together with protection, these three sectors combine 28% of the funding. 10% of the total relates to funding that includes more than one sector, while 3% relates to 'multi-sector' funding, which has historically been a catch-all term for refugee-related funding. Health, WASH, and protection are the primary sectors with localised MHPSS-related funding.

Discussion

The findings show a constant trend of continuing inequality when it comes to MHPSS funding for local and national agencies.

Finding 1: Overall MHPSS-related funding
Summary: As can be seen in Figure 1, the funding identified as related to MHPSS activities in the last five years was disproportionally split between international actors and local and national agencies. While more than 97% of the money funded international actors, a significantly smaller portion (less than 3%) was divided among 40 local and national agencies worldwide.

Implications and recommendations: Referring to Tomaselli's (2016) claim that economic independence is required to achieve decolonisation, this finding determines that economic independence has not been a main focus of the international humanitarian community, and questions its seriousness in regard to decolonising the humanitarian field. This implies that a thorough understanding among international donors about the importance or benefits of localisation has not been achieved, and that there is a gap between what was aimed for with the Grand Bargain and the engagement of the international philanthropic community. Therefore, it is recommended that the Grand Bargain Secretariat, together with the UN Office for the Coordination of Humanitarian Affairs (OCHA)—the official UN body in charge of strengthening the international response to complex emergencies and natural disasters (Keen, 2008)—should develop policies for international donors that indicate that a certain percentage of their financial contributions are donated directly to local and national agencies.

Plausible alternative explanations: Keyword searches only showed funding that had one of the selected terms in the description of the project. It is likely that there

are projects that didn't include an MHPSS term in the description but do include MHPSS elements.

Finding 2: Localisation of MHPSS-related funding
Summary: Figure 2 indicates that total MHPSS-related funding has fluctuated year-on-year, but when comparing 2017 (one year following the Grand Bargain) and 2021 (five years after), there has been a slight increase. Looking at local and national agency-specific funding, there has been a significant increase in funding during 2021, after four consecutive years of declining funding.

Implications and recommendations: The increase in 2021 of specific local and national agency funding indicates a possible positive shift in trends, where more local and national agency interventions are funded. It is recommended that local and national agencies should connect donors with the organisation's objective and enable donors to directly fund certain areas of the organisation's work.

Plausible alternative explanations: Due to the increased needs of less economically developed countries for mental health interventions due to the eruption of COVID-19 in 2020, it is possible that funding was increased specifically for the following year, but does not yet indicate a positive trend.

Findings 3 and 4: Country-based pooled funds as drivers of MHPSS-related funding to local and national agencies, and focus on Middle East and North Africa (MENA) contexts
Summary: Donors can aggregate their contributions into a single, unrestricted fund to support local humanitarian operations through country-based pooled funds. This allows humanitarian partners in crisis-affected nations to provide timely, well-coordinated, and ethical aid. Figure 3 indicates that the largest donors were ECHO and the Government of Saudi Arabia, and that their donations were directed to support Syria and Yemen. In addition, Figure 4 shows a large focus on the Middle East and North Africa.

Implications and recommendations: FTS data has not yet been released for 2022, and as ECHO is based in Europe, there is a possibility that more money will now go to support the current crisis in Ukraine which escalated in February (WHO, 2022). This possibility emphasises that although specific contributions have been donated to local and national agencies, there is a noticeable imbalance between regions and continents. For instance, although Ethiopia has experienced conflict in Tigray since 2020, it has not been a priority for country-based pooled funds. For this reason, OCHA is encouraged to monitor equitable donations to different parts of the world, to prevent potential political biases that affect financial support for local and national agencies.

Plausible alternative explanations: Funding to local and national agencies through an intermediary is often not captured on FTS. Therefore, there may have been more direct funding via country-based pooled funds that have not been tracked. In addition, data has not yet been released for 2022, and different trends may arise, given the escalation in conflicts in Ukraine and in Ethiopia.

Finding 5: Multi-sectoral work with localised MHPSS-related funding
Summary: Figure 5 shows that within local and national agency funding, health received the plurality of the MHPSS-related funding, followed by WASH, with protection, child protection and gender-based violence receiving a combined 28% of remaining funds.

Implications and recommendations: These results indicate a significant bio-medical approach in terms of the coordination of MHPSS services. As mentioned in the concept review, an overuse of a medical approach to MHPSS contributes to the portrayal of individuals in humanitarian settings as "passive victims" (Watters, 2001, p. 2). The results suggest that most of the funding supports the use of psychotropic medications and other medical treatments when coping with mental health issues, rather than following community-based interventions that use the capacities and assets of local communities as catalysts for healing and enhancing mental wellbeing. Therefore, it is recommended that OCHA uses its monitoring ability to create funding policies that support protection sector MHPSS-related interventions.

Plausible alternative explanations: As previously mentioned, funding to local and national agencies through an intermediary is often not captured on FTS, which might affect the results accordingly—there may have been more or less contributions to each sector. In addition, although the health sector widely uses medical treatments such as the use of psychotropic medications, co-sectorial interventions are difficult to track, and community-based interventions may also have been conducted by the health sector with no detected documentation.

Limitations and caveats

It is important to mention that there are several limitations and caveats on this research. A keyword search of funding descriptions will only show funding that has highlighted one of the selected terms in the short description of the project. However, it is likely that there are many more projects that didn't include a MHPSS term in the description but do include MHPSS

elements. The inverse is also true. If a funding flow has MHPSS in its description, it is likely that the funding is not 'MHPSS only' but that MHPSS components form part of a wider package of funding.

Given the methodological approach of using keywords, it is impossible to account for these two effects. Therefore, a high degree of caution should be exercised when interpreting the results. Specific numbers should not be interpreted as the definitive picture but should be interpreted as a hint towards the general situation. Another substantial caveat should be made regarding funding on FTS, which often only captures one part of the overall flow. For example, FTS may show that the US Government gave funding to UNICEF for child protection in Bangladesh, but in most cases, it is unlikely that FTS will show any flow of funding from UNICEF in Bangladesh through to a local partner that receives part of that funding for activities. In other words, funding local and national agencies through an intermediary is often not captured on FTS. Therefore, when interpreting the results, it should be considered that they more accurately reflect direct funding and not indirect funding, which is likely to be substantially higher.

Suggestions for further evaluation

Given the limitations of measuring indirect funding, further evaluation of financial contributions forwarded to local and national agencies through an intermediary is highly recommended. For this purpose, a collaboration between FTS, OCHA and the Grand Bargain Secretariat would be needed, to accumulate all possible sources of data on financial contributions. In addition, the cooperation of the largest donors, such as the Government of Saudi Arabia and ECHO is also needed, including the interpretation of their annual financial reports.

Further evaluation is required to assess what effects the funding of local and national agencies had on MHPSS services, and compare the results with local and national agencies that lack funding. It is recommended that Key Informant Interviews (KII) are held and are based on the six parameters for localisation produced by the UN to assess the Grand Bargain, which include quality of partnerships, funding, capacity, coordination, policy and local participation (Featherstone, 2019).

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Brain drain in the aid sector: Unpacking the barriers of the dual-salary system

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Image: Amran, an Early Childhood Education Project Assistant in Somalia. © Said Isse/Save the Children

Abstract

The existence of a dual-salary system in the aid sector creates structural barriers and impediments to the development of localised and sustainable responses. During the recruitment process, professionals are not evaluated according to their previous experience and titles. Instead, their nationality weighs on their application more than their expertise. In this paper, I have conducted qualitative research through a Key Informant Interview (KII) methodology, aiming to identify trends of thought among aid professionals, particularly those in senior leadership positions working as expatriates from Least Developed Countries (LDCs). I will firstly introduce the topic, then analyse the advantages and disadvantages of creating a fairer system that encourages the return of aid professionals to their home countries. Finally, I will compare my assumptions through KIIs to identify the trends of thought among interested parties. In the conclusion, I review these ideas, hoping to foster further research on the topic and inform global aid leadership.

Leadership relevance

In recent years, aid sector professionals have been openly vocal about the need for additional localisation and sustainability in aid responses. In this paper I aim to inform aid leadership regarding the inherent inequality of the dual-salary system, specifically for returning aid workers from LDCs. Returning aid specialists are an invaluable leadership resource for aid responses in LDCs, able to understand the context, the language and implement global knowledge acquired in international contexts. Human resources policies that encourage their return through fair treatment will help provide long-term and localised leadership to aid responses in LDCs.

Introduction

How would you feel if you had a job where your nationality weighed more than your expertise when calculating your salary? Imagine working in a sector where you'd need to reduce your pay three to five times to work in your own country, no matter your previous experience and skillset. You would likely define this sector as classist and discriminatory. Unfortunately, this is the sad reality for thousands of aid workers from developing and conflict-ridden countries, even those with several years of experience as expatriates. This remuneration policy has been labelled the dual-salary system (Project FAIR, 2022) and means that staff working in their own country compete on a national scale (synonymous with lower salaries and fewer benefits), while expatriate workers receive additional benefits and higher salaries.

Imagine working in a sector where you'd need to reduce your pay three to five times to work in your own country, no matter your previous experience and skillset.

In recent years, academics such as Ishbel Mcwha-Hermann and Stuart C. Carr have explored the consequences of the salary gap, noting that expatriate wages can be up to 900% higher than national ones (Carr & McWha-Hermann, 2016a). To address the issue, the University of Edinburgh, the CHS Alliance, the Birches Group, Massey University, and the Economic and Social Research Council designed and implemented Project FAIR (Fairness in Aid Remuneration). The objective of the project is to contribute to addressing UN Sustainable Development Goal 8.5—Full Employment and Decent Work with Equal Pay. In fact, it is not a coincidence that during the FAIR project, the majority of the stakeholders interviewed mentioned that "the current dual-salary system is inherently unfair" (McWha-Hermann et al, 2017). While the scope of previous research and of Project FAIR is highly relevant to my research, the sample of individuals I refer to is slightly different. In this paper I am not going to object to the salary gap between national workers and international ones, instead I aim to challenge the salary differences between returning aid workers from LDCs and expatriates, assuming that both groups can count on long-standing international experience in their work.

The objective of this paper is to question the lack of human resource policies aimed at encouraging aid workers from LDCs with international experience from returning home to contribute to aid responses in their countries of origin. The direct result of this current policy lack is a so-called 'brain drain'—a social phenomenon characterised by the emigration of highly trained and qualified people from a particular country to get a better wage. In this article I aim to highlight how the salary gap and the lack of fair human resource policies directly contributes to the brain drain of aid workers from LDCs. My hypothesis is that the salary and benefit gap impede the return of aid workers on a structural level, leading to less sustainable and non-localised responses. In the following sections, I will analyse the benefits of hiring returning aid workers and examine the common counterclaims used to justify the salary gap. In the third section, I use qualitative research to identify thought trends and compare my hypothesis with informed professionals through Key Informant Interviews (KIIs). Finally, I conclude my paper with the aim of both fostering additional research on the topic and informing senior leaders from aid agencies.

Thesis

Most aid sector professionals have had the chance to collaborate with highly qualified colleagues from LDCs and Landlocked Developing Countries (LLDCs) who have long-standing expertise in their fields. Expatriate colleagues from developing and/or conflict-ridden areas often travel to support the aid response in other countries, usually counting on several years of experience in their respective national responses. However, when they plan to return to their countries of origin, they face structural and economic barriers which discourage them from returning to lead their 'home' interventions.

The salary differentiation between national and expatriate aid workers contributes to an unfair aid sector, where nationality weighs more on the CV than experience and expertise. National colleagues get paid far less than internationals, regardless of whether they have been involved in aid responses abroad or have similar, or more experience in the sector.

Academic experts and professionals often refer to this salary divide as "Economic Apartheid", which is highly ironical considering the humanitarian aim to address inequalities in the targeted communities (Carr & McWha-Hermann, 2016b). Indeed, how can we reduce inequalities among other people if we aren't able to address it within our own sector?

Aid workers from LDCs with long-standing international experience offer several advantages for aid agencies should they wish to return home. First, they do not need to be trained about a new context and they have a clear linguistic and cultural advantage. Second, they are likely to be long-term employees who favour a sustainable approach in terms of human resources and

strategic development in their home countries. Finally, they tend to be outstanding talents able to compete on the international market. They bring invaluable local and international expertise to their roles.

The humanitarian community often voice concerns about the decolonisation of aid and the importance of localisation (Aloudat, 2021). However, many efforts to make this a reality on the ground and overcome impediments are stalling. The salary divide has been identified as one of the key challenges in addressing localisation gaps. Internally, some agencies are starting to discuss mitigation measures to overcome the gap, nonetheless there is still a lot of room for improvement.

In many job applications open to both expatriates and nationals, agencies clearly specify that if a national wins the role, their salary will be based on the national scale. However, this is clearly unappealing for workers from the targeted nation who have many years of international experience since they will need to drastically reduce their incomes. These policies contradict the global effort towards sustainability and localisation, creating a barrier for highly qualified individuals with long-standing experience who are competitive on the international market.

An equal salary scale for expatriates and returning aid workers would play a pivotal role in addressing inequalities. The dual-salary system is the 'elephant in the room' of the aid sector and shows the extreme need for fairer human resource policies that focus on merit rather than nationality. In addition, localised expertise will certainly contribute to innovative multi-sectoral responses, tailored to the needs of the communities, and based on international standards. Returning aid workers from LDCs covering leading roles in their countries of origin would bring clear and straightforward direction and global expertise.

Finally, according to Mcwha-Hermann and other academics, there is a direct correlation between the psychological wellbeing of expatriate and national employees and the dual-salary system.

> "Dual salaries undermine host colleagues' sense of wage justice, work motivation, and team relations. At organisational levels, they fuel turnover, increase brain drain, and reduce mental well-being of workers. Higher ratios fuel a 'double demotivation'—extending to international staff who overrate their own abilities and reduce their effort at work" (McWha-Hermann et al, 2021).

This research shows that the dual-salary system has devastating effects on the aid sector, directly undermining the capacity of agencies to boost staff morale and productivity. I assume that these negative effects would be even more disruptive for returning aid workers from LDCs, since in this case their previous experience and titles are not considered during the recruitment process.

Anti-Thesis

An equal salary for equal work should be a universal right. However, there are several key stakeholders within the aid sector who tend to justify the dual-salary system. In this section, I am going to analyse the main counterarguments to equal pay used by agencies, professionals and academics.

According to Koch and Schulpen, the current salary system for aid jobs in developing countries is adequate for four main reasons. First, wages are adequate and competitive on national markets. Second, the aid sector generates half a million jobs worldwide per year. Third, according to one case study, salaries in the aid sector are generally higher than in the public one. Finally, between 3% to 25% of Dutch aid programs are spent on national staff remuneration (Koch & Schulpen, 2018). While the findings of this research are accurate and show how international cooperation and assistance contribute to market stability and job development in LDCs, it does not take into account the inherent inequalities of the dual-salary system, especially between returning aid workers and expatriates. The aid sector should be pivotal in leading the reduction of inequalities and the issue is not merely economic, but moral.

Academics opposing my thesis might argue that nationals from developed countries should also be included and considered in the study. I would tend to disagree with this argument for several reasons. Firstly, most agency headquarters and governance offices are based in developed countries. Hence, aid professionals from developed countries who decide to return home generally cover global positions at the highest levels. In addition, in many vacancies for leadership positions, native knowledge of the national language of the INGO is considered an asset. This clearly benefits aid workers from developed countries in the recruitment processes. Even outside of senior roles, the salary gap between a national aid worker from a developed country and an international one is far lower in comparison to the salary gap between an international aid worker and an aid worker from an LDC. Moreover, INGO salaries refer to labour laws in their own countries that are designed through market surveys. In the aid sector, the national salary scale used by INGOs at the HQ level is generally used as the basis to design scales in field missions. It is not the case that French and Italian INGOs pay lower salaries than Scandinavian ones, as they pay international wages which are in line with their national economy (*The Humanitarian Insider*, 2022). The situation is very

different for aid workers with international experience from LDCs who work for INGOs or UN agencies. If they plan to relocate to their home country, they will need to drastically reduce their salary.

Some may argue that there is an expertise gap between international and national aid workers, especially in countries that have suffered instability for decades. While this might be true for aid workers who have not worked outside their home countries, it is not the case for aid workers from LDCs who have international experience. In the latter case, there is no justification for the existence of the salary and benefit gap between expatriates and returning aid workers from LDCs.

Human resource specialists and legal advisors could counter-claim that the salary divide is mainly based on national labour laws that restrain organisational capacity to pay the same salary to returning national workers from LDCs and foreign specialists. While such legislation certainly plays a role in creating impediments, it is not a strong justification for the substantial differences in salary and benefits. Most national labour laws do not specify the maximum wage which you need to pay your employees, only a minimum wage (Yglesias, 2014). Agencies very often pay slightly more than the minimum wage in order to be competitive with private companies operating on the national market, however, national workers at INGOs who have worked as expatriates should receive wages and benefits equivalent to their international counterparts.

Aid professionals, often from the Global North, also identify relocation costs as a valid justification to provide a dual-salary scale for national and international workers. The relocation costs certainly weigh in the salary divide between staff who've never left their countries of origin and expatriate aid workers; however, it does not justify the salary difference for aid workers from LDC and LLDC nations with several years of international experience. In fact, people who have been working for several years in international missions should also be eligible to receive relocation costs to come back to their countries of origin since they will need to move their lives back home.

In the *Project Fair Report* (McWha-Hermann et al, 2017), the respondents of the KIIs identified four main barriers in changing the dual salary system: fear of recruiting, wanting to be competitive, consistency across different situations, and high-risk settings and emergency locations. Hiring more returning aid workers from LDCs would address all issues. They would be highly competitive on the market and desire to return home, there would be total consistency in their remuneration as they would compete on the international market, and they would already be familiar with high risk and emergency settings.

Another common argument used by some aid workers to justify the benefit gap is based upon the mandatory contribution of national workers to the national welfare system. Workers who perform their duties in their respective countries of origin are entitled to all the benefits of the local welfare state, while expatriates are not. I strongly disagree with this argument, and I believe that it does not take into account several key factors. While it is certain that national workers contribute to the welfare state and are entitled to its benefits, it is also true that national aid workers constitute 98% of the casualties among aid workers killed every year (Aid Worker Security Report, 2022). Hence, since they run such high risks, it would make sense to attract them through competitive salaries rather than discouraging them through a rigid and inflexible recruiting system. Moreover, returning aid workers from LDCs are not always owners of property in their own country, and even if they own a property it is not a certainty that they are going to perform their duties in their place of origin. Therefore, relocation costs, life insurance and similar benefits should be included when they are returning to work in their countries of origin.

Finally, some might counterclaim that aid workers from LDCs are outstanding individuals who compete on the international market. Therefore, they assume that these workers will be able to negotiate their salary and benefits. In fact, there are several INGOs in LDCs who have national aid workers in senior positions. While these bilateral arrangements are certainly a step toward sustainability, we cannot assume that all workers have the same contractual power to negotiate their compensation. This is why systemic human resources policies need to be revised. Policies are designed to address common issues to create a fairer and more transparent system and the lack of human resource policy on this topic remains an unresolved and unaddressed inequality.

Key Informant Interviews (KIIs)

To test my assumptions about aid workers from LDCs and the dual-salary system, I decided to contact aid professionals from the Middle East, South-East Asia and Central Africa operating internationally and covering senior leadership roles with INGOs and UN agencies. Through the KIIs I conducted, I aimed to investigate if the structural salary and benefit divide is an impediment for them in returning to lead the humanitarian interventions in their countries of origin. Moreover, I sought to identify general trends of thought on the topic. I agreed to share the respondents' answers in an anonymous form to protect the privacy of the individuals involved. While the responses do not constitute a statistical proof, they can contribute to the identification of trends among professionals in senior leadership roles. Additionally, the results of the

interviews will hopefully contribute to initiating further studies on this topic. The expected outcome is to inform aid agencies in addressing this issue through the revision of their human resource policies.

As previously mentioned, the sample used for the interviews focused on aid workers from LDCs with international experience covering senior leadership roles. I contacted 12 interviewees. Among those, six participated in the study. The sample of the respondents is various in terms of age, gender and provenance and includes aid workers from South-East Asia, Africa and the Middle East who are in senior leadership positions with INGOs and UN agencies. The age of the respondents is between 30 and 55 years old.

I undertook semi-structured interviews through LinkedIn and Skype. One of the interviewees requested to answer the questions via chat due to an unstable internet connection. Interviewees were introduced to the scope of the paper. Later, I had an open conversation based on five general questions with each interviewee.

I considered a qualitative method as the most congenial to this type of research due to the scarcity of academic documentation on the topic. The aim of the interviews was to delineate general opinion according to their experience, and to enhance a critical discussion of one of the most controversial topics in the aid sector. Finally, I read and reread their answers to identify trends and share general assumptions and individual ideas. In the paragraphs below, I am going to share the findings for each question.

What are the main impediments for returning LDC aid workers in leading humanitarian responses in their country of origin?

All the respondents mentioned that the classification of the response is an impediment to their return. Aid workers from LDCs have different professional backgrounds and switching from a developmental to a humanitarian response is regarded as challenging.

Salary and benefits were also identified as a key challenge for returning, with five out of six respondents mentioning that they are less willing to return to their countries of origin due to this gap. Among those five respondents, one mentioned that when they returned, they were able to negotiate their salary but not the benefits. Another mentioned that they would not be willing to return to their country of origin due to political concerns. One of the respondents said that when they returned, salary was not an issue, rather, the main challenge was the amount of work. Another remarked:

> "Salary will certainly play a role in impeding me to come back in my country, plus I would face limited job opportunities"—Interviewee Three.

Four respondents out of six assumed that the aid sector was structurally afflicted by unconscious classism, in which expatriate aid workers are believed to be more skilled and competent in the workspace. They feared that returning home would be considered as a demotion of their status and profile in the international aid job market. The other two respondents held different views. One mentioned that there are certain positions of power that are subject to corruption and should be covered by expatriates to ensure transparency. The other discussed the difficulty of managing all the decision-making responsibility at the expense of expatriates who had less understanding of the local context.

Four respondents out of six assumed that the aid sector was structurally afflicted by unconscious classism, in which expatriate aid workers are believed to be more skilled and competent in the workspace. They feared that returning home would be considered as a demotion of their status and profile in the international aid job market.

> "Working for an expat your opinions are considered irrelevant. As a national staff you always cover less influential roles, as the majority of senior positions are for internationals"—Interviewee Five.

What are the main disadvantages and benefits for aid agencies in hiring returning aid workers from LDCs to lead humanitarian responses in their countries of origin?

The respondents were in almost full agreement on the benefits of hiring returning aid workers. In fact, five respondents out of six believed that aid agencies would secure long-term employees, with pre-existing understanding of context and language. In addition, the respondents believed that the academic knowledge and international experience acquired in foreign countries would play a crucial role in supporting responses in their countries of origin. Networks and connections with international colleagues were also mentioned as key benefits that returning aid workers from LDCs would bring to agencies. Many respondents also noticed the friction between nationals and expatriate staff, as there is sometimes a huge gap in terms of experience, and expatriate staff struggle to understand local contexts.

> "Less language barrier would lead to program empowerment and better accountability systems within the organisations. Agencies would be able to use interactive methodologies with beneficiaries"—Interviewee Five.

There was a mixed response among the respondents concerning the relationship between local authorities and senior positions. Half of the respondents considered the hiring of an aid worker from an LDC as a great benefit for agencies. Nationals would be able to speak the language/s, they would be more aware of cultural and local norms, and better understand the context. The other half of the respondents highlighted the risks of hiring returning talents in operational and government liaison positions. They believed that there is an unconscious racism in LDCs according to which authorities, and even national staff, accord more respect to expatriates. In addition, some of the respondents highlighted the associated risks in terms of corruption and political influence, specifying that in some contexts there are similar risks with expatriates.

"I acknowledge that in senior management roles you will need to be independent, especially when dealing with authorities, as it might be dangerous for the safety and security of the colleagues. You might be under risk and under pressure yourself"—Interviewee Two.

According to your experience, do you believe that there is a rooted conception of colonial aid which influences the lack of a human resource policies aimed at supporting aid workers from LDCs to return to their countries of origin?

Unsurprisingly, all the respondents agreed that there is a rooted conception of colonialism within aid and that the lack of human resource policies on this topic might be related. All the respondents showed very critical views of the way aid is designed and of the political influence within it. The general perception is that expatriates are more respected than nationals, regardless of previous experience. This is indeed considered colonial by the respondents that recognised the fragility of the system. Two of the respondents specifically recognised the age gap between aid workers from DCs and aid workers from LDCs. The former will enter the international market soon after completing university, while the latter must count on both academic qualifications and long-standing experience at the national level before receiving job opportunities overseas.

"There is a clear division in the salary and benefits remuneration which has colonial roots. The aid sector is much more forgiving and accessible for westerners. Senior positions are way more accessible for DCs' aid workers with less experience as it works on prejudice and assumptions. These arguments are not spoken, but it looks like a hidden rule"—Interviewee Two.

There is also a funding component that contributes to staff stratification. One respondent mentioned that donors, usually Western-based, often prefer to provide funding to projects led by expatriates. Another respondent highlighted how donors such as USAID tend to hire Yemeni and Iraqi individuals who studied in the US as staff, and delineated the different advantages of this policy in terms of understanding context. Another respondent assumed that donor agencies tend to only hire nationals of the donor country in senior management positions, undermining the growth of localised expertise.

"... donors, just like businesses, are more inclined to give funding if they are sure it will be overseen by technically qualified expats"—Interviewee Six.

Do you identify national labour laws, expertise gaps and relocation costs as reasonable justifications for the salary and benefits gap between returning aid workers from LDCs and expatriates?

All the respondents agreed that there is no reasonable justification for the inequality in remuneration between returning aid workers from LDCs and expatriates. Among the interviewees, five out of six believe that national labour laws only identify a minimum wage, while there is no limit in any country for a maximum one. Relocation costs are also not considered as a reasonable justification, in fact returning aid workers from LDCs will face the same relocation costs and might also require accommodation. In addition, three of the respondents mentioned that nationals could face additional safety and security concerns.

"It will be fair to receive relocation and other benefits, since I've been living in the foreign [country] for a long time. Whatever another expat is entitled [to], I should be entitled [to] too"—Interviewee Five.

Discussion around expertise is more challenging. Respondents tended to differentiate between aid responses in developing or relatively stable countries and responses in fragile or failed states. Half of the respondents believed that having an expatriate in leadership and government liaison positions is an advantage in fragile countries because of the profile, capacity to handle pressure and status. The other half of the interviewees believed that the expertise gap does not stand as a reasonable excuse because the competition would be between workers that both count on international experience.

"When you have a staff who has access to lots of funds and cover the same role for an extended period of time, there is a general lack of check and balance which favours violations of codes of conduct (CoC). One way to mitigate this issue is to recruit expatriates as the most senior position. This will likely maintain the checks and balances and ensure accountability"—Interviewee One.

Every respondent believed that a review of existing recruitment policies concerning the selection of returning aid workers from LDCs is critical. Five out of six interviewees suggested creating a hybrid recruitment system which encourages the return of outstanding talent through the offer of competitive salary and benefits packages in line with their previous roles. The creation of such policies will certainly enhance more sustainable and localised responses, which would be beneficial for aid agencies, and for aid responses in targeted countries. It is interesting to note that one interviewee did not believe that all roles can be nationalised. In fact, they suggested piloting this hybrid policy mainly for programming roles and in development contexts rather than humanitarian ones.

> "Counting on same experiences, all candidates shall have the same opportunities. It is a paradox to offer a strict dual-salary without considering the background of a professional"—Interviewee Four.

> "Agencies shall strengthen the system to analyse the risks of the adaptation of human resource policies while enhancing the benefits"—Interviewee Two.

Another important aspect that three out of six respondents identified is engagement with national workers and returning aid workers from LDCs. These interviewees believe that agencies fail to properly engage with their staff, having a hierarchical approach that is not in line with their mandate. Direct consultation with staff will help design a bottom-up approach where human resources are actively listened to and involved in decision making. In addition, two out of six respondents suggested focusing on staff empowerment programs, especially for junior staff from LDCs. The aim of this type of policy would be to foster inclusion and early career development for professionals from LDCs to help them be more competitive on the international stage.

> "Workers from LDCs are not listened [to], as they do not often cover positions of power. Agencies need to be more inclusive if they aim to reform and change the way the aid sector works as a whole"—Interviewee Three.

Conclusions

The KIIs showed different trends that tended to confirm my hypothesis and support my thesis. The dual-salary system is an impediment for the development of sustainable and localised responses, creating a discriminatory system that does not take into account

previous titles and expertise. The lack of a hybrid recruitment system is not in line with the mandate of aid agencies, and it must be addressed if we want to develop a transparent system in which experience has more weight than nationality. Moreover, aid agencies would have substantial benefits in hiring a returning specialist. Firstly, these workers will be able to provide a long-term commitment to an aid response. In addition, they will have local context and language understanding, as well as the knowledge acquired during their international experiences. Benefit packages must also be matched between expatriates and returning aid workers from LDCs. In fact, returning workers face the same relocation costs. Returning professionals may also be subject to higher safety risks in light of the alarming statistics that show the higher instance of security incidents for national aid workers.

The dual-salary system is an impediment for the development of sustainable and localised responses, creating a discriminatory system that does not take into account previous titles and expertise.

There are also concerns that agencies should take into consideration when reviewing these policies. In fragile countries, there are safety and security risks in hiring returning professionals. National specialists are more likely to be targeted or pressured by armed actors and influential stakeholders, and there is a risk that returning professionals in leadership positions might take advantage of their power, leading to corruption.

In conclusion, there is a general need for aid agencies and donors to be more inclusive concerning their recruitment policies. Organisations must engage with staff if they plan to address the inequalities within the system to design more localised responses. There are organisations that are already working towards this. An interesting hybrid method has been implemented by the International Rescue Committee (IRC)—a US-based INGO operating worldwide. IRC Middle East and Northern Africa (IRC MENA) have developed a policy aimed at encouraging returning aid workers with international experience. IRC MENA offers a competitive package which includes a middle salary scale between expatriates and returning nationals. Returning professionals receive the same benefits packages and a higher salary in comparison to other nationals, in line with their previous titles and experiences. While this is certainly a positive step toward sustainability, there is still a lot of room for improvement.

The results of this study do not constitute any statistical proof but might be evaluated in the future through quantitative research. Nonetheless, the trends of thought showed by the participants is consistent and could be useful for aid agencies when reviewing their existing human resource and recruitment policies. It is crucial for aid agencies to identify mitigation measures to minimise the barriers and increase the incentives for returning aid workers from LDCs. A review of the dual-salary system will lead to more accountability and transparency and signify that aid agencies are drivers of positive change not just externally, but also internally.

