EFFECTIVENESS

In 2015–2017, humanitarian responses got better at meeting life-saving objectives, but made less progress in meeting resilience and long-term objectives. Surveys suggested that the quality of responses also improved.
The humanitarian system improved in this area since 2015, notably in its response to food insecurity in complex environments and more broadly in saving lives in non-camp situations. Progress on meeting protection objectives was mixed. The system was less effective at addressing longer-term and resilience objectives.
Effectiveness

In brief
The humanitarian system was generally effective in meeting life-saving objectives in 2015–17. It appeared to have improved in this area since 2015, notably in its response to food insecurity in complex environments, and more broadly in saving lives in non-camp situations. Progress on meeting protection objectives was mixed, though the system did record some notable successes in this area. The system was less effective at addressing longer-term and resilience objectives.

The timeliness of responses improved, albeit not across the board. There was a much faster response to indications of famine in the Horn of Africa than there had been in 2011, and there were timely responses in highly visible rapid-onset disasters such as the Earthquake in Nepal and the movement of Rohingya people into Bangladesh. Responses were slower in less well-publicised crises in countries with a long-term humanitarian presence. A final, and significant, area of improvement was in the quality of responses.

To what degree do humanitarian activities meet their stated objectives?

Measuring effectiveness
It is more difficult than it should be to say whether humanitarian activities are effective. Many of the evaluations reviewed for this report did not make a clear statement about whether or not objectives had been achieved. There are a number of reasons for this: objectives are often not clearly set during programme design, or they change over the course of a programme or use indicators that are not good measures of achievement (often standardised indicators expected by the donor). In many programmes, objectives are expressed as outputs (number of people receiving assistance, or planned activities delivered) rather than as outcomes. This means that agencies focus on – and measure – what is being done, not results such as lives saved or decreased incidence of disease. Some programmes set objectives that consider the results of activities, but these are often aspirational and extremely unlikely to be achieved. This confusion around objectives was also evident when talking to humanitarian staff in the country studies: on several occasions, they were unclear about the specific objectives of their programmes. Similarly, several headquarters-level interviewees expressed frustration at the vagueness of targets and the lack of evidence around measuring success.

It is also difficult to assess the effectiveness of combined humanitarian activities in response to a particular crisis. Like individual country plans, the objectives and targets in inter-agency HRP tend to concentrate on numbers receiving assistance, not the effect of assistance on mortality, disease morbidity or the human crisis. To a degree, this is understandable. It is difficult to measure many outcomes: collecting epidemiological data (such as disease morbidity or mortality) on a population requires a monitoring system, is resource-intensive
and necessitates a long-term commitment. Even in the rare cases where data is available, it is still difficult to establish the contribution of humanitarian action in bringing down disease morbidity or mortality. Nevertheless, as the issue of saving lives is at the heart of the humanitarian endeavour, it is surprising that more is not being done to understand the scale of the problem, or the degree of success in addressing mortality.

Meeting life-saving objectives

A little over half (52%) of respondents in the practitioner survey felt that the achievement of objectives was good or excellent, showing a continued trend of improvement from previous surveys (36% in 2012; 42% in 2015). The figure was a little higher for government respondents: 60% said that achievement of objectives was good or excellent. There was general agreement across the various sources that life-saving objectives were generally being achieved, although key informants felt this was true mainly in rapid-onset emergencies. Other – non-life-saving – objectives (and specifically those related to longer-term recovery and resilience activities) were generally not met, or only partially met.

In the single-agency evaluations, the majority of those that mentioned achievement of objectives suggested that activities and outputs had been delivered according to the initial targets. As noted above, far fewer evaluations considered the effects of meeting these targets, but where they did these were also generally positive in terms of basic needs: helping people to survive or stabilising food consumption. The pattern was the same with the multi-agency evaluations of whole responses. In response to the Syrian Refugee Crisis, a review of evaluations suggested that ‘most … agencies delivered well considering the operational constraints they were faced with’ (Darcy, 2016). Evaluations, key informants and interviewees concurred that meeting these targets had saved lives. In CAR, the inter-agency evaluation concluded that ‘the response contributed enormously to relieving the crisis, saving the lives of many Central Africans, reducing suffering and preventing much worse outcomes’ (Lawday et al., 2016). Key informants pointed to success in meeting life-saving objectives in a number of other contexts, including the ‘four famines’ (South Sudan, Somalia, Yemen and Nigeria); the Ebola Crisis; the response to the Rohingya Refugee Crisis; and the exodus of people from Mosul in Iraq.

