RELEVANCE & APPROPRIATENESS

The humanitarian system generally provided relevant assistance in acute, life-saving situations, but was less good at understanding and meeting priority needs for protection and in protracted emergencies. There were some limited improvements in the period.
The humanitarian system was good at addressing priority needs where they related to life-saving assistance. For some interviewees this did not present a problem... For others, there were concerns that this focus was too narrow, particularly given that much humanitarian work takes place in protracted crises.
Performance of the System

Relevance & appropriateness

In brief
The humanitarian system is generally able to identify and prioritise those activities most important in keeping people alive in acute crisis (health assistance, clean water and particularly – according to affected people themselves – food). Humanitarian agencies are generally less good at identifying and programming for the most relevant protection activities, or meeting priority needs once the initial phase of the crisis has passed. The system is also generally poor at understanding the specific vulnerabilities of particular population groups. For example, it often fails to ensure that assistance is relevant to the needs of elderly or disabled people. There have been some improvements – at a policy level at least – in making responses more relevant to women.

Weaknesses related to relevance in protracted emergencies, and to understanding and responding to the vulnerabilities of specific population groups, were mentioned in the 2012 and 2015 editions of the SOHS and appear to be unchanged. However, there do appear to have been some improvements related to relevance over the last three years. Assessments have improved (although monitoring remains very weak) and the increased use of multi-purpose cash grants has allowed some aid recipients to decide on their priorities for themselves.

To what degree do interventions address the priority needs of aid recipients?
The evaluation synthesis painted a positive picture for the criterion of relevance, while pointing to a number of specific problems. The majority of practitioners responding to the survey thought that they were successful in prioritising and addressing the most urgent needs. They also thought that they were more successful in this area than in any other aspect of performance. Key informants agreed that humanitarian interventions had, in general, responded to the most important needs (saying, for example, that famine had largely been averted in Somalia and South Sudan by the prioritisation of specific types of assistance). However, they tended to add one extremely important caveat: that the humanitarian system was good at addressing priority needs where they related to life-saving assistance. For some interviewees, who viewed the overall goal of humanitarian action as saving lives, this did not present a problem.

One donor representative explained:

the humanitarian system is working hard to ensure that people in most need are provided with what they most need. I know that in some situations the people in need in surveys say they want other things that aren't maybe life-saving assistance ... but I do feel that more or less the humanitarian system is providing what's needed with the limited resources that are there.
For others, there were concerns that this focus was too narrow, particularly given that much humanitarian work takes place in protracted crises and middle- or high-income settings, where priorities may go beyond simply keeping people alive. According to one UN manager at HQ:

Are we meeting the needs of the Rohingya? Yes, we have them all in a camp, but is that meeting their needs? They want to go home, they want their rights, and we’re not meeting those needs whatsoever. We can give a roof over their head, but that’s it.

When asked whether the assistance people received addressed their most important needs, 39% of aid recipients in the survey said yes, 48% said partially and 13% said no. These responses were better than previous surveys, and appear comparable to those in the practitioner survey. However, answers on this criterion were less positive than those for several other criteria, and 30% of aid recipients said that the most important area for improvement for aid agencies was in providing the type of aid most needed. In the country studies, the majority of recipients who discussed this topic felt that they had received the right type of aid, though they generally noted that the quantity had been insufficient.

The views of people in the recipient survey are illuminating when it comes to understanding how they perceive priority needs. Overall, when asked what sort of aid was most needed, most respondents said food, followed (in order) by cash/vouchers, education, health, shelter and clean water and sanitation. However, needs are also context-specific. Of the five countries surveyed, only two (Kenya and Ethiopia) shared the same top three priority needs. This suggests that the core set of life-saving needs are similar across emergencies, but that the specifics of what is needed (food assistance, clean water, cash) can vary markedly from one situation to another.

When asked by Ground Truth about needs that had not been met, it was striking how many people said shelter and housing. Food and healthcare were also both important unmet needs. Cash was the most important unmet need for people in Iraq, but was less prominent elsewhere (Ground Truth Solutions, 2018). Again, these responses suggest that the basic package of humanitarian assistance is relevant for many people in many places, but that the relative importance of elements within this package may change from place to place, and over time (shelter, for example, may become more prominent over time as other needs are met).