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Bayanihan E-Konsulta: A volunteer-driven response to the COVID-19 pandemic in the Philippines

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Image: A Filipino woman looks at her mobile phone.
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Abstract

COVID-19 stretched health systems worldwide, but its deepest impacts were disproportionately felt across certain population segments. In the Philippines, a low-middle income country with one of the longest pandemic-induced lockdowns, the most marginalised communities suffered the most, and had little agency to afford and access care. Socioeconomic barriers, compounded by the misallocation of limited resources and the militarisation and overall mismanagement of the response, widened inequities, and resulted in poorer health outcomes for these groups.

In an attempt to redress this, the Office of the Vice President of the Philippines sought to fill gaps in health delivery and access by launching Bayanihan E-Konsulta (BEK), a free telemedicine platform for indigent Filipinos. Through a Facebook messenger service that ran on free data, patients were given the opportunity to consult with health professionals regarding their medical concerns at no cost. Relevant social services, such as prescription delivery, laboratory assistance, and food and financial aid, were also streamlined in the platform. Recognising limitations in funding, the program banked on the mobilisation of health professionals and volunteers, and relied on capacity-building initiatives and the establishment of inter-agency collaborations.

Institutional credibility, intersectoral collaboration, and effective management of team dynamics were identified as enabling factors for the program's effectiveness. Transparency attracted partnerships, and trust in leadership inspired solidarity, volunteerism, and continued service. Inclusivity in different project stages improved engagement and encouraged shared participation and accountability, allowing for resilience and sustained action. Overall, BEK stands as a successful example of a low-cost public/private/volunteer health response in a time of crisis.

This paper discusses the critical challenges, considerations, and the iterations to the service implemented by the BEK team, providing insights for public health leaders and other low-to-middle income countries when tailoring responses to future public health emergencies.

Leadership relevance

Responsiveness to very dynamic situations like public health emergencies is an important characteristic of humanitarian leadership practice. In complex systems and disasters, collaboration is essential to gather diverse inputs, anticipate challenges and develop strategies to address them proactively and respond quickly and effectively. Participatory leadership can help leaders make informed decisions, gain buy-in from stakeholders, and mitigate risks, but over-reliance on consultatory processes may lead to delays. This required the BEK leadership team to strike the delicate balance between the need for speed and the need for thoughtful and ethical decision-making.

BEK provides a model of how a national government body with limited funding and technological capacity can comprehensively address the expansive needs of the communities it serves by effectively mobilising volunteers and engaging the private sector, government agencies, and local government units. It also serves as a testament to the value of balancing bureaucracy and flexibility in disaster situations. This program was a product of a combination of clear guidelines and procedures, flexible decision-making, and collaboration, which ensured a consistent but effective and timely responsive.

Introduction

The first COVID-19 case in the Philippines was detected on January 20, 2020. A state of public health emergency was declared on March 8, 2020, and the entire island of Luzon, where the National Capital Region (NCR) is located, was placed under enhanced community quarantine eight days later. All mass gatherings were prohibited and strict home quarantine was mandated (Government of Philippines, 2020). Travel was restricted, and movement was limited to accessing food and essential health services. Public transportation was suspended, businesses shifted to work-from-home, and only private establishments providing basic necessities were allowed to operate with a skeleton workforce. There was a drastic shift in health services, with hospitals struggling to respond to the pandemic. Health personnel and health resources were diverted towards the care of COVID-19 patients, and outpatient services ceased.

Given the lack of a structured nationwide telemedicine program, existing travel restrictions, and economic recession, accessing healthcare became even more challenging than it already was for many Filipinos, especially those residing in COVID-19 hotspots.

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Towards the end of 2020, there was a decrease in the number of COVID-19 cases in the Philippines, and hospitals were slowly able to resume other services. However, travel restrictions were lifted, and community quarantine guidelines were eased without the implementation of a comprehensive and efficient contact tracing system, a free mass testing program, or widespread vaccination against COVID-19. So, in March 2021, with the emergence of new COVID-19 variants, the Philippines suffered another surge in COVID-19 cases in NCR and its surrounding provinces (Cepeda, 2021). Hospitals were filled, healthcare worker infections rose, and many Filipinos seeking healthcare services had nowhere to turn to (Cortez, 2021).

In response to this surge of COVID-19 cases in the metro area and the resulting congestion of hospitals and other health facilities, the Office of the Vice President (OVP) launched the Bayanihan E-Konsulta program (BEK) on April 7, 2021.

BEK is an online-based telemedicine platform developed to cater to both COVID-19 and non-COVID-19 patients in the NCR+ bubble, particularly those unable to access existing telemedicine platforms due to high costs, poor internet connections, or the lack of advanced equipment.

Doctors, healthcare providers, and public health specialists from public and private institutions were consulted to understand what was happening in hospitals and local communities and to help develop stop gap measures that BEK-OVP could take on. Telecommunications companies were also approached to explore possible partnerships that would increase accessibility, especially for Filipinos with limited resources.

An operational framework was constructed after meetings with various stakeholders, and technical requirements were subsequently identified. Facebook (now Meta) Messenger was utilised to receive requests, and free medical teleconsultations were provided via mobile phone calls. Without cellular data requirements, this platform was the most popular and most user-friendly application for many Filipino users.

Human resource needs were concurrently assessed. Current capacity was determined, and administrative tasks were delegated to available OVP staff members. A public call for medical and non-medical volunteers was then made to complete the taskforce. This was met with an overwhelming response by professionals, organised volunteer groups, and private individuals, which allowed for the creation of multiple teams, and the provision of a wide array of healthcare services.

Healthcare providers from various practices and specialties, including doctors, nurses, dentists, and therapists, freely shared their expertise, enlisted for shifts, and offered to be on call for teleconsultations at designated times of the day. Advocacy groups, especially mental health societies, also extended their services to complement existing efforts and accommodate more patients.

When the program ended on May 31, 2022, some 1,109 medical volunteers had been verified and onboarded. Through the assistance and in-kind donations of its partners, BEK was also able to assemble its own COVID Care Package Kit for patients isolating at home without health kits and basic medical paraphernalia in their households. Each kit included: (1) a 14-day symptom monitoring sheet, (2) over-the-counter medicine and instructions for use, and (3) medical gadgets, such as digital thermometers, pulse oximeters, face masks, disinfectants, alcohol, and waste disposal bags.

Non-medical teams were just as essential in the program's daily operations. There were 1,678 volunteers who were assigned various tasks, including:

Figure 1. BEK-OVP Operational Chart as of May 2021

bayanihan e-Konsulta
Patient messages Facebook page. Case information + consent are collected.
10 OVP staff + 314 chat agent volunteers

259 call agent volunteers

COVID chat + teleconsults

2 OVP staff + 2 volunteers — swab testing

19 OVP staff + 122 volunteers — COVID care kit + patient monitoring

Non-COVID chat + teleconsults

2 OVP staff + 1 volunteer — lab exam

2 OVP staff + 2 volunteers — reseta delivery

4 OVP staff + 6 volunteers — mental health

3 OVP staff + 7 volunteers — specialists

5 OVP staff + 2 volunteers — follow-up consult

Follow through

Initial action

Referral to LGUs

quarantine kupes

10 OVP staff — swab testing (non-emergency)

Emergency Cases

11 OVP staff + 7 volunteers — patient liaison

3 OVP staff — oxygen tanks

2 OVP staff + 10 volunteers — EMS teams

2 OVP staff + 3 volunteers — referral to OHCC

98 *OVP staff activated*

748 *volunteers activated**
* Number of volunteers who already went on duty; onboarding of others who signed up continues

Volunteer management (doctors)
8 OVP staff + 2 volunteers

Volunteer management (non-doctors)
6 OVP staff + 4 volunteers

Monitoring & evaluation
3 OVP staff + 5 volunteers

IT support
2 volunteers

Referral for outside NCR+ bubble
3 OVP staff

Overall management
13 OVP staff

(1) contacting patients, discussing confidentiality and data privacy terms, obtaining consent, and bridging calls to volunteer doctors for teleconsultation, and (2) acting as chat support, by attending to inquiries and screening requests. Patients flagged for consultation were triaged by medical doctors, while those needing other forms of assistance were directed to appropriate teams.

Non-medical volunteers also staffed the teams that acted on post-teleconsultation recommendations, including: (1) e-prescription delivery, (2) doorstep delivery of COVID care kits, (3) daily monitoring of BEK-OVP patients under quarantine, (4) assistance for basic diagnostics and swab tests through a commissioned mobile laboratory, (5) non-medical assistance, such as

financial aid, food packs, and referral to local government units, and (6) referral to the in-house Emergency Medical Service (EMS) for immediate response. Some of the program's medical volunteers also helped out with the other post-teleconsultation recommendations, such as one volunteer doctor who delivered COVID care kits to patients on his bicycle on his days off from hospital duties.

Some of the program's medical volunteers also helped out with the other post-teleconsultation recommendations, such as one volunteer doctor who delivered COVID care kits to patients on his bicycle on his days off from hospital duties.

Several patients benefited from the COVID care kit and patient monitoring service of the program. Some COVID-positive patients who did not have symptoms of breathing difficulties were identified to be experiencing low blood oxygen levels through the pulse oximeter provided and regular monitoring by the non-medical volunteers. Once patients with distorted vitals were flagged, the emergency response arm of the program was immediately activated.

Issues and evolution

Issues encountered in the earlier stages of BEK's operations were due to the sheer volume of patient requests received daily.

An online spreadsheet service was initially used to store information, but this began to lag with the increasing number of patients. Information technology specialists were invited to develop a database and a net-based system tailored to the BEK's needs and process flows. This increased data capacity and improved data management allowed for easier patient record retrieval for follow-up teleconsultations.

Volunteer-driven operations were highly dependent on the availability of personnel, who had commitments outside the program as well. It was particularly challenging when volunteers cancelled shifts that they had originally signed up for at the last minute. Coupled with the overflow of teleconsultation requests, such limitations resulted in missed expectations, delays in service delivery, and even compromised continuity of care for patients on follow-up. This called for a review of the program's staff capacity and overall scope of service.

Workstreams were re-evaluated to identify which steps of the operations were labour-intensive and which ones could be automated. Calls for additional volunteers were made, and a surge hiring of staff on a job-order basis became necessary to keep up with the workload and influx of patients. Daily teleconsultation caps were set based on available human resources, while still ensuring that urgent cases received immediate attention through an adjusted triaging system.

BEK further organised its referral system with local government and health units to coordinate the care of patients outside the NCR+ bubble, after redefining the geographic limits of its services. It also strengthened its partnership with the One Hospital Command Centre (OHCC), which provided health systems capacity analytics and coordinated facility referrals in metro Manila, to properly endorse critical patients that required hospitalisation or in-person intervention. In one encounter, a pregnant, COVID-positive patient had difficulty finding a hospital to accommodate her as she was about to give birth. Through close coordination with the OHCC and the program's own emergency medical services, the patient was referred to and brought to one of the largest government hospitals in the metro area. She was able to deliver the child safely, and they were discharged without complications a few days later.

Finally, additional medics and basic equipment for emergency response, such as ambulances, oxygen tanks and IV fluids, were procured for interim management of urgent and emergent cases. Partnerships with other ambulance service providers were also established to cope with the increasing number of emergency service requests to the program.

Lessons

Sustained patient-provider engagement has been proven to improve health literacy, health outcomes, and patient experience by allowing individuals to become more active participants in their care (Bombard, 2018). Although moderate to severe COVID cases were referred to hospitals, a significant number of BEK patients were managed at home. Probable, suspected and mild COVID cases were provided with care kits, quarantined, and monitored twice daily. Patients who received this service took more responsibility for their care and were empowered to be stewards of their own health, with a significant number even proceeding to volunteer for the program. Some patients even willingly took on shifts during isolations. Recovered patients provided unexpected additional resources, which was instrumental in sustaining operations.

BEK ran daily for a little over a year and continues to operate, albeit in a modified form, to this day. It has served many patients through continued volunteerism, especially from the Filipino youth. This highlights the potential of youth involvement in disaster response (United Nations, 2020), and underscores the role of credibility and trust in leadership in inspiring service, and the role of program management in sustaining engagement.

While motivations varied, person-environment fit and similarities in attitudinal characteristics (e.g. political preference and trust) (Bekkers, 2012) were key to attracting volunteers. Self-fulfillment and job and workplace satisfaction were also critical in sustaining action. Apart from non-monetary incentivisation (Abduljawad & Al-Assaf, 2011), it was crucial to clearly define tasks, and to thoroughly orient and manage the expectations of volunteers. Communication lines with team leads were kept open, allowing for quick troubleshooting of technical and personal issues. This was a critical component as emergency responses are highly time-sensitive in nature.

Given the nature of the service, it was important to ensure the emotional and psychological well-being of the volunteers as well. There were reports of over-identification, compassion fatigue, and emotional exhaustion, which are common in health- and disaster-related response operations (Gonzalez-Mendez & Diaz, 2021). Regular debriefing and feedback sessions were then conducted to bolster resilience among volunteers, provide adequate organisational support, and delegate and reshuffle tasks as needed. Regular onboarding sessions were also conducted to increase the pool of volunteers and ensure adequate human resources to cater to the increasing number of patients.

Intersectoral collaboration and private partnerships were also essential components to service delivery. As an agency, the OVP had a very limited budget and mandate to run the program independently, so it required additional resources and support to broaden its reach and sustain its operations. Mutual commitment and reciprocity (Joudyian et al, 2021) were crucial in strengthening relationships with local government units and health departments, while transparency attracted benefactors and companies to extend their assistance.

BEK played an important role in the pandemic response, especially during the surges in April 2021, August 2021 (Delta) and January 2022 (Omicron). It was able to follow through on its commitment to provide a more accessible platform for healthcare for indigent Filipinos and implement measures that aided in the decongestion of hospitals to support an already overworked formal health unit. As of May 31, 2022, it has been able to process 56,262 patient requests, conduct 20,917 teleconsultations, respond to 2,978 emergency cases, and deliver 13,494 COVID Care Package Kits.

BEK-OVP was a product of interagency coordination, collective action, and volunteerism. It was an embodiment of *bayanihan*, a Filipino word for communal unity and cooperation. We encourage people in other resource-constrained settings to consider the measures taken by BEK-OVP in crafting their own disaster-response programs and policies.

BEK-OVP was a product of interagency coordination, collective action, and volunteerism. It was an embodiment of bayanihan, a Filipino word for communal unity and cooperation.

Leadership relevance

BEK provides a model for effective humanitarian leadership in disasters and crises as devastating as COVID-19.

The teleconsultation platform was originally intended to complement the ongoing response initiatives of the OVP at the time. These included the provision of transportation and temporary lodging for health workers, manufacturing and distribution of locally sourced personal protective equipment, testing services, and vaccination drives. Non-medical but essential measures, such as food drives and the formation of community learning hubs and markets, were likewise launched.

Although these interventions contributed significantly, there was an urgent need to augment service provision in a flailing health system during the height of the pandemic. Humanitarian leadership was essential in efficiently recognising gaps, identifying opportunities and organisational limitations, and rapidly mobilising resources to address any crisis situations.

There are many different variations in definitions of humanitarian leadership, but we find adaptive leadership to be the most encompassing reference in the literature. Heifetz et al (2009) refer to adaptive leadership as "the practice of mobilising people to tackle tough challenges and thrive". Bolletiono et al (2019) add that it is about providing a clear objective and overall goal, and motivating others to work towards it despite and within a changing environment.

These characteristics were instrumental in the success of BEK, but an important component was also participatory leadership. This approach involved relevant stakeholders—both medical and non-medical professionals—throughout the development and implementation of the health innovation to ensure the responsiveness of the service, empower individuals and catalyse a sustainable response.

OVP acknowledged its technical limitations in developing a health-related platform, so it sought experts in relevant fields to understand public health realities as they happen on the ground. Although it was important to appreciate complexities, fast action was critical, and analysis paralysis was deliberately avoided. Strategic vision allowed for the design of workstreams aligned with swiftly but thoughtfully identified goals and objectives, and leadership and decisiveness translated these into results-driven action.

The direct participation of the top leadership in the backend and the day-to-day tasks of the program (e.g., processing patient requests, call bridging, and collaborating with working teams and partners, among others) grounded the key decision-makers in the operations of BEK. This birthed deep insights and practical recommendations for further improving and refining the system. Coordination across the board—from top management down to the volunteers—allowed for resilience and iterative action that was backed up by data from daily monitoring and quality assurance reports. The collective culture of task ownership and accountability also facilitated efficient processes and created responsible and empowered team members.

Despite constraints, OVP capitalised on its ability to build networks, partnerships and a community of nation-builders. This supports the idea that while humanitarian leaders are not always fully equipped to address emerging crises, the ability to establish trust, productively engage partners, and rapidly translate recommendations into concrete process changes is crucial in addressing multifaceted challenges in situations.

Compassion, resilience, and the conscious decision to consider different voices, especially those directly involved in the project, were also instrumental to success. As the program progressed, the staff and the volunteers, through their constant exposure to diverse cases, identified relevant non-health-related needs of the community—such as food packs, financial assistance and legal support. The needs were discussed among volunteers in post-shift huddles and were raised to the management committee as needed. Old partnerships were tapped and new ones were built to supplement the resources necessary to integrate these additional services into the operations. This contributed to the gradual expansion and transformation of the platform into a more holistic service that addressed many

overlooked structural and societal barriers to achieving good health. This highlights the importance of working beyond the silos when engaging in humanitarian work and being proactive in anticipating the various needs of the community in very dynamic situations.

Government agencies typically rely on the implementation of bureaucratic processes for efficient delivery of public services. However, when the system experiences shocks like a sudden skyrocketing demand for services or when the current resources cannot keep up with the demands on the system, extensive bureaucracy may serve as hindrance to immediately addressing the needs. This requires leaders to go beyond the traditional ways of governance and implement a mix of social and technical innovations without undermining the necessary checks and balance mechanisms of government. The highly adaptive staffing patterns in the OVP, partnerships with the private sector, engagement of health and non-health volunteers, and the development of an integrated patient information system, are examples of innovations that augmented the capacity of the OVP to respond to increased demand for services.

Moving forward

Recognising the continued threats from COVID-19 and the challenges in accessing health services for many Filipinos in general, BEK has continued beyond its original terms of reference. It has now transitioned from an initiative supported by a government agency to a flagship project completely run by Angat Buhay, an anti-poverty non-profit organisation headed by the former OVP leadership.

As in many other non-profit organisations, Bayanihan eKonsulta-Angat Buhay (BEK-AB) faces challenges, including funding sustainability, inadequate human resources, and limited scale of interventions. The organisation has been extending support and assistance to local government units that are looking to develop similar interventions in their respective communities but is largely dependent on private funding for its own operations. Changes in staffing have also been observed.

Currently, BEK-AB is overseen by a Technical Officer for Public Health and Nutrition assisted by a volunteer team that is responsible for managing medical and non-medical volunteers and the day-to-day operations of the program. Some 269 medical and 431 non-medical volunteers have been onboarded and deployed since the transition in July 2022. Given these circumstances, the program temporarily limited its services to teleconsultations for outpatient cases and other basic medical services. Financial assistance, food packs and medicine distribution, and emergency ambulance services have been discontinued, and COVID care kits are being distributed in limited amounts.

Despite these challenges, BEK-AB is maintaining its commitment to improving access and delivery of health care, especially for resource-challenged populations. In fact, it has now crossed geographic borders and expanded its reach to the whole of the Philippines. Because of the decrease in COVID cases, the platform can now entertain patient requests for a more diverse set of concerns and conditions. These include basic health information (e.g., medications, reproductive health services), specialist services (e.g., OB-GYN, dermatology, internal medicine, paediatrics), and mental health consultations.

BEK-AB has the capacity to meet such demands because of the sustained engagement and active participation of the volunteers from its early days at the OVP. It also seeks and welcomes invitations for partnerships with organisations looking to collaborate.

Conclusion

In its continued operations, BEK-AB aims to expand its services by establishing referral networks with different health agencies and facilities. However, the program ultimately hopes to widen its reach and impact by forging meaningful partnerships with local government units across the country that would prioritise health in their respective local agendas. As in any non-profit organisation, resources are limited, and sustainability is better achieved in coordination with institutions that could integrate the model into a bigger delivery network and public healthcare system. In the long term, this could not only improve responsiveness to crisis situations but also offer a potential solution in enhancing the delivery of promotive and preventive primary healthcare services.

Although trends in medical challenges are dynamic, the greater problem of health inequity remains. Innovative measures are proposed to bridge these gaps, but the success of implementing any of these solutions is highly dependent on the quality of leadership involved in the process.

The value of humanitarian leadership in initiatives like BEK has been well-stated. However, its relevance extends beyond disaster mitigation and response. It is critical for leaders to work with a deep understanding of the challenges faced by vulnerable communities and the underlying structural issues that perpetuate inequalities. Adopting a human-centered approach throughout the project cycle helps ensure that needs are appropriately identified and that outcomes are sustainable and impactful. Creating a space that allows for communities to be co-designers and co-creators of solutions also builds trust and fosters a culture of commitment, ownership, and continuous adaptation. This allows for resiliency and gives individuals agency.

Empathy and empowerment are at the core of this brand of leadership, and it serves as a blueprint for how governments can work to provide more holistic solutions instead of stop-gap measures and address root causes instead of mere symptoms of inequality.

Empathy and empowerment are at the core of this brand of leadership, and it serves as a blueprint for how governments can work to provide more holistic solutions instead of stop-gap measures and address root causes instead of mere symptoms of inequality. The COVID-19 pandemic highlighted the significant and disproportionate impacts of pressing global challenges on vulnerable populations, and never has it been more urgent for sectoral leaders to adopt a humanitarian approach.

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Social positioning in humanitarian diplomacy: INGOs in North Korea

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Image: Reunification ribbons on a railroad bridge in the Demilitarised Zone of the Korean peninsula
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Abstract

This article shows how the theoretical approach of 'the practice turn' can be useful when studying humanitarian diplomacy in international relations. The research argues that the social position of organisations influences the implementation of their humanitarian diplomacy. The article uses, as a central example, the case of international non-governmental organisations (INGOs) providing humanitarian aid to North Korea. To paint a picture of the field of humanitarian aid in North Korea, this research uses multiple correspondence analysis (MCA) to analyse around 2,000 pieces of qualitative information. The research shows that the field is made up of three groups of INGOs. We will present their social characteristics and their impact on the humanitarian aid sector in North Korea.

Leadership relevance

Humanitarian workers evolve in a complex social environment where organisational identity influences the way humanitarian diplomacy is led. By studying the sociological profiles of international non-governmental organisations working in or with North Korea, this paper provides an understanding of their social environment. The results will help humanitarians understand the dynamics that influence their decisions.

Introduction

Humanitarian diplomacy is often regarded in terms of the relationship that humanitarians have with others; for example, the way they negotiate with an armed group. However, humanitarian organisations are also responsible for the negotiations' outcomes. It is important to look at humanitarian organisations' identities to understand how this can affect their humanitarian diplomacy.

Humanitarian diplomacy is at the heart of international humanitarian aid. The outcome of a project is associated with its success and its implementation is highly dependent on the actors who develop it on the field. Therefore, there are various ways of practicing humanitarian diplomacy. The style of negotiation, the cultural background, the funding or the organisational values also influence the way it is practiced. Furthermore, humanitarians do not see themselves as negotiators, which implies that they do not rely on fixed negotiation models (Grace, 2020). As the common sense of diplomacy can only be learned through its exercise (Grace, 2020; Pouliot, 2008, 2015), humanitarian diplomacy, just as conventional diplomacy, is learned through practice. Therefore, it is crucial to study it in its social context.

Using the theoretical approach of 'the practice turn' in international relations, the article focuses on the sociological field of humanitarian aid in North Korea. To date, this approach has rarely been used to analyse this type of topic (Turunen, 2020). Yet it is ideal for this purpose, as it considers the 'small' actors in international relations, the unspoken and the common sense, as central elements. The approach defies the asocial tendency of international relations theories by refocusing the analysis on what decisions are based on rather than the usual rationale of what decisions should lead to (Kratochwil, 2011; Pouliot, 2017). When using the practice turn framework, claiming that rational calculation is ubiquitous in the political agent is impossible to do. Indeed, the political agent relies on experience and knowledge, but above all on what makes sense (Pouliot, 2017).

Humanitarian aid in North Korea is the perfect representation of the importance of humanitarian diplomacy in international relations. International non-governmental organisations (INGOs) have direct contact with North Korean society. Some organisations have been successfully working in the country since the beginning of the millennium. Therefore, humanitarian organisations have key knowledge on how to cooperate effectively with the country's authorities. Collecting information in North Korea is complex and the practice turn framework, which has never been used to study North Korea, can bring a new insight into the experience of INGOs in this reclusive society.

This article looks at the different social groups of INGOs that are present in the humanitarian aid sector in North Korea. As the statistics often used, such as the number of organisations that have projects in North Korea, are insufficient to understand the social dynamics, the sector has been mapped through a multiple correspondence analysis (MCA) that considers 147 modalities. This analysis will give us graphs that will allow us to both map the sector and identify the different social groups. Subsequently, the groups will be analysed to understand their social identity. We will conclude by highlighting the benefits of analysing humanitarian diplomacy using the practice turn approach in international relations.

This article looks at the different social groups of INGOs that are present in the humanitarian aid sector in North Korea.

Methodology

The best definition of humanitarian diplomacy comes from Minear and Smith (2007). In its broadest sense, humanitarian diplomacy defines the set of negotiation practices that humanitarian INGOs need to deploy to carry out their projects. They add a very important nuance: there are two diplomacies, one with a lowercase 'd' and one with a capital 'D'. The first one includes all the small negotiations that take place daily, in the field. The second refers to the place of humanitarian workers in conventional diplomatic negotiations (Minear & Smith, 2007). In the case of our research, we are interested in the first type. In North Korea, small-scale interactions and negotiations seem to be the most effective and representative practice of humanitarian diplomacy.

The period we are focusing on are the years between 2010 and 2020. This is a period that has been little studied in the literature on the topic and Kim Jong Un was in power for most of the period. For our research, we define INGOs as organisations that provide humanitarian and development aid[1]. They are not directly attached to a state. They work in one or more countries that are not their home country, hence their international character. This is why we do not use the term non-governmental organisation (NGO). In our MCA, INGOs are considered a singular entity. We will study the organisations working in and with North Korea.

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[1] To simplify reading, we consider humanitarian aid and development aid as one and the same in this paper.

To carry out the MCA, we analysed nearly 150 websites of humanitarian and development INGOs that have had a mission in North Korea in the last 10 years[2]. The information found was compiled in Excel to form a sociological profile of each organisation according to modalities previously selected. We removed 24 organisations from our list due to a lack of information, bringing us to a new total of 129 websites. This allowed us to observe the general portrait of each organisation to help us interpret the MCA and extract the relevant data for our analysis.

To carry out the multiple correspondence analysis, we analysed nearly 150 websites of humanitarian and development INGOs that have had a mission in North Korea in the last 10 years.

We collected information distributed over 18 attributes for each of the organisations studied. Of these 18 attributes, two are descriptive: 'Name' and 'Identification number'. The attributes 'Activity' and 'Humanitarian network' were used as additional variables. All other attributes were used as analysis variables: 'Humanitarian activity', 'Type of organisation', 'Religion', 'Country', 'Residence', 'Humanitarian network', 'Advocacy', 'Type of law', 'Size', 'NK focus', 'Finance', 'Main donor', 'Start of activity in North Korea', 'Independence', and 'Non-political'. The 16 non-identifying attributes have between 2 and 18 modalities per attribute for a total of 147 terms. Therefore, 1,935 pieces of information were collected for all 129 organisations, and 96% of the total data is verified and genuine.

The social geography of INGOs in North Korea

The MCA enables us to project a multidimensional cloud in the form of a 2D table that places all the objects according to the relationships between the attributes that constitute them. The two axes of the graph of an MCA have no real values other than their rate of variance in the representation of their respective dimension. The graphs represent the complex relationships of the elements of the field; however, interpretation is required to understand the different dynamics. To help the reader understand the meaning of the graph, we added some indicators. Hierarchy indicators such as 'bottom', 'centre'

and 'top' are represented by a black dot and indicate the hierarchy of the field. The cardinal points placed at the end of the graphs are indicative as they help with the spatial understanding of the graph[3]. Some graphs have coloured areas to identify groups of organisations according to one of their attributes.

The MCA should be read in terms of the distance between the points. Points that are close together indicate that according to their sociological profile, these INGOs are similar. Distant points indicate differences and diametrically opposed points indicate a strong contrast. Therefore, it becomes possible to reveal the rank of the organisations in the hierarchy of the field and the practices generated by their position.

The graphs below represent different layers of the same calculation. They have been split into several graphs to facilitate reading. All the graphs have been scaled to reflect that they represent the same calculation[4].

Positions in the graph do not determine social practices, agency is always there, but behaviours are nevertheless encouraged by socialisation. Therefore, an organisation that finds itself in a politicised area will not necessarily be politicised. It is, however, more likely to be so than another. Statistically, our analysis is similar to predictive analysis, and socially, to a personality test.

Organisation and nationality

The first graph below shows the position of the organisations according to their identification number[5]. The graph informs us where the organisations are located given their sociological profile. Considering that we must look at a field through its hierarchy, the majority of the organisations are in a less dominant position.

The distribution of INGOs in the field becomes more precise when we are looking at nationalities. The attribute that most influences the expression of the MCA is 'country'. As presented in Figure 2, countries are positioned according to a zoned group logic. We can observe that a significant number of organisations are in the south-east, including a majority of European organisations[6]. We can see that German INGOs are sociologically opposed to Korean ones. The International Red Cross and Humanity & Inclusion are examples of organisations from the 'top' group.

[2] Finding the organisations was a huge task, as no comprehensive directory exists. We thank Nazanin Zadeh-Cummings for suggesting and allowing us to use the data she collected for her doctoral thesis. See Zadeh-Cummings, N.A., *Humanitarians in the Hermit Kingdom: NGOs, Aid, and Access in the DPRK.* City University of Hong Kong, 2019.

[3] The field is basically a geographical representation of relationships.

[4] In order to best represent the dynamics of each graph.

[5] For reasons of anonymity, the names of the organisations are withheld.

[6] 77% of the European organisations that belong to the south-east zone (France, Switzerland, Germany, Ireland, Denmark, Poland) are in the 'European' zone.