Where these claims can be verified by data on mortality and disease morbidity, they appear to be solid (although unfortunately at the time of writing only limited research and evaluation had been conducted on responses in Bangladesh, Somalia and South Sudan). Mortality among displaced Rohingya decreased significantly between September and October 2016, returning below crisis levels at a time when many were entering refugee camps in Bangladesh (MSF, 2017; 2018). Despite widespread concerns that there would be a cholera outbreak in the camps, humanitarian efforts appear to have prevented an epidemic (Qadri et al., 2018).
In Somalia, the UN declared that there was potential for famine in February 2017, and three months later, after a significant ‘scale up’ among humanitarian agencies, famine had been averted. This was in stark contrast to the slow response in 2011. The two situations are not entirely comparable: humanitarian access was better in 2017 than in 2011, and the Somali government played a more significant part in the 2017 response. In 2017, humanitarian actors also had the example of 2011, and were determined not to repeat it. However, the international system appears to have responded more rapidly and effectively, and so to have played a significant role in the prevention of famine (Dubois et al., 2018; FSNAU/Fewsnet, 2017; Grünewald, 2018) and to have successfully controlled a concurrent cholera epidemic (Crook, 2018).

In South Sudan, the picture was less positive (and the data less reliable: Maxwell et al., 2018). Famine was declared in certain parts of the country in February 2017, and there was a rapid, large-scale humanitarian response. By May, famine in these areas had been addressed or prevented (IPC, 2017b), but only for a few months: by September famine had returned to some areas and the overall food security situation was significantly worse than it had been a year before (IPC, 2017a).

The Ebola Crisis posed a very different challenge to the international humanitarian system. Again, despite a number of very evident challenges and failures, the humanitarian response (as part of a much broader effort by governments and civil society) contributed to the basic objectives of reducing deaths and stopping the epidemic. While there have been many criticisms of the response (see for example Bradol, 2017; DuBois et al., 2015; International Rescue Committee, 2016f; Moon et al., 2015; Panel of Independent Experts, 2015), there seems to be consensus that the overall programme, involving health education, case finding, testing contacts and isolating those who were symptomatic, while late, averted a ‘catastrophe’ (DuBois et al., 2015; House of Commons International Development Committee, 2016). Indeed, a number of reports have suggested that the formal humanitarian system, with its developed funding and coordination mechanisms, would have performed better than the systems which were initially put in place, and should have been deployed earlier in the response (DuBois et al., 2015; Panel of Independent Experts, 2015).

The evidence we have suggests that the humanitarian system, at the very least, made a significant contribution to preventing famine and halting epidemics of Ebola and cholera. These are huge achievements, and they suggest that the humanitarian system may be improving over time on the criterion of effectiveness – at least as it refers to the fundamental activity of saving lives. To understand this improvement, it is necessary to go back a few years. In the period 1985 to 1995, advances in humanitarian practice led to the development of a fairly standardised approach to humanitarian response. By 2004, a review of data on mortality suggested that this approach, where it could be consistently applied, had been effective in curbing excess mortality. However, full application was almost
invariably in camp situations, where humanitarian actors had a higher level of supervision and control. The review concluded that: ‘Since 1995, mortality rates in camps have rarely been more than double the emergency threshold of one death per 10 000 per day. In long-established refugee camps, mortality rates are systematically lower for refugees than for the surrounding host population’ (Salama et al., 2004: 1803). Humanitarian effectiveness – as it related to preventing loss of life – was much worse in non-camp settings, because of problems achieving coverage (often as a result of poor access), and because humanitarian activities were failing to address underlying health problems. Another review in 2010 came to similar conclusions (Spiegel et al., 2010). What is notable about the cases of Somalia and – possibly – South Sudan and the Ebola response is that the humanitarian system may, slowly and incrementally, be improving effectiveness in non-camp settings. Certainly, a number of interviewees (as well as respondents to the questionnaire) seemed to believe that the system was becoming more effective.

We should also note that these achievements, while important, are often modest compared to the scale of need. In particular, a focus on preventing famine, while necessary to save large numbers of people from malnutrition and death, does not mean that all deaths have been prevented. Famine is the worst level of crisis on the International Phase Classification (IPC) scale (level 5), but it is not the only level at which people die. At the next level down, ‘emergency’, 20% of the population have ‘large food consumption gaps resulting in very high acute malnutrition [but less than 30% global acute malnutrition (GAM)] and excess mortality [but less than 2/10000]’. In both Somalia and South Sudan, the numbers of people at level 4 increased over 2017 (ACAPS, 2017). Unsurprisingly, crisis-affected people in the case studies said that, while they appreciated the aid they had received, they did not feel that it had been effective in creating food security. Beyond this, an exclusive focus on famine can divert attention from other important causes of mortality (Checchi et al., 2018).

Meeting objectives related to protection

In 2015, the Independent Whole of System Review of Protection in the Context of Humanitarian Action (Niland et al., 2015: 11) identified ‘a significant gap between rhetoric and reality on protection’ in humanitarian action, and laid out a number of challenges around the definition and understanding of the term, the humanitarian structures tasked with tackling issues of protection and the skills, processes and programmatic responses by which humanitarians addressed protection concerns.

The period 2015–17 saw both an increase in protection needs, and in attempts to address these shortcomings. A number of ‘meta-evaluations’ have considered protection in specific agencies. Their results were mixed. In one agency, between one half and two-thirds of protection activities met their objectives (Betts, Blight et al., 2016; Taylor et al., 2017b). In another,
the proportion meeting objectives was significantly lower (UNICEF, 2017b). Evaluations and key informants point to a number of positive examples of protection activities in individual programmes (Blake and Pakula, 2016; Dewast and Glette, 2016; Econometría, 2016; ICF, 2016), as well as some failures (Ambroso et al., 2016).