It is also important to recognise that the specific activities carried out in each of these elements – health, water, sanitation and hygiene (WASH), shelter – may also vary significantly from one place to another. Interviewees across a number of sectors spoke of how the needs of Syrian refugees, and of urban besieged Syrians, differed from those of rural people in South Sudan: the nature of health problems, and relevant responses, were very different; rehabilitating urban water infrastructure was a very different job from digging wells; and urban populations often require rental support or...
Performance of the System
Relevance & appropriateness

The Ground Truth data also highlights the fact that there are a number of humanitarian needs beyond saving lives which people feel are important, and which are not being addressed. Some of these appear to relate to livelihoods: water pumps in Afghanistan; access to credit in Haiti. A need for employment opportunities occurs (often along with education) in almost all the contexts. Refugees also report needing help with language lessons and legal processes.

Meeting the specific needs of vulnerable population groups

Overall, the research strongly suggests that humanitarian actors are not particularly good at meeting the specific needs of women, the elderly, disabled people, LGBT people and other groups who may have specific priority needs in addition to basic life-saving interventions, or who may require aid to be provided in a different way. Responses from women and men to the relevance question in the ALNAP survey\textsuperscript{11} were very similar, as were responses from women and men to Ground Truth’s questions around relevance (Ground Truth Solutions, 2017). However, the country studies, evaluations and key informant interviews suggested that the aid system still believes that it is poor at meeting the specific needs of women in crises. In some cases, agencies fail to get the basics right: not addressing essential concerns such as menstrual hygiene or safety in latrine areas. In others, assumptions are made about the needs of women, and imposed with very limited, if any, consultation with the people concerned. Some programme staff interviewed in the country visits suggested that this failure to consult is partly a result of a broader failure to engage with crisis-affected people, and partly a result of the cultural position of women, who often find it more difficult to be heard or have their opinions valued in their own societies. There are tensions here between the humanitarian imperative to address the specific needs of the vulnerable and the need to be respectful of the culture and values of crisis-affected communities.

Evaluations and interviews both noted that, in the 2015–17 period, the situation of women and girls had received more attention than in the past, at least in policy terms. Donors more consistently asked for information on how agencies were addressing gendered needs, and there was more activity on the issue at HQ level. The next step is making a reality of this work on the ground. Specific obstacles that were mentioned included the fact that information is still not routinely disaggregated by gender (and age), and a lack of tools to help design programmes that address the specific needs of women. These needs – and the broader gap between policy and practice – were also pointed out in the 2012 edition of The State of the Humanitarian System, and have obviously not been fully addressed.

The situation was less positive with respect to other groups with specific needs and vulnerabilities. Interviewees consistently mentioned elderly people and people with disabilities not receiving the same level of attention as women and girls at the policy level, and being overlooked...
in programming. The latest edition of the World Disasters Report explains in some detail the disproportionate effect that disasters have on elderly people and people with disabilities. It also suggests that humanitarian actors generally do not address this group’s specific needs – for example, assistive technology or particular diets (IFRC, 2018).

In general, the picture that emerged was one of a system that is not good at understanding or addressing the specific vulnerabilities of different groups of people in different contexts. Where differences within a population are addressed, this is often through predetermined activities for predetermined ‘vulnerable groups’. Assessments to identify the actual vulnerabilities of different groups of people within a specific context are still uncommon. This is another area where little progress appears to have been made since earlier iterations of The State of the Humanitarian System.

**Meeting protection needs**

[People here] don’t really understand the term ‘priority needs’; for them, what counts most is security and not being attacked, not having their goods stolen by bandits … and humanitarian aid can’t bring them that.

– Local government official

Only 6% of people responding to the recipient survey suggested that protection was the form of aid they needed most. However, this may reflect a lack of familiarity with or understanding of the term ‘protection’. A number of interviewees, both at HQ and in humanitarian operations, made the point that the largest crises of the period (those in the Middle East) were primarily crises of protection, yet protection funding as a proportion of requirements remained low. Some advances were made in 2015–17, particularly at policy level: protection was included in the Syria Strategic Response Plan (SRP) (and subsequent Humanitarian Response Plans (HRPs)) from 2015, and in 2016 the IASC adopted a policy on protection requiring Humanitarian Country Teams (HCTs) to develop a strategy to address the most urgent risks. Peer reviews facilitated by P2P, however, suggest that many country teams are struggling to operationalise these strategies.

