



Learning from disruption: ALNAP 2021 Meeting Study

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Acronyms and abbreviations

ALNAP	Active Learning Network for Accountability and Performance
BLM	Black Lives Matter
COVID-19	coronavirus disease 2019
DEI	diversity, equity and inclusion
GHRP	Global Humanitarian Response Plan
HAP	Human Accountability Partnership
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	international non-governmental organisation
KII	key informant interview
LMICs	low- and lower-middle income countries
LSHTM	London School of Hygiene and Tropical Medicine
NRC	Norwegian Refugee Council
PPE	personal protective equipment
TEC	Tsunami Evaluation Coalition
TNH	The New Humanitarian
UNF	United Nations Foundation (not sure if needed?)
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WFP	World Food Programme
WHO	World Health Organization

‘Transformative rather than slow, incremental changes, some argue, will be required to deal more effectively with uncertainties it [climate change] represents and to respond to its worst impacts.’

EXECUTIVE SUMMARY

Recent research and experience from the past two decades suggest that change in the humanitarian system – particularly transformational change – may have more to do with the influence of external forces than planned internal shifts (Bennett et al., 2016a; Knox-Clarke, 2017). This is certainly reflected in the system’s response to ‘mega-crises’, for example the profound sense of failure following the international responses to both the 1994 Rwandan genocide and the 2004 Indian Ocean tsunami, which helped create watershed moments in the evolution of humanitarian action. But what does this mean for humanitarians? How can they promote positive shifts while mitigating negative disruption?

This paper documents insights from the [2021 ALNAP Meeting, ‘Learning from disruption: Evolution, revolution, or status quo?’](#) Drawing on interviews, panel discussions and literature review, it looks at two external disruptors that have, to varying degrees, dominated conversations about change in the humanitarian system over the past two years: the COVID-19 pandemic and the ‘decolonise aid’ debate.

The findings from this research suggest that since the start of 2020, the international humanitarian system has experienced disruption because of and in response to the COVID-19 pandemic, and that parts of the system have demonstrated positive shifts towards greater localisation, flexible funding, inter-agency coordination and resource pooling, and care for staff mental well-being. However, this picture is not consistent across the system, nor do all these changes look set to be long lasting.

- Localisation may have accelerated out of necessity under the pandemic as the system needed to rely more heavily on local actors. This is a positive step towards diversifying leadership roles. However, there are concerns that any progress towards more locally led humanitarian action will not be built upon. Excessive bureaucracy, unfair risk burdens and limited trust were found to be compromising the space for adaptation and improved delivery for local actors.
- Some of the notable changes in financing included greater flexibility in 2020 in terms of donors easing earmarking restraints and increasing unearmarked funding. While welcomed, these changes largely benefited UN agencies and large INGOs. Direct funding to local actors remained negligible even though their roles and responsibilities in crisis responses grew manifold.

- Organisations minimised supply chain disruptions by moving cargo and personnel through UN and EU humanitarian air bridges and by procuring personal protective equipment and other essential items jointly and locally, to the extent possible. This demonstrates the capacity to be flexible and adapt to changing circumstances. However, some agencies felt they could not benefit fully from all the different mechanisms.
- COVID-19 triggered a new way of working for organisations that were new to remote management and accelerated practices in agencies that were already using this approach. Yet many challenges arose, including maintaining the quality of work, additional bureaucracy, and a discrepancy between the importance of upward accountability to donors and taxpayers in relation to accountability to affected people.
- The volume of discussions around mental health and well-being grew during the pandemic. This helped to highlight the importance of mental health and, in some cases, promoted positive action to be taken. However, there seemed to be high variability between agencies; some were able to improve staff care practices, while others were not.

Considering the insights gathered in the lead up to and during the meeting, this paper suggests six distinct stories of disruption that have emerged since 2020.

1. **Short-term adaptation is followed by a return to ‘business as usual’.** Some agencies worked differently out of necessity for a short period of time in 2020 – for example by reducing the presence of international staff in crisis-affected communities, adapting and redirecting programme activities, and applying more flexible procurement and financing procedures. However, these changes were not ‘locked in’ through meaningful changes to policy or organisational systems and practices. The expectation is that, in these areas, agencies will largely return to pre-2020 ways of working.
2. **Less radical, short-term adaptation is embedded into new ways of working.** Many of the positive adaptations organisations made to their ways of working during the pandemic have earned sufficient currency in terms of cost and time savings, reduced carbon footprint, etc. to be embedded into new ways of working. Hybrid forms of working and training, part in-person and part remote/virtual, for instance, are more likely to be widely accepted in the sector and to be something that the sector and several institutions would like to hold on to in the longer term.
3. **Disruption is harnessed to accelerate existing change processes.** Several humanitarian agencies, particularly INGOs, were already engaged in organisational change processes around localisation and flexibility in 2019. For these agencies, COVID-19 and the ‘decolonise aid’ debate served to further support – and in some places accelerate – a shift in motivations, attitudes and systems rather than acting as primary or significant catalysts of change.

4. **The areas more likely to see fast, evolutionary change seem to be those benefiting from the rapid uptake