At the level of the system as a whole, the reporting period saw both highly visible failures by the international community to ensure the protection of civilians from violence, as well as some successes. In CAR ‘[t]he response achieved sporadic, but modest-to-good results in protection programmes ... Protection consisting of preservation of life and relief of suffering was generally an area of strength’ (Lawday et al., 2016: 56). In South Sudan, ‘despite resource constraints, protection agencies have carried out good quality work in terms of monitoring rights abuses, providing follow-up services for identified victims of abuse and promoting community-based approaches to the prevention of protection violations’ (Clarke et al., 2015: 38). A new element in the South Sudan response was the establishment of protection of civilians (PoC) sites in UN peacekeeping bases. As a result of changes in policy at the UN Department of Peacekeeping Operations (DPKO), these bases are likely to become a feature of future responses where DPKO is present (Briggs, 2017). Similarly, while many interviewees identified a general failure to protect migrants in Europe, a number (as well as a number of evaluations) also saw refugee protection in the Syria region as having been successfully pursued by UNHCR and others, even without the protective umbrella of the Refugee Convention (Hidalgo et al., 2015; Sule Caglar et al., 2016). Protection of refugee rights in these contexts appears, however, to have become more difficult over the period 2015–17.

Interviewees – particularly those involved in programmes on the ground – were often aware of an increased interest in protection among donors and within their agencies, and of activities aimed at protection. They generally felt that these programmes were meeting their specific objectives, but often pointed out that protection needs were so many and diverse that these activities could not meet them all. A number of interviewees also questioned – or failed to see – a distinction between assistance and protection: rather, basic humanitarian assistance was seen as meeting the most fundamental needs of people affected by crisis, and as such also meeting their most important protection needs.

The interviews help clarify a number of constraints around implementing effective protection programmes. The first is the sheer breadth of needs – the ‘multidimensional aspect’ of protection (UNICEF, 2016). This is well illustrated by one community leader, who ‘emphasized the need for “global protection” of rights, including those of nationality, freedom of movement, access to justice [and] peace and security’. Protection activities in many situations go from mine action to prevention of sexual violence and abuse. Different groups – and individuals – within the population have different protection needs. In the protection field, perhaps
more than anywhere else in humanitarian engagement, it is possible to
have programmes which are effective in meeting their narrow objectives,
but which are not relevant to meeting overarching priorities (see section
on relevance). Over the last three years, the system has continued – slowly
– to develop approaches to this problem: attempting to identify and
prioritise key protection concerns in the development of HRPs; taking a
more bespoke approach to meeting the protection needs of particularly
vulnerable individuals (Conoir et al., 2017); and supporting community-
based protection initiatives (Niland et al., 2015). There was also frequent
recognition of the importance of ‘do no harm’ as a minimum requirement of
programming: taking protection into consideration in programme design,
and trying not to make the situation worse. This was particularly noticeable
in the case studies.

Some protection challenges are embedded in deep-seated cultural attitudes

towards issues such as power, gender and ethnicity:

It is about cultural changes: child marriage for example ... the
impact won't happen in one or two years. It's long-term. The
problem is the environment. It is great to work on protection, but
if the family still needs money, the child will still work. The child
will still get married young.

Meeting some protection objectives may require uncomfortable
compromises between the values of the humanitarian actor and those of the
society in which the crisis occurs. It will also require the sort of long-term social
engagement for which humanitarian actors are generally poorly equipped.

A third constraint to meeting objectives is a lack of skilled staff in the many
areas effective protection responses require. This constraint was identified,
particularly, in evaluations (Grünewald and Schenkenberg, 2016; UNICEF,
2016); it is not unique to protection activities, but does seem to be a particular
challenge here.

Meeting objectives related to longer-term action: risk reduction, resilience
and early recovery

The degree to which the humanitarian system meets objectives related to
recovery and resilience is central to the criterion of connectedness, and so
is discussed in detail in the section. Essentially, there is little evidence that
humanitarian action in the period 2015–17 was effective at addressing the issues
that contribute to vulnerability and need in crises. The main exception to this
was in relation to vulnerability to ‘natural’ disasters, where action was taken as
part of a broader plan involving government and development actors. In other
contexts, the Inter-Agency Humanitarian Evaluation (IAHE) of the response in
CAR is typical in suggesting that ‘[o]perational actors ... achieved ... poor results
in livelihoods and recovery ... [and] missed the opportunity to use the great
surge of capacity to address the country’s protracted crisis’ (Lawday et al.,
2016: 55).
**How timely is humanitarian action?**

The issue of timeliness – whether aid reaches recipients when they need it – was interesting in that it was an area where humanitarian practitioners were less positive than the people in receipt of aid. Only 41% of practitioners thought that the speed of response was good or excellent – a number very similar to the 2015 survey. Government representatives were more positive: 57% believed that the speed of the response was good or excellent, and 69% of respondents to the aid recipient survey were satisfied with how quickly aid arrived.