As a result, concerns remain that insufficient attention is paid to protection needs in the context of people’s overall needs. Given the breadth of protection needs in many contexts (from bombing civilian populations to child labour and domestic abuse), there are also concerns that agencies and HCTs are failing to identify clear priorities to address the most relevant and pressing protection needs in any given context (Ambroso et al., 2016; Hidalgo et al., 2015; Turnbull, 2015) and that, in at least some cases, humanitarians are resorting to ‘readymade approaches’ (Niland et al., 2015) rather than basing their interventions on an understanding of people’s specific requirements. The difficulties of identifying and prioritising relevant protection activities were also a theme of P2P reviews in Chad, Haiti and Iraq.
Meeting protracted needs

Several key informants noted that the system is not very good at meeting people’s priorities as they evolve over time, from emergency response to protracted relief activities. This should not be surprising: as the system seems to be most effective at meeting acute life-saving needs (and some would argue that this is what it was designed to do), it is less skilled, and less well-designed, to address chronic need. Beyond this, a number of constraints make it difficult to move from an emergency footing to protracted responses. The system is extremely poor at monitoring, and so agencies can fail to understand how the needs and priorities of affected people are changing over time. Funding structures can also be a constraint: until recently, humanitarian financing has tended to come in short cycles (of one year or less), encouraging repetitive, short-term programming and leaving little space to consider emerging priorities. Humanitarian agencies may not have the skills, staffing or procedures to address the situation once the immediate crisis phase has passed.

There have been some limited improvements in this area over the period covered in this edition of the SOHS. Several donors have begun to experiment more widely with multi-year funding (a trend encouraged by the World Humanitarian Summit and Grand Bargain), although interviewees and published studies suggested that this was not, as yet, leading to much change on the ground (FAO et al., 2017; Taylor et al., 2017a). There has also been increased interest in adaptive management, and in adaptive programming more generally.

Meeting ‘new’ or unexpected needs

A limited number of evaluations suggest\(^a\) that the system struggled to understand and meet priority needs in the Ebola Crisis in West Africa. For many of the agencies involved this was a new type of emergency demanding ‘innovative thinking’ (Adams et al., 2015: 16) and presenting ‘unprecedented challenges and risks for which ... [the] multi-sector emergency model was not well adapted’ (UNICEF, 2017: 53). Initially, many humanitarian agencies were not clear on whether this was a humanitarian emergency at all, or whether it was outside the scope of life-saving work. Having determined that they did have a role, agencies still struggled to identify priority needs (such as support to safe burials). The European Migration ‘Crisis’ appears to have posed similar challenges of unfamiliarity.

Relevance/appropriateness in different crisis contexts

Although needs differed from one situation to another, the aid recipient survey did not show any significant difference in the degree to which people in the three contexts (conflict, disaster and refugee/migrant) felt that their most important needs had been addressed. Humanitarian actors, however, faced different constraints in these different contexts. Evaluations suggest that assessment and monitoring were more difficult in situations of conflict than in disasters or refugee situations. The humanitarian system was also
The Ebola Epidemic reminded humanitarian actors that there is a far broader set of less common disasters, and that the ‘standard package’ needs to be reassessed to ensure relevance to these events as well.

Box / Cash in humanitarian response
The policy and practice of cash transfers have evolved since the publication of the last edition of The State of the Humanitarian System. In 2015, the High Level Panel on Humanitarian Cash Transfers made recommendations on increasing the scale, efficiency and quality of cash (High Level Panel on Humanitarian Cash Transfers, 2015). In 2016, 53 signatories to the Grand Bargain formally committed to increase the use and coordination of cash programmes. Since then, many humanitarian actors have made strategic commitments to expand cash programming, either through equal consideration of all modalities for every response, or through quantitative targets for cash as a share of total relief (Smith et al., 2018). While a broad range of organisations have adopted one or both of these approaches, some concerns have been raised that the quota approach can interfere with other Grand Bargain commitments to increase unearmarked funding, or that focusing too much on scale-up can undermine consideration of key contextual factors that determine appropriateness (Smith et al., 2018).