Figure 1: Organisations labelled by identification number
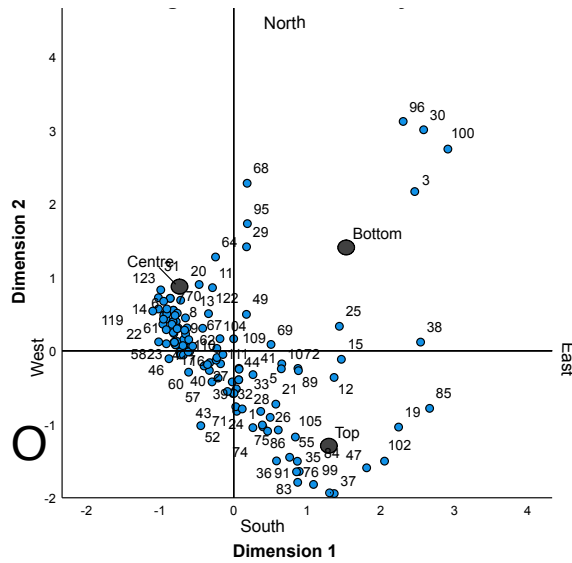
occupied by Canada, Italy, and Finland in small numbers, showing a contrast with the rest of the MCA. The World Federation of the Deaf is an example of a 'bottom' group organisation.

Three zones can be drawn by clustering organisations by country of origin[8]. Looking at Figure 3, we see that there is a division between European and South Korean organisations. We see that American organisations form a bridge between the 'centre' and the 'top' zones. There is not an exclusive American zone, but the weight of American organisations should not be underestimated in the analysis—there are 34 American organisations that are present along the axis of the field[9]. There is not just one kind of American organisation, but several, as we observe organisations from civil society to institutionalised organisations. Social groups better represent the organisations' identity because, alongside nationality, other attributes impact identity. For example, American organisations are found alongside South Korean organisations because they are similar in size, funding or advocacy.
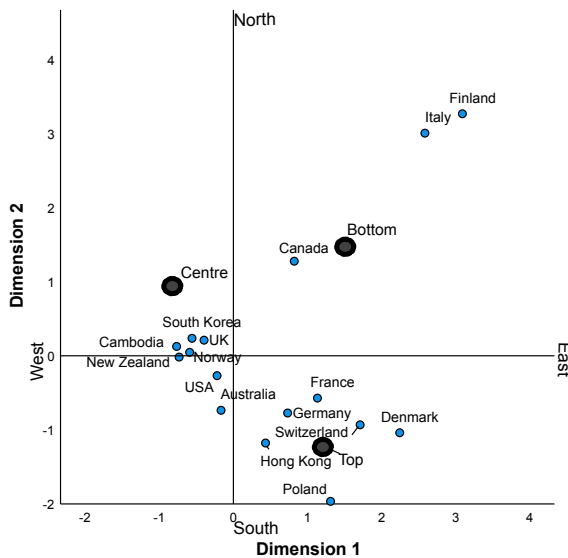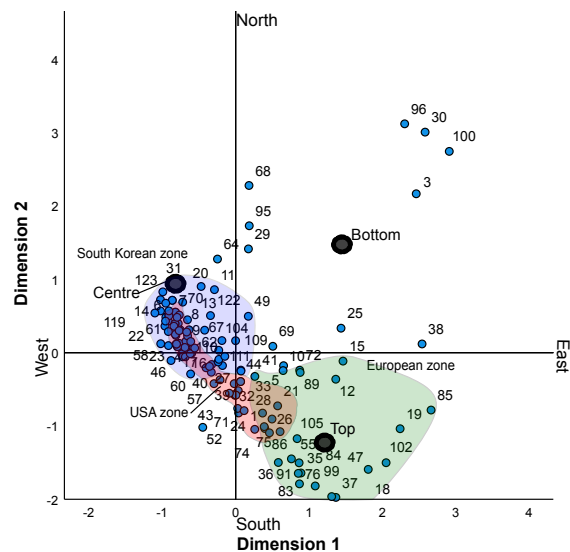

Figure 2: Organisations by country of origin

Figure 3: Organisations by majority country area

The north-west zone, the 'centre', is occupied by a cluster of organisations, mostly South Korean ones, followed by American organisations and those of other countries that are also present in the 'centre' in small numbers. These organisations have an identity that is close to the Korean one, for example, organisations founded by expatriate Koreans[7]. The Eugene Bell Foundation and Sunyang Hana are examples of organisations in the 'centre' group. The north-east zone, the 'bottom', is

Advocacy

Humanitarian organisations often advocate for ideas related to their core objectives. Advocacy can be defined as an action aimed at influencing the policies or actions of other organisations, institutions or governments

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[7] 80% of South Korean organisations are represented in the north-west of the graph and 91% are in the South Korean country zone.

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[8] There are 50 South Korean organisations, 34 American organisations, 11 German organisations and several INGOs from European countries that have had projects in North Korea between 2010 and 2020.

[9] 90% of American organisations are present in the 'US zone'.

in favour of an organisation's objectives and interests. Advocacy allows organisations to make their voices heard, promote their values, and mobilise community support. On the other hand, some organisations prefer to focus on more concrete and practical actions in the field, rather than engaging in advocacy that may be seen as more controversial and detrimental to their objectives. Looking at the disposition of 'advocacy', the second most important attribute, there is a west-east division in the field[10]. Out of 129 organisations, 59 advocate for a cause. The position of the different modalities is a reminder of the different areas where INGOs are gathered. If we simply look at the 'Reunification' modality, we understand that it is mainly carried by South Korean organisations[11].

Figure 4: Advocacy
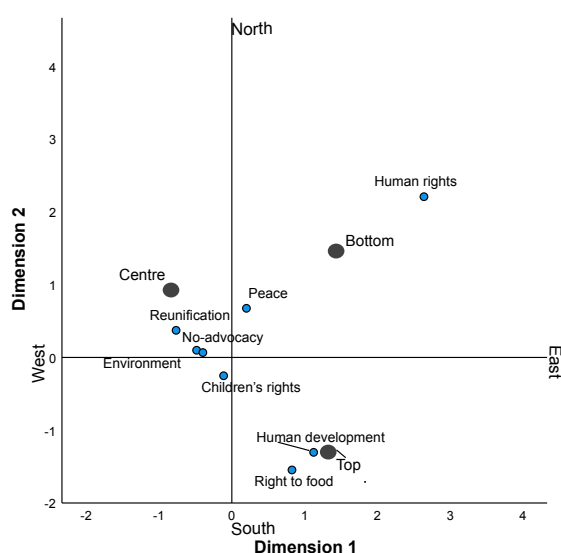
'Human rights' is the advocacy type that contributes the most in differentiating the modalities. Its position in the north-east reflects its unique character and the various organisations that promote this advocacy are almost automatically separated from the rest of the INGOs. This modality characterises the 'bottom' group.

We find that adopting advocacy or not is linked to the number of countries in which the organisations work. When looking at the attribute 'size', we find that only 36% of the 'small' organisations advocate, while 60% of the

'large' organisations do so[12]. This dynamic also reflects a financial rationale, as 95% of organisations with funding of more than CAD$5 million are organisations working in more than eight countries. Determining whether the adoption of advocacy comes before significant funding, or the opposite, is difficult.

The dot indicating advocacy for children's rights is shared by the 'centre' and the 'top'. Half of the organisations that perform this advocacy are Christian faith based INGOs. This is partly explained by the strong presence of American faith-based organisations—23 American and 21 South Korean[13]. This type of faith-based organisation tends to focus on children. This is an aspect that we observe when analysing the websites of the different organisations.

In contrast, the attribute 'religion' is not a major contributor to the disposition of organisations, as it is not a pole of attraction but rather an identification of certain organisations[14]. This observation goes against some assumptions found in the academic literature. Indeed, according to Snyder (2007), religious INGOs are one of the most successful types of INGOs in implementing their projects, which may be strange considering that communist ideology is generally opposed to religion and its practices. This success can be explained by their private funding, low media attention and organisational values. According to Yeo (2017), religious INGOs are the best equipped to support long-term development projects[15]. On the other hand, they are more likely to lose out in negotiations, as they want to maintain access out of religious fervour (Flake & Snyder, 2003). However, there is no evidence in the MCA that religion contributes to humanitarian aid in North Korea, nor that it provides a particular financial situation. Rather, we argue that Snyder and Flake, in analysing faith-based organisations, have identified a specific dynamic of the 'centre' group. However, by using only one attribute, they interpreted the findings as specific to faith based INGOs and ignored that the whole group shared these characteristics. The presence of these INGOs is tolerated in North Korea and their beliefs are not seen as problematic as long as there is no confrontation (Zadeh-Cummings, 2019a).

Out of the organisations analysed, we found that the majority—54%—do not advocate for their cause. However, most of these organisations gather in the north-west zone with those advocating for reunification. This dynamic shows that advocacy for reunification and peace is generic.

The graph below, just as the one presented above, shows the different zones created by the organisations' advocacy according to the modalities they share. We observe that the advocacy zones are roughly similar to the nationality zones. The 'Peace' zone overlaps with the 'No advocacy/Reunification' zone. This can be explained by the fact that 66% organisations advocating for peace are South Korean. The blue bubble overlaps with the 'Human Development' area, as does the 'Country: USA' area. Therefore, advocacy depends on nationality.

Figure 6: Size and funding

Figure 5: Organisations by advocacy zone

We note an opposition between South Korean organisations and some organisations from the West[17] that reminds us of the classic hierarchical divisions in international humanitarian aid (Navarro-Flores, 2006). Advocacy, nationality, number of missions, and funding reflect this division. These attributes are followed by several others that we have not presented above. Nevertheless, the field is made up of three groups of organisations that are distinguished by their different attributes.

Typical sociological profile of the three groups

Attributes have concrete effects on the identity and practices of organisations—for example, the role of money in the number of resources available to humanitarians. Diplomatic practices are therefore based on social position. So how do the above differences manifest themselves on the field? To answer this question, we formed a typical profile of each group through research interviews, analysis of statistical data, and website overviews.

'Bottom': the politicised group

The 'Bottom' group is the group at the bottom of the field[18]. This group is the one whose organisations are least based on humanitarian aid. They focus on activist or politicised interests. They have specific objectives, primarily to influence certain government policies. However, it seems that to be able to reach

Finance and number of missions

The third and fourth most important elements for prioritising the field are the number of countries in which organisations work and how much they are funded. The graph shows the financial dynamics inherent to a West-East division. Most organisations have few missions and less than CAD$5 million in funding, including 50 organisations with less than CAD$1 million in funding[16].

[16] Approximately USD$3,700,000 and USD$750,000

[17] Only two organisations are from Hong Kong and are dependent on another organisation. Therefore, we have ignored this in our analysis.

[18] Lower in terms of sociological position, not in terms of position on the graph.

these decision-making spaces, more economic capital is needed. Therefore, the 'top' may be more likely to succeed in this objective. The 'bottom', since its constituents have influence objectives, will convince the North Koreans to approach certain initiatives that they are not aware of. For example, a foreign organisation may obtain compromises from the Koreans, but since there is no base in place, the agency will have difficulty finding support among local authorities. This will undermine the effectiveness of the project. On the other hand, the organisations in the 'centre' fill the needs that the authorities have on the ground.

The 'bottom' organisations are regularly frustrated with the system and have a more direct diplomatic attitude. They do not practice open criticism of North Korea, and they do not openly talk about 'human rights' on the ground, although this may be one of their concerns. There is an 'implicit' understanding that this topic should not be discussed, proving that the 'common sense' of the field pushes for the restriction of discourse (Research interview, 2022-2021). It is not that they are hiding their beliefs, but rather that they are not addressing the topic head-on. This practice is also carried out in other countries where the political situation is similar, so these organisations do not practice a 'rights-based approach'.

The 'bottom' organisations do not consider and do not seem to be penalised by their politicisation. On the contrary, their politicisation allows them to freely negotiate, thus facilitating funding, diversifying project types, reducing relational asymmetry, and providing access to unique partners such as members of the Workers' Party of Korea. However, compared to other groups, relationships can be more fractious. Politicisation is a diplomatic style rather than a burden. The biggest advantage is a high degree of flexibility in the face of uncertainties in the field and in negotiating project development, as these organisations can change their mission if this allows them to maintain access to the field.

The 'bottom' organisations are often more open-minded about criticism and external disclosure. Symbols such as the configuration of their office, their website, their stance, or their description of North Korea, reflect Western liberal positions. The employees of these organisations are educated and professional. They use technological and informed jargon while understanding the political situation of their organisation. They are present in international humanitarian spheres and activist circles.

'Centre': the dedicated group

The 'centre' group is at the same time dominated by the 'top' group and very effective in developing its own projects, like the 'bottom' group. Thus, it is halfway between the lower and upper part of the field—hence its name. Most of the organisations in this group have a fundamental mission to help North Korea. They have a more conciliatory attitude towards North Korea which is shown by a deep respect for the symbols. One example is the naming of the country as 'The Democratic People's Republic of Korea', rather than 'North Korea'.

The employees of these organisations are often educated, but they are now away from the academic environment. They are professionals, but not in the 'big' social circles of international humanitarian aid. Their career is based on personal dedication to a cause rather than advancement in their professional sphere. Religion or advocacy may motivate their dedication.

Unlike the 'top' and the 'bottom' groups, which bring in foreign and potentially conflicting normative baggage, [organisations in the middle group] adopt universally accepted positions or co-opt North Korean ones.

Even when advocating for their position, the 'centre' group adopts an apparently apolitical stance by focusing their discourse on inter-Korean cordiality such as peace, reunification, cooperation, mutual understanding, etc. Thus, they do not impose external norms on North Korea. Unlike the 'top' and the 'bottom' groups, which bring in foreign and potentially conflicting normative baggage, they adopt universally accepted positions or co-opt North Korean ones. This position is far from negative as it provides them with mission-critical, even survival-critical stability. Their primary objective is not political, but humanitarian. Moreover, politicisation is not essential to the success of their mission. Their funding is more fragile and linked to their politically disinterested aid. Taking the risk of criticising or having their words distorted is simply not necessary.

Their low economic capital is compensated by their cultural capital. The organisations in the 'centre' are more familiar with the Korean language and North Korean culture. This exchange of capital allows them to have successful projects even though they do not have significant resources, by building strong bonds of trust with the North Korean authorities. It is plausible to assume that without their knowledge of the culture, these organisations could not survive in the long term.

The organisations in the 'centre' are flexible in redefining their missions. This flexibility, which is more common among South Korean organisations, allows these INGOs to continue existing even if they have not been able to

implement major projects in the North since 2010. To deal with this issue, some of them turn to public relations to promote reunification or peace on the peninsula. This reorientation allows them to rebrand their organisation as not strictly humanitarian, but also as deeply involved in North-South relations. This flexibility allows them to ensure the survival of the organisation by obtaining funding for this type of activity and convincing the South Korean population to support their activities. Without this flexibility, which is in line with rationalist assumptions about INGOs, the organisations would be doomed because they would not have the arguments to obtain funding (Kim, 2019).

In this group, the organisations do not seem to be looking for major compromises, as their demands are often accepted and suit North Korean authorities. Moreover, they prefer to extend their projects rather than start new ones, in order to establish an efficient systematised bureaucratic routine (Research interview, 2021-2022).

'Top': the privileged group

The 'top' organisations are privileged, as they occupy a dominant position in the field due to their significant resources. Through their humanitarian diplomacy, they adopt a more entrepreneurial and institutional attitude toward North Korea. They are all European or American organisations, and they develop projects in several other countries as well.

Humanitarians who work in these INGOs are educated, understand the political dynamics of their organisation, express themselves with humanitarian phraseology, and adopt the professional social codes of the international humanitarian aid sector. These organisations are similar to state humanitarian aid agencies in terms of capacity, symbolism, and operation.

The organisations from the 'top' group work according to the often-inflexible standards of their headquarters. They are not openly political, but they do adopt strong normative advocacy. Thanks to their economic capital and their powerful social capital, they have significant powers of influence. They can obtain residency, gain access to state initiatives, and deploy strong projects. However, these projects can also be similar in scale to other groups. Their economic capital does not seem to compensate for their lack of cultural knowledge compared to the 'centre' group. These INGOs could potentially be less efficient than those in the 'centre'. They have a strong organisational symbolism embedded in their INGO's history. They are, therefore, not flexible in the North Korean context. Since they do not have any close relationships with authorities, these organisations do not seem to adopt North Korean symbolism. On the other hand, they do not appear to be critical of the regime.

To a lesser extent than the 'centre' group, they base their work on non-politicised humanitarian principles. The 'top' group is the only group that the others recognise, or even envy, in their perception of the social world, thus confirming their dominant position in the field (Research interviews, 2021-2022). Their strong visibility helps them in their relationship with the North Korean authorities who want to get closer to international circles. Indeed, despite the country's reclusion, the appeal of the international is strong; the authorities want to follow international standards and be present in international forums (Reed, 2005). The lack of funding seems to be the variable that restricts these organisations from having a greater international presence. For this reason, organisations with a strong international focus, such as those in the 'bottom' group and those with significant financial resources from the 'top', may allow some North Koreans to travel and gain international work experience.

Although these hierarchical social differences are observable through the MCA and in the field, it is important to specify that the field of humanitarian aid in North Korea is not explicitly competitive. Organisations do not meet in the field and do not always cooperate with the same North Korean agencies; they are all simply pursuing the same humanitarian objective. Moreover, there is no local NGO in the country to cooperate or compete with (Zadeh-Cummings, 2019a). All non-governmental humanitarian aid is therefore given by the organisations mentioned above, in partnership with North Korean state bodies. However, competition can be perceived indirectly. For example, INGOs have a practice of not exchanging information with each other, indicating that information is a valuable resource that can generate a form of domination.

Conclusion

The multiple correspondence analysis shows that certain conceptions of the field of humanitarian aid in North Korea can be nuanced. It shows that each group behaves according to its identity. The organisations play their cards right and know how to turn what might be perceived initially as negative elements into advantages.

The 'bottom' group might be advantaged by its politicisation. This observation could be promising for international advocacy associations or states that fund INGOs to have their interests represented. The 'centre' group, by respecting North Korean norms and avoiding politicisation, can turn disadvantageous attributes into advantages. This is an encouraging observation for Korean citizen movements. With many organisations from this group having virtually no resources, a merger between some of them could allow them to reach their full potential. The 'top' group is not as efficient as the other groups in its use of resources, but because of

its strong economic, social, and symbolic power, it represents the flagship group for humanitarian aid in North Korea. One solution for them to be more efficient could be to fund groups in the 'centre' rather than to work directly in the field.

The analysis of the identities and social geography of a field is only the first step in the methodology of the practice turn. In line with its Bourdieusian epistemology, the next step would be to find the different practices that come from the social positioning of these organisations. One of the practices that we found in the field is that of niche selection, which is mainly practiced by the 'centre' organisations. Their low economic capital motivates them to specialise to achieve success. Ultimately, symbolic success has a material effect, as it makes it easier to get funding. Because of their dedication to humanitarian aid in North Korea, the field usually determines the type of specialisation of the organisation, not the other way around. For instance, initially focused on providing food aid, the Eugene Bell Foundation (EBF) strategically pivoted towards fighting tuberculosis in North Korea in response to the needs on the ground, ultimately becoming a leading figure in this field (History | Eugene Bell Foundation, n.d.). In contrast, organisations from the 'top' group suffer from a lack of flexibility in imposing their specialisation on the field. In an earlier article in this journal, Zadeh-Cummings (2022) uses the same example and believes EBF's adaptation to the needs of the field to be one of the best approaches to humanitarian localisation. This study is a continuation

of her finding, as it allows us to see where the practice has developed from.

The results of this research can be applied not only to North Korea but to other contexts too. It could help to understand how the social dynamics of INGOs influenced the outcome of the international response during the Haitian earthquake crisis, or to understand the ongoing humanitarian mobilisation in Ukraine.

The groups presented in this article are a social reality. They have already been identified by the scientific community; however, they had never been the subject of research aimed at presenting them empirically. Thus, with this paper, researchers will be able to better understand and categorise the organisations they analyse. Choosing a theoretical approach based on international relations allows humanitarian organisations to understand their social world. It also allows donors to better understand the organisational dynamics that impact their donations. The results of this research can be applied not only to North Korea but to other contexts too. It could help to understand how the social dynamics of INGOs influenced the outcome of the international response during the Haitian earthquake crisis, or to understand the ongoing humanitarian mobilisation in Ukraine. By providing an informed picture of a complex social situation, the study of social positioning in humanitarian aid is a tool that can improve effectiveness in humanitarian projects.

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It's time for INGOs to stop living with their parents

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Image: A vintage 1959 United Nations poster depicting a globe with children. © Shawshots / Alamy Stock Photo

Abstract

Drawing on Michel Foucault's philosophical theory of a power triangle, this paper explores the relational dynamics between International Non-Governmental Organisations (INGOs), the United Nations (UN), and sovereign states. It reflects on the emergence of multilateral aid after World War Two and how aid became institutionalised and professionalised, resulting in a relational dynamic between INGOs, the UN and Western governments that is akin to a parent and child. The paper then considers how different actors in humanitarianism occupy different power types, and the impact this will have on the relevance of INGOs in the future. It concludes with a proposition for repositioning and rethinking INGOs in the next era of aid, as part of a reidentification of their role in humanitarianism.

Leadership relevance

This paper challenges INGO leaders to reflect on the current positioning and the relational power dynamics between INGOs, the UN and the state, and asks them to consider the future landscape of humanitarianism. It argues that current leaders need to be bold and pivot from current managerialist approaches to a zeitgeist position of eco-systemic leadership frameworks.

Introduction

Humanitarians from across the world had gathered for a week-long workshop held in one of the grand halls at the National Portrait Gallery in London. The wall that provided our backdrop for the day was dominated by a large painting of some exhausted sailors propping each other up, their clothes sodden and torn. In the background, their ancient ship was descending to the depths of the ocean surrounded by wooden debris and canvas sails. As we took in the majesty of our surroundings, and settled into our chairs, our leader summoned attention by commenting on this painting: "This ship was from the Dutch East India Trading Company at the height of their power. I wonder if they ever predicted their demise? We should remember, nothing is too big to fail".

Nearly five years later, I'm inspired to write this article to be as much a provocation as it is an analysis. I am taking a moment (albeit brief given the demands practitioners currently face) to reflect on some new perspectives on the relational and power dynamics that exist within multilateral aid and, subsequently, whether these new perspectives could provide a framework for the next era of humanitarianism. I'm prompted to do this at a time when the notion of universal humanity and the structures we've established to underpin this are being challenged and stretched in the face of extreme levels of humanitarian need and the transition to a late modern age of "precarious interdependence" (Western, 2023; Slim, 2022; Fiori, Espada, Rigon, Taithe, & Zakaria, 2021).

I am taking a moment ... to reflect on some new perspectives on the relational and power dynamics that exist within multilateral aid and, subsequently, whether these new perspectives could provide a framework for the next era of humanitarianism.

The departure point for these arguments presupposes that humanitarianism is a subjective and cosmopolitan notion that transcends history, as opposed to a prescriptive set of universal rules and standards. I am adopting this much broader periodised lens of humanitarianism to allow room for a spectrum of value sets and motivations. I consider humanitarianism an endeavour with which humankind has established multiple distinct, unique and transient relationships. Some examples of the divergences within what we now call humanitarianism can be seen in Confucianism, the Age of Enlightenment, Wilsonianism, and Dunantism, to name just a few.

On the one hand, there are millions of examples every single day of individual humanity being exercised—be it the spontaneous provision of first aid to someone who collapses on the street, the upholding of cultural practices such as the zakat, or the philanthropic investments by corporations and high net worth individuals. However, in the modern world, humanitarianism is also a multi-billion-dollar industry that has attempted to take the spirit behind these individual actions and systematically uphold and embody this as a moral imperative at scale during some of the worst crises in the world.

It is in the latter space that this paper resides, specifically the relational power dynamics humans have applied to three self-made constructs that define the parameters by which the multilateral aid industry operates: 1) the United Nations (UN) and the multitude of agencies, funds, and programs of which Western UN member states are the primary stakeholders; 2) territorial authorities, primarily the governments of sovereign states that are responsible for the provision of basic services, and; 3) the local and international Non-Governmental Agencies (NGOs) that have vested interests in both the localised needs of populations but also international norms and the instruments of a rules-based order. It is not a precondition for actors in this category to subscribe to both sets of interests.

My analysis concludes that we have reached the end of the 'Era of Liberal Humanitarianism' (Barnett, 2011) and are entering a period which I am characterising as the era of 'Consolidated Humanitarianism'. This age embraces diverse ecosystems, recognises new and diverse power dynamics and embraces interdependencies. The result is a new portrayal of humanitarianism as the consolidation of multiple heterogeneous approaches as opposed to the unipolarity of contemporary multilateral aid. The provocation my analysis puts forward upholds a conclusion that some INGO leaders have already stated, which is that actors subscribing to current forms of multilateral humanitarianism must 'unstick' themselves from the quagmire of bureaucracy, fiscal fragility, heavy compliance machinery and egos focused on personal legacy (Baiden & Book, 2022). INGO Leaders have concluded that the current levels of 'stuckness' risk taking us down a path of irrelevance. We need to collectively recognise that what we've always done is not what we'll always do, and just like the international trading companies of the 17th and 18th centuries, understand that nothing and no-one is too big to fail.

In my current position as Save the Children's Regional Humanitarian Director for East and Southern Africa and the co-chair of the Inter-Agency Working Group (IAWG)[1], I have participated in, and sometimes instigated, much pontification in recent weeks and months as to the

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[1] The IAWG is the regional equivalent of a country level NGO Forum without the same degree of formality.

state of multilateral aid's structures and processes as it pertains to the Horn of Africa within the context of a global hunger crisis, and the recent eruption of violence in Sudan and the crippling effect this has had on international multilateral aid structures. I am specifically thinking about why we've been unable to replicate the 2017 Somalia Famine Prevention response which saw 11th hour commitments by donors and a rapid collaborative scale up of aid actors to successfully avert a famine. The inevitable review mechanisms and media commentary in the coming months will provide ample room for naval gazing, and so this paper is not designed to be another space for these reflections and opinions, nor does it aim to apportion blame. Rather, I am recognising this as a catalytic moment to reform and am joining the growing literary corpus of advice stating systemic change is not going far enough, or happening fast enough (ALNAP, 2022; Slim, 2022; Fiori, Espada, Rigon, Taithe, & Zakaria, 2021).

Multilateral aid has proven itself capable of radical change in the past, and its current existence and manifestation is evidence to this. One of my arguments now is that a small cluster of humanitarian crises that include those in northern Ethiopia, Afghanistan, Ukraine, the Horn of Africa and now Sudan could have a transformative affect akin to the events in East Africa during the early 1990s. Taken collectively, these crises present an opportunity for political and humanitarian leaders within the multilateral aid industry to consider whether they are upholding the fundamental morality of the humanitarian endeavour that evolved from Henry Dunant's *Memory of Solferino*—or whether political self-interest and corporate perpetuation has overtaken the drive for positive outcomes? I have recently been challenging my team to ask ourselves the question: "If we're not the solution, who is, and do we have a role in helping them?". Hugo Slim (2022) has also challenged us by highlighting that the world has changed from the period when multilateral aid was conceived, and that as the modern embodiment of Dunant's vision, we need to change too. It is my hope that my analysis will inform and influence the individuals who are, or will be, operating within this constructive space.

Background

The institutionalised models and mechanisms of aid as we know it are characterised by Michael Barnett as the 'Age of Liberal Humanitarianism' (2011)—and were created during the post-Cold War period when the global order was dominated by the democratic and capitalist models of the Western Hemisphere led by the United States of America. The prominence these powers placed on multilateralism led to UN Resolution 46/182 (United Nations General Assembly, 1991), which positioned United Nations' architectures as the coordinators of humanitarian action along the value chain of aid from

member state Overseas Development Assistance (ODA) contributions through to last mile delivery to affected communities.

During the early to mid-1990s, the aid responses to a series of events with largescale humanitarian ramifications exposed the then structures as inappropriate or inadequate and provided ratification for resolution 46/182. Specifically, the 1992 Somalia Famine saw the first use of foreign military action in the name of humanitarian response (de Waal, 2018), an approach that was ratified in the Responsibility to Protect commitments in 2005. This crisis, in addition to the 1992-95 Bosnian War, the 1994 Rwandan Genocide and the subsequent refugee responses, witnessed a flood of overseas charitable assistance (Orbinski, 2008). The absence of coordination during this large injection of resources resulted in chaos, the duplication of efforts, and unnecessary suffering, which highlighted the need for further institutionalisation of the sector (Terry, 2002). What emerged from these responses under the mandate of resolution 46/182 was a series of mechanisms that were to become the precursors to the current UN-led response architectures.

Since these events in the early 1990s, multilateral aid has evolved throughout late modernity into a series of structures and processes designed to effectively prioritise, enhance the speed of delivery and avoid duplication of effort, and hold agencies accountable to high standards of programming, financial scrutiny and duties of care to staff and end users of aid. The mechanical managerialist processes that have been established in the pursuit of these objectives have orientated around quantitative aggregation and are presented as the country level Humanitarian Response Plans or Flash Appeals each contributing to the Global Humanitarian Overview. These are fiscally monitored (voluntarily) by the Financial Tracking Service. This process is surrounded by a corpus of coordination structures (e.g., the IASC Cluster system), formal standards (e.g., Sphere and the Core Humanitarian Standards), and ideological frameworks (e.g., the Grand Bargain).

The net result has been the institutionalisation and professionalisation of the sector, facilitated by the growth in humanitarian assistance channelled through, and programmed by, its sympathising actors. This growth can be financially measured: $1.4b in 2001 to $5.7b in 2011 to $29.8b in 2022. Taken as an objective measure of success it is undeniably impressive and has undoubtedly saved the lives of millions of people around the world. However, need has been increasing year on year and the 2022 gap of $21.9b is more than the entire humanitarian need from as recently ago as 2016 (OCHA, 2022). The funding vs requirements trend analysis is reaching degrees of separation that are cause

for significant concern. The corridors of aid are echoing with uncomfortable, emotional, defensive, and polarised discussions around how many layers of prioritisation we've reached when discussing resource allocation and whether the current system is fit for purpose. As nothing is too big to fail, it begs the question: "What's next?" (Slim, 2022).

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It is the search for an answer to this wicked problem that has led me to the analysis in this paper. The British political scientist Mary Kaldor's (2018) recent thinking suggests that the West's promotion of "Liberal Peace" has transitioned from being a latent passivist approach designed to create, enhance, and maintain global stability into an aggressive defensive strategy. She uses the Global War on Terror as the moment this agenda pivoted. Multilateral aid was initially a welcome recipient of the Liberal Peace agenda as it was the facilitatory backdrop behind the institutionalisation and professionalisation mentioned earlier. However, when the Wilsonian approach to humanitarian action was utilised by then Secretary of State Colin Powell as a "force multiplier" in the 2001 invasion of Afghanistan (Powell, 2001), it thrust the foundational tensions that existed between the nominally American attitude of Wilsonian principles and the European Classical, or Dunantist approach into stark relief (Gordon & Donini, 2016). I would suggest that the utility of ODA by many members of the OECD to pursue a foreign policy agenda has become multilateral aid's 'elephant in the room', and one with which actors, especially INGOs with an ideological drive, are overdue a reckoning with if we are to sustain relevance and independence in the postmodern world. The rest of this paper is my exploration into this dilemma, first through a parent child analogy of the relationship between INGOs and their 'home' donors, followed by a discussion about the power tripod and the sovereignty dynamic.