One area where timeliness undoubtedly improved was in response to drought in the Horn of Africa. Several interviewees in the Kenya case study contrasted the response in 2017 to the extremely slow response in 2011 (while also suggesting that the 2017 response still took three months from the declaration of an emergency). Responses were rapid in Somalia (Crook, 2018; DuBois et al., 2018) and South Sudan. At the same time, several interviewees noted that, while the response to food insecurity had been rapid, an earlier response might have prevented the situation from deteriorating so far in the first place. The emphasis on timely response, rather than effective prevention, means that ‘you’re not solving the problem because you’re late, you’re always late. You’re always too late and too little’.

Interviewees were also positive about the speed of response in the aftermath of the earthquake in Nepal and in response to the Rohingya people coming into Bangladesh. The general consensus – as in the 2015 edition of this report – was that humanitarian responses are timely in highly visible rapid-onset crises, and where there are fewer constraints on access. In contrast, interviewees in Yemen, Afghanistan and Mali all said that responses had been slow. Several HQ interviewees also spoke of a lack of timely response by international actors to large-scale displacements in DRC and food insecurity in Northern Nigeria. Again, this echoed the 2015 edition of *The State of the Humanitarian System*. The timeliness of responses to flare-ups in longer-term situations also does not appear to have improved.

The system failed to respond in good time to the two atypical crises during the period: the Ebola Outbreak in West Africa and large-scale migration into Europe. In the case of Ebola, poor early warning, a desire by some governments to play down the seriousness of the crisis, slow disbursement of funds, a lack of understanding of the situation and of potential responses and low risk appetite among agencies and staff all contributed to a response that, while massive and ultimately effective, was several months later than it should have been (DuBois et al., 2015; House of Commons International Development Committee, 2016; Panel of Independent Experts, 2015). A subsequent response to an Ebola Outbreak in DRC in 2017 appears to have been much more rapid, but it is not clear that the two outbreaks are comparable. In the case of the large and increasing number of irregular migrants arriving in the EU from 2015, ‘people were stunned and didn’t really know what to do as it was a completely new situation’. While many civil society groups mobilised fairly rapidly, the majority of established humanitarian organisations took some time to decide whether they should respond, and what that response should be.
From the perspective of many people affected by crisis – particularly protracted crisis – reliability and continuity are more important than speed: being timely is less about the initial response, and more about the response continuing to arrive when people expect it to. This point emerged in a number of interviews during the case studies, and in several evaluations (Clarke et al., 2015; Drummond et al., 2015; Sida et al., 2016).

Do humanitarian activities meet acceptable levels of quality?
During the period, there was continued interest in the use of standards within the humanitarian community, with a revision of the Sphere standards and external assessments of a number of agencies against the Core Humanitarian Standards. In the aid recipient survey, a majority (54%) of respondents were satisfied with the quality of aid provided, and a further 35% partially satisfied: aid recipients were more satisfied with quality than they were with the quantity or relevance of aid. Responses were significantly more positive than in 2015 or 2012.9 A majority of humanitarian practitioners surveyed (55%) also thought that the quality of responses was good or excellent, again an improvement on 2015 and 2012.10 There were no significant differences across emergency type, although responses from those working in refugee contexts were slightly less good. Responses from government officials were a little better than from practitioners, and also showed improvement from the previous survey (60% good or excellent, up from 39% in 2015).

The majority of key informants who discussed the topic felt that quality standards were generally used and met, and that the situation was on the whole improving. Evaluations were less illuminating on the quality of humanitarian programmes than one might expect: only a minority of the evaluations reviewed considered whether programmes had met quality standards. Some agencies appear to consider standards more routinely in evaluations than others.11 Of those evaluations that did consider the topic, the majority suggested that standards (generally Sphere, but also a number of agency-specific standards) had been incorporated in programming.12 It appeared, on the limited evidence available, that standards had been more difficult to apply in the Ebola response, because many activities were atypical (Adams et al., 2015; UNICEF, 2017a), and in the Syria response (Darcy, 2016; Turnbull, 2015), which had raised questions around the applicability of quality indicators to middle-income populations. A sizeable minority of key informants also pointed to problems with the standards. Several informants mentioned that quality assurance was particularly difficult in work related to protection and gender. A few also discussed the growing importance of standards in situations where a large number of new actors (local actors, but also international financial institutions) were entering the sector. Interviewees working in the case study countries concentrated mainly on constraints to quality, in particular the impact of reduced funding: this was mentioned in Afghanistan, Côte d’Ivoire, Kenya and Chad.
Factors affecting the effectiveness, timeliness and quality of humanitarian action

Funding
The availability and predictability of funding had a major impact on the quality and timeliness of aid. In the practitioner survey, inadequate funding was seen as the single largest problem hindering humanitarian response. Key informants at headquarters and interviewees in the case studies gave numerous examples of programmes failing to meet quality standards because not enough funding was available: in some cases, where there were new influxes of displaced people, or where funding was cut from one year to the next, they said that the quality of responses (in terms of meeting technical standards) had actually declined over the period.