The most recent available figures show growth of 40% in the use of cash, from $2 billion in 2015 to $2.8 billion in 2016. As a share of total humanitarian aid, this represents an increase from 7.8% in 2015 to 10.3% in 2016. Caution is called for; however: figures for total humanitarian aid and total cash delivery come from separate sources (Smith et al., 2018), and two-thirds of the total cash delivered in 2016 came from just two sources, WFP and UNHCR. Even so, there particularly poorly equipped to provide the physical protection that was often a primary need in conflicts (although the presence of peacekeepers had allowed for the creation of ‘Protection of Civilians’ sites in South Sudan and CAR, and there had been some success with community-based protection). Wars in middle-income, urban environments created new priority areas (requirements for dialysis, or repairing large water purification plants) which were difficult to address. Limited access to conflict areas appears to have led agencies to favour the simple delivery of items over more complex, process-oriented activities such as health and protection, which may have been more relevant to people’s needs (Stoddard et al., 2016). Refugee and migration situations, particularly in Europe, exposed new – or newly acknowledged – needs for physical protection during the Mediterranean crossing, and for protection from violence at the hands of people-traffickers. A number of agencies increased their legal support and support for irregular migrants in dealing with bureaucracies. In ‘natural’ disasters – arguably the basis for the standard model of assistance, and for which the humanitarian system is best designed – the Ebola Epidemic reminded humanitarian actors that there is a far broader set of less common disasters, and that the ‘standard package’ needs to be reassessed to ensure relevance to these events as well.
does seem to be a broad movement towards cash, with 89% of Grand Bargain signatories reporting activities in this area during 2018, making it one of the highest-performing Grand Bargain workstreams overall (Metcalfe-Hough et al., 2018).

A range of challenges also emerged over the reporting period, centred around capacity, quality, monitoring and coordination:

- Organisational capacity, including systems and human resources, remains a barrier to the increased use of cash (Smith et al., 2018).
- Common quality standards and guidelines for cash delivery – including common outcome indicators for multi-sectoral cash programmes – are yet to be agreed (Smith et al., 2018).
- Systematic monitoring is hampered by a lack of agreement on which costs to count and how much programme detail to record regarding modality and conditionality (Metcalfe-Hough et al., 2018).
- Coordination is ad hoc and contested, which can result in gaps, duplications and tensions between actors, as well as hindering the use of common mechanisms for assessment, delivery and monitoring (Knox Clarke and Campbell, 2016; Steets and Ruppert, 2017).

Despite these challenges, the growth of cash presents a significant opportunity. Its disruptive potential has been linked with a number of reform areas, including humanitarian coordination mechanisms, the strengthening of social protection systems and accountability to affected populations. By forcing organisations to ask strategic questions about their functions and interrelations, cash has the potential to cut across established practices and incentive structures within the humanitarian system (Smith et al., 2018).

Factors affecting the relevance & appropriateness of humanitarian action

Assessment

Evaluations and key informants suggested that there had been advances in thinking and practice around assessment over the past three years (see Darcy, 2016b; Mowjee et al., 2016; Taylor et al., 2017b; UNHCR, n.d.). In particular, they noted improvements in assessment methodology and in the technical quality (and so accuracy) of agency assessments. They attributed these advances to factors including the work of specialist groups such as ACAPS, the importance placed on the Humanitarian Needs Overview (HNO) in the programme cycle, and the increased focus on the topic as a
result of the WHS and Grand Bargain processes. However, less than half (48%) of respondents to the practitioner survey felt that assessment was good or excellent, and there were consistent criticisms around the design and use of assessments, and suggestions that the humanitarian sector still has some way to go in this area.