The parent child dynamic

The business model of multilateral aid inextricably links the majority of INGOs with the Western world through their dependency on OECD ODA for financial stability. I posit that this creates a relationship that corresponds to that of a parent and a child.

A primary parental responsibility is to protect and maintain the child's safety (British Government, n.d.). Throughout the last century, the legislative environment protecting freedoms within democratically ruled nations and the emergence of the rights-based agenda following the Age of Enlightenment has intersected with the secularisation of Christian charitable values. This allowed the European middle class to establish themselves as the primary constituent of overseas aid (Barnett & Stein, 2012). Over the decades this became part of the 'Third Sector' or 'non-profit' industry across the Western Hemisphere.

Western governments championed and upheld the emergence of the non-profit industry through the financial freedoms granted by market capitalism, direct government financial support and open political lobbying access for organisations headquartered in European or North American capitals, ensuring assimilated protection for NGOs and charities. This stood in contrast to the lack of any equivalent institutionalised and professionalised industries in authoritarian regimes. In the West, INGOs were able to occupy an international space through the freedoms and safety afforded them by the domestic environment where they were headquartered. In addition, the duty of care that Western governments have afforded to their citizen aid workers acted as a safety blanket by providing these humanitarians with an immediate exit strategy from trouble in parts of the world where humanitarian need is in the bow wave and/or wake of a crisis. I'm arguing that these acts and legal frameworks of both institutional and individual guardianship echo protective parental responsibilities over a child, therefore establishing a familial relationship between a Western Government (parent) and an INGO headquartered there (child).

Another primary parental responsibility is to provide a home to a child. The institutionalisation of the sector provided INGOs a natural, if not contentious, home within the UN's multilateral aid structures. Mark Duffield (2014) discusses how the various organs that comprise multilateral aid have formed an organic system of dependency. The architectures of multilateral aid referenced earlier as the facilitators of growth are attempts to wrangle this system of (semi)autonomous actors into a single mechanical structure. Whether your vision of aid is of a hierarchical mechanical structure or an organic system, there is a commonly agreed set of actors who subscribe to multilateral aid set against those who do not—that is, 'the insiders' versus 'the outsiders'. While recognising that there are some divergences in opinion over how multilateral aid manifests itself, there is nonetheless a sense of belonging and acceptance if you're on the inside. Here I am describing multilateral aid as the equivalent to the INGO 'home'.

INGOs have become comfortable and entrenched within a relational dynamic between themselves and their 'home' government and, likely inadvertently, formed this parent child relationship. As the same governments have also been the primary sponsors of multilateralism, the UN has become a natural home for INGOs through their financial dependency on ODA contributions, leading to an alignment to the globally aggregated UN system. While multilateral aid has done well, these roots remain dominated by Western political influence, dictating a Global North orientation to aid.

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The power tripod

The above section speaks to the link between two of the three entities I want to use in my power analysis—the UN and their primary supporters, and the INGOs. This section introduces a third actor and maps out the dynamics within a tripod of multilateral aid protagonists. I want to frame the discussion around the French theorist Michel Foucault's (1978) power triangle: Bio, Sovereign and Discipline Power. This is a philosophical, human-centred analysis of the intersect between social dynamics and institutional structures. However, Mitchell Dean (2010) has also used it to describe the different powers of the various functions of government. I will extend Dean's application by using this power triangle to delineate between the primary influential constituents of multilateral aid. These are: 1) the authority in the theatres of operations (usually but not limited to the state, including their control over the military), 2) NGOs as delivery agents of humanitarian assistance, including a discussion around the disruptive effect of local and national actors as it pertains to the International NGO dominance, and 3) the UN as a manifestation of the Western global order and the mechanism the main protagonists of multilateralism use to channel aid budgets.

Sovereign power

Sovereign power is defined as the rule of law over a given territory and exercised by the highest governing body or individual within its jurisdiction. It can be characterised as hierarchical, and rules based. Subsequently, authoritarian governments tend to manifest this power dynamic most acutely (ibid) and are probably the most illustrative example, however the premise is exercised regularly across the spectrum of governance models. Sovereign power was a cornerstone of the Liberal Peace agenda throughout the second half of the 20th century due to the Westphalian influence on the establishment of the United Nations (Peters, 2015), primarily captured in the founding charter as the "principle of […] sovereign equality of all its members" (United Nations, 1945), closely followed by the balancing statement that "all members shall refrain […] from the threat or use of force against the territorial integrity or political independence of any state" (ibid). In this discussion, the Head of State and the State apparatus within whose territory the humanitarian needs exist would be exercising sovereign power through the rights extended to them through the United Nations Charter and the Westphalian legacy (Peters, 2015).

Discipline Power

Discipline Power is not an entitlement nor is it provided—it is claimed or assumed through the normalisation of practice. As such, it is also not necessarily considered a 'legitimate' power (Dean, 2010). In this instance we are assigning INGOs with discipline power, as their role within the multilateral system has evolved organically through the institutionalisation of aid.

The origins of INGOs' discipline power can be linked chronologically to the secular explosion of INGOs in the 1980s (Barnett & Stein, 2012) and conceptually to the 'gaze' theory which academic Hikaru Yamashita (2004) uses to describe how a humanitarian's perspective is shaped by their values, background and biases. This forms the vantage point by which they view the world, their 'gaze'. It is the gaze of founders and ''Messiah leaders" (Western, 2019) that define the notions by which a system, like multilateral aid, creates the policy and processes that evolve into rules and standards. If you're a subscriber to these approaches, as INGOs are, you exercise discipline power. This power is exerted, re-enforced, and normalised through the perpetuation of an inside / outside model. Those who subscribe to the practices and systems are insiders and those who challenge, resist, or provide alternatives are outsiders and usually treated with hostility.

The 'seizure' of discipline power by INGOs within multilateral aid occurred within a vacuum of sovereign power in pivotal contexts during the institutionalisation of aid. As mentioned above, Somalia and Rwanda in the 1990s are examples of these pivotal contexts, as they had vacuums of sovereign power at the time. INGOs, perhaps sensing they were on the cusp of the golden era of aid and buoyed by the legitimacy of institutionalisation and unified coordination, set about establishing, with OCHA, the processes and policies that would shape the next three decades of aid (Sandvik, 2017), and, as discussed in the previous section, inadvertently established their 'home' within the UN.

INGOs then assumed a position of power through the repetition of action in crisis after crisis (Rieff, 2002). They developed organisational infrastructures that perpetuated an insider's club of INGOs working to facilitate ODA funding, thus ensuring financial security (and dependency) and adopting an understanding of *espace humanitaire* (humanitarian space) as "a space of freedom in which we are free to evaluate needs, free to monitor the distribution and use of relief goods, and free to have a dialogue with the people" (Brauman, 1995). The freedom ideals captured in this definition have been colloquially adopted within INGO cultures, and I would argue have entrenched a sense of entitlement to access by international actors. However, international humanitarian law doesn't provide international actors with a right to access—it attempts to ensure populations have access to assistance, a subtle yet important distinction.

While the institutionalisation period in the 1990s recognised a risk of preventing local engagement from the outset, the humanitarian imperative to save lives prevailed (Mansuri & Rao, 2013). The later evolution from pure life-saving operational delivery in the immediate aftermath of crisis into the broader spectrum referenced above provided an opportunity to engage more local actors. Instead, INGOs engaged in what some considered "mission creep" (Anonymous, 2017) and seized the opportunity to become 'dual mandate'—becoming the primary delivery agency for all forms of aid and development. The well-established power dynamics of the insider / outsider club through the familial parent child relationship that was forged between the 'home' donor ODA, the UN architecture and the INGOs left minimal room for 'outsiders' to join.

In critically reflecting on this history, it is important to note that it is unlikely that any malicious conspiracy existed within the 'Messiah Leaders' of INGOs to purposefully dominate and consciously establish discipline power, and many would defend their actions as being in the pursuit of solidarity. And so, the question to ask as we attempt to redress and course correct is— through which gaze are we searching for a solution? What biases exist within discipline power decision makers and how willing are we to counter them?

Biopower

The UN's humanitarian agencies, funds and programs benefit and harness discipline power to uphold influence and boost their stature within the UN system. Crucially though, they are not reliant on this dynamic in the way that INGOs are because of the nominal power they assume from the UN's appointment as the world's arbiter. The member states (largely influenced by the Western powers), positioned the UN in this manner but stopped short of providing actual authority over sovereignty. Therefore, the UN is exerting biopower

by default. Biopower, in both Dean's (2010) image and Foucault's original analysis, is the responsibility for coordinating, monitoring, and facilitating a whole population's wellbeing. Biopower has natural affiliation to sovereign power, and as Dean (ibid) describes, can form a fundamental part of a sovereign power's governance strategy. However, the absence of a strict hierarchical authority suggests that biopower exists within eco-systemic webs and networks of actors (ibid), as opposed to a command-and-control mechanism that would be associated with sovereign power. Interestingly here, the top-down nature of power within sovereign and discipline structures suggests that subjects of that power holder are devoid of choice, while the networked and systemic requirements of biopower requires the subjects to be elective subscribers and significantly limits the influence of biopower over nonsubscribers.

An example of how biopower manifests itself, and the relational tension it is trapped in with sovereign power, can be seen in the role of the UN Security Council (UNSC) in mediating conflicts. The majority of the Security Council members are seated at the table with a biopower authority, except for the five permanent members who hold a sovereign power that extends beyond their territorial domains. The resultant tensions and inequalities established by this convergence of power dynamics within the Council are a demonstration of the required, yet subservient relationship biopower has with sovereign power.

The unstable power tripod

The affiliation of sovereign and biopower, combined with the questionable legitimacy of discipline power, poses some risks for INGOs. Foucault (1982) is clear that biopower needs sovereign power, and similarly, strong sovereign power has a biopower flavour to it to negate repressive authoritarianism. OCHA, as an entity within the UN integrated missions and the nominated coordinator of multilateral aid under the direct leadership of the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, carries biopower status and is mandated through its founding resolution to uphold the sovereign power entities of the state as the primary duty bearer where there is a humanitarian need (United Nations General Assembly, 1991).

Concurrently, the discipline power of INGOs is being challenged through the localisation agenda and the strength of local civil society. The parental responsibilities that OECD nations have assumed over 'their' respective INGOs does not come with sufficient protections or obligations to uphold. Consequentially, as the West grapples with a pivot to global power plurality, we could be observing some emergent patterns that suggest sovereign and biopower relationships will trump INGOs' inherently illegitimate discipline power and lead towards the disruption of the parent child dynamic.

This analysis is an introspective reflection on INGOs and the relational power dynamic risks we currently face. I am arguing that the latent parental protections we've enjoyed from the UN and Western governments will not survive 'as is' under the political pressures of late modernity. We can see evidence of this in the recent financial allocations to the Horn of Africa. The United States' Bureau for Humanitarian Assistance allocated more than 50% of the 2022 Ukraine supplemental allocation to their annual budget into the United Nations system due to the sovereign / biopower relational dynamics that demanded the UN be the primary recipient because of established structural efficiencies (Anonymous source, personal communication, October 2022). The same is likely to be true for a recent top-up the EU's Humanitarian Department (ECHO) received (Slim, 2022), which also went into the UN system in its entirety (Anonymous source, personal communication, October 2022). From personal experience in the Horn of Africa response, I can state that INGOs are sensing our own vulnerability and are expressing frustration about being side-lined.

It's time for INGO's to 'fly the nest' and control our own destiny through a re-imagining of who we are and what our offering to a postmodern world can be.

The purpose of this analysis is not to be a crying child asking their parents not to cut off their allowance but is an attempt to challenge ourselves as INGOs to focus on change that is within our control. It's time for INGO's to 'fly the nest' and control our own destiny through a re-imagining of who we are and what our offering to a postmodern world can be.

Consolidated Humanitarianism

Rather than stumbling clumsily into postmodernity, now is the moment to recognise the end of Liberal Humanitarianism. Just as previous eras have ended and begun, so this age will end and a new one will emerge. My provocation here is for INGOs to embrace an alternate future landscape.

I would like to make an offering as to what this could look like. I'm predicting the next era will be an age of Consolidated Humanitarianism—an era that would endeavour to recognise diverse and eco-systemic manifestations of humanitarianism. Transitioning into this space will be a fraught and uncertain journey, but one that I hope to provide an explanation of, and a pathway for, below.

Due to the political nature of the entities that currently occupy sovereign and biopower spaces, it seems appropriate to use the political science model 'Consolidology' to be the namesake for, and to potentially chart a voyage into, Consolidated Humanitarianism.

Consolidology is a modernisation of transitology, the linear process from autocratic regime to fully institutionalised democracy popularised in the 1970s by the German political scientist Dankwart Rustow. However, in recognition that the transitology process to a British Parliamentarian or American Presidential democratic model is a rarity and not the path chosen by most, the concept fell out of favour within the political sciences. Rather than dismiss the notion of modelling the journey to democracy, Philippe Schmitter (2017), a consolidologist, embraced the notion that the democratic journey had matured into a vast array of individual approaches and set about objectively assessing these process and measuring the resulting democratic achievements against their own merits, rather than a single goal. In doing so, he outlined a collection of democratic models, each with their own virtues and challenges related to their spatial and periodised requirements and capabilities, and in doing so established Consolidology.

Importantly for its utilisation here, one of the key elements of consolidology is an acknowledgment that embarking on an individual journey towards democracy is profoundly uncertain from the outset (Ould Mohamedou & Sisk, 2017), especially if one is attempting to objectively measure that journey with a clear goal. Schmitter identified the necessity for "enabling conditions" to be present to trigger the start of the journey and provide a requisite degree of confidence in adopting a mentality of consolidology. Enabling conditions provide clarity, direction and ultimately certainty that changing course, or embarking on a new one, is the responsible action. In Schmitter's research it was the contextualised journey towards democracy, but for humanitarian discipline and biopower holders it is the recognition that multilateral aid doesn't 'own' the term humanitarianism and that in any given context the eco-system of humanitarian actors will be unique, transient, and ultimately beholden to sovereign power's, not multilateralism's, gaze.

While I would hope that the biopower of the UN will reform, this paper is concluding with a suggestion to INGO leaders holding discipline power to embrace Consolidated Humanitarianism. This journey starts with an acceptance that the UN will prioritise their own biopower status and dependency on sovereign power over a perpetuation of discipline power and that Western governments will prioritise multilateral biopower over their parental responsibilities to INGOs. My recommendation therefore is to find a new

home outside, but connected to, multilateral aid. One that doesn't require large operational presence, and subsequent heavy architectures, but is a nimble set of diverse experts that can provide a bespoke offer to the localised and unique humanitarian eco-system. Hugo Slim (2022) has suggested that "A new generation of international humanitarians should learn to become, and see themselves, as subtle spiders weaving a web of humanitarian networks, instead of heroic leaders commanding operations directly from on high"—and I couldn't agree more.

Enabling conditions for Consolidated Humanitarianism

As Schmitter identified, enabling conditions are key for considering a consolidological approach to humanitarianism. Here are three suggestions for current enabling conditions that could be explored further by INGOs hoping to pursue a progressive and proactive approach to future relevance.

Legacy

INGOs have a long history of disruption and are often characterised as disruptors. While the recent report *The Long Humanitarian Century* (Baiden & Book, 2022) highlights a current sense of "stuckness", the legacy of bold, risk taking organisational cultures is not too distant a memory (Fiori, Espada, Rigon, Taithe, & Zakaria, 2021). I concede that there are very real considerations to be taken into account vis a vis fiscal fragility, donor compliance, and a more robust requirement for safeguarding processes, however I still see the ideological drive and moral compass of leaders across INGO circles. If these leaders within the INGO world can recognise the liabilities of the parent child dynamic and the vulnerability of the power tripod, then building off the courageous leaders of the past could provide an opportunity for first mover advantage.

Globalised networks

As international actors, INGOs enjoy the privilege of being part of globalised networks that have been established over time. While it is a fine line between harnessing these networks and abusing the access and knowledge they offer, they nevertheless provide a phenomenal way to facilitate flows of information, best practice and skill sharing. In an increasingly networked and technologically interconnected society, these global networks are an influential enabling condition.

I would encourage us to cast aside the mechanical thinking that originated from the factories of industrialisation that underpin many of our top-down command-and-control decision making structures. This would provide an opportunity to embrace an eco-systemic leadership approach. Progressive thinker Simon Western (2019) describes eco-systemic leaders as:

> "unleashing the trapped talent of their employees that is traditionally suppressed by hierarchical structures and power dynamics... They achieve this by creating internal networks, distributing leadership widely throughout the organisation by reducing top-down control and maximising participation in decision making".

Most INGOs are already networked, and as mentioned earlier, Duffield's (2014) modelling of multilateral aid suggests an organic system exists already, we've simply been fighting to mechanise it for decades. The opportunity to reimagine ourselves as a collection of interdependent parts making a whole as opposed to a single hierarchy is the zeitgeist leadership discourse of our time and INGOs have the chance to embrace this now (Western, 2019).

Global South staffing dominance

The recent ALNAP *State of the Humanitarian System* suggests that more than 92% of INGO in-country staff are national. This is a phenomenally rich data set of perspectives to inform and populate the distributed leadership prescribed by an eco-systemic approach. Greater empowerment of this talent pool could have a catalytic effect on the re-imagining of INGO relevance in the sector. Just as the current situation and INGO discipline power was established through the repetition of Eurocentric gazes, the repetition of diverse gazes would reimagine INGO identities to be fit for purpose in the postmodern world.

Conclusion

The current period of late modernity is signalling the end of the Age of Liberal Humanitarianism, and the end of the environment that enabled INGOs and Western donor governments to establish a relational dynamic akin to that of a parent and child. The same governments prioritised multilateralism and used the United Nations architecture as the coordinating authority for humanitarianism, thereby providing a 'home' for INGOs.

While the parent child relationship has strong historical connections, when considered against the power tripod of UN's appointed biopower, the state's entitled sovereign power and the INGOs' assumed discipline power, the familial relationship becomes strained. Biopower's dependency on sovereign power equates to the UN prioritising its relationship with states over

that of INGOs. I am characterising this as the moment in human development when the child leaves home and is no longer dependent on the parent.

To help provide a pathway to this point and avoid separation anxiety for INGOs, I am positing an era of Consolidated Humanitarianism in which INGOs are uniquely placed to obtain first mover advantage and reimagine their role in the sector as eco-systemic actors that practice distributed leadership, harness the convening power of existing networks and empower the current talent pool.

The boldness of past INGO leaders could be the inspirational legacy current leaders need to take a step into the unknown. If we do not take this step, if we refuse to admit that we are not too big to fail, then one day soon we'll be propping each other up on the beach, adrift, and lost, just as the Dutch East India Trading Company sailors were in the 18th century.

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Migrants' trust in humanitarian action: Local lessons, global insights

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Image: Venezuelan migrants try to get a lift along the highway in Lambayeque, Peru. © Hanz Penge

Abstract

Humanitarian action is built on trust. Without it, humanitarian organisations cannot reach or respond to the needs of the most vulnerable, including many migrants. Yet, little is known about who migrants trust and why, as well as how this affects migrants' ability and willingness to seek and access humanitarian assistance and protection. This paper explores the findings of a large multi-sited research project conducted by the Red Cross Red Crescent Global Migration Lab across 15 countries to gather insights into migrants' perceptions of, and trust in, humanitarian action. The rationale for the project has been that humanitarian organisations can better build (and, where necessary, repair) trust with migrants by listening and responding to their thoughts, fears, doubts, and concerns about their situations and the assistance and protection they receive. In this paper, we draw attention to three key lessons: first, the importance of increasing knowledge and awareness of humanitarian organisations and the services they provide; second, the importance of upholding the humanitarian principle of independence in migration programming; and third, the critical role that frontline staff and volunteers play in building and maintaining migrants' trust.

Leadership relevance

Trust is a crucial factor in the ability of humanitarian organisations to reach and respond to the needs of the most vulnerable. Trust in the context of migration is important for humanitarian leadership not only because of the increasing scope and scale of humanitarian need related to migration, but also because there is a need to recognise, respond and adapt to the specific and exacerbated vulnerabilities of migrants impacted by humanitarian crises. Further, the securitisation of migration requires the humanitarian sector to grapple with concepts and perceptions of neutrality, impartiality, and independence in the context of humanitarian need vis-a-vis the increasingly restrictive immigration laws, policies and practices implemented by some public authorities. The findings presented here can inform strategies to strengthen the integrity and effectiveness of humanitarian operations related to migration and/or involving migrants.

Introduction

Trust is "the foundation of humanitarian action" (33rd International Conference of the Red Cross and Red Crescent, 2019). Humanitarian organisations working to promote the safety, dignity, and wellbeing of migrants across the world, and to protect migrants caught up in humanitarian crises, depend on the trust of migrants, the public and local and national authorities. Trust enables humanitarian actors to access migrants in need and facilitates respect for humanitarian operations. In particular, migrants' trust in humanitarian actors is essential: without migrants' trust, the ability of humanitarian organisations to provide much needed humanitarian assistance and protection is greatly diminished, while for people facing increasing risks, harm, discrimination, and vulnerabilities as part of migration journeys, foregoing assistance and protection can have life-threatening consequences.

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Despite growing evidence of and concern for a breakdown in trust between migrants in vulnerable situations and humanitarian organisations (IMREF, 2021; Vammen et al., 2021), little is known about who migrants trust and why, and how this impacts their ability and willingness to seek and access humanitarian assistance and protection at different stages of their journeys. As such, there is need for more migration-specific and global research to inform and guide the work of humanitarian organisations engaged in supporting migrants.

This paper reflects on the findings of a large research project conducted by the Red Cross Red Crescent Global Migration Lab (the Global Migration Lab) in collaboration with 15 National Red Cross and Red Crescent Societies in the Americas, Africa, the Asia Pacific and Europe,[1] the International Federation of Red Cross and Red Crescent

Societies (IFRC), and the International Committee of the Red Cross (ICRC). The project explored migrants' lived experience and perspectives on trust in the context of various forms of humanitarian assistance and protection.

Our findings indicate that trust cannot be assumed—it needs to be built, maintained, and evaluated. While we have elsewhere discussed in detail the broader findings of the project (Arias Cubas et al., 2022), in this paper we focus on three key lessons for the humanitarian sector, including Red Cross and Red Crescent actors.[2] First, and despite their global presence in the humanitarian field, our findings demonstrate that more efforts are needed to promote the work and role of Red Cross and Red Crescent actors in providing humanitarian assistance and protection among migrants. Second, our findings indicate that many migrants do not know whether humanitarian organisations—including (but not only) Red Cross and Red Crescent actors—operate independently of public authorities. In the context of the securitisation of migration, this blurred line has the potential to negatively impact trust and access to assistance and protection. Finally, and in the context of the above points, our findings highlight the crucial role of staff and volunteers of humanitarian organisations in building trust with migrants and supporting access to humanitarian assistance and protection. As discussed in detail below, these findings can inform strategies to increase the effectiveness of humanitarian interventions by Red Cross and Red Crescent actors and other humanitarian organisations, while also contributing to broader discussions about a principled humanitarian approach to migration (Faure Atger, 2019).

Background

Vulnerable migrants across the world are faced with shrinking international protection, increasingly restrictive migration policies and a lack of legal or safe migration channels (Faure Atger, 2019; Litzkow, 2021; MMC, 2019). In this context, trust between migrants and humanitarian organisations is perhaps more important than ever before, as humanitarian organisations are often the first—and last—port of call for migrants in need. As such, the potential breakdown of trust between migrants and humanitarian organisations is of grave concern: if humanitarian organisations are not being trusted, we need to identify the factors that are hindering their relationship with migrants and work towards developing alternatives that will allow them to build and maintain trust.

Despite increasing interest on the topic of trust in the humanitarian sector (Jayasinghe, 2011; Slim, 2019), there is no single widely agreed definition of the concept. In simple terms, trust can be defined as a "firm belief in the reliability, truth, or ability of someone or something", or as "confidence or faith in a person or thing" (Oxford English Dictionary, 2022). More complex definitions also describe trust in terms of a positive expectation or belief about the behaviour of another person or institution (Gambetta, 1988; OECD, 2017). In addition, and across definitions and measures of trust, common attributes such as competence and values or ethical behaviours are recognised as strong predictors of trust.[3] While it is beyond the scope of this paper to explore this debate in further detail, it is important to clarify that our rationale for undertaking the project has been that by listening and responding to the thoughts, fears, doubts, and concerns of migrants about their situations and the assistance and protection received, humanitarian organisations, including Red Cross and Red Crescent actors, can better understand how to build (and, where needed, repair) trust.

While limited, existing research on the specific intersection of trust, migration, and humanitarian organisations provides important insights into migrants' perspectives of, and trust in, humanitarian action. First, humanitarian organisations are not universally trusted by migrants. Previous research with refugees and migrants on the Myanmar-Thai border, in Bangladesh, in Kenya, and in the Sahel region in Africa found significant levels of mistrust of humanitarian organisations. This was driven by a range of factors including the poor behaviour of humanitarian personnel (ACAPS, 2021; Grayson, 2016; Hynes, 2003), migrants' perceptions of the limited reach and fairness of humanitarian assistance and protection (ACAPS, 2021), and the perceived risks associated with seeking and accessing assistance and protection (particularly the risk of deportation) (IMREF, 2021; Vammen et al., 2021).

Second, the conflation of humanitarian and securitisation agendas has the potential to hinder trust. Securitisation involves the "the repositioning of areas of regular politics into the realm of security by increasingly using narratives of threat and danger aimed at justifying the adoption of extraordinary measures"—such as detention and deportation (MMC, 2019). Earlier research in the Sahel and with West African migrants en route to Europe found that some migrants associate humanitarian organisations with detention, deportation, and discouragement of onward journeys because authorities target them at sites where humanitarian

assistance and protection is provided, and because of the intersection of return agendas and humanitarian interventions in the region (IMREF, 2021; Vammen et al., 2021). Similarly, research in Greek detention centres revealed that migrants may doubt the intentions of humanitarian personnel due to their perceived association with authorities (Kotsioni, 2016).

Third, there is room for improvement with regards to the competence and values or ethical behaviours displayed by humanitarian organisations in the provision of assistance and protection to migrants. For instance, the above-mentioned research with refugees in Bangladesh found that trust in humanitarian organisations was being undermined by factors such as migrants' lack of inclusion in decision-making processes, the absence of accountability and responsiveness on the part of humanitarian organisations, and by the provision of inadequate assistance (ACAPS, 2021; Field et al., 2021). Likewise, research with refugees in Kenya found that a lack of transparency around decision-making processes and funding allocation undermines migrants' trust in humanitarian action (Grayson, 2016).

Fourth, migrants' perspectives on humanitarian action are influenced both by first-hand experience and third-party information. The research mentioned above in the Sahel and Bangladesh pointed to the impact of past interactions with field staff on migrants' trust in the work of humanitarian organisations (ACAPS, 2021; IMREF, 2021), while research in West Africa highlighted the role of information from families, other migrants, and smugglers in influencing migrants' perceptions of humanitarian organisations (Vammen et al., 2021). Conversely, and as illustrated by studies in the Sahel and Greece, efforts by humanitarian organisations to communicate key details of their mandate and activities can build trust with migrants, for instance by reducing high or unrealistic expectations about their services, or by lessening fears about the organisations' perceived and actual collaboration with authorities (IMREF, 2021; Kotsioni, 2016).

Finally, a focus on competence and values can improve the relationship between migrants and humanitarian organisations. Existing research in Bangladesh, in the Sahel and with West African migrants en route to Europe identified practical strategies—such as strengthening engagement, accountability and feedback loops, improving staff behaviour, and separating humanitarian interventions from migration control and deportation measures—that can foster trust with migrants (ACAPS, 2021; IMREF, 2021; Vammen et al., 2021). Likewise, and as noted above, research in the Sahel and Greece demonstrated that transparency can strengthen the relationship of humanitarians with migrants, even under conditions of extreme vulnerability (IMREF, 2021; Kotsioni, 2016).

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[3] Competence is defined in terms of responsiveness and reliability, or as 'being good at what you do', while values or ethical behaviours are defined through dimensions of integrity, openness, and fairness, or through dimensions of purpose, vision, honesty, and fairness (Edelman, 2020; OECD, 2017).

To gain further insight into migrants' lived experience and perceptions of, as well as trust in, humanitarian action, the Global Migration Lab conducted research involving face-to-face and online data collection with migrants in 15 countries across the Americas, Africa, the Asia Pacific, and Europe. This included 225 interviews and focus group discussions (FGDs), 2,086 face-to-face surveys and 14,532 online surveys with migrants in Argentina, Australia, Finland, France, the Gambia, Honduras, Maldives, Mali, Niger, South Africa, Sri Lanka, Sudan, Sweden, Turkey, and Zambia (and a small number of supplementary countries for the online component, primarily Syria).[4]

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In line with the Red Cross and Red Crescent Movement's strictly humanitarian approach to migration—an approach that focuses on migrants' needs and vulnerabilities, irrespective of legal status, type, or category—the research covered a broad spectrum of migrants, including people seeking asylum and refugees, irregular or undocumented migrants, migrants in transit as well as returned or deported migrants. While the data is not representative and has limitations,[5] the findings provide much needed insight into the lived experience and knowledge of migrants from across the world. As argued throughout, these unique insights and expertise provide invaluable lessons for humanitarian organisations concerning the provision of assistance and protection that meets migrants' needs in a way that is responsive to their priorities and strengths.

Red Cross and Red Crescent: Recognised, yet misunderstood

Our findings suggest that Red Cross and Red Crescent actors are widely recognised by migrants, but the various forms of assistance and protection provided by these actors is only vaguely understood. The Red Cross and Red Crescent Movement is the world's largest humanitarian

network and is actively engaged in supporting migrants in vulnerable situations across all regions of the world. More than a quarter (28%) of the migrants involved in the research had received support and assistance from Red Cross and Red Crescent actors (among other providers). Yet, levels of knowledge and understanding of the Red Cross and Red Crescent emblems and the migration-related activities of Red Cross and Red Crescent actors varied significantly among migrants, indicating the need to increase awareness of the humanitarian assistance and protection available.

The Red Cross and Red Crescent emblems may be used for two purposes (1) to signal legal protection in times of armed conflict and (2) for indicative purposes in times of peace and armed conflict as a means to identify components of the Red Cross and Red Crescent Movement, helping people to identify "humanitarian organisations, helping people in natural disasters, times of armed conflict, war or other emergencies—purely based on need" (ICRC, 2017). While the emblems were associated with "safety and hope" by almost three quarters of migrants surveyed (73%), in Mali, South Africa, Sri Lanka and Zambia at least 1 in 10 of all migrants surveyed had no familiarity with the emblems. Likewise, across all countries, data disaggregated based on self-reported legal status indicates that at least 1 in 10 returned migrants, migrants with an irregular status and deportees were not familiar with the emblems. As such, it is important to increase awareness of the emblems as key symbols to convey to migrants that help is at hand, based on needs and vulnerabilities and irrespective of legal status.