The evaluations, in particular, emphasised the importance of the speed of funding in meeting needs in a timely fashion: in several cases, delays in making funding available had led to delays in initiating operations (see for example Darcy et al., 2015; Grünewald et al., 2016). Slow and delayed funding has been identified as a key constraint to timely response in every previous edition of The State of the Humanitarian System, which have also noted delays even in those facilities, such as the CERF, which exist to ‘kick-start’ a more rapid response. In the period 2015–17, CERF allocations appear to have become faster (Baker, 2015; Mowjee et al., 2018), although delays can occur in the submission process, particularly when combined proposals from multiple agencies ‘move as fast as the slowest member’ (Stoddard et al., 2017: 23). In addition, Country Based Pooled Funds (CBPFs) ‘are improving year by year and becoming reasonably efficient and effective funding mechanisms’, although they differ significantly in timeliness and efficiency from one country to another (ibid.). In 2015–17, the START fund made rapid funding available for NGOs, and the Rapid Response to Movements of Population (RRMP) programme in DRC has helped to ‘smooth’ the funding of critical responses. However, all these facilities are relatively small, and should not be seen as replacements for rapid funding through more conventional channels, which is, generally, slow (Stoddard et al., 2017). It is also important to note that many interviewees, especially at country level, felt that funding delays were part of the larger, bureaucratic process involved in initiating a response: funding can come late because of a desire not to appeal for funds until the crisis is already widespread and visible, or because of slow assessment and planning procedures. A number of evaluations also mentioned the challenge of interrupted funding leading to breaks in programming (Clarke et al., 2015; Drummod et al., 2015; Mowjee et al., 2015; 2016).

At the same time, and in addition to dedicated rapid response funds, there was a move towards increasing the timeliness of funding by integrating humanitarian action – and expenditures – into existing development and welfare activities: the idea being that, in particularly bad years, pre-existing mechanisms could be rapidly expanded or realigned to meet the needs of people affected by the crisis. Donors – and particularly
USAID – have been using crisis modifiers (an approach to development programming that allows for rapid shifts in targeting to address emergency needs if they arise during the development programme) in areas regularly affected by drought for many years, and in some cases these have been able to accelerate humanitarian responses (Peters and Pichon, 2017). In 2015 a significant new crisis modifier, the PHASE fund, was launched in the Sahel. At the same time, a number of governments and agencies further incorporated vulnerable populations into existing social protection programmes: in Kenya, for example, the government manages the Hunger Safety Net Programme (HSNP), a scalable cash transfer programme piloted in 2011 that provides regular household payments to a core set of vulnerable households, and can be expanded to a wider number of households in case of an emergency. The HSNP was used in 2017 to address drought. It didn’t work perfectly, as some humanitarian agencies disagreed with the level of payment that was set or the households being targeted (Obrecht, 2018), but it nevertheless offers significant potential for improving the coordination and coherence of humanitarian action in these countries, by connecting this to existing state support systems.

Leadership

Leadership – the function of identifying what needs to be achieved, and then developing and implementing strategy to achieve it – is critical to effectiveness. Failures in this area were noted as a key constraint to effectiveness in the 2010 pilot report for The State of the Humanitarian System, and while some aspects of the situation appeared to have improved between the 2012 and 2015 reports, practitioners still see both coordination and leadership as important factors in either helping or hindering effective response.

In the humanitarian system, the distinction between leadership and coordination is not always clear. Leadership – as defined above – occurs at multiple levels. The sources used for this report tended to concentrate on two types of leadership. The first was the leadership of individual agencies at the country level. The second was the inter-agency leadership of the whole response provided by the Humanitarian Coordinator (HC) and the HCT, or (in refugee responses) by the UNHCR representative and Refugee Consultation Forum. As the latter form of leadership, particularly in non-refugee responses, relies almost entirely on the voluntary participation of independent agencies, the HC has no form of command or control. As a result, this ‘inter-agency’ leadership is perhaps more realistically thought of as a form of coordination.

At the level of the individual agency, slightly less than half of practitioners (48%) responding to the survey thought that leadership was good or excellent, a very similar result to that in the 2015 survey. Both the 2012 and 2015 editions of The State of the Humanitarian System described initiatives to improve the leadership skills of individuals, but it appears that these initiatives are not leading to significant changes across the system as a whole. Evaluations and interviews show, for example, that agencies are still...
often unclear about what specific interventions are meant to achieve – a key leadership failure. It is also not clear that issues identified in the 2012 edition, particularly risk aversion and an overly procedural approach, have been addressed, possibly because these are as much structural as individual problems, and would require more than training or capacity-building.

With respect to inter-agency leadership, 45% of respondents to the practitioner survey thought that leadership by the HC/Resident Coordinator (RC) was good or excellent. A lack of clear, common vision and effective strategy for the response, while by no means universal, was worryingly evident, and a common feature of evaluations in all context types (Conoir et al., 2017; Darcy et al., 2015; Global Affairs Canada, 2017; Grünewald et al., 2016; Hidalgo et al., 2015; UNICEF, 2017a) and of P2P reports.