Interviewees suggested four main areas of concern. The first was around the scope of assessments: a sense that they are generally designed to reflect the ‘traditional’ model of life-saving humanitarian assistance, and so focus on food, health, WASH and so on. As a result, they may fail to capture needs as they are experienced by affected people themselves (such as a need for mobile phones to stay in touch with relatives): ‘our assessments don’t allow for flexibility and capturing what’s most needed’.17 The second criticism was that, while there has been significant methodological improvement, there has been much less methodological convergence over the period. Different agencies continue to use very different approaches, which are not easily compared or harmonised with one another (see Clarke et al., 2015; Darcy, 2016b). Some interviewees suggested that the introduction of the HNO process had been helpful in bringing agencies together to create a common understanding of need, while also agreeing that there is a long way to go. And there were examples of good practice in common/joint assessment from a number of countries (see also Metcalfe-Hough et al., 2018). But the Grand Bargain commitments to ‘[p]rovide a single, comprehensive, cross-sectoral, methodologically sound and impartial overall assessment of needs for each crisis’ and ‘[c]oordinate and streamline data collection to ensure compatibility, quality and comparability’ appear hard to achieve: ‘in 2017 there was limited evidence of the major political or institutional shift in culture and operating practice that is required’ (Metcalfe-Hough et al., 2018: 45). The problem of assessment highlights, once again, the challenges of collective action in a highly atomised system.

The third main concern was that, in some cases (particularly where funding does not meet anticipated levels) assessments do not really inform what happens: decisions are instead made on the basis of funding availability, the ability to access certain populations or donor preferences for certain sectors. One respected observer of the humanitarian system contrasted the increased quality of assessments with what they saw as their declining use by decision-makers: ‘time and time again you see information ... just simply ignored’. Evaluations, however, were less negative on this point: while there were examples of assessments not being used – or not being fully used – (Clarke et al., 2015; Darcy, 2016; Hidalgo et al., 2015; Lawday et al., 2016), evaluations also described a good number of programmes based on assessment evidence (Abdula, 2017; Advisem Services Inc., 2016; Ambroso et al., 2016; Betts and Coates, 2017; Conoir et al., 2017; ICF, 2016; UNICEF, 2016; Wihaidi and Wehaidy, 2016).
Finally, there was a sense that the system has over-concentrated on ‘one-off’ assessments as the key tool for understanding need, and that these assessments are not well adapted to fluid, rapidly-changing situations: they provide a picture of need at a single point in time, but this picture is slow and cumbersome to collect, and can quickly become inaccurate and out of date as the situation changes (see also Campbell and Knox Clarke, 2018; Knox Clarke and Campbell, 2016). While recognising progress in needs assessment, interviewees – particularly those engaged in humanitarian programmes at country level – suggested that the system should concentrate more on monitoring over time and on understanding the specific vulnerabilities of different population groups, rather than trying to establish whether there was a need for, say, food or shelter, and should invest more in monitoring, to understand needs over time. The same point was made in a number of evaluations (Clarke et al., 2015; Lawday et al., 2016; Peacocke et al., 2015; Sida et al., 2016; Steets and Derzsi-Horvath, 2015).

**Strategy**

A number of interviewees and evaluations suggested that the relevance of humanitarian programming is compromised by an inability to clarify and agree strategic priorities, both at the level of individual agencies and – more often – at the inter-agency, ‘whole of response’ level. Without clear priorities, each agency provides what it is best able to supply. Agencies can also be more easily swayed by political concerns: in one example, local politicians pushed for food aid because it was politically popular, although not necessarily the priority for the most vulnerable people. A lack of strategic prioritisation across the response was noted in a number of evaluations (Darcy, 2016; Lawday et al., 2016) and P2P reviews, where it often seemed to be a result of failure by individual members of the HCT to look beyond the mandates of their organisations and identify overarching priorities for the response as a whole.

Conversely, interviewees noted that, where there was a focus on prioritising the type of relief required (as in South Sudan), aid was both more relevant and more effective. Previous research by ALNAP suggests that clusters and HCTs find it easier to identify clear priorities where there are high levels of acute need, and more difficult in longer-term situations where needs may be more complex and diverse. In these cases, a ‘bottom-up’ approach to building strategy – based on monitoring activities to see what is working, rather than making prior judgements about what should be done, may be more successful (Knox Clarke and Campbell, 2015a; 2016).
Cash-based programming
Cash-based programming allows people to choose what they need most (as long as this is available in a market), rather than having these choices made for them. Key informants were excited by the possibilities of cash, and it was often mentioned in discussions of relevance. Where aid recipients discussed cash with the case study research team, they often made the point that cash allowed them to buy what they most needed. This is not to suggest that cash is a magic bullet: evaluations showed that beneficiary preferences for cash or vouchers over in-kind assistance vary according to context (this is backed up by the findings of the aid recipient survey, the data gathered by Ground Truth and research by the SAVE consortium), and people’s priorities may not be met through market mechanisms, either because the market is not functioning, or because what people need, for instance infrastructure or services, is not generally available in the market (see more about cash transfers in box on pages 141–142).