Furthermore, and as reported by migrants in interviews and FGDs, while most migrants recognised the emblems and associated them with help during war, disasters, and crises, they either did not consider Red Cross and Red Crescent actors as a potential source of assistance and protection beyond these circumstances or were unaware of how and where to seek and access assistance. For instance, migrants in South Africa had little familiarity with Red Cross and Red Crescent actors and the services provided to migrants prior to recent visits by the National Society (which provided relief and assistance to migrants during COVID-19). Meanwhile, migrants in Argentina and Honduras reported that their vulnerability while in transit was compounded by a lack of information about the locations of humanitarian service points run by Red Cross and Red Crescent actors and/or other humanitarian organisations. Similarly, some migrants in Finland said that they did not know how and where to locate local Red Cross and Red Crescent actors during their journeys, while others said they did not know which services are provided and available to them. In Sri Lanka too, and despite some migrants having received assistance and protection from Red Cross and Red

[4] Prior to data collection, the project was reviewed and received approval by the ICRC Centre for Operational Research and Experience's Ethics Review Board.

[5] A detailed methodology, including a discussion on key limitations of the data, is available in Arias Cubas et al. (2022).

Crescent actors while overseas, returned migrants relied primarily on authorities because of a lack of knowledge of the services provided by humanitarian organisations.

The project findings strongly indicate that although Red Cross and Red Crescent actors are widely recognised by their emblems and their global humanitarian work, local humanitarian efforts to support migrants are less understood across countries of origin, transit, and destination. This suggests a need for strategies to better communicate the work of Red Cross and Red Crescent actors in providing humanitarian assistance and protection to migrants in vulnerable situations, irrespective of legal status. Depending on local contexts, these strategies could include outreach initiatives, such as information campaigns or the recruitment of volunteers and staff with a lived experience of migration, to increase awareness and access for those in need. In situations where these strategies are already in use, an evaluation of the effectiveness of the initiatives could increase their impact.

Humanitarian actors and authorities: Independence is increasingly important

Our findings demonstrate that migrants' perceptions regarding the relationship between public authorities and Red Cross and Red Crescent actors, as well as between authorities and humanitarian organisations in general, have the potential to negatively affect migrants' willingness to seek assistance and protection. While migrants in many cases recognised and valued the principle of independence, there were instances where migrants were uncertain of the relationship between Red Cross and Red Crescent actors and public authorities. Migrants in particularly vulnerable situations indicated that they may not seek help from humanitarian organisations due to fears that this placed them at risk of detention or deportation.

Perceptions of independence matter for humanitarian organisations just as much as independence itself. Around a quarter of migrants surveyed agreed with the statement "the Red Cross and/or Red Crescent is independent from immigration authorities" in both their country of birth (CoB) and their current location (21% and 26% respectively). About 1 in 10 migrants agreed that "the Red Cross and/or Red Crescent is controlled by immigration authorities" in both their CoB and their current locations. More than half of migrants overall answered "don't know" when asked to describe the working relationship of the Red Cross and Red Crescent actors with immigration authorities in either location (62% and 57% respectively).

While it is not reasonable to expect all migrants—or the public in general—to have a clear understanding of the auxiliary role of National Societies to public authorities

in the humanitarian field,[6] or the mandates of the ICRC or the IFRC, the independence of humanitarian actors—real and perceived—is critical to ensuring access to life-saving support throughout migrants' journeys. Any perceived or actual shortcomings in the way humanitarian principles are respected must be urgently addressed by humanitarian actors, particularly considering evidence that the conflation of humanitarian and securitisation agendas is hindering trust in humanitarian organisations more broadly.

Findings highlight a worrying perception among migrants that accessing humanitarian assistance and protection (from any humanitarian organisation) may increase risks of detention or deportation.

Indeed, findings highlight a worrying perception among migrants that accessing humanitarian assistance and protection (from any humanitarian organisation) may increase risks of detention or deportation. For instance, among all migrants surveyed, one quarter (25%) agreed with the statement "migrants may be exposed to risk of detention or deportation if they seek humanitarian support or assistance". This fear was present to some extent across all countries, but it was most salient amongst migrants surveyed in Honduras (53%), Mali (62%) and Niger (72%) where the majority of migrants self-identified as having an irregular status or as returnees. Notably, across all countries, it was migrants in particularly vulnerable situations who held this fear: 48% of migrants who self-identified as deportees, 40% of migrants whose asylum applications had been refused, and 37% of migrants with an irregular status associated seeking support from humanitarian organisations with a risk of detention or deportation. These findings underscore the importance of humanitarian organisations maintaining their independence (real and perceived). To do this requires a multi-layered approach to assistance and protection, from ensuring the protection of migrants' data, to avoiding involvement in the implementation of a state's migration-related policies, to carefully considering engagement in processes such as returns.

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[6] According to the Statutes of the Movement (International Red Cross and Red Crescent Movement, n.d.), National Societies are considered to be "auxiliary to the public authorities in the humanitarian field". This auxiliary role can be described as "a specific and distinctive partnership, entailing mutual responsibilities and benefits, based on international and national laws, in which the national public authorities and the National Society agree on the areas in which the National Society supplements or substitutes public humanitarian services".

Frontline staff and volunteers: The foundation of trust

Findings highlight the critical role that Red Cross and Red Crescent staff and volunteers play in building and maintaining migrants' trust and addressing barriers such as a general lack of understanding over their activities, and a concern about their relationship with authorities. As explained by migrants during surveys, interviews and FGDs, positive relationships and interactions between Red Cross and Red Crescent actors and migrants were characterised by the competence and integrity displayed by staff and volunteers on the ground—for instance, by providing the assistance and protection that was needed (when it was needed), by reliably responding to and following up on migrants' needs, and by being responsive to migrants' circumstances in ways that recognise their humanity.

Survey data shows most migrants had positive perceptions of Red Cross and Red Crescent staff and volunteers. Across countries, 72% of migrants surveyed agreed with the statement that "staff and volunteers from the Red Cross and/or Red Crescent are equipped to understand and respond to migrants' needs". Similarly, 85% agreed with the statement that "the Red Cross and/or Red Crescent treats migrants with respect and dignity". In both cases, perceptions differed across countries, and while results are positive overall, it is important to note that some contexts suggested a need to review and improve practices.

For instance, data based on migrants' self-reported legal status suggests further efforts are needed to strengthen practices related to the provision of humanitarian assistance and protection to migrants whose applications for asylum have been refused, as well as those who defined their legal status as "other". Noting that this finding may be associated with a general level of frustration related to the outcomes of immigration processes, these groups were least likely to agree that Red Cross and Red Crescent actors had the ability to understand and respond to their needs. Only 67% of those whose application for asylum had been refused, and 54% of those who defined their status as "other" agreed with the statement that "staff and volunteers from the Red Cross and/or Red Crescent are equipped to understand and respond to migrants' needs". A number of strategies can be implemented to improve on this indicator, such as investing in training to strengthen the competence of staff and volunteers as well as engaging people with a lived experience of migration as staff and volunteers.

Indeed, an important finding to emerge from interviews and FGDs is the value migrants themselves place on volunteering with or working for Red Cross and Red Crescent actors—which can be interpreted as a sign of trust and inclusion. Crucially, the inclusion of migrants

through employment or volunteer service is extremely valuable not only to migrants themselves, but also to Red Cross and Red Crescent actors and humanitarian organisations in general. Migrants with lived experience have unique insights and expertise to guide the work of humanitarian organisations and to ensure that activities respond to the priorities, needs, and strengths of migrant communities. Those with lived experience are uniquely positioned to understand and respond to migrants' needs and thus have significant knowledge to share that can inform the operations of humanitarian organisations.

Conclusion

The findings discussed in this paper confirm and expand on existing evidence on the intersection of trust, migration, and humanitarian organisations. Foremost, findings indicate varying levels of trust in humanitarian organisations—including Red Cross Red Crescent actors—and demonstrate that trust cannot be assumed but needs to be built and maintained. To build and maintain trust with migrants, humanitarian organisations need to listen to, respond to, and be accountable to the thoughts, fears, doubts, and concerns of migrants about their situations and the humanitarian assistance and protection they receive.

In this paper we have focused on three key lessons. First, increasing knowledge and awareness of humanitarian organisations and their work on migration plays a crucial role in building trust with migrants and facilitating their access to humanitarian assistance and protection. Knowledge and awareness are critical given the vulnerabilities and risks many migrants face throughout their journeys—including an absence of community support networks, language barriers, and fears and exclusions associated with their legal status. There is a need to increase knowledge and awareness among migrants not only of the longstanding commitment of Red Cross and Red Crescent actors to work with and for migrants in vulnerable situations, but also of the specific programs and services (including, but not limited to the provision of humanitarian assistance and protection) and how and where to access them (based on need, and irrespective of legal status).

Second, the perceived or actual cooperation of humanitarian organisations with public authorities linked to immigration enforcement has the potential to hinder migrants' trust in humanitarian organisations and may dissuade migrants from seeking humanitarian support and protection when needed. In this context, urgent and joint steps must be taken to ensure that humanitarian organisations uphold the principle of independence and clearly communicate when, where and in what context they are cooperating with public authorities. This will lessen real and/or perceived fears

of migrants in vulnerable situations. As the securitisation of migration continues, humanitarian organisations must also continue to uphold their independence and advocate for the safety, dignity and wellbeing of migrants, irrespective of legal status. This can be done in a way that communicates that the humanitarian impetus for protecting and assisting migrants is not tantamount to encouraging or discouraging migration.

Third, face-to-face interactions between migrants and frontline staff and volunteers—and the competence and integrity displayed by staff and volunteers—can build or break trust with migrants and can either facilitate or hinder migrant's access to humanitarian assistance and protection. This can have life-saving or life-threatening consequences for migrants in vulnerable situations. To build and maintain trust, humanitarian staff and volunteers must be equipped to understand and respond to migrants' needs and treat migrants with respect and dignity. The provision of information, training, and technical support to enable staff and volunteers to work for and with migrants is essential, but so too are efforts to engage migrants—as staff or volunteers—and to trust their unique insights and expertise to guide the work of humanitarian organisations.

Humanitarian organisations, including Red Cross and Red Crescent actors, must actively listen to, respond to, and hold themselves accountable to migrants and host communities

These three lessons have important implications for all humanitarian organisations working on migration, including Red Cross and Red Crescent actors. With a presence in over 190 countries, and a network of millions of local staff and volunteers, Red Cross and Red Crescent actors are uniquely positioned to address the humanitarian needs of migrants at various points of their journeys. The challenge lies in harnessing to the fullest the potential to provide humanitarian assistance and protection in the context of migration. To do this, humanitarian organisations, including Red Cross and Red Crescent actors, must actively listen to, respond to, and hold themselves accountable to migrants and host communities. By learning from the migrants who provided their time and expertise to this project, practical lessons have been identified to guide humanitarian assistance and protection activities. Beyond this, there is further need and urgency for Red Cross and Red Crescent actors to continue playing an active role in advocating for the safety, dignity, and wellbeing of migrants, irrespective of legal status, in national, regional and global dialogues. Engaging in evidence-based humanitarian diplomacy, which draws from the lived experience and expertise of migrants to highlight their assistance and protection needs and possible solutions to prevent and respond to these, is just as essential to ensuring that all migrants can live in safety and dignity.

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The role of local government in tackling a global pandemic: A lesson from Nepal

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Image: A health worker carries COVID-19 test samples to the laboratory in Sukraraj hospital, Teku, Nepal in 2021. © Save the Children

Abstract

This paper critically analyses the scope of leadership in Nepal at the local government level when tackling the wider impacts of COVID-19, with a particular focus on health service delivery in line with World Health Organisation (WHO) frameworks. In-depth interviews with 66 representatives from local governments (LG) in the Madhesh and Sudurpaschim provinces were conducted, along with analysis of routine data from health management information systems. We found that Maternal Child Health (MCH) services at local health institutions were largely unimpacted, stocks of essential medicine were available, and the LGs exhibited determination and capability in getting to grips with the crisis, despite inadequate knowledge and resources. Nevertheless, there was sizeable shrinkage in the utilisation of services, which triggered public health concerns of a different nature, the LGs were inadequately prepared in regards to the capacity and availability of human resources, and there were explicit gaps in terms of coordination among all three tiers of government and a lack of role clarity that delayed the response to the pandemic at the local level. Our recommendations include continued investment in local MCH services, capacity building for local leaders with a focus on human resource management in emergency contexts, and the simplification of public procurement processes, particularly during crises, enabling LGs and other local actors to expedite procurement and improve response times.

Leadership relevance

This paper highlights the role of Nepalese local government leadership in emergency management and explores its readiness to respond to disaster, especially given the new governance structures implemented by this emerging democracy. Further, the paper provides insights for low-and-middle income countries by identifying potential opportunities and areas of improvement when responding to disaster at a local government level.

Introduction

The COVID-19 pandemic triggered a seismic health emergency in every nook and cranny of the world. Even countries with robust health mechanisms struggled to manage the sudden spike in the demand for intensive care units. Likewise, the unavailability of critical yet basic equipment like personal protective equipment, ventilators, and the surge in workload experienced by health professionals, further strained already struggling health systems (Ferrara & Albano, 2020). Consequently, when the COVID-19 pandemic struck low-and-middle-income economies like Nepal, it became vividly clear that countries with feeble health systems would battle to cater for the overwhelming demand for health care in such a context.

Nepal reported its first case of COVID-19 on January 23, 2020 and since then more than one million people have been infected, and more than 12,000 deaths attributed to COVID-19 in the country (Worldometer, 2022b). An early countrywide lockdown was enacted by the government of Nepal on March 24, 2020 to curb the rapid transmission of COVID-19, curtailing both national and international travel, forcing the closure of public facilities including schools, suspending most commercial activities, and closing borders with neighbouring countries (CRISIS24, 2020). Although the government announced that basic and emergency health services would be provided in an uninterrupted manner, there were reports of disruptions to basic services like immunisation in some parts of country during the lockdown (Mathema, n.d.).

This crisis of unprecedented magnitude was the first of its kind since the country adopted its new constitution in late 2015 and embraced the spirit of federalism[1]. Following the adoption of the new constitution, Nepal transitioned from a unitary to federal system, mandating the creation of seven provinces and 753 local governments (Government of Nepal, 2015). The new constitution clearly articulates that health is the fundamental human right of every citizen in the country (Government of Nepal, 2015). As such, the management of any type of emergency situation, including a pandemic, comes under the purview of the federal government of Nepal. In such emergency cases, the federal government develops and coordinates rapid plans, policies, and programs with support from the provincial governments and the local government bodies.

Against the backdrop of such recent constitutional and structural change, this newly formed government structure was forced to encounter a large-scale

health crisis. This paper aims to critically analyse the role of leaders of the new local government bodies in addressing the COVID-19 pandemic, especially from the perspective of health service delivery in line with World Health Organisation (WHO) frameworks (World Health Organisation, 2007).

This paper aims to critically analyse the role of leaders of the new local government bodies in addressing the COVID-19 pandemic.

Methodology

A qualitative study was adopted to achieve the research objectives. In addition to qualitative interviews, data from the Nepalese Health Management Information System (HMIS) was analysed to supplement the findings from qualitative data. The researchers also undertook a desk review in order to study the relevant policies, guidelines, protocols, and institutional arrangements in place for an effective health system delivery.

This study focused on two provinces of Nepal—Madhesh and Sudurpaschim—chosen because of their high numbers of COVID-19 incidences as well as the local presence of World Vision International Nepal (WVI Nepal). Five districts (two from Madhesh Province and three from Sudurpaschim Province) were also selected. Within each district, two rural municipalities were nominated, resulting in a total of 10 rural municipalities. In-depth interviews were conducted among health service providers, ward officers, health coordinators, and social protection officers at a local level, and two representatives working in health and social protection from the Ministry of Social Development were interviewed at the provincial level. In addition, we conducted two interviews with representatives from the Ministry of Health and Population and the Ministry of Federal Affairs and General Administration at the federal level, and four people from International Non-Governmental Organisations were also interviewed as part of the data collection. A total of 66 in-depth interviews (IDIs) were conducted using IDI guidelines. The interview questions were drafted using WHO's tools for Health System Assessment for Crisis Management (World Health Organisation, 2012), as well as the assessment framework for health systems in decentralised contexts from the World Bank (Berman & Bitran, 2011).

Trend analysis for secondary data was conducted using STATA 16. All the IDIs were transcribed and translated to English. Back translation was also conducted to ensure the consistency of the content and information.

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[1] The 2015 constitution was a federal restructure of the governance framework, and was welcomed by Nepalese society as opening up the possibilities for better governance in the country.

Coding was conducted and themes generated based on the codes. All the respondents were informed about the objectives and benefits of the study and verbal consent was obtained prior to the study. Further, voluntarism was ensured throughout the study and no personal identifiers were used anywhere in the report.

Background

In a broader sense, health systems comprise of "all organisations, institutions, resources, people and actions" and consist of different stakeholders such as patients, families, communities, health ministries, health providers and health financing bodies, all of which have interconnecting roles and functions with the primary purpose of improving health (World Health Organisation, 2012). The WHO states that an effective interaction between the six fundamental building blocks of a health system (comprising of service delivery, the health workforce, health information systems, access to essential medicines (logistics), financing, and leadership/governance) provide the enabling environment required to attain equitable and sustained health outcomes (World Health Organisation, 2007).

Lack of equilibrium among any of the aforementioned building blocks can cause a disruption of health systems and reduce health outcomes. The public health predicament triggered by the COVID-19 pandemic in Nepal, for example, led to the disruption of the demand and supply aspects of healthcare service delivery.

Supplies of some critical medicines ran out, crucial healthcare logistics failed, there were inadequate levels of skilled health personnel, as well as ineffective coordination amongst different tiers of government bodies. Our analysis explored all six facets of health systems through both primary and secondary research.
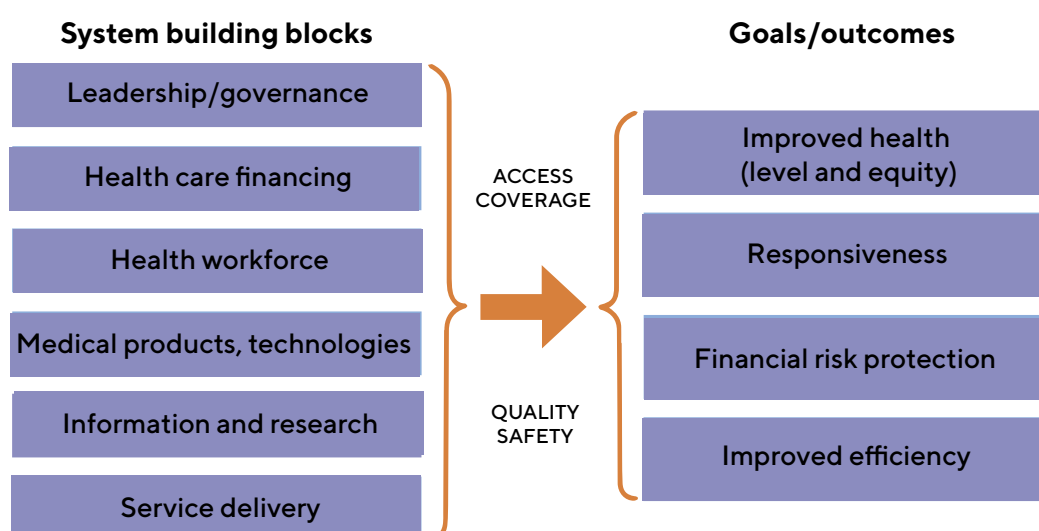
Service delivery analysis

Data from November 2019 to March 2020 was extracted from the Health Management Information System (HMIS) and analysed to assess the continuation of service delivery before and during the onset of COVID-19. Service delivery components included antenatal care (ANC) visits by pregnant women, health facility (HF) delivery, family planning (FP), and immunisation.

Overall, ANC visits by pregnant women decreased by 25% after the onset of the COVID-19 in Nepal. Likewise, HF delivery reduced by 26%. There was also a noticeable reduction of the government incentives distributed to expectant mothers for the four ANC visits that are recommended by the WHO in its antenatal care protocols. The Four ANC visits incentive reduced by 31% and the transport incentive reduced by 34% in Madhesh Province, while a 1% reduction was noted in the Four ANC visits incentive scheme and a 8% reduction in the transportation incentive in Sudurpaschim Province.

In total, the distribution of incentives for the Four ANC program reduced by 21%, while transportation incentives reduced by 27%, as shown in Figure 3.

Figure 1: The WHO Health System Framework

System building blocks

- Leadership/governance
- Health care financing
- Health workforce
- Medical products, technologies
- Information and research
- Service delivery

ACCESS COVERAGE

QUALITY SAFETY

Goals/outcomes

- Improved health (level and equity)
- Responsiveness
- Financial risk protection
- Improved efficiency

Source: World Health Organisation, 2007

Figure 2: Antenatal care visits and Health facility delivery during COVID-19
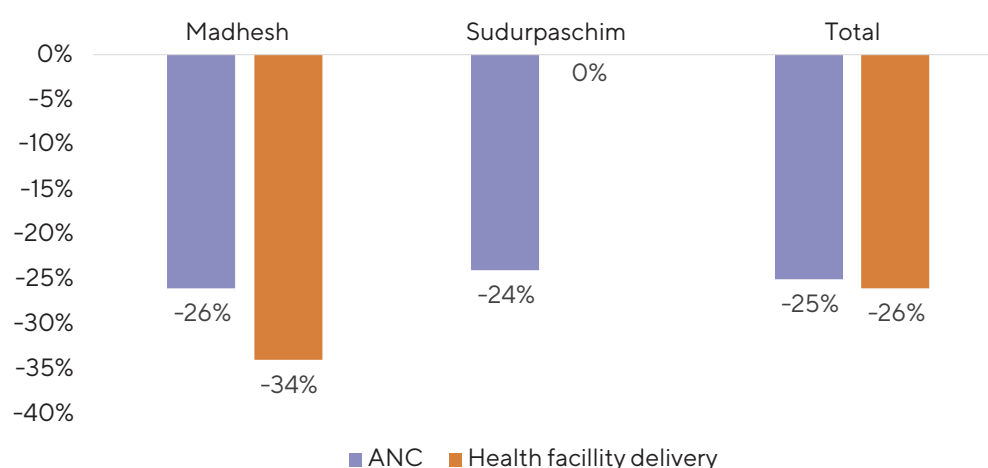
Source: Nepal HMIS

Figure 3: Four ANC and Transport Incentive distribution
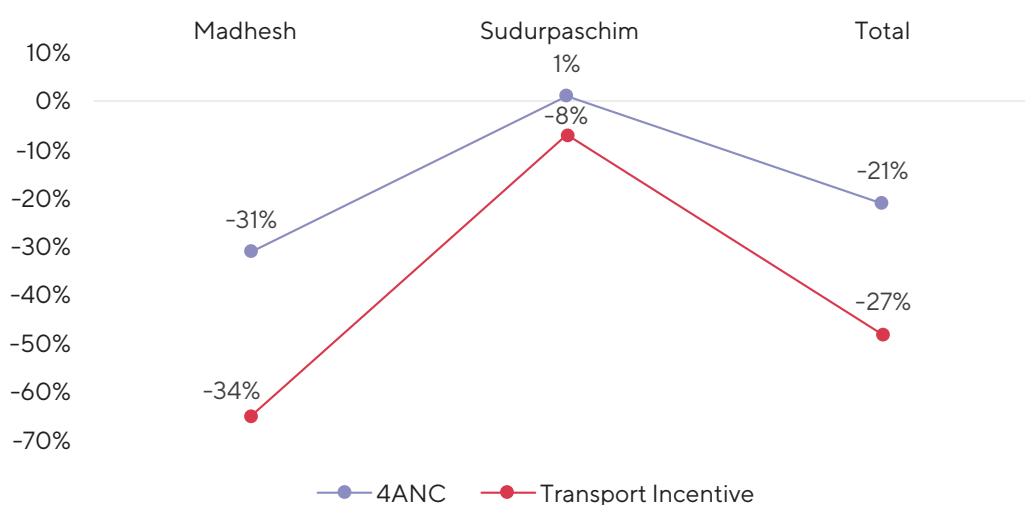
Source: HMIS (Before Nov 2019- Feb 2020; After COVID: March 2020-June 2020)

To assess the continuation of Family Planning services, we collected data related to new users using contraceptive measures before and after the pandemic. It should be noted that the use of the contraceptive pill and hormonal contraceptive injections (known as depo) are the most prevalent forms of temporary contraception in Nepal (Ministry of Health and Population (MoHP), 2017). In Madhesh province, new users for both pills and depo reduced by 54% and 60% respectively, while in Sudurpaschim, there was a significant surge in the use of both bills and depo among new users (42% and 45% respectively). In total, the use of the pill diminished by a quarter whereas the uptake for depo decreased by 21% (as illustrated in Figure 4).

Figure 4: New users of Family Planning services during COVID-19 period
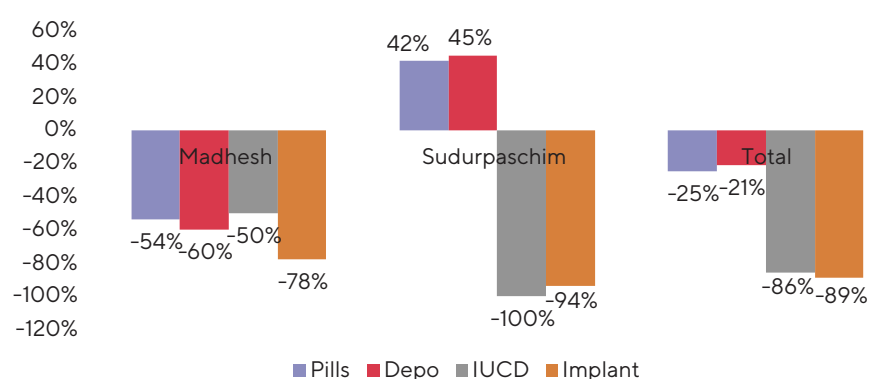
Source: HMIS (Before Nov 2019– Feb 2020; After COVID: March 2020-June 2020)

Regular immunisation related services were also impacted in the months of March and April 2020. After comparing the immunisation uptake prior to COVID-19 and during the pandemic, we can see that the Bacillus Calmette-Guerin (BCG) inoculation rate declined in both the provinces surveyed. In Madhesh province, the uptake of BCG immunisation decreased by 80% during the pandemic. Madhesh Province also witnessed a 38% decline in the uptake of the third dose of the pentavalent vaccine (DPT+hib+Hepatitis B). The rate in the inoculation of the same vaccine in Sudurpaschim province reduced by one fifth. Similarly, the uptake of the first dose of Measles Rubella vaccine in Madhesh and Sudurpaschim Provinces shrunk by 15% and 16% respectively. In terms of the uptake of the third dose of Oral Polio Vaccine (OPV), Madhesh Province saw a decrease of more than a quarter (27%) in comparison to a decline of 22% in Sudurpaschim Province (shown in Figure 5).

Figure 5: Immunisation coverage during COVID-19
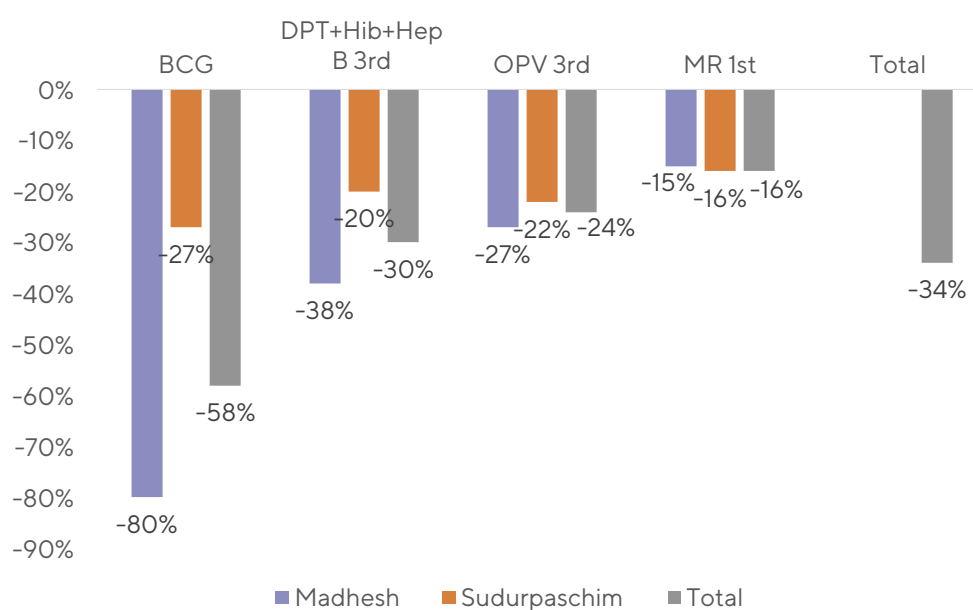
Source: HMIS (Before Nov 2019– Feb 2020; After COVID: March 2020-June 2020)

Discussions with interviewees revealed several reasons for these declines, both official and social:

"In the month of April and May of 2020, our local government mandated us to temporarily suspend the immunisation program as there was scarcity of vaccines. Moreover, we also halted the regular growth monitoring program in the month of March and it has not been restarted as of today. Having said that, other regular services are being continued here!"—M1SP.

"In the early days of the COVID-19 pandemic, the footfall of service seekers significantly decreased because they felt unsafe to visit health facilities"—M5SP.

Human resources

The workforce in the healthcare sector comprises of both clinical and non-clinical personnel engaged in public and individual healthcare. They play critical roles in an effective healthcare delivery process. During the study, almost half of the local government personnel interviewed stated that they lacked enough health personnel to provide health services when the pandemic was impacting local communities. Moreover, not even a single local government official interviewed had a robust human resource management plan in place to quickly identify the pool of potential health professionals and recruit them, or to mobilise volunteers. Furthermore, one of the interviewees from local government stated that they had to use the same health personnel in quarantine and isolation centres alongside the usual health facility due to the shortage of health workers.

"The number of trained health personnel are inadequate and there is no provision of contingency human resource plan. Moreover, there is no database in relation to the availability of skilled health professionals. Furthermore, the local government also do not have a plan in place to leverage the internal resources for the purpose of human resource management during the crisis of such magnitude"—M10.

In many cases, health personnel were hired on the basis of temporary contractual agreements in order to mitigate disruptions to health services when existing health service providers were infected (although few of the contracted temporary staff were able to work in special COVID-19 hospitals that had facilities like Intensive Care Units or ventilators). Hospital administrators were briefed by provincial governments to demand additional budget for hiring human resources on the basis of these temporary contracts. The provincial governments also provided clear instructions to on-board required doctors and technical teams on a temporary basis as per the need during the COVID-19 predicament. Such human resource management practices are still prevalent in some of the provinces.