Some of this may be attributable to the calibre of individuals in leadership positions. This was an area of improvement in the 2015 SOHS report, but a number of key informants still noted that individuals had been appointed as HCs who had very limited humanitarian experience, or did not appear temperamentally suited to a form of leadership that relies on consensus rather than coercion (although informants also identified a number of individuals whom they thought were particularly successful).

A more significant constraint to effective multi-agency leadership (in non-refugee situations) is the ability of the HCT to work as an effective group. Many interviewees were keen to point out that ‘leadership’ in humanitarian contexts – and particularly at the level of the whole response – is generally a function of the HCT, rather than of a specific individual. The quality of leadership ‘depends on where you are ... on how good the team on the ground is’. Key informants identified a number of effective teams with members able to work together around a strategic view of the situation in a country, and to see beyond the specific viewpoints and interests of their own agency. However, this is not the case everywhere, and may not be the case in the majority of countries: evaluations frequently criticised HCTs for providing weak strategic leadership, and the weaknesses around common strategy identified in the P2P reports were invariably a result of the inability of the team to identify or work to common objectives. HCTs are commonly affected by competition among their constituent agencies for resources and visibility, a problem which, according to some key informants, is exacerbated by the differing priorities of donors. Splits within the HCT may also be a result of the broadened scope and expectations of humanitarian programmes, which are increasingly expected to include, or relate to, developmental and stability objectives.

There are also structural constraints to the HCT effectively fulfilling a leadership role. A common finding of P2P reviews is that the leadership function is too centralised in the HCT, and too distant from operations. The Whole of Syria review found that ‘the single framework for the Syria response needs to be balanced with devolved decision-making authority to the hubs in regard to their own operations’. In Niger, ‘[p]lanning of humanitarian operations ... is essentially centralised in Niamey (in a top
down manner) ... It is necessary to ... take [into] account inputs from the field in strategic planning (use a bottom up approach). These findings, like those of ALNAP consultation and research (Knox Clarke, 2014; Knox Clarke, 2013; Knox Clarke and Campbell, 2015a), strongly suggest that a rethink is required of how ‘leadership’ can be achieved in a structure where leaders have limited control.

Coordination

As noted above, in an ‘atomised, voluntarily coordinating, multi-actor system’ (ALNAP, 2015: 106), it is hard to identify where leadership ends and coordination begins. But wherever that line is drawn, it is clear that successful inter-organisational coordination plays a key part in effectiveness (as well as in ensuring coverage and efficiency) (Salama et al., 2004; Spiegel et al., 2010). The Cluster system, in particular, has succeeded in reducing gaps and overlaps and in improving the quality of humanitarian response (Knox Clarke and Campbell, 2015b).

Effective coordination was central to the success of the Somalia response (DuBois et al., 2018; Grünewald, 2018), and an important factor in South Sudan (Baker et al., 2017). Reviews of the Ebola response also suggest that it would have been more effective had the Cluster system been put in place earlier (Panel of Independent Experts, 2015). In general, interviewees at country level wanted to see humanitarian coordination systems established where they were not already present.21

Practitioners believe that coordination is improving, but also that there is a long way to go: 48% of those who responded to the survey felt that coordination was good or excellent – a fairly low figure, but an improvement over previous years.22 They suggested that it was one of the three areas that had shown most improvement over the last three years,23 and also that it was still one of the two ‘biggest problems hindering effective humanitarian response’.24 Interviewees, evaluations and literature also identify a set of common problems with the IASC coordination architecture.

Interviewees – including crisis-affected people – noted a lack of coordination at the ground level: coordination activities tended to take place in the capital city, and were more often concerned with the ‘big picture’ than with the specifics of implementation.

As importantly – at least when considering the criterion of effectiveness – the weakest element of the coordination architecture was often at the inter-Cluster level. This led to operations that were ‘siloed’: while coordination worked well within a sector, coordination between sectors was less effective. At the same time, the focus on sector-based clusters often left some areas (particularly cash assistance) poorly coordinated.

Some key informants spoke of a ‘cookie cutter’ approach to coordination, which established the same basic architecture without reference to the needs in that context, and without reference to existing government coordination systems. This point was made in previous editions of The State of the Humanitarian System, and has consistently cropped up in
ALNAP research (Knox Clarke and Campbell, 2016). However, a number of interviewees suggested that the situation was improving, and that more context-specific coordination mechanisms were being put in place.

The time investment required by coordination is a perennial problem. According to one interviewee from a national NGO in Lebanon:

There are too many meetings. There’s not enough work on ensuring the effectiveness of those meetings … meeting syndrome, like the solution to every problem is a meeting. That’s not the case. So we do not have the resources to participate in all these meetings.

In the practitioner survey, 47% of respondents said that the demands of the humanitarian coordination mechanism in their setting were either far too high (16%) or somewhat too high (31%). This does not represent any significant change from 2012 or 2015: the situation may not be getting worse, but it is also not improving. As the quote above suggests, the time requirement is one of a number of constraints that have prevented local and national organisations from participating in coordination mechanisms.