Organisational skills, mandates and structures
A number of key informants suggested that the system fails to meet priority needs because it is supply-driven. Agencies tend to push for their particular sector or specialisation to be prioritised, rather than being led by the priorities outlined in assessments. This makes it difficult to establish common strategies for the response. Within sectors, agencies tend to favour what they understand and have used before, irrespective of the degree to which these activities meet priority needs.

It was hard to triangulate this claim. The issue was not raised by any interviewees in the country case studies, and only three of the evaluations reviewed (two of which related to responses in Pakistan (Khan, 2015; World in Consulting Ltd., 2015)) explicitly mentioned responses being determined by supply rather than demand. The P2P reports were more direct, suggesting that agency mandates and priorities had strongly influenced the response in a number of situations, including CAR, Somalia and Iraq. Only one evaluation mentioned the problem of supply-driven responses in the context of activity selection.

While the general set of standard responses appears to be relevant in many contexts, it is entirely possible that a supply-driven approach comes into play in choosing between the standard responses – in determining the relative priority given to, say, shelter, healthcare and food. While the formal country coordination architecture (of HCT, Clusters and inter-cluster mechanisms) should address this issue, the inter-cluster mechanisms which would be expected to guide this prioritisation are often not particularly effective (Knox Clarke and Campbell, 2016). It is also very possible – even likely – that agencies use tried and tested formulae for response, both to avoid risk and because they do not have staff skilled in specific technical areas. This has been noted in DRC (Obrecht, 2018). More generally, the lack of skilled technical staff, particularly at field level, is a recurrent theme of...
evaluations in all emergency contexts. In contexts where standard responses are less relevant, or where people need additional or different types of response, these problems will have an even greater effect on relevance.

**Objective and perceived needs**
One issue central to the discussion of relevance is the degree to which humanitarian actors meet needs as they are experienced by people in need themselves. Failing to ask people what they need (discussed more in section on accountability and participation) risks agencies not understanding, and not addressing, priority needs; conversely, an objective judgement of needs – such as nutritional measurement – might uncover needs that are not obvious to affected people themselves. In one case:

many families discovered malnutrition through the programme: they just saw that their children were ‘thin, cranky’ but were not aware that they were malnourished. So, once children were treated, they realized the relevance and importance of the programme. But, before that, they had not realized the need for it, neither that an emergency had happened in the area. So, the assistance provided corresponded to real risks and vulnerabilities ... but not always to perceived priorities (Ferretti, 2017 p.10).
**Lebanon: Between stability and stagnation**

We speak about refugees every single day. The politicians, the media and, of course, the humanitarian actors ... We have this feeling that they are everywhere, and they are actually. But we barely ever hear their voice.

Humanitarian worker in Lebanon.

The influx of Syrian refugees into Lebanon since 2011 has created a massive migration crisis. The country is currently host to the highest percentage of refugees per capita in the world, putting immense pressure on its already fragile infrastructure and basic services. The relationship with Syria has not been easy. The country's historical involvement in Lebanese internal affairs and the civil war between 1975 and 1990 has led to a great deal of resentment in some segments of the population. The links between the Syrian government and Lebanese political actors (notably Hezbollah) and Lebanon's strategic position in a very turbulent region have only increased the complexity of the crisis. The decades-long presence of a large Palestinian refugee population is another source of political and economic instability. Concerned that history does not repeat itself, the Lebanese government has vetoed the establishment of camps for Syrian refugees, and has prevented any assistance or other support that might encourage the refugees to stay.

Lebanon is an unusual humanitarian environment in that physical access to the affected population is relatively easy: the country is very small, with a developed communication...
infrastructure and relatively few security concerns. It is also a very attractive base for international humanitarian employees; working and living conditions are good, it is comparatively safe, goods and leisure activities are numerous and agency staff can bring their families with them.