The Federal Government delegated responsibility for the provision of training programs related to counselling and Case Investigation and Contact Tracing (CICT) to the provincial governments (Ministry of Health and Population, 2020). Thereafter, the provincial governments provided training programs to the local governments. During the time of pandemic, additional specialised trainings related to critical care were organised by the federal government, both in face-to-face format, and virtual mode, depending on the nature of the training and the needs of health personnel. It should be noted that the practice of virtual training was a relatively new concept in Nepal, however, during the COVID-19 situation such training methods were common. Some respondents in this study commented that the virtual trainings were ineffective, while other government officers responsible for conducting such trainings stated that they did not have adequate budget and resources and mostly played a facilitator role during the pandemic.

"The virtual training sessions provided by the government agencies were not as effective as the one we used to take on in-person format. Many of the participants were using Zoom meeting for the first time, and most of them even did not know the mute functionality in the virtual tool, leading to lot of disturbances during the training. To be frank, I could not hear even a single point that was shared in the training!"—M7SP.

Logistics and equipment

In the initial days of the pandemic, local governments did not have access to enough Personal Protective Equipment (PPE) for health workers. During our interviews, local health service delivery personnel mentioned that they instead followed social distancing rules, used masks, disposable gloves, and sanitisers while delivering health services. The study participants stated that the key reason behind the shortage of PPE was the cumbersome and time-consuming government public procurement process.

As the pandemic progressed, the federal government used epidemiological modelling to anticipate the number of probable cases in Nepal and develop scenario planning in order to address the shortage of critical health equipment including PPE. As per the findings from such modelling, a logistics plan was devised, and procurement processes were made agile in order to more quickly source critical materials.

Nevertheless, local officials were critical of the processes:

> "The health office provided us with PPE, RDT kits and sanitisers during the pandemic. But the amount of such materials was not enough for us to perform our duties in such a risky situation"—M4.

> "Our procurement process is time consuming and highly cumbersome. Although there is a legal provision spelled out for the emergency situation, there are many legal and procedural bottlenecks in the execution part, that makes the procurement process very frustrating!"—FG1.

During the interviews, the majority of the participants from local government stated that they had sufficient amounts of essential medicines at their disposal, and that they did not encounter any challenges in managing them. A few participants said that the amount of medicinal stock they had ran low at times, but they coordinated with health offices for medicine and other required logistical support to ensure that health service delivery was uninterrupted. Only one representative from one of the local governments interviewed commented that they were unable to access adequate amounts of medicine for their health facilities, adding that outpatient department (OPD) patients had to purchase their own medicine.

> "We struggled to cater the medicinal needs of some of the health facilities. We supplied the medicine stocks that we received from health offices, but the amount was not sufficient. As such, the patient taking OPD services had to buy medicines from private pharmacies on their own"—M1.

Budget

The total national budget for the 2020-21 fiscal year (FY) was Rs.1,272 billion, a decrease of 3.8% in comparison to FY 2019-20. However, the proportion of budget allocated to the health sector on 2020-21 surged by 39.9% to Rs.115 billion in contrast to FY 2019-20 when the total budget allocated for the sector was just Rs.82 billion (Ministry of Finance, 2020; Ministry of Finance, n.d.). The budget for reproductive health and safe motherhood (which includes safe motherhood programs, family planning, safe abortion services and infertility management),

increased by 72.4%. The budget for child health programs (which include immunisation programs, child treatment services, management of childhood illness, child curative services, and nutritional programs) increased by 7.3%.

At the provincial level, total health budgets (an aggregate of conditional and provincial health budgets) reduced by 4.7% in FY 2020-21. The total budget for reproductive health and safe motherhood services at this level of government increased by 35.4%, while the budget for child health programs reduced very significantly by 26.4% from FY 2019-20 to FY 2020-21. In 2021-21, the total health budget at the local level increased by 23.3%, while the budget for reproductive health and safe motherhood increased by 7.2% and the budget for child health programs reduced by 17.5%. However, decreases in budgets at the provincial and local levels could be due to the lack of detailed budget breakdown for maternal and child health programs, and therefore these declines should be interpreted with caution.

The budgetary requirements for health service management surfaced at the end of the last quarter of FY2019-20. As there was no specific budget allocated for COVID-19 management at the local level, most study participants stated that they experienced challenges while managing the funds needed for the COVID-19 situation. In contrast, the majority of the representatives from provincial and local governments acknowledged that there was a provision for unallocated budget in the Red Book (the Nepalese Government's national budget current account), and that this budget could be leveraged under different situations as required. This budget line, in addition to the transfer of money from under other areas, was used to help manage the COVID-19 situation (although the fund was not sufficient considering the magnitude of the crisis). In order to address the lack of adequate budget for health service delivery that was triggered by COVID-19, many local governments transferred budget allocated to infrastructure development.

> "As the budget previously allocated for infrastructure projects could not be utilised in the COVID-19 context, we transferred the budget for the pandemic management in the last FY"—M5.

Although local governments denied that the budget of other health programs was compromised due to budget allocation for COVID-19 management, provincial and federal government representatives did mention that the budgets for other health programs were affected to a certain extent.

> "The government has formed a separate fund for COVID-19 management. Lot of health programs in the last fiscal year were compromised and we re-channelled funds. We also mobilised the fund reserved for pandemic preparedness in our annual work plan and budget"—FG1.

Figure 6: Health budgets at federal, provincial and local level during COVID-19

■ Child Health Programs ■ RH and Safe Motherhood ■ Health Budget
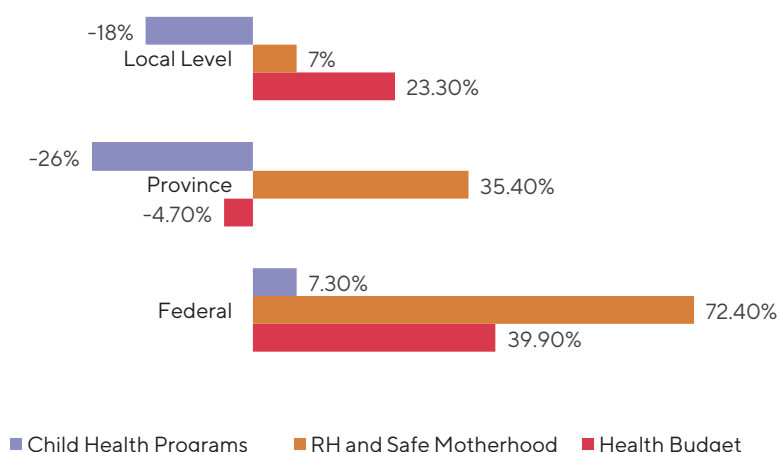
Source: Redbook (Federal, Province, Local Level) for FY2019-20 and FY 2020-21

Although the budget for COVID-19 management was not sufficient in 2019-20 fiscal year, in the following fiscal year, 6% of the total health budget was dedicated to COVID-19 management. This was included in the Red Book of the federal, provincial as well as local governments (Ministry of Finance, n.d.). This COVID-19 fund was established mainly for capacity building, equipment purchases, surveillance, allowances for health personnel, research and other COVID-19 related management. Furthermore, additional budget was allocated in 2020-21 to establish a 50-bed hospital in each province and 300 bed hospitals at the federal level, with the vision of better managing infectious disease outbreaks (Shrestha et al., 2021).

Health Information Management System

It is imperative to continuously update Health Management Information Systems (HMIS) on a regular basis to ensure an effective and functioning health system. However, there are always inherent risks during this process. The key challenges during the pandemic to properly updating the HMIS included a lack of adequate human resources as well as the surge in workload among the existing health personnel. Nevertheless, the majority of the study participants stated that the impact of COVID-19 on the reporting process in HMIS and Logistic Management Information Systems (LMIS) was very limited or non-existent. There were only few interviewees who stated that the reporting of HMIS and LMIS was impacted due to the pandemic.

"All the staffs were busy in quarantine and isolation, so, from Chaitra to Ashar, our HMIS and LMIS data entry was disturbed"—M2.

"Each of us were occupied in managing quarantine and isolation facilities because of which our regular data entry process in LMIS and HMIS during the month of May and June were impacted due to COVID-19 related workload and commitments"—M2.

The federal government and the provincial governments started Information Management Units (IMU) in some of the hospitals. The purpose of the IMUs was to record the case details of COVID-19 that required reporting. CICT teams were also formed at all local levels, however, the teams are no longer functioning (Government of Nepal Ministry of Health and Population, 2022).

Leadership and governance

Due to its topography and climatic conditions, Nepal is one of the most disaster-prone countries in the world. Hazards include floods, landslides and earthquakes (Dangal, n.d.). Even prior to the outbreak of the COVID-19 pandemic, local level disaster risk management committees were in place in most of the local government units. A few of these committees also had a Rapid Response Team (RRT), which take a major role during disasters. After the rampant prevalence of COVID-19, some local governments transformed their RRT committees into COVID-19 Crisis Management Committees (CCMC), while other local governments formed new CCMCs to respond the crisis. Local CCMCs coordinated with the district level CCMCs, while the district CCMCs coordinated with provincial level CCMCs. Provincial level CCMCs then coordinated with the federal government.

The study participants informed us that the CCMCs were formed under the leadership of the local mayor or chairperson of the local government and were in line with guidance issued by the federal government. CCMC members also included a ward chairperson of the local government, security personnel, and staff from the health departments of the local government. The ward chairpersons were responsible for supporting quarantine and isolation management while the security personnel ensured safety and set up quarantine and isolation centres. The health section staff were responsible for the management of medicine and the supplies required for healthcare services. Similarly, the ward sent information to the municipality/rural municipality (known as Palika in Nepalese) regarding the number of people entering their ward from the borders, which helped to manage relief distribution. The overarching responsibility of this committee was to make decisions regarding the effective and efficient management of COVID-19, which mainly included quarantine and isolation management.

Mixed responses were received from respondents regarding the coordination mechanism between the three tiers of government and their effectiveness in COVID-19 management. The majority of the respondents mentioned that they were in constant communication with each other and were working in coordination. Nonetheless, a few local government representatives complained that they did not receive any support from their province and also pointed out the lack of coordination at other levels of government.

As COVID-19 is a new type of infectious disease, scientific information has been constantly evolving, requiring frequent updates to guidelines. These frequent changes in the guidelines and a lack of clarity about the roles and responsibilities of the three tiers of the government were reported by the majority of the respondents as hindering the effective management of pandemic. Major changes in the guidelines were usually related to the requirements for testing the COVID-19 positive patients after isolation. This led to conflict in the community on some occasions. Further, although local government officials mentioned that they regularly monitored health facilities, provincial and federal government interviewees stated that there were a few weaknesses in monitoring.

"We did deploy teams from the federal level to monitor if guidelines are there and if they are being followed/complied with or not, and if not being complied with, then why, and to provide coaching for compliance. But we have not documented these monitoring findings. Documentation is our weak side"—FG1.

Conclusion and recommendations

COVID-19 is the first emergency crisis faced by Nepal since federalism in 2015. This study explored opportunities and challenges faced by local governments in delivering health and social protection services in the first year of the pandemic. Maternal and child health service availability at health facilities was relatively unaffected but a drop in service utilisation was noted due to challenges with accessibility.

Local governments were unprepared in terms of human resource management particularly in regard to staff levels, capacity building, motivation and well-being. Most of the local governments had adequate essential medicines in stock and did not face any difficulty in managing them, however there was a scarcity of PPE in the beginning, as is quite understandable in an unprecedented situation like this. The lengthy public procurement process was one of the challenges when trying to manage this inadequacy.

Local governments also struggled to secure and manage available funds for COVID-19 as the pandemic took them by surprise toward the last quarter of FY 2019-20, however they managed by allocating funds from other areas, as well as by using the provision of unallocated budget.

In terms of leadership and governance, local governments demonstrated capacity and willingness to manage the crisis despite limited resources and knowledge. Lack of clarity in roles and coordination among the three tiers of government is a clear area for improvement.

Our recommendations, which are applicable to any other disease outbreak, are broadly categorised as follows:

- Continued investment in interventions that support and enhance accessibility and utilisation of MCH services, especially given a recent UNICEF report projected maternal mortality in Nepal to increase by 16.7%, with 16,531 additional unintended pregnancies and a 31.7% increase in unsafe abortion in one year alone (Guttmacher Institute and CREHPA, 2017).

- Tailored capacity building for local leaders with a focus on human resource management, and other governance related issues like budget allocation, and collaboration, with an emphasis on emergency contexts. This capacity building can be done before, during and after emergencies.

- Continuous engagement with the federal government on the simplification of public procurement processes, particularly during crises, enabling local governments and other local actors to expedite procurement and improve response times.

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Analysing problem-solving in the ICRC's Water and Habitat Department: A humancentric approach

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Image: People queuing to get clean water after floods destroyed infrastructure in southern Somalia in May 2023 © Awale Koronto / Save the Children

Abstract

The Water and Habitat department (WatHab) of the International Committee of the Red Cross (ICRC) is an engineering department dealing with technical problems in humanitarian contexts. This paper outlines research that used humancentric design (HCD) as a framework to analyse the problem-solving process in the WatHab department. The project took a qualitative approach to data collection and analysis, with 16 interviews conducted with WatHab engineers in five countries. Viewed through a HCD lens, the research found that there are a lack of clear systems within WatHab to include beneficiaries in the problem-solving processes, issues with departmental planning processes, which focus on yearly plans, rather than the longer-term planning needed to respond to the root causes of issues, and a tendency for WatHab staff to think more with their technician hats than their humanitarian hats. The research advocates for the importance of creating new and more inclusive solutions, while keeping in mind the realities on the ground and the impossibility of satisfying everyone.

Leadership relevance

This research questions the current decision-making process in WatHab and its relevance to beneficiaries. Through this research, it will be possible to identify the gaps and the shortcomings of the current practices and address them in a systematic manner. The research aims to improve the response of humanitarian interventions when viewed through an engineering lens, by emphasising the importance of understanding the root cause of the issue rather than just the technical side.

Introduction

The International Committee of the Red Cross (ICRC) is a Swiss humanitarian organisation, established in 1863. It is neutral, impartial and independent in its work. It aims to protect the victims of armed conflicts and to provide them with assistance. The ICRC works in almost 100 countries around the world (ICRC, 2021). The beneficiaries of the ICRC are the communities affected by the conflict.

The Water and Habitat department of the ICRC is an engineering department that implements projects in the domain of water, sanitation, energy and construction. The department consists mostly of engineers, architects and technicians. The members of the team are hired based on their technical skills and are professionally trained to solve technical problems, and the department works within identified codes and standards for each technical issue. But is this enough when working in humanitarian contexts? Research points to the lack of soft skills for engineers, such as communication and integration of different perspectives (Carlson & Wong, 2020) and the need to foster more creativity in university studies (Goel, Sanjay & Sharda, Nalin, 2004).

This research is motivated both by this desire to investigate the application of humancentric design to technical engineering questions, and by the need to better invest resources and to respond to beneficiaries in a timely and organised manner. To do this, the research attempts to understand the proximity of problem-solving processes within WatHab to beneficiaries.

The ICRC's *Accountability for Affected Populations* report highlights a clear gap in the organisation's engagement of people affected by crises in activities and planning (GPPi, 2018). Two main challenges in engaging communities are identified. The first is the trade-off between investing more in breaking down the problem and engaging the widest community representative sample possible, and the real implementation of activities (GPPi, 2018). The second is ensuring a representative sample of people in the consultation process, particularly in urban settings, given the difficulties in reaching the whole population and the consequent need to define who should be consulted (ICRC, 2015).

To understand the realities of the situation in a more stable environment, and accounting for the two constraints mentioned above, this research will focus on protracted conflict contexts. The ICRC spends two thirds of its resources in such contexts and has a better understanding of the political and cultural complications (ICRC, 2016). Similarly, the research does not tackle urban technical problems with large numbers of beneficiaries but rather smaller projects with a limited number of beneficiaries.

This research seeks to understand to what level WatHab is humancentric in these specific conditions and is guided by humancentric design methodology (HCD).

The goal of the research is to identify the gaps in WatHab problem solving processes in protracted armed conflict contexts. This means focusing on non-emergency, beneficiaries-oriented projects that deal with affected people directly and not with technical authorities.

The research assumption is that: *There is a lack of proximity to beneficiaries in WatHab problem solving processes in protracted armed conflicts.*

The research question will then be: *Thinking in terms of humancentric design, what are the gaps in WatHab problem solving processes in protracted armed conflicts, in non-emergency situations*[1]?

Theoretical background and key concepts

Beneficiary engagement in the humanitarian world

The engagement of beneficiaries in the humanitarian sector in the past has been disappointing (Davis, 2007), and it is clear that there is still a long way to go before humanitarian organisations can claim meaningful consultation with their beneficiaries (Darcy & Clarke, 2013). Limitations in the scopes of engagement and a lack of in-depth and long-term studies and evaluations are just some of the issues needing to be addressed. Many of these shortcomings are related to time pressures, short-term programming, and the 'can-do' culture of humanitarian agencies (Brown, D., Donini, A. and Knox Clarke, 2014).

This engagement also varies with the phases of the project cycle, as per Figure 1 (Grünewald, F. and de Geoffroy, 2008), which shows a significant reduction in the consultation of beneficiaries in the design phase.

Key concepts

The research will focus on the problem-solving processes of WatHab and aims to identify the gaps and suggest some solutions. Therefore, it is important first and foremost to identify what a problem is and what framework is being used to measure proximity to beneficiaries.

Problems and problem solving

A problem is a situation in which something is wrong or less than ideal. "A problem does not exist abstractly, but always from someone's point of view. What one person

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[1] In protracted conflicts, most of the activities are not emergencies, however there is still a percentage of emergency interventions in protracted conflicts that the research does not focus on.

Figure 1: Levels and types of engagement at different phases of the project cycle

	Diagnosis	Design	Implementation	Monitoring	Evaluation
Degree of participation					
	Participation is mainly linked to data collection	Very rare involvement of the population at the design phase and project preparation	Frequent instrumental participation where the populations are requested to contribute in kind, in labour if not cash	Rare in Monitoring	Extremely rare in evaluation, even if the current trend is to push for beneficiary involvement at this stage

Source: Grünewald, F. and de Geoffroy, 2008

may regard as a problem may be a satisfactory state for someone else" (Brest et al., 2015, p.3).

Solutions to a problem may take different forms. Sometimes the solution is simply a decision to do or refrain from doing something. Sometimes it is the adoption of a policy and sometimes it is a strategy; a linear description of the assumptions, inputs, activities, and outputs leading to a desired outcome (Brest et al., 2015).

Problem solving is needed on a daily basis, and for individuals to solve problems they need to access and process information, evaluate the consequences of possible choices, and learn from previous steps, aiming eventually to achieve the goal (OECD, 2015).

In most models for problem solving, including the eight disciplines (Alexa & Kiss, 2016), Plan, Do, Check, Act (PDCA) (Martin & Martin, 2009), and Observe, Orient, Decide, Act (OODA) (Rule, 2013), there are common elements:

• Defining the problem
• Finding solutions
• Implementing the solution
• Evaluating the solution

Human-centered design

The definition that we will use for HCD comes from the design and consulting firm IDEO (the creators of the HCD concept in its modern form), where it is introduced as a tool to engage the end users in each step of the design.

"Human-centered design is a creative approach to problem solving. It's a process that starts with the people you're designing for and ends with new solutions that are tailor made to suit their needs.

Human-centered design is all about building a deep empathy with the people you're designing for; generating tons of ideas; building a bunch of prototypes; sharing what you've made with the people you're designing for; and eventually putting your innovative new solution out in the world" (IDEO, 2021a).

HCD step by step

This conception of HCD is split into three phases (IDEO, 2021b): inspiration, ideation and implementation. In order to implement HCD as a problem-solving method the following detailed steps are used (Brest et al., 2015):

Define the Problem (Inspiration)
• Describe the problem
• Identify the relevant stakeholders, understand their motivations, behaviours, and needs
• Identify whose problem it is
• Describe why the problem is important to the decision maker
• Describe the ideal world in the absence of the problem
• Reconsider your statement of the problem and ask what strategies may best achieve your goals
• Identify the beneficiaries' needs
• Learn whether other organisations are addressing the problem effectively

Frame the Problem (Ideation)
• Articulate and prioritise the needs that you will address
• Revisit key stakeholders to understand their motivations, behaviours, and needs and the systems in which they operate
• Identify barriers to moving from the present state to the ideal state

- Articulate "design mandates" and posit strategies that could transcend barriers, address needs, and facilitate change
- Brainstorm questions emerging from the design mandate
- Select several promising strategies from those generated
- Turn the selected strategies into logic models and compare them to one another

Implement, Observe, Learn, and Evaluate (Implementation)
- Prototype the selected solutions to test for their viability
- Implement and evaluate

Protracted armed conflicts

The ICRC considers that protracted conflicts are "characterised by their longevity, intractability and mutability" (ICRC, 2017), although there is no clear definition of the duration needed for a conflict to be considered as protracted.

These are critical contexts to consider from a HCD perspective, as the exacerbating effect of long-term conflicts on the needs and vulnerabilities of beneficiaries increases suffering from both a humanitarian and a development point of view. All this adds to the importance of a more thorough examination of these contexts (Policinski & Kuzmanovic, 2019).

ICRC approaches

The ICRC publication *Protracted conflict and humanitarian action* (2016) recommends that: "It is important that the ICRC learns new ways to listen to their views (beneficiaries) and involve them in the design and evaluation of the ICRC's work. Without such communication, it is unlikely that ICRC operations will remain relevant and respected". This statement emphasises the need for working more on the humancentric approach, especially in protracted conflicts, as "… the longer the ICRC works in a protracted conflict, the more it can rightly be expected to incorporate the proposals, views and criticisms of people with whom it works" (ICRC, 2016).

Methods and data

There is a clear need to better understand the level of engagement of beneficiaries in a technical department such as WatHab. Therefore, the research question is:

Thinking in terms of humancentric design, what are the gaps in WatHab problem solving processes in protracted armed conflicts, in non-emergency situations?

This research used a qualitative data collection method. The researcher conducted interviews and analysed the data from five contexts (South Sudan, Palestine, Iraq, Syria and Nigeria). All these contexts are defined as protracted armed conflicts by ICRC. The interview questions are based on the steps of HCD introduced earlier.

The respondents were 16 WatHab engineers—12 men and four women. They were a mix of national staff[2] (10) and mobile staff[3] (6), with different lengths of work experience with ICRC varying from six months to 23 years, for an average of eight years. Their average career experience was 14 years.

Limitations

The qualitative method of the research limited the number of participants to 16 due to the time required for such interviews, the time limit of the research and the operational realities in these contexts. The research focused solely on the approach to technical problems that WatHab faces in protracted conflicts, and especially the problems related to projects implemented directly with beneficiaries rather than the projects implemented with technical authorities. This limits the scope of the research to just one type of problem solving.

In addition, the research focused on identifying the differences between WatHab process and HCD and detecting the gaps between the two. However, it did not address any solutions, or ways forward, although some of them appeared in the respondents' input.

Finally, as the author is also a senior manager in the WatHab department, this may have led to some bias in the results and the highlighting of certain ideas. It may also have impacted on the way more junior staff responded to questions.

Discussion

In this section, the results will be discussed and compared to the literature to show the final outcomes of the research. The discussion will be split into the three main components of the HCD problem-solving process discussed earlier. The HCD lens will then be removed to summarise the main findings.

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[2] National staff are staff working in their home country delegation.

[3] Mobile staff are staff from outside the country working in a delegation. They work for limited period in each country (a 'mission') as per their contracts.

Investigating the ways WatHab engineers define problems in their work and whether they apply an HCD lens to projects revealed many traits in common throughout the department.

Culturally, the technical approach is still the main way of thinking about and identifying problems. This was very well expressed by Participant 6, who said: "Most of the times in WatHab, we tend to think that we are only dealing with pipes and pumps, but then we forget that we're dealing with people". Additionally, problem identification is not viewed as a separate project component in and of itself—it is always linked with the solution available, as Participant 2 remarked:

"Within ICRC we take it to ourselves that we have some idea of the problem.... So, to some extent, it is already identified that there is a water problem, and as we go, we are not really talking so much about the identification of the problem, but rather be looking for solutions to the problem".

"Most of the times in WatHab, we tend to think that we are only dealing with pipes and pumps, but then we forget that we're dealing with people" —Participant 6.

Members of the department are invested in doing a good job and analysing problems to the best of their abilities, a trait that appeared in all the interviews through the engagement of each participant in explaining to what depths they go to identify problems. The main issue was that all this explanation focused on how WatHab identifies the technical problem—not the humanitarian issue that resulted in this problem. Participant 8 said, "we are mostly considering ourselves engineers .... we stay quite focused on the delivery, and the implementation side of it, rather than the humanitarian cadre of work of intervention".

The research found that there are a lack of clear mechanisms to identify problems, engage communities and reach the root cause of issues. It became clear that that there is a real need to create a process of community engagement and to train people in it. Some components of WatHab's work in Iraq are exceptions, where there is an ongoing initiative for ensuring the integration of beneficiaries in all project steps (known as the Durable Returns Program or DRP). Several of WatHab's Iraqi projects implement the DRP—a step by step process that starts by forming a community working group consisting of representatives from all layers of the community and then continuing to consult with this group throughout the project's life. Participant 7 reflected:

"We use something called the community working group through the early stages of the project ... they are representing the community and assisting the ICRC in implementing the projects ... the members of the community working group, like to be nominated by the community themselves... And this community working group will continue to work with ICRC all along the project period, from the beginning of the project, until the end".

The interview process also revealed that departmental planning strategies could be changed from yearly to multi-year cycles, which would allow WatHab to better plan for longer term interventions rather than changing tacks or funding mid-project. In addition, a need for more interdepartmental and multidisciplinary approaches to project planning would diversify the parties involved in identifying the problem. Participant 6 noted: "We've even had a couple of consultations with all the heads of the departments together, but then they start going back to the bad habit of immediately focusing on a solution without understanding the context".

There is also a clear need to involve beneficiaries more. Defining the problem is far from being beneficiary-led, since the identification of the problem is almost equally determined by input from internal and external stakeholders. Beneficiaries, who through an HCD lens should have the main share in determining the problem itself, are considered one part of a suite of external stakeholders. According to the responders, input from external stakeholders represents 57% of the problem identification percentage, and beneficiaries make up a smaller proportion of this number.

In summary, WatHab appears to be identifying problems from a technical perspective with limited input from beneficiaries. That does not mean that these two types of input are not already intersecting or overlapping partially or fully, but it does show that the current problem identification process is a result of a mix of factors rather than a specific process. When beneficiaries raise issues, they are not always heard and sometimes their views do not correspond to the WatHab team's version of reality. Participant 15 noted that:

"You will be shocked to hear the priorities from the angle of the beneficiaries. And if we also have to give our own practice, as ICRC, you will also be shocked ... because if you ask me, shelter and water should be the most important thing for now. But if you ask maybe the community, they might say, health".

Reflections like this should encourage WatHab to be more modest and listen more to what people are really expressing and step down if there is no real need. Identifying the problem does not necessarily mean an

increase in budget or an increase in resources but rather an understanding that will be the basis for a better solution, as discussed by Darcy and Clarke (2013).

However, moving towards the greater involvement of beneficiaries in understanding the problem is not easy or straightforward, it will take time and is full of obstacles. The Iraqi experience is a clear example of that, with Participant 8 remarking that:

> "When we started the DRP … it took us the first nine months a very intense presence on the site. And at times of every single day of 3 - 4 weeks. We had a guy spending five hours in the communities. By the time the project ended. We knew them by heart essentially. And they had to come up to us to tell us and we still discovered things that we didn't know even after nine months".

This statement corresponds with reports stating an increase in efforts to listen to beneficiaries (Oxfam, 2012), but also emphasises that there is still a long way to go, as discussed by Chapelier and Shah (2013).

WhatHab and HCD: Selecting a solution

When considering interview questions focused on the processes within WatHab for selecting solutions to problems, the respondents focused on the technical perspective of developing solutions, mentioning discussions with internal and external technical experts as providing guidance for their decisions—a normal process in a technical department. However, when asked how WatHab chooses one solution over another, the interviewees were given five elements to rank as more or less influential in choosing one solution over another. The elements were:

- Beneficiaries' needs
- Practicalities (budget, time, access)
- WatHab technical evaluation
- Internal stakeholders (office priorities, departmental strategy)
- Other external stakeholders (armed groups, ministries, etc.).

The results show that beneficiaries' preferences came first and WatHab technical evaluation came third. This raises a question: if the beneficiaries' preferences are the most important factor in choosing a solution, even compared to technicalities, why are they not mentioned, in most cases, in developing these solutions either through technical or non-technical representatives? The answer might be the lack of clear procedure on how these beneficiaries need to be involved in solution development, at what stage and to what depth. This could be developed in a straightforward way in many communities, which already have technicians who could be part of the solution development when the discussion is purely technical (level of water, space available), while at the same time having representative committees of community members to represent the user experience in what makes sense and what does not. This was summarised by Participant 6 who said, "if we really want to have a solution that really reflects the ground reality, then solutions have to be developed together with the stakeholders". We can see this reflected in Figure 1, where design is one of the phases where the community is engaged least.

Figure 2: Solution selection priorities
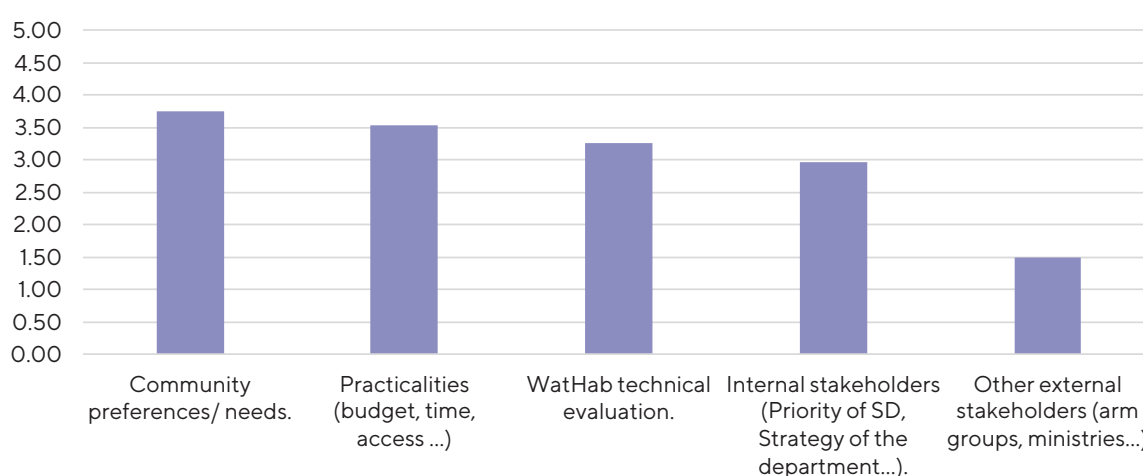
Referring back to Figure 2, the fact that the first four elements are so close to each other reflects both the lack of clear orientation in the department on where to look first, but at the same time shows how flexible and adaptable the department really is, by giving priorities to different elements depending on different contexts, and drawing from real life experiences and examples.