Taken together, the evidence suggests that there is a need for coordination, and that the coordination system, as it is established, is both fundamentally useful and in need of significant improvement. It has been improving over time – the Somalia and South Sudan responses mentioned earlier both appear to have benefitted from more effective coordination and collective action – but improvements are slow. In this context, several HQ interviewees suggested that they had been disappointed that coordination had not been included in the 2016 World Humanitarian Summit.

Any improvement in leadership and coordination will, at some point, have to address the fundamental question: how is leadership and coordination meant to work in a system composed of independent actors?

Any improvement in leadership and coordination will, at some point, have to address the fundamental question: how is leadership and coordination meant to work in a system composed of independent actors? The last edition of *The State of the Humanitarian System* suggested that ‘HC leadership mechanisms … have all been improved though determined efforts to wring the most out of the non-authoritative position’ (ALNAP, 2015: 107), suggesting that little more could be achieved through voluntary coordination approaches. However, there do not seem to be any other credible options to this approach. For an HC or HCT to exercise any form of command or control over other agencies – even UN agencies – would require very significant structural reform of the UN system. While the idea of structural reform appeared popular in the run-up to the World Humanitarian Summit (Knox Clarke and Obrecht, 2015), it did not feature on the Summit’s agenda, and so a command and control approach to coordination is no more possible now than it was in 2015. Despite this, recent attempts to improve coordination and joint leadership appear to be based on this logic (Knox Clarke and Campbell, 2016), even while the structure and culture of the system prevent this. There is still a mismatch between the nature of the problem and the nature of the solutions being developed to address it.
Addressing coordination problems will probably also require considering the role of donors, and the degree to which they are able to coordinate among themselves. This issue was raised in the 2010 pilot of *The State of the Humanitarian System*, and is another area where there does not appear to have been significant improvement.

**Preparedness**

In a number of countries, preparedness activities improved the timeliness, and to a degree the quality, of humanitarian responses. In almost all cases, these activities were related to ‘natural’ disasters in countries with fairly stable government structures – there were very few examples of preparedness in conflict situations. This continues the trend seen in the 2012 and 2015 editions of the SOHS of gradual improvement concentrated largely on stable states affected by periodic ‘natural’ disasters. Evaluations suggested that preparedness activities had improved responses in Nepal and Haiti. Interviewees talked about successes in the Philippines, Mali, Nigeria and Kenya, where government-led preparedness activities contributed to an earlier response.

Despite these successes, preparedness was not a ‘magic bullet’, and did not work everywhere: preparations for epidemics of communicable disease in Sierra Leone do not appear to have had a significant effect in improving the timeliness or quality of the Ebola response (DuBois et al., 2015). It was also not as effective as it might have been in all cases: humanitarian actors in Haiti and Colombia felt that preparedness had been compromised by a lack of funding and political commitment. And, as noted above, there was very little effective preparedness activity related to conflicts and violence – there seems to have been little movement in this area since 2015. A further shortcoming – and area for improvement – was the inclusion of vulnerable people in preparedness activities. In a number of the case studies, members of crisis-affected communities told interviewers that preparedness activities had not reached them, and that, as a result, they did not feel personally prepared for future crises.

**Organisational factors and staffing**

A number of factors inherent to the aid organisation itself influence the effectiveness, timeliness and quality of the humanitarian action that it undertakes. The research suggested that it is unwise to generalise about types of organisation: there was no statistical difference in the aid recipient survey between international actors, national NGOs and governments on the quality or timeliness of their responses. However, there appear to be significant differences between individual organisations. Crisis-affected people interviewed as part of the case study (particularly in Haiti and Yemen) were clear that they saw differences between individual...
humanitarian agencies, particularly in terms of aid quality. Evaluations also point to quite large differences in timeliness and quality between agencies. As noted above, agencies appear to vary with respect to the degree that they regularly use quality standards – with more established UN entities, INGOs and national NGOs more likely to use standards in programme design and implementation. Evaluations also suggest that those agencies which had – and used – mechanisms to learn from previous experiences were able to implement higher-quality responses (Hidalgo et al., 2015; IFRC, 2015; Shepherd et al., 2017). However, it appears that only a minority of agencies are effective at this type of learning: 31% of respondents to the practitioner survey said that organisations in their setting were good or excellent in using the results of monitoring, evaluations and relevant research to improve programmes.

A consistent pattern in previous editions of the SOHS has been the importance for effectiveness of having experienced staff, with the right technical skills, in place throughout the response. This is still the case (Clarke et al., 2015; Darcy et al., 2015; Garcia and Bassil, 2016). In the practitioner survey, 59% of respondents said that the quality of aid personnel where they were working was good or excellent: a fairly high score compared to other responses, and very similar to the 2015 survey. However, lack of skills and experience appear to have been a constraint in a number of emergencies, including the largely volunteer-led response to the European Migration ‘Crisis’ (Saliba, 2016). Rapid turnover of staff is still a constraint to effective response, and informants expressed concern about the lack of skills in key areas such as WASH and urban response.