From an international to a locally led response
A large number of Lebanese civil society organisations (CSOs) have been involved in basic service provision for years, and have been some of the first actors to respond to the refugee crisis. While initially perceived by international actors as lacking neutrality and impartiality, by 2014, when the international response shifted towards targeting host communities, international NGOs began to regard local CSOs as natural subcontractors, even equal partners. While there is still competition between Lebanese organisations and international NGOs over funds, leadership and visibility, tensions have eased as attention has turned towards how ‘aid localisation’ will evolve in the coming years. The government has restricted work permits for foreign humanitarian staff, and many Lebanese have taken up these positions. Despite often having no previous humanitarian experience, one UN representative felt that ‘the operation has benefited from a very high level of education when it comes to national staff. So, this also has contributed to very high standards in terms of quality’.

The Lebanese situation is therefore not a ‘classic’ refugee crisis, but rather a hybrid situation that is to some extent closer to an internal displacement context, despite significant legal constraints on Syrians in terms of residency and work.

Towards a single cash-based response
This very particular environment – a protracted crisis with refugee and host populations in an expensive middle-income country – has encouraged the humanitarian system to innovate and adapt. One of the most significant changes has been the gradual evolution of cash-based assistance towards a single cash system. This began at the end of 2015, when the major cash providers introduced a single e-card incorporating the various forms of cash transfer available (with varying amounts and payment frequencies, unrestricted cash versus cash for food, etc.). In 2017, donors decided to guarantee Syrian refugees an unconditional monthly fixed amount of cash assistance for three years. The creation of this single cash system is considered one of the greatest recent humanitarian achievements, not only in Lebanon but also more generally within the humanitarian system as a whole. These changes are based on a longer-term approach and vision for both refugees and host communities, as explained by a donor representative:

We’ve always said, if we’re going to try to reform the cash assistance sector, it can’t just be for the next two, three years. It has to be a longer-term goal, with some kind of social safety net system for the most vulnerable.

The invisible wounds of conflict
After seven years, the exceptional situation of refugees has merged with normality. Refugees are scattered among vulnerable host populations with similar needs, adding to the complexity of the response and the risk of tensions between and among communities, for instance around access to healthcare. Some of the most vulnerable appear to be overlooked because they are very isolated, because of their status or because of their specific needs (the elderly, people with disabilities, Palestinian refugees and refugees living in small and isolated informal settlements).

As one INGO representative explained:

I have an example of a family who lived in a building in Tripoli, with an elderly person who hadn’t gone out since arriving in Lebanon and probably didn’t have the [physical] ability to do so. It was a building with flights of stairs, probably no facilities in
the bathroom, nothing and this person had no wheelchair. Those people become a bit transparent, but there are contextual and structural difficulties: locating people, managing to follow [up on] them.

In a country where the wounds of past wars are still healing, refugees from Syria have been welcomed with compassion. Over time, however, the psychological trauma of the war is being forgotten. With their relatives at home still in danger and prospects for the future in ruins, Syrians have to live with the stigma of being refugees and the shame of being dependent on aid. These traumas are rarely spoken about openly, making them difficult to identify and address. Aid interventions need to integrate more localised decision-making with the affected population, particularly with young people, who have been violently propelled into adult life, carrying a heavy load supporting their families but unable to get on with their lives, get married and start a family of their own.

**From stability to longer-term development?**

Seven years after the Syrian crisis began, and with no resolution in sight, its impact on Lebanon continues to grow. It is very unlikely that every refugee from Syria will be able to return home, at least in the near future. While the aid response has helped to establish a degree of stability in the here and now, the question remains how the transition can be made to longer-term development. If stability is not to become stagnation, future aid programmes will need to adopt a political vision of society, embracing the specific dynamics of this context and aiming for social transformation. Refugees may be at the centre of current debates and of the aid response, but they continue to be excluded from decisions that will have an impact on their lives. They, along with other vulnerable people in Lebanon, will need to be given a voice.