"If we really want to have a solution that really reflects the ground reality, then solutions have to be developed together with the stakeholders"—Participant 6

Most respondents also commented on the need for creative solutions, however the concept of 'creativity' differed. Creativity was generally expressed as coming up with technologically advanced methods, which is not manageable in many cases and not needed at all in others. For example, in developed urban contexts where WatHab supports Internally Displaced Persons (IDPs), the maximum that can be done by humanitarian organisations cannot replace the existing systems people had prior to displacement. Therefore, whether the solution is creative or not, providing water through taps to individual temporary shelters will not be possible in most cases, and will not get people back to what they had before. WatHab can be creative in the way a solution is implemented by simply applying some small tweaks to the original usual way of doing things. As Participant 10 said, "the plan itself is creative, but not the technical solution". This kind of thinking will help make the department more flexible and adaptable to the context.

Outside of this individual thinking, there are still many barriers that need to be addressed to allow such creative trials and thinking outside the box, including:

Internal culture. Cultural change is hard, since culture is the accumulation of many unspoken rules. The main action in relation to this needs to come from high up in the WatHab department, with management encouraging innovation and creativity by celebrating these experiments regardless of success and failure. At the same time, it would be beneficial to develop an exchange of ideas between different contexts so that diverse implementation experiences are considered. Creativity could also be another scale to measure the performance of WatHab's engineers.

Internal procedures. New procedures are needed to support long-term thinking and projects. In addition, testing creative solutions and experimenting with them will need different types of planning and a different way of looking at results. This could couple with

longer mission[4] durations for mobile staff so they have the time to understand and then to implement new 'custom-made' solutions. Another element to consider is to balance the skillsets in each delegation to create technically and cognitively diverse teams, since a wide range of specialisations and problem solving strategies could allow for greater possibilities for adapting solutions to realities (Reynolds & Lewis, 2017).

Internal resources. Lack of resources impacts both problem framing and the creation of solutions, and the need to implement solutions fast was mentioned by many interviewees as the main drive in the department. How to better combine this timeline with high quality responses could be the responsibility of a new WatHab research department, although outsourcing problems from their contexts could also mean a loss of connection to reality.

External factors. These factors are the hardest to tackle, since they are out of WatHab control. The main way forward with this element is to listen, discuss, understand and work together with external stakeholders. Creative solutions aim for better outcomes but if external stakeholders are not comfortable with the change then it is not needed.

The results received from the survey intersect with literature that encourages innovation to get better outcomes (Cinderby et al., 2021), and show that creativity could be better utilised in WatHab by overcoming mainly internal obstacles. Nevertheless, while creativity within the WatHab planning environment may be helpful in understanding the bigger picture of adapting solutions to realities, at the same time, it should not be done just to tick a box.

WatHab and HCD: Implementing solutions
From the results of the interviews, there is a clear gap between the outcomes achieved and the tools to measure this outcome. Respondents identified that there is no standard process to measure outcomes at WatHab, although the majority are nevertheless convinced that their solutions lead to good outcomes. A lack of monitoring and evaluation (M&E) does not mean that WatHab solutions are not leading to good outcomes, but such a conviction needs evidence to confirm or deny it. In Iraq, where more community engagement is in place, Participant 8 noted that:

> "Your accountability officer will be there, people will come and tell you some information about the way they perceive the project or what they would

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[4] Currently, ICRC missions for international staff vary from 12 to 24 months for engineering positions, and up to 36 months for management positions.

have seen better or worse, but that goes nowhere. It's absolutely not captured … there is an absence of structured feedback … the feedback is, [from] the Community Call Centre (CCC)".

The participant who had access to this information did not reveal how the local community evaluates WatHab projects in addressing problems, but preferred to wait and see the results of the CCC survey, since it is a new experiment. This reflects a sentiment that was often mentioned: "teams are doing good work" (Participant 14), which would be better supported by figures and indicators, especially coming from a technical department that does technical studies based on codes and standards.

M&E is weak at WatHab, which was demonstrated in both the survey results, and reflected by Figure 1, where the level of engagement of the beneficiaries in monitoring and evaluation varies from rare to extremely rare. However, there is always a lot to gain when this exercise is applied, and even if most of the examples given by participants were purely technical, these types of projects benefit when there is reflection on the operation and the efficiency of the intervention. It would be beneficial for the department to establish and strengthen these processes.

Conclusions

This discussion focuses on summarising the main gaps in the problem solving that were demonstrated after removing the HCD framework. The crosscutting gaps that were identified are:

The need for processes. This was mentioned in almost all the steps of the discussion, whether it is the problem identification, solution selection, outcome measurement or M&E, and indicates that creation/clarification of a single process for the involvement of beneficiaries is a matter that should be addressed at the highest headquarter (HQ) and country levels. The framework used in Iraq seems to be working well and could be built on for use in other contexts.

Technical solutions. The WatHab department consists mainly of engineers, architects, and technicians. Their work is judged and tested on their technical skills. At the same time, the organisation is in many cases dealing with complicated environments that will require a lot of tweaking for a technical solution to fit. The fact that a technician is doing a humanitarian job first and foremost needs to be discussed and better understood by WatHab management and staff. One participant gave an example of his work that he presented to his senior engineer, who

told him: "this proposal is without any heart". It took him time to understand what that means. This is exactly the reflection that is needed in WatHab: "designing with heart".

One participant gave an example of his work that he presented to his senior engineer, who told him: "this proposal is without any heart". It took him time to understand what that means. This is exactly the reflection that is needed in WatHab: "designing with heart".

General planning. Short term planning can be a limiting factor when involving beneficiaries and creating better responses. Protracted conflicts are long and complicated, and solving a problem and getting to its roots requires time and long-term planning. With the current cycle of one-year planning, it is not possible to identify the root cause of a problem and to respond to it properly, and without this shift to multiyear planning in these contexts, teams will keep limiting themselves to clear, simple, manageable outputs. If SMART objectives are limited to one year, both outcomes and impact management are harder.

Another issue that deserves further discussion and exploration in the planning area is logistics. The ICRC Logistics Department is moving towards standardising as much as possible, and the lead time for providing materials is getting longer. Standardisation is a clear limiting factor to innovation and to producing a proper and original solution for communities. Essentially, it adds to the 'ready-made solutions' mindset that encourages engineers to find a problem for the solution, not the other way around.

Creativity and innovation. If there is increased understanding from the WatHab team on what creativity and innovation mean in relation to their work, they may realise that they are already applying creative solutions to realities. However, there is a need for WatHab management to increase awareness in the department of this definition of creativity and at the same time celebrate innovation, so that the teams know they have the space to experiment.

External factors. There is a limit to humanitarian interventions and there is a need to accept that external factors play a big role in humanitarian work. For WatHab, this could translate into taking a more humble role, and listening more to people, and their

fears, problems, points of view and solutions. WatHab team members need to go to communities with an empty cup and be open to discussions and solutions, rather than a full cup, which has no space to add any extra new drop of input.

WatHab team members need to go to communities with an empty cup and be open to discussions and solutions, rather than a full cup, which has no space to add any extra new drop of input.

The results of this research correspond with many theoretical studies around the constraints in applying HCD in humanitarian crises. These constraints are related to context (cost, access, information and replicability), staff (skills, levels, attitude and behaviour), and structures and procedures (projectisation, institutional changes, measurement and reporting and the supply led paradigm) (Brown et al, 2014). This research also emphasises the need for creativity and innovation and elaborates on the need for procedures.

Future research

More work could be done to confirm the results of this research through quantitative methods, such as using unit level surveys to get a better understanding of the results and their relevance to WatHab team members in all protracted conflict contexts. In addition, research could be undertaken on the different solutions linked to the identified gaps, for example: would more training on innovative solutions help WatHab staff better involve beneficiaries? To what extent would an organised process affect the overall outcomes of the solutions?

More generally, additional research could be implemented in other technical departments of ICRC and in other humanitarian organisations to compare results and draw similarities, helping to clarify the attitudes of technical departments in comparison with organisational culture.

WatHab cannot please everyone, since everyone has their own expectations and vision of the problem and the solution. Nevertheless, the objective should always be to balance the needs of the people with the available resources and technical solutions to come up with the best mix. This would mean appreciating and understanding what has come before, and designing, creating and implementing better, more engaging and meaningful interventions with affected communities.

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Towards a culturally competent humanitarian assistance

MIRETTE BAHGAT

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Image: A Kindness Circle formed to help address gender-based violence in Wakiso, Uganda. © Esther Ruth Mbabazi / Save The Children

Abstract

This article examines the opportunities and challenges of integrating cultural competency into humanitarian assistance. While it is imperative for humanitarian organisations and workers to fully understand and consider ethnocultural dynamics and diversity in the communities they serve and plan their work accordingly, cultural competency is still deprioritised and overlooked when planning and implementing a humanitarian assistance response. The article goes through the evolution of cultural competency concepts and how far humanitarian assistance responses throughout the years have succeeded in working effectively in multicultural contexts, exploring their commitments to cultural competency in the face of competing priorities, limited resources, centralised decision-making, tight schedules and the urgency to deliver services at once. The challenges of integrating cultural competency into humanitarian assistance are further elaborated, and key actionable recommendations are drawn to guide organisational practice.

Leadership relevance

This paper provides actionable recommendations for humanitarian leaders to integrate cultural competency into their organisational and individual practices. It offers insights into how far humanitarian assistance has gone in applying cultural competency best practices while giving examples of sporadic efforts made by multiple humanitarian organisations to integrate cultural competency into their global responses. This paper also looks into what we can learn from other sectors, such as the social service and health sectors, which are more advanced in integrating cultural competency into their service provision models.

Cultural competency: issues and trends

In a world with more than 89 million forcibly displaced people—including 21 million refugees—communities worldwide are becoming more ethnically and culturally diverse (UNHCR, 2023). It is not unusual for a group of people living in the same place or sharing the same refugee camp to speak multiple languages, belong to different religions, or perform different rituals associated with their respective ethnocultural backgrounds. While it is imperative for humanitarian organisations and workers to fully understand and consider these ethnocultural dynamics and diversity in the communities they serve and plan their work accordingly, cultural competency is still deprioritised and overlooked when planning and implementing a humanitarian assistance response.

Cultural competency is a broad concept with multiple interpretations drawn from different theoretical frameworks. It was introduced in the 1980s in the United States as an approach to improving healthcare for ethnic minorities and reducing ethnic health disparities. One of the earliest and most cited definitions is the one used by The U.S. National Association of Social Workers, where cultural competency is "a set of congruent behaviours, attitudes, and policies that come together in a system or agency or among professionals and enable the system, agency, or professionals to work effectively in multicultural situations" (Sue et al., 2009, p.9).

The concept of cultural competency is often used interchangeably with other terms, such as 'cultural sensitivity' and 'cultural responsiveness', which are employed to address conscious and unconscious bias and signify the importance of being aware of cultural factors when providing a service, especially in the face of growing multiculturism. These terms are challenged by the notion that it is not the lack of awareness of others' culture that drives inequities, but rather unequal power relations, unfair distribution of resources, marginalisation, unexamined privilege and institutional racism (Curtis et al., 2019). In contrast, cultural competency is a more comprehensive term that addresses both individual and systemic factors. The concept encompasses the tailoring of organisational policies, structures and service delivery systems to incorporate "culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of interventions to meet culturally unique needs" (Sue et al., 2009, citing Whaley & Davis, 2007, p.4).

Despite consensus on the need to provide culturally competent services, critics have pointed out the challenge of putting cultural competency into concrete terms, including conceptual clarity and operational guidance. Another underlined gap is the overemphasis on cultural traits and differences, which reduces complex human behaviour and experience to cultural stereotypes (Lau & Rodgers, 2021). Further limitations include the presence of various interpretations of cultural competency—some of which are not theoretically grounded—and the lack of measurement and research design to gauge its impact on service provision (Sue et al., 2009).

These challenges are considered and addressed by experts in the field as they work on constantly developing and adapting cultural competency approaches and operational frameworks. For instance, Hall (2001) noted that advocates of cultural competency are aware of the significance of cultural mechanisms and the inadequacy of simply exporting a method from one cultural group to another (Sue et al., 2009). Cultural competency is not merely a static outcome or a set of skills to acquire or procedures to deliver; it is an ongoing process of placing the service recipient at the centre of the service delivery model, striving to maintain a critical awareness of one's own culture and biases, of valuing diversity and working effectively and empathetically with people from different cultural backgrounds (Lau & Rodgers, 2021) (Curtis et al., 2019).

Cultural competency is ... an ongoing process of placing the service recipient at the centre of the service delivery model, striving to maintain a critical awareness of one's own culture and biases, of valuing diversity and working effectively and empathetically with people from different cultural backgrounds.

Cultural safety is another notion proposed in the 1990s by Dr Irihapeti Ramsden and Māori nurses in New Zealand. This concept focuses on acknowledging and addressing the inherent power imbalances between service providers and clients. Instead of focusing on learning about the culture of the 'other,' it focuses on being more reflective of power structures and how one's own biases, attitudes, stereotypes and prejudices might impact the quality of services provided. Cultural safety shifts the focus from the culture of the other to the culture of the self. Some proponents of cultural competency have redefined the term and integrated it with the more dynamic and empathetic notion of cultural safety that extends beyond acquiring knowledge of other cultures to addressing biases and stereotypes within one's own culture (Curtis et al., 2019). An example of this is how a humanitarian worker in Haiti described the way Americans viewed Haitians through the biased lens of their own culture:

"America isn't the greatest country ever, you don't have the answer to save Haiti, your ideas probably won't work because you don't know the culture, you will fail, and this is the biggest—that Haitians are

amazing, smart people that don't need a savior in khakis and Chacos—they need a catalyst and someone that believes in them. And that they are more normal than you think" (Remington, 2017).

Cultural competency in humanitarian assistance

Even though cultural competency has assumed a central position in the global social work and healthcare discourse, it is only considered sporadically in humanitarian assistance. Cultural competence approaches in humanitarian response—including refugee response—and Disaster Risk Reduction (DRR) are limited by a lack of clear definitions, operational guidance, time pressure, and a lack of understanding of the unique challenges faced by refugees and affected populations coming from different backgrounds (Lau & Rodgers, 2021).

Cultural competence approaches in humanitarian response ... are limited by a lack of clear definitions, operational guidance, time pressure, and a lack of understanding of the unique challenges faced by refugees.

Despite the emphasis on the universality of human rights on the global policy level and in international human rights frameworks, the international community has strongly advocated for regional human rights instruments that integrate unique and relevant cultural elements into their frameworks. Instruments such as the Universal Islamic Declaration on Human Rights, the Cairo Declaration on Human Rights in Islam and the African Charter of Human and People's Rights are a few examples of regional adjustments of human rights frameworks with cultural relevance. However, in some cases, contradictions exist between universal frameworks and cultural references, such as in the case of Saudi Arabia, which ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2000 with the reservation that it is not under the obligation to observe terms contradictory to the norms of the Islamic Sharia law (Tošovská, 2016).

The UNESCO *Declaration on Cultural Diversity* was adopted in 2001, and defines culture as a set of distinctive spiritual, material, intellectual and emotional features of society or a social group. In this definition, culture encompasses art and literature, lifestyles, ways of living together, value systems, traditions and belief. Article 4 of the *Declaration* draws the link between human rights, fundamental freedoms, and cultural diversity yet also

highlights that no one should invoke cultural diversity to infringe upon universal human rights (Tošovská, 2016). On the other hand, the 1951 *Refugee Convention* states in Article 4 that the contracting States "shall accord to refugees within their territories treatment at least as favourable as that accorded to their nationals with respect to freedom to practice their religion and freedom as regards to the religious education of their children". A similar reference is made in the *Guiding Principles on Internal Displacement*, where Principle 22 states that internally displaced persons, "whether or not they are living in camps, shall not be discriminated against as a result of their displacement in the enjoyment of the rights to freedom of thought, conscience, religion or belief, opinion and expression" (Lensu, 2004).

The commitments generated through the World Humanitarian Summit in 2016 indicated strong support for building close relationships between humanitarian organisations and local populations, which entails understanding the society's culture to better deliver aid (Curtis et al., 2019). The 2030 *Agenda for Sustainable Development* adopted by the UN General Assembly in 2015 pledges to foster intercultural understanding, tolerance and mutual respect, and acknowledges the natural and cultural diversity of the world and that all cultures and civilisations can contribute to sustainable development (Tošovská, 2016). The international community has recently appealed to aid agencies to support aid localisation and strengthen locally led action. International development and humanitarian agencies such as the USAID pledged to significantly increase funding to local non-governmental organisations, which requires a fundamental change in their operating systems and organisational culture to meet the local realities, needs, and ways of working (Fine, 2022).

In the face of competing priorities, limited resources, centralised decision-making, tight schedules and the urgency to deliver services as soon as possible, the emphasis on cultural elements when delivering humanitarian assistance has been translated into organisational policy and programmatic considerations by only a handful of humanitarian organisations. An analysis of humanitarian job announcements by Remington (2017) revealed that only 37% of agencies required cultural competencies in their candidates. Some organisations like Médecins sans Frontières (MSF) use social anthropologists to support humanitarian workers in acquiring the basic information about the culture they are entering and hold cultural meetings for workers before starting their missions to prepare them to work in a culturally appropriate way and understand important cultural aspects such as dress code, gender dynamics and other cultural requirements (Tošovská, 2016). Research conducted in post-earthquake Haiti in 2010 revealed that some organisations provided cultural training and debriefing for their employees and

volunteers before and during deployment. One social worker described her training experience thusly:

"Most of our employees and volunteers go through training where they are given background information on the country and some basic cultural and religious norms since most of the country is heavily attached to some religious belief. Once in Haiti, they are given times to debrief daily and then weekly as they process the changes that they are seeing, experiencing, or being exposed to" (Remington, 2017).

However, these organisational practices do not necessarily result in providing culturally competent services, as they focus mainly on the individual level, not the structural or systematic level. They also lack cultural safety components as they solely focus on the culture of the other without delving into the humanitarian workers' own culture, power dynamics and potential biases.

Government departments or organisations such as the U.S. Department of Health and Human Services have developed a cultural competency training curriculum for disaster preparedness and crisis response, yet it focuses on the national context and does not cover international post-disaster contexts (Remington, 2017). Other humanitarian organisations such as Save the Children or Plan integrate cultural practices and rituals such as unity circles, drum calls, blessings for the day and the use of ethnic food during child protection or psychosocial interventions, but this is often done in a piecemeal fashion (Sue et al., 2009). One example of integrating cultural practices in Disarmament, Demobilisation, Rehabilitation and Reintegration (DDRR) programs in Uganda involved conducting healing ceremonies lasting for days to reconcile former child soldiers with their communities and bring a sense of healing and forgiveness to their spirits. These ceremonies were held by a mediator or a witch doctor in the presence of community elders. In one form of these ceremonies, reconciliation involves two families drinking pounded extracts from trees while the master of ceremonies cuts off the head of an animal (usually a ram or goat) and smears the child's body or sprinkles their forehead with blood. The meat is then cooked for the participating families as a sign of reconciliation (Bainomugisha, 2010).

Some humanitarian organisations and movements, such as the International Red Cross and Red Crescent Movement, have a code of conduct that commits to respecting the culture, structures and customs of the communities and countries they work in. However, how far these policy commitments are translated into programmatic and operating procedures is unclear (Lensu, 2004).

Despite these sporadic efforts, there is still ample room for prioritising cultural competency in humanitarian assistance and recognising ethnocultural diversity and practices among targeted communities. Rodon et al. (2012), in their article 'Managing culture conflicts for effective humanitarian aid', argue that a homogenous concept of culture is insufficient when describing a national culture since many countries are former colonies where the colonial power's culture was imported. Moreover, diverse ethnic groups exist in many societies where culture is a heterogeneous and dynamic concept. This heterogeneity can be seen in the five dimensions of culture described by Hofstede, which include power distance, uncertainty avoidance, individualism, masculinity, and long-term orientation (Johnson et al., 2016; Tošovská, 2016).

Diversity becomes even more layered in communities with an influx of refugees and asylum seekers who face specific vulnerabilities and challenges in accessing services that respond to their individual and cultural needs. Understanding this diversity is crucial in humanitarian response and Disaster Risk Reduction (DRR), which should be shaped by people's environmental perceptions, local and indigenous knowledge, religious views and traditions. Service provision should aim to reduce health and social disparities and improve access to services, including health and social services, employment and education for all groups (Johnson et al., 2016) (Lau & Rodgers, 2021).

The absence of cultural competency in humanitarian assistance can further deepen the vulnerability of the affected populations and contribute to the magnitude of the disaster as much as the hazard itself.

The absence of cultural competency in humanitarian assistance can further deepen the vulnerability of the affected populations and contribute to the magnitude of the disaster as much as the hazard itself. In most cases, hazards only become disasters if high-risk conditions are present, and this includes ignorance of or ignoring the cultural makeup of the vulnerable community. (Scott, 2007). The absence of cultural competency could also deepen the conflict that already exists in the field. As Mary Anderson (1999) pointed out in her book *Do No Harm*, humanitarian actors should not only understand the humanitarian effects of their help, but also the political impacts of their actions. Ignoring the cultural aspect may escalate disaster vulnerabilities and the associated problems of adaptation, coping, intervention, knowledge and power relations and could reduce the acceptance and cooperation of local communities towards responders (Krishna et al., 2021; Tošovská, 2016). To illustrate this, we can look to Yemen as an example, where Al-Muhamasheen—a minority group suffering from caste-based discrimination—has been   left

particularly vulnerable and has had little to no access to humanitarian aid during the prolonged conflict. This was mainly due to the lack of proper documentation, being pushed to the edges of cities and war frontlines, the diversion of aid by local sheikhs, and—most importantly—the failure to tailor humanitarian assistance services to meet their culturally specific needs (El Rajji, 2016).

Since humanitarian response and DRR bring together multiple actors from different cultural contexts, the risk of misunderstanding and conflict among them is high. These cultural differences could easily become cultural misunderstandings and barriers if humanitarian workers do not possess cross-cultural competencies to analyse and adapt to working in a culturally diverse environment, which could add further stress and pressure to an already tense and volatile environment. Even in situations where workers think they understand the overt culture—represented in language, dress code and other external factors—hidden cultural elements such as social structures or subtle body language can be a real source of tension that may eventually lead to breaking point (Remington, 2017).

It is common to see aid organisations perceiving recipient communities as backward or fatalistic compared to the 'expert-driven' culture of humanitarian organisations driven by scientific knowledge (Johnson et al., 2016). This otherness is further aggravated by the multitude of barriers that exist in humanitarian settings under the name of safety and security measures that separate the foreign aid workers from the locals and aid recipients and limit their interaction. Post-earthquake Haiti is a case in point. Aid workers spent their days confined to gated compounds or air-conditioned vehicles and had little exposure to the Haitian culture due to strict organisational regulations, curfew, refusal to allow Haitian friends to visit NGO bases and other security measures that were supposed to protect aid workers, but inadvertently further isolated them from their surroundings (Remington, 2017).

[Cultural competency] is not an extra procedure or deliverable that needs to be factored into a response strategy and budget, but a foundation that alters the way work is done at the organisational level.

Understanding culture can also help humanitarian organisations better prepare for and respond to disasters. For example, the indigenous Moken community in Thailand believed that the abnormal behaviour of animals and birds signalled the Indian Ocean Tsunami in 2004, which allowed them to evacuate to safe places beforehand. Cultural beliefs around fatalism and trust in God affect people's behaviour towards crises and preparedness, while some people's connection to the land might make them more resistant to relocation and evacuation. Gender norms that limit women's ability to swim or climb trees or dress codes that affect their mobility and swift movement in times of disaster are factors that need to be considered when planning and responding to crises. At the onset of a response, the focus is on taking action and delivering lifesaving services, and not changing beliefs. Humanitarian workers need to plan their actions with an understanding of the local culture, long-held beliefs, and common sense (Scott, 2007). They should also pay special attention to the variable ways people respond to stress and manifest Post-Traumatic Stress Disorder symptoms, ask for help and receive care in order to ensure that the humanitarian supply and logistics, information systems, and assistive technologies are adapted to assist culturally diverse communities during disasters and conflicts (Krishna et al., 2021).

Recommendations for strengthening cultural competency in humanitarian assistance

One of the common misconceptions about integrating cultural competency in humanitarian assistance is that at the onset of a response, there is little to no time to understand the culture of the affected population and plan the response accordingly—hence the tendency to replicate the same processes and operating procedures at the response onset without much adaptation. The second common misconception is that cultural competency is resource-intensive and requires larger budgets than what is usually available in humanitarian response. These two misconceptions are rooted in the fallacy that cultural competency is an add-on. It is not an extra procedure or deliverable that needs to be factored into a response strategy and budget, but a foundation that alters the way work is done at the organisational level. It occurs before launching a response and before the engagement of staff in ongoing self-awareness and cultural humility processes. Above all, it represents a sincere organisational commitment to understand, respect and elevate other cultures, even in situations of power imbalances or supremacy. It comes as no surprise to see plenty of small grassroots humanitarian organisations faring better at integrating cultural competency and having their finger on the local pulse than many well-funded international organisations, simply because the barriers between them and the local communities where they are embedded are much lower.

Organisational commitment to cultural competency, especially at the senior level, is pivotal and cannot be overemphasised. This is because humanitarian organisations usually operate in unregulated environments, where humanitarian workers perform social work and healthcare duties that would otherwise

be performed by licensed practitioners who must adhere to cultural competency standards as part of their social work or healthcare practice. Humanitarian organisations were prompted to adopt and integrate safeguarding and accountability measures into their key performance indicators after the alarming increase of exploitation and abuse incidents perpetrated by humanitarian workers and the consequent public backlash. They must also devote the same level of attention and dedication to cultural competency, to ensure that humanitarian assistance is tailored to the specific needs of different cultural groups in the affected communities and to enable humanitarian workers to respect diversity and integrate cultural considerations into their work. Cultural competency should become a key competency for humanitarian organisations against which they are publicly rated, evaluated, and even selected for funding by public and private donors.

There are different cultural competency frameworks employed by practitioners in the social services and healthcare arenas that could be used as a basis for integrating cultural competency in the humanitarian sector. The most widely used framework is the one adopted by the American Psychological Association (APA), which includes three dimensions. This first is cultural awareness and beliefs, in which the service providers are sensitive to their own personal values, culture and biases and understand how that may impact how they perceive their clients and deliver the service. Cultural knowledge is the second dimension. It comprises the knowledge of one's own culture and worldview in addition to the client's and how both cultures perceive each other. The third dimension is cultural skills and the ability to intervene and provide services in a culturally sensitive and relevant manner (Sue et al., 2009). The definition of culture in this sense is broad, and includes dimensions such as race and ethnicity, gender, age, language, socioeconomic status, sexual orientation, disability, literacy level, spiritual and religious practices, individual values and experiences, and other relevant factors (Scott, 2007).

Another framework proposed by Remington (2017) targets humanitarian organisations and includes four dimensions with specific elements adapted for humanitarian responses. The first dimension is cultural knowledge, which includes context-specific knowledge of the host culture, such as language, history, and behaviours. The second dimension is personal attributes. This includes the internal attitudes and mindsets needed to put cultural competency into practice, as well as empathy, adaptability, and compassion. The third dimension is emotive skills, which include the ability to manage one's own and other's emotions to meet organisational expectations. Examples of emotive skills include emotional intelligence, emotional labour, suppression and acting. The fourth dimension is expertise, which includes the job-specific skills required

to provide a service in a cross-cultural response or recovery job.

Cultural competency requires system-wide changes and must manifest at every organisational level (Scott, 2007). Humanitarian organisations should adopt policies and strategies prioritising diversity and cultural competence. Such practices include hiring bicultural and bilingual staff, fair and inclusive compensation packages for all with no discrimination between local and international staff, cultural competency training and cultural briefings by experts. Engaging with and building strong and authentic partnerships with local organisations and communities is another way of facilitating cultural competency and linking the resources that big humanitarian organisations have with local knowledge and access to information (Lau & Rodgers, 2021; Tošovská, 2016). Local partners should not only be engaged at the implementation level, as this is a form of tokenism, but should be considered strategic partners at the organisational level.

Engaging with and building strong and authentic partnerships with local organisations and communities is another way of facilitating cultural competency and linking the resources that big humanitarian organisations have with local knowledge and access to information.

Working directly with individuals versus working with groups is a determining factor in integrating cultural competency. At the onset of a crisis, relief workers— who, in many cases, are foreigners who know very little about the local context—are left with no choice but to work directly with affected individuals from different cultures. However, during pre-disaster and preparedness times, it is ideal to plan to work with local groups and through cultural intermediaries or communities of like culture (Scott, 2007). Examples of these groups include community-based organisations rooted at the community level and operating at the neighbourhood level.

Engaging members of the target population, such as refugees, as cultural brokers, enhances the links between humanitarian organisations and the community and increases community acceptance, trust, and access to services. These cultural brokers could be community leaders, religious figures, or family members. For instance, in the Philippines, village barangays (captains) significantly impacted the quality of aid received by their communities after Typhoon Haiyan by acting as cultural brokers and advocates for their communities. However, risk assessment and management procedures

should be in place when engaging with cultural brokers to avoid clientelism or favouritism (Lau & Rodgers, 2021; Combinido & Ong, 2017).

If we take a look back at the cultural competency frameworks discussed earlier, we will notice that it primarily focuses on the service provider level—the frontline workers who engage directly with the affected community and deliver the needed services. Hiring humanitarian workers who possess self-awareness and respect for cultural diversity is essential. Service providers must be equipped to adhere to cultural safety practices by critically evaluating their own culture, race, ethnicity, gender, beliefs, biases and values and how it influences their interactions with their clients. This would help them recognise power imbalances, avoid making assumptions, stereotypes, or generalisations about other cultures, and ask for guidance and support when recognising their limitations. On the other hand, the service provider needs to better understand the client's culture, home country, journey of displacement, cultural and religious beliefs, history and ethnic identities to serve them better. For example, knowledge of a current or historical ethnic conflict or tension within communities is crucial when identifying appropriate interpreters or grouping clients together in group interventions to avoid creating triggering negative situations (Lau & Rodgers, 2021).