The ability to ensure that skilled staff were available was also key to ensuring timely responses – a number of evaluations noted delays while staff were recruited or deployed from elsewhere. Rapid recruitment and redeployment were often part of a conscious orientation on the part of certain organisations to be more flexible, and to build rapid response capacity – and those agencies which had focused on this area generally managed more timely responses (AAN Associates, 2016; Bayntun and Zimble, 2016; Betts et al., 2015; Clarke et al., 2015; Mutunga et al., 2015). Other elements of rapid response included good situational awareness and the ability to ‘read’ emerging situations (Darcy et al., 2015), mechanisms to finance activities before donor support became available (for example, Mutunga et al., 2015), ensuring that clear, flexible operating procedures were in place (Shepherd et al., 2017) and using cash in preference to in-kind relief, and so avoiding long delays during procurement (Grünewald, 2018). In some cases, having an existing programme on the ground helped improve the speed of the response (AAN Associates, 2016; Darcy, 2016; Kebe and Maiga, 2015), although a number of agencies found it difficult to transition from existing developmental programming to emergency response (Darcy, 2016; Shepherd et al., 2017).
Effectiveness in different contexts

In general, all of the sources agree that achievement of objectives is better overall in ‘natural’ disasters than in either conflicts or refugee and migration situations (although the system appears to be fairly good at addressing life-saving objectives in the latter). There are a number of possible reasons for this. Unconstrained, consistent access is a requirement for the basic life-saving ‘package’, and this type of access is particularly hard to secure in conflict environments. Protection activities, where objectives are generally difficult to achieve, are often particularly important elements of refugee, migrant and conflict responses. Evaluations suggest that humanitarian work is generally more effective where conducted in partnership with, or under the umbrella of, the government: this is more likely to be the case in ‘natural’ disasters and in refugee-hosting situations. Humanitarian operations are more effective in ‘closed’ environments, such as camps; objectives are harder to reach with dispersed and highly mobile populations.

Timeliness is worst in conflict situations – the humanitarian system appears to have made progress in timely response to drought and to large-scale movements of refugees. Progress on timely responses to drought – and to other ‘natural’ disasters, such as earthquakes – appears to be partially attributable to improvements in preparedness. There has been very limited work on preparedness for conflict and for related population movements, although there has been some progress in making funding available more rapidly.
Performance of the System

Endnotes for this criterion

1. In fact, the amount may be declining: a recent review (Blanchet et al., 2017) points to a lack of epidemiological work in humanitarian contexts; the work it does refer to is all pre-2010. CRED, the main centre for collecting global epidemiological data on disasters, was unable to maintain resource support for its complex emergency database (CE-DAT) past 2015, which provided the only epidemiological data on mortality and morbidity from complex crises and conflicts.

2. Although some HQ interviewees, in particular, were less positive, particularly about saving lives in protracted crises.

3. For example Aberra et al., 2015; Coombs et al., 2015; Hidalgo et al., 2015; Leber, 2015; Lewins et al., 2016; Schofield, 2016; Shepherd et al., 2017; Watson et al., 2016.

4. In some cases, these life-saving objectives had not been made explicit in mortality/disease morbidity/malnutrition targets, but ‘life-saving’ was understood by informants to be the basic objective of the response.

5. MSF data on crude mortality rates was collected by date, not by location, and so it is not possible to say conclusively that mortality rates decreased when people crossed the Bangladesh border (although this is a fair assumption). It should also be noted that the elevated mortality rates between 25 August and 25 September were largely a result of violence against the Rohingya, and so the decrease in mortality was to a large extent a result of people not being exposed to violence.


7. Although not the CAR response, which focused on IDP sites and enclaves – ‘camp-like’ settings.

8. In many cases, local NGOs and civil society organisations responded much more rapidly.

9. In 2015: 30% satisfied, 32% partially satisfied; in 2012: 37% satisfied, 32% partially satisfied.

10. 2015: 49%; 2012: 41%.

11. Most Oxfam and UNICEF evaluations considered the use and achievement of quality standards, for example.

12. Aiken and Dewast, 2015; Clarke et al., 2015; Darcy, 2016b; Downen et al., 2016; Hidalgo et al., 2015; Levers, 2016; Peacocke et al., 2015; Shepherd et al., 2017; Stone et al., 2015; Turnbull, 2016b; Duncalf et al.,

21. This tendency – to want humanitarian coordination mechanisms where they are not present – has been noted elsewhere (Knox Clarke and Campbell, 2015).

22. In 2015, 42% thought coordination was good or excellent; in 2012 only 36% thought the same.

23. Behind ‘collaboration with host governments and local organisations’ and ‘programme quality’.

24. 8% of practitioners said that coordination was the main problem, behind only funding (17%), and ahead of insecurity and limited access.

25. Just as preparedness for drought conditions and associated food insecurity did not significantly improve the performance of humanitarian actors in the Horn of Africa in 2011: the mere existence of contingency plans does not guarantee that they will be used in a timely way.