**NAWAL KARROUM, GROUPE URD**

This write-up is based on a case study conducted for the SOHS 2018 by Groupe URD. The full case study can be found at: sohs.alnap.org
Endnotes for this criterion

1. Affected people were asked their opinion on the relevance of activities in 19 cases: in 15 (Aberra et al., 2015; Coombs et al., 2015; ST Hidalgo et al., 2015; Mutunga et al., 2015; Peacocke et al., 2015; Shepherd et al., 2017; Chaffin, 2016; Kebe and Maiga, 2015; Khan, 2015; Okeyo et al., 2017; Samuel Hall, 2015; Stone et al., 2015; Sunwoo and Cascioli Sharp, 2015; Ullah, 2015; Yila, 2017) they said that interventions had met their needs at the time. In four they said that activities had not (Ferretti, 2017; Lawday et al., 2016; Okeyo et al., 2017; Sanderson et al., 2015).

2. In the practitioner survey, 13% of respondents said that their sector's ability to prioritise/address the most urgent needs was 'excellent', while 45% said that it was 'good'; 11% felt that performance in this area was 'poor'. The combined positive score of 58% was the highest for any of the criteria.

3. 2015: 27% yes, 46% partially, 24% no; 2012: 33% yes, 41% partially; 25% no. The recipient and practitioner surveys cannot be directly compared because they use different scales (three point and four point) and have different wording. However, it is noticeable that, if the middle of the three scores in the recipient survey were split equally into two, to approximate the middle two 'good' and 'fair' results in the practitioner survey, then the overall positives in the two surveys would be 58% and 63%, and the overall negatives would be 42% and 37%. In both, the lowest-scoring answer would be similar: 10% for the recipient survey, and 13% for the practitioner survey.

4. Unlike the practitioner survey, where this criterion scored well against others.

5. Surveys by Ground Truth are even less positive (although hard to compare, because they use a five-point scale and the question is somewhat different). The Ground Truth questions tend to ask whether aid covers basic needs – putting more emphasis on quantity, and less on relevance.

6. The importance of food as a relief item is borne out in research by the SAVE consortium, where it was the ‘most needed’ form of assistance in both Afghanistan and Somalia, according to surveys of affected people.

7. Food was the most important need in both conflict and non-conflict environments, followed by cash (in conflicts) and health (in natural disasters).

8. Food, health and education, in that order. In the other countries, the results were: Afghanistan – cash, education, food; DRC – food, cash (equal), education; Iraq – food, cash, shelter.
9. This was the main unmet need among respondents to Ground Truth surveys in Haiti and Afghanistan and among Syrian refugees in Istanbul, and the second among Syrian refugees in Lebanon. This may suggest that the need for shelter becomes more prominent over time, as other needs are met either by the activities of people themselves, or by the interventions of government or humanitarian actors.

10. Food was among the top three unmet needs in Haiti and Afghanistan, among Iraqi IDPs and refugees and for Syrian refugees in Lebanon; healthcare was among the top three for refugees and IDPs in Iraq, and in Somalia and Lebanon.

11. The question was: ‘Did the aid you received address your most important needs at the time?’.

12. Protection was not cited as a ‘type of aid most needed’ in the SAVE surveys in Afghanistan or Somalia, but 48% of respondents in South Sudan cited it as such.

13. This would not be surprising given the challenges humanitarian practitioners face in agreeing on a shared definition of what ‘protection’ is. (FAO et al., 2017; Global Protection Cluster, 2017).

14. On average, 36% over the three years.

15. The evidence is not particularly strong: key informants did not discuss this element of the Ebola crisis.

16. There were also a significant number of evaluations that indicated that assessments were of adequate or good quality, without suggesting that this was an improvement on previous years: see for example Abdula, 2017; Advisem Services Inc., 2016; Ambroso et al., 2016; Betts and Coates, 2017; Conoir et al., 2017; ICF, 2016; Lawday et al., 2016; UNICEF, 2016; Wihaidi and Wehaidy, 2016.

17. UN manager, UN.

18. Affected people/recipients expressed a preference for cash in Duncalf et al., 2016; IFRC and KRCS, 2015; Kenya Red Cross, 2017; Watson et al., 2016), and for in-kind support in Ibrahim et al., 2016 and Lewins et al., 2016). In Downen et al., 2016 and Samuel Hall, 2015, opinions were more mixed.