Needs assessments are conducted by humanitarian organisations prior to or in conjunction with most humanitarian assistance responses, in order to collect data on the affected population—including their age, gender, socioeconomic conditions, and vulnerabilities such as disability or care arrangements for children. However, it is uncommon to come across needs assessments that consider other cultural aspects of the affected populations, especially for minority groups, such as local languages, religious beliefs, traditions and rituals. This is partly due to time and resource limitations but also because the significance of these cultural elements when planning a response is often downplayed. Involving cultural mediators and local partners in the needs assessment process is crucial as they can point out the key cultural elements that should be considered in order to understand the needs of different cultural groups properly and analyse and mitigate potential cultural conflicts (Tošovská, 2016). Including some of these cultural elements is also helpful in addressing cultural barriers to accessing services during the implementation phase. Flexible service delivery models, such as adjusting service times and modes of delivery to suit Ramadan schedules for Muslim recipients, is one example of service adaptation based on cultural needs. One of the most common barriers is language, which could be addressed by hiring interpreters and finding ways to integrate the client's language and culture into services (Lau & Rodgers, 2021).

Content development and delivery for humanitarian interventions and behavioural change programs is another area where cultural competency is key. Oftentimes, interventions employ Western-based knowledge that is only translated to the local language without robust cultural adaptation and without bringing local and indigenous knowledge to the forefront of knowledge creation. This reduces the creditability and efficacy of the intervention and its pertinence to real-life problems experienced by the affected population. For interventions to be culturally competent, they need to consider issues such as cultural patterns and traditional wisdom, immigration, minority status or racism in the development process. For instance, Martinez and Eddy (2005) not only conducted training sessions for immigrant Latino parents in Spanish but also addressed culturally relevant immigration and acculturation issues. Another intervention with Puerto Rican children used cuentos (Puerto Rican folktales) to convey a message or a moral to be emulated by others. Other documented interventions have incorporated language, spirituality, oral traditions, collective responsibility, racial socialisation, acculturation, attitudes and beliefs about disability, health care, and support networks (Sue et al., 2009).

[Cultural competency] requires stepping out of comfort zones—leaving those high-walled gated compounds—and taking measured risks to know the people and local communities for who they are and not just as names on beneficiary lists.

Because of the dynamic nature of culture, conflict and disasters, enhancing cultural competency in humanitarian assistance is an ongoing process and a lifelong commitment. It requires stepping out of comfort zones—leaving those high-walled gated compounds—and taking measured risks to know the people and local communities for who they are and not just as names on beneficiary lists. As one humanitarian worker in Haiti said:

"I go out to the camps, just on my own, to look for people we have built relationships with now. These are not numbers. These are families. These are people that we have come to know. So I often go out just to see how they are, just to say hi, to see if there is a change in the camps" (Remington, 2017).

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Beyond the 'Egosystem': A case for locally led Humanitarian Resistance

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Image: Medical volunteers from 'Nway Oo Sayy aid' take care of a Karen refugee in an IDP camp in Kayah State, Myanmar. © SOPA Images Limited/Alamy Live News

Abstract

This article invites readers to consider a new form of humanitarianism that has emerged out of people's resistance to military atrocities—called Resistance Humanitarianism—with a particular focus on the crisis in Myanmar. In that country, Resistance Humanitarians are challenging traditional aid actors because their operational presence and coverage can go deep inside the hardest-hit areas, which are usually inaccessible to the large INGOs and UN. This gives Resistance Humanitarians significant operational advantages, particularly the acceptance of the population, access, and data that reflects ground realities.

Meanwhile, most international aid actors continue to try and gain access to affected communities through Myanmar's oppressive and illegitimate military junta, constraining their ability to reach those most affected by crisis and potentially aiding the junta's violent cause. The paper suggests that this vertical, top-down, 'neutral' approach to aid access taken by many international actors may deepen the conflict, as it pushes people away from their determination for a systematic end to injustice. The paper also argues for the urgent need to critically rethink the humanitarian approach for the Myanmar conflict, and suggests a new type of aid architecture—a locally-led, horizontally-constructed ecosystem that builds on and supports people and organisations on the ground and prioritises inclusivity, diversity and collaboration at its heart. If the aim of external international actors is to build resilience, they must rethink their approach and support military-avoiding Resistance Humanitarianism.

Leadership relevance

This article challenges readers to think outside the traditional forms of humanitarianism and explore a new type of humanitarianism that has emerged out of the people's resistance movement in Myanmar. Resistance Humanitarians have been breaking down the barriers between aid providers and recipients, removing the rigid sectorisation of human rights, humanitarianism, development and peace, and developing new norms, notably solidarity, ingenuity and adaptability. This phenomenon encourages traditional humanitarian actors to rethink their approaches so that they fit better into the contexts where they operate, properly address humanitarian needs and build strong community resilience.

Introduction

As I was preparing my keynote speech for the 2023 Humanitarian Leadership Conference on the morning of 11 April 2023, the Myanmar military junta conducted brutal air strikes on Pa Zi Gyi village in the Sagaing region. The massacre killed close to 170 civilians. 40 of them were children and the youngest victim was a 6-month-old baby (*Progressive Voice*, 2023). It was the deadliest air strike since the February 2021 military coup d'état.

I am using this ongoing crisis in Myanmar and the international response to it as a case in point to demonstrate that the current aid system is ill-suited to deal with an emergency of this kind. The paper argues for the urgent need to critically rethink the humanitarian approach for the Myanmar conflict, and suggests a new type of aid architecture—a locally-led, horizontally-constructed ecosystem that builds on and supports people and organisations on the ground and prioritises inclusivity, diversity and collaboration at its heart.

The paper argues for the urgent need to critically rethink the humanitarian approach for the Myanmar conflict, and suggests a new type of aid architecture—a locally-led, horizontally-constructed ecosystem.

The coup that led to humanitarian catastrophe

Following the coup d'état on 1 February 2021, when the Myanmar military illegally seized power just a few hours before the newly elected parliament was due to convene for the first time, the country turned into a slaughterhouse. The military junta, which is known as the State Administration Council or SAC, has killed at least 4,000 people, detained at least 19,000 (AAPP, 2023), and massacred, tortured, and inflicted violence on citizens nationwide. Villages have been reduced to ashes by military arson attacks and airstrikes.

At the time of writing, Myanmar ranks just behind Ukraine in experiencing extreme violence and deaths from conflict (ACLED, 2023). So far in 2023, Myanmar has suffered the highest number of civilian casualties by airstrike in the world. The scale, frequency and severity of violence inflicted after the coup attempt alone make the military junta criminally liable for war crimes and crimes against humanity (OHCHR, 2023b). The article in the *New York Times*, 'The Country that Bombs its Own People', aptly describes the military junta's indiscriminate campaign of violence against the Myanmar people (Willis & Cai, 2023).

The United Nations has estimated that 17.6 million people—or nearly a third of the country's population—are in need of humanitarian assistance this year (UN Myanmar, 2023). At least 1.9 million people have been forced into internal displacement (OCHA, 2023c). However, these are conservative figures, as the data provided by local groups show that the number of people displaced in some areas of the country could be more than double the figures published by the UN (KPSN, 2022; Kantar, 2022; KPSN, 2023).

On top this, over a million Rohingya refugees (UNHCR, 2023b) have sought temporary refuge in crowded camps in Bangladesh since the 2017 genocide, with an increasing number seeking refuge via the high seas (UNHCR, 2023a). Hundreds of thousands have spread out into neighbouring countries, such as Malaysia, India, Thailand and Indonesia, and the number continues to grow. Further compounding the situation, Category 5 Cyclone Mocha made landfall in May 2023 on Myanmar's west coasts, causing massive devastation in many townships across Rakhine State and adding to Myanmar's severe humanitarian needs and challenges (Hlaing, 2023).

Illegal, illegitimate and unconstitutional

The military's seizure of power on 1 February 2021 and suspension of the elected parliament have been widely condemned as illegal under both domestic and international laws. Legal analysts called the coup attempt a violation of the flawed 2008 Constitution that the military itself imposed (ICJ, 2021), while the Inter-Parliamentary Union called it a clear violation of Article 21 of the *Universal Declaration of Human Rights* that states "the will of the people shall be the basis of the authority of government" (IPU, 2021).

The UN Special Rapporteur on Human Rights in Myanmar has specifically described the military administration as "illegal and illegitimate" in his report launched on the second anniversary of the coup. "The conclusion is clear—the SAC's military coup was illegal and its claim as Myanmar's government is illegitimate", he said. The Special Rapporteur also argued that under international standards, the international community must reject the junta, and recognise and engage the National Unity Government, or NUG, which represents the will of the Myanmar people (OHCHR, 2023b).

And while the UN's 2005 Responsibility To Protect (R2P) principle[1] has been badly received among many developing countries in the world in view of fears about

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the abuse of this concept, in Myanmar we see and hear people clearly calling for protection under this mandate (Okoth-Obbo, 2023; Gareth, 2021).

Rejected by the people

The people of Myanmar have universally and overwhelmingly rejected the coup (SAC-M, 2022). Anti-coup movements involving largely peaceful mass protests, work stoppages and vast civil disobedience measures have been met with brutal military crackdowns against protestors and those suspected of leading and supporting the people's movement. Since the coup, more than 24,800 people have been arbitrarily arrested, and over 19,000 of them are still detained (AAPP, 2023).

The military brutality has fuelled an unprecedented and nationwide pro-democracy resistance movement that continues to persist and grows stronger by day. The coup has brought together the majority of the people and an array of ethnic minorities, including the Rohingya, to stand united against the military dictatorship. Determined to put an end to 70 years of military oppression, Gen Z youths play a key role in the people's movement. "You messed with the wrong generation", has become one of the most-repeated slogans against the military dictatorship (*The Irrawady*, 2021).

The Spring Revolution, as it is known, is distinct from the previous anti-junta movements and uprisings. It is horizontal, not vertical. It does not cling to one political figure. It is a leaderless movement, ignited by young people and fortified by previous generations of anti-junta movements. It challenges Myanmar's patriarchal, military-ruled society that is vertical, hierarchical and centred on the Bamar Buddhist majority. Instead, it emphasises horizontal relations, promotes universal values and social justice, and is more inclusive of all members of society (Jordt et al, 2021).

Doing more with less

The Myanmar crisis is among the world's most neglected humanitarian crises. While Myanmar and Ukraine share equal numbers of people in need, the disparity in aid resources between the two countries is stark. The budget for the UN Humanitarian Response Plan for Ukraine is five times larger. Last year, only 28% of the response plan for Myanmar was funded, compared with 73% for Ukraine (OCHA, 2022).

Even more grimly for Myanmar, the UN is targeting significantly fewer people for aid this year: 4.5 million people with severe needs, compared with 6.2 million last year. Eight months into 2023, the combined US$887 million Humanitarian Response Plan and Cyclone Mocha

Flash Appeals remain critically underfunded, with only 25% of the required funding received (OCHA, 2023c).

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A study by independent research group Humanitarian Outcomes examined the coverage, operational reach and effectiveness of humanitarian aid in Myanmar (Harvey et al, 2023). The study reveals that the operational presence and reach of the formal aid sector in Myanmar is limited and is not poised to improve, and therefore it makes little sense to focus all the planning and resource mobilisation efforts on the formal aid response. The study further indicates that the localised and informal aid, much of it driven by cross-border entities, is reaching significantly higher numbers of people and has room to further scale up.

The junta access obsession

Yet despite the recognised illegitimacy of the junta, the widespread knowledge of its ongoing campaign of violence and brutality, and the limited funds available for aid, international actors, including aid groups and UN agencies, continue to rely on the military for access into the country and travel authorisation to distribute aid to the people and areas affected by the crisis.

However, expecting that the military junta—the perpetrator of the humanitarian catastrophe—will cooperate and expand the space for humanitarian action is either a hallucination or a self-serving strategy that neglects the calls of Myanmar people (Kamal, Hser Hser & Ohmar, 2022).

First of all, the military junta is neither trusted nor accepted by the populations most severely affected by the crisis. And trust and acceptance are the cornerstones of humanitarian assistance. As in all conflicts and wars, how aid is provided and who is providing it are much more important than the aid itself (Kamal, Hser Hser & Ohmar, 2022).

Second, according to reporting by the UN, the only areas that are 'accessible' to the UN Country Team without challenges in 2023 are Yangon, Naypyitaw, and parts of Bago, Mandalay and eastern Shan State. Around 2.3 million people who have been prioritised for assistance by the UN live in areas that are difficult or very difficult to access for the UN, because the junta either delay or refuse travel authorisations (OCHA, 2023a, p.50). This

means that 76% of the displaced population identified in the Humanitarian Response Plan are in areas that are very difficult or difficult for the UN to access (UN OCHA, 2023a, p.50).

Third, studies have also shown that in 2022, while the military junta may still oversee key cities, they can only claim to have stable control over 17% of the country and are being actively contested in a further 23% (SAC-M, 2022). Nearly a year since the study was conducted, the NUG has claimed that the resistance forces, including ethnic revolutionary groups, are in control of about 60% of the country's territory (Bloomberg, 2023).

Fourth, the junta will never allow access to these areas since its 'four cuts' military strategy aims to starve populations that resist its attempts to rule by force. The junta will only allow the distribution of aid in areas or in populations deemed worthy of support and only if it is able to gain political, strategic and operational advantages.

Fifth, the Myanmar military junta does not meet the legal criteria for having effective control of Myanmar. The Myanmar military junta is not a legitimate, or de jure, government and it cannot be considered the 'de facto authority' of Myanmar. It has been two and a half years since the failed coup and while it has exerted raw military power though its relentless aerial attacks in areas of the strongest resistance, it has not been accepted by the population as the people of Myanmar continue to resist, it has not demonstrated a level of capacity to function as a government, and it has not had a degree of permanency—all of which are elements required for an entity to claim effective control (SAC-M, 2022). This assessment was conducted by former UN independent experts on Myanmar (SAC-M, 2022), as well as the current Special Rapporteur on Human Rights in Myanmar (OHCHR, 2023a).

The fraught approach of international actors in accessing populations mainly through the military junta has resulted in very little progress in providing humanitarian aid, with only 25% of IDPs reached within the first half of 2023 (OCHA, 2023b). These data may even be a gross underestimation and are highly contested in reports from local humanitarian actors (KPSN, 2022; Kantar, 2022; KPSN, 2023).

A vertical approach is a misfit

The international community has got it wrong in its response to the Myanmar emergency. Most UN organisations, donor governments and large international NGOs have not been able to quickly adapt their humanitarian approaches to respond to the unique phenomena of this crisis. They continue to attempt to access the crisis-affected population through the military junta—which is essentially the main perpetrator of the

humanitarian catastrophe. This is where traditional, top-down, 'neutral' approaches seriously impede effective humanitarian aid. This approach could even deepen the conflict, as it pushes the people away from their strong self-determination for a systematic end to injustice.

Humanitarian assistance has increasingly become used as political leverage in many crises, including in Myanmar. Humanitarian assistance—or, more accurately, the provision of relief items to people in need, is often used as a convenient political tool or a way of expressing solidarity without addressing the root causes. The provision of assistance in this way—under the rubric of humanitarian assistance—is often considered a quick win. It is supposed to be apolitical, but, in reality, is all too often a political tool.

And when humanitarian aid is used as a substitute for real political action, and when humanitarian actors allow this to happen, what will be achieved is simply propaganda—and has little to do with saving lives, reducing the suffering of the most affected people, and ensuring their dignity. It is the job of humanitarians to ensure that assistance is effectively reaching those in direst need. Progress should be measured by how well assistance is able to reach people in the hardest-hit and most difficult to access areas.

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A better approach

In his much acclaimed book, *Solferino 21: Warfare, Civilians and Humanitarians in the Twenty-First Century*, Professor Hugo Slim writes that "being humanitarian is universal but not uniform" (Slim, 2022a, p.238).

There is indeed a variety of approaches or models of humanitarianism. Most Western humanitarianism holds to a strict model of principled humanitarian action that combines commitments to the principles of humanity, impartiality, neutrality and independence as championed by the Red Cross and Red Crescent Movement, a model rooted in the political neutrality of Switzerland as its founding state (Slim, 2022a, p.239). However, the 'Swiss Model' of neutrality has never been the only form of humanitarian aid in war, and nor should

it be. As Slim argued in his provoking article in the *New Humanitarian*, "You don't have to be neutral to be a good humanitarian" (2020).

In the wake of the coup, Myanmar activist and Chair of Progressive Voice, Khin Ohmar, wrote that "there's nothing neutral about engaging with Myanmar's military" and that insistence on working through the junta is "a festished notion of humanitarian neutrality" (2021). Her article was followed by a story of five local takes on aid neutrality in Myanmar that concluded that "It's easy to remain neutral when the act of injustice doesn't affect you" (Fishbein, 2021).

Neutrality is an operational principle, not a moral value, unlike humanity and impartiality (Mardini, 2022). But neutrality is not for everyone (ODI HPG, 2022). It works well for external humanitarians, but it does not work for local humanitarian actors as many of them, especially those who are still inside the country and are hiding from the military's scrutiny and atrocities, are themselves victims and potential targets of the belligerent.

The international community should therefore not impose neutrality on everyone. Donors should not use neutrality as the reason for not supporting local actors that decide to take a side and avoid the military regime in order to distribute assistance to their communities.

Russia's invasion of Ukraine and the people's resistance in Myanmar led to Professor's Slim follow-up paper 'Humanitarian resistance: Its ethical and operational importance' (2022). He argued that Humanitarian Resistance is an essential, ethical and legal form of organised humanitarianism and that while it's not neutral, it is humanitarian. In many cases, Resistance Humanitarians are reaching people faster and better than orthodox humanitarians from neutral international aid agencies (Slim, 2022b, p.4).

Slim (2022b, p.7) offers the following definition of Humanitarian Resistance:

"Humanitarian resistance is the rescue, relief and protection of people suffering under an unjust enemy regime. It is specifically organised by individuals and groups who are politically opposed to the regime and support resistance against it because of their political commitments or personal conscience. Humanitarian resistance takes sides and is carried out without enemy consent, often covertly and at great personal risk".

Humanitarian Resistance in Myanmar

Around the same time Professor Slim's paper on humanitarian resistance was published last year, I took a heart-breaking but inspiring journey to the Thai-Myanmar border where I met with border-based local humanitarian actors and networks and IDPs and survivors of the conflict. There, I had the privilege of witnessing a live example of how Humanitarian Resistance is put into practice by local responders. I observed how they organise their work using networks of networks and their wealth of local knowledge and experience to facilitate and deliver assistance to people on both sides of the borders and deep inside the country.

Many of these local groups are refugees themselves or have been running and hiding from military atrocities for months, years or even decades. They operate in areas along the borders that are not controlled by the military junta and they can organise assistance deep into the country, through their informal networks. They do not come in big trucks plastered with UN logos, nor do they wear official uniforms. They often do not declare who and where they are unless they trust you. They are invisible. The locally led, military-avoiding humanitarian approach of these Resistance Humanitarians has saved and sustained hundreds of thousands of lives following the February 2021 coup (KPSN, 2022).

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Myanmar's Resistance Humanitarians range from human rights defenders who risk their lives to collect real-time evidence of human rights abuses and atrocity crimes in their communities; doctors and nurses who left their government jobs or private practices to join the civil disobedience movement; religious leaders who fundraise and help their communities regardless of their religions and ethnicity; women's networks who expand their work on gender into aid distribution to fill immediate needs on the ground; LGBTQI+ rights activists who courageously cross checkpoints and borders to get medicine to HIV/AIDS patients; students-turned-youth activists who provide online classes to displaced children while their parents are fighting as part of the people's defence forces; and many others.

In conflicts and wars, these local responders have the advantage when it comes to having instant access to up-to-date and accurate ground-level data at their fingertips. Networks of networks and coordination among local responders from various professions and backgrounds allow for the collection of multiple levels of data, ground-truthing and the triangulation of information, and most importantly, quick response.

These local responders intuitively and swiftly respond to calls for help from their communities and peers. On the ground, the rigid sectorisation of human rights, humanitarian, development, and peace actors does not exist. Everyone is doing what they can to support their communities.

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Trust is the cornerstone

Many years ago, I participated in an international humanitarian conference in Geneva where I spoke about humanitarian trends. I mentioned three conditions that would be critical for participation in future humanitarian action, and those who could meet all three conditions would play a central role. The conditions are access, data and resources.

When united, Resistance Humanitarians have most of the strengths required for effective humanitarian action.

They have access to people most affected by the crisis because they have one thing others do not have—trust and acceptance. They have the data because they have direct access to people in need and they know exactly what and where their needs are. When coordinated, data is so powerful—for addressing the needs on the ground more effectively, for advocacy purposes, for influencing donors, and for mobilising resources through the people's movement inside and outside Myanmar.

Resources are the one thing that Resistance Humanitarians needs to work on further, and this is where advocacy matters. The international aid system has broken down but is not entirely wrecked. Donor governments need to give their money directly to those who can deliver better and more effective services. Donors should avoid channelling assistance through the military regime, which is clearly illegal, illegitimate and unconstitutional.

Supporting Humanitarian Resistance

Building on Professor Slim's work on Humanitarian Resistance and inspired by what I saw on the ground, I wrote a paper describing how Humanitarian Resistance is practiced inside Myanmar and along the borders with Thailand and India (Kamal & Benowitz, 2022). I

challenged the fraught approach of many international aid providers who have been privileging the junta and its allies and using them as their main partner to deliver humanitarian assistance.

A year after my first visit to the border, I undertook another journey as part of my follow-up study (to be published at the end of 2023) that covers other areas in Myanmar where there are active conflicts with severe humanitarian needs, and made a comparison with similar cases in other parts of the world, such as in Syria (Beals, 2023) and Ukraine (ODI HPG, 2022). Unsurprisingly, I found that Humanitarian Resistance is growing much stronger as these crises continue to escalate. The basic operating principles of solidarity, ingenuity and adaptability are inherently present in other areas and countries that I observed.

But I observed a common thread in all of these cases—Humanitarian Resistance is not sufficiently supported, and is often challenged and stigmatised.

Despite various studies showcasing the important role of informal aid and advocacy and the work of Resistance Humanitarians, there has been little progress in further supporting these actors. Responses from the international humanitarian community have varied from scepticism to indifference. One of the cabinet members of the NUG said during an interview with me that when it comes to supporting local Resistance Humanitarians, "there is less of the [political] will and there is more of the concerns" (Anonymous interview, September 2023).

In the case of Myanmar, there is more than sufficient evidence to prove that there are more effective humanitarian agents with deeper and wider operational coverage and the trust of the people than are currently being employed. Humanitarian Resistance is technically feasible and morally imperative, but why are calls to support them falling on deaf ears?

The main reason for the lack of support for Humanitarian Resistance is that it is not a convincing enough alternative for a system that unthinkingly leans towards governments and state-centric organisations with formal and vertical structures, mandates and systems. It is not about whether these local actors are less effective. It is about mindlessly falling back on the system that most people know and are most comfortable with. We are just used to the bigger and more formal aid system—the so-called 'Humanitarian Giants'—and they have become the impenetrable 'Ivy League' of humanitarian institutions.

My belief is that changing a system is rarely an internally driven process. It is almost always disruptive forces from the outside that challenge the status quo. Realistically, not everybody within the dominant humanitarian system will be comfortable about changing the status

quo as there are no benefits or incentives from within the system to do it. Those inside the system obviously don't want to make themselves irrelevant.

It also boils down to fear. A contrarian approach like Humanitarian Resistance is perceived as a threat to the system, and is not rewarded. There is little incentive for supporting the road less travelled—apart from the fact that it saves lives.

From 'Egosystem' to Ecosystem

The dominant humanitarian system is highly bureaucratised, with complex standards created by those in superior positions, for those in superior positions to implement.

Based on personal experience, most of those coming from such a 'superior' system also come with a superiority complex. Many expatriate humanitarian heroes come to a crisis-affected country with their 'response cavalry' in tow, offering money, superior technology and expertise that they believe is not available in the country—and even if it is, few are willing to listen to the locals who know otherwise.

This is why I have little expectation of the Grand Bargain (Saez et al, 2021; DA Global, 2021; Metcalfe-Hough et al, 2023), and the ongoing initiative by the OCHA that attempts to 'localise' or rather 'de-centralise' the humanitarian country system in Myanmar. Such localisation efforts will bring little impact as long as the initiatives are driven by those inside the system.

I am not negating the commitments already made through the Grand Bargain and the like. The Grand Bargain is an important international commitment and should be followed by those who have signed it.

Likewise, I am also not suggesting that we should sideline the important role of the international humanitarian sector. The system undoubtedly has its strengths. It brings with it at least three advantages—large-scale funding, aggregated global knowledge and pools of expertise, and governance in terms of principles, standards and accountability.

The system, however, is supply-driven, and those in control make all the strategic decisions and define how resources should be managed using indicators and parameters that they create themselves. As Djikzeul remarks:

> "An oligopoly of the main donor governments, UN organisations, and the large international humanitarian NGOs determines the principles and standards of

humanitarian action. Consequently, the humanitarian system tends to be more responsive toward donors than to local actors" (Djikzeul, 2021, p3).

Given the above, the playing field will continue to be dominated by international actors making policy and strategic decisions, defining the success indicators and the graduation points, and deploying their own staff, consultants, people, even at operational and tactical levels, regardless of repeated calls to channel humanitarian assistance directly through local actors.

The international humanitarian system is also a vertical, top-down, supply-driven structure, where those at the highest level of the pyramid will get the most resources and those at the lowest level have to wait until those resources trickle down through the aid chain.

This is reflected in how the international humanitarian system has been responding to the humanitarian crisis in Myanmar.

So, as an extension of advocating for more support for Humanitarian Resistance in the Myanmar crisis, and upon coming upon yet another wall of deaf ears, I began re-imagining the humanitarian architecture itself, and how to change the current humanitarian 'egosystem' into a new humanitarian ecosystem—one that is more inclusive, diverse and collaborative.

I began re-imagining the humanitarian architecture itself, and how to change the current humanitarian 'egosystem' into a new humanitarian ecosystem—one that is more inclusive, diverse and collaborative.

Simple aid

The humanitarian situation in Myanmar was complex even before the February 2021 coup. The heavily bureaucratised, formal humanitarian system is adding another complexity into the equation, muddying the already fragile and complex situation.

The famous African proverb, 'When the elephants fight, the grass suffers', perfectly describes the complexity of the overwhelmed international humanitarian system and its constant lurching from one crisis to the next, its unwieldly form trampling everything underneath, including local responders and affected people. External humanitarians need to seek for simplicity instead (Slim,

2022a, p.243-246) because complexity is the enemy of effective humanitarian aid in wartime.

External humanitarians can provide this kind of simple aid by taking few steps back and supporting those who can do the job better. Direct physical aid distributed by Resistance Humanitarians and actors that are trusted by the people, are critical in sustaining and saving lives in the hardest-hit, most-affected areas. Donors should provide aid through these local actors, and avoid heavily intermediated and bureaucratised systems. In a complex situation, simple aid such as cash transfers, could be the most effective way to save lives.

International actors need to consider that the context of the Myanmar people's movement is horizontal in nature, and therefore the relationship among actors involved should also be horizontal. The recipients should not be placed at the end of the spectrum and considered as passive actors in the relationship. The aid process should be participatory so those affected can also be active participants.

In this way, beneficiaries do not only benefit but can also actively contribute and help others. As shown in other crises, beneficiaries can play a dual role as humanitarians too, thus creating a more equal humanitarian system, and enabling people on the move a more qualified life (Maya, 2022).

A horizontal approach removes the barrier between providers and recipients. Many of the young people and women leaders who have crossed the borders have become indispensable humanitarian actors. They fundraise and mobilise their networks and peers to channel resources into the country using creative ways of reaching crisis-affected people. However, they are refugees too. The doctors and nurses who have joined the civil disobedience movement have been providing medical aid to communities displaced by air strikes while hiding inside the country. This shows that those on the move and in hiding from junta atrocities can still help others, utilising their skills and creativity—though with very minimal resources and under constant pressures.

For local actors, any change happening within the international aid system is most likely out of their control. As such, rather than tinkering with the system, local actors should create a level playing field through networks of networks and work more closely with one another to strengthen their respective systems and capacities. If there is one lesson to be drawn from the COVID-19 response, it would be the importance of building self-reliance and internal capacities.

It is key that local actors in Myanmar emancipate and liberate themselves to become more self-reliant (Kamal, 2020). After all, they understand the context better,

have the ability to adapt and change faster, and have the acceptance and trust of the people they serve.

Behind the scenes support

It is too much to expect that local actors can become solo agents for change in complex and fragile settings. But they should be in the lead roles, working with the support and advice of specialised external facilitators, or 'External Humanitarians', who can operate as backroom aids (Seiff, 2022).

These external actors could support locals to facilitate and strengthen their networks, and help connect them with potential supporters and donors in other countries. They could be specialist INGOs providing expertise to local responders in specific areas such as the law, negotiating skills, report writing, mapping, and data management.

They could be international policy strategists with deep insights into the country's crisis and sensitivity to the people's quest for justice. They could help demystify complex international and regional systems, help in policy strategy and formulation, and make Humanitarian Resistance more compelling to donors.

Backroom aids could also be humanitarian practitioners working to help strengthen local actors' systems and standards that are locally contextualised but comparable to international standards. They could be seasoned journalists, helping to bring local voices to the fore by coaching and co-authoring articles with local journalists.

The defining element of these External Humanitarians must be local trust. And importantly, they must be willing to take a seat at the back and provide support under the radar.

Building resilience through Humanitarian Resistance

Ultimately, I like to use the analogy of cosmetic surgery versus muscle building to compare the current internationally led humanitarian approach with the locally led Humanitarian Resistance approach in Myanmar.

One is an expensive procedure designed to appeal to external standards. The procedure is pricy, difficult and dependent on professionals. Once the cash runs out, and you can't afford it anymore, things fall apart.

The other is akin to building muscle. It may take more effort, more patience, more discipline, but in the long term it allows for the sustained care of one's mind and body. It is also incredibly inexpensive and flexible as it adjusts to and can operate in any environment. It is hard work and can be painful, but it is easier to keep going in the long run as long as there is focus and prioritisation on healthy ways to maintain strength.

While humanitarian aid brought from outside may look nice for photo ops with all the big trucks and flashy flags slathered with logos and sponsorship, it is a cosmetic band aid to a chronic problem. In contrast, Humanitarian Resistance aims to create long term resiliency. It may see even faster progress and become stronger with more funds and increased investment. Locally led Humanitarian Resistance builds on existing community structures, strengthens existing ethnic administrations, and encourages social cohesion. These are the muscles that will build community resilience, sustainable peace and federal democracy from below.

A locally led approach, which is horizontal and builds on the people's resistance movement, is the most suitable, practical and effective approach to deal with Myanmar's humanitarian catastrophe.

There are two key features to successful Resistance Humanitarianism and its partner, External Humanitarianism. One is the self-determination—and active participation—of the disaster or crisis-affected population, where they do not only benefit but also actively contribute. The other is a deep sense of humility, respect for local knowledge, solidarity, partnership and equity on the part of the facilitating actors and external supporters.

This is humanitarianism for the 21st Century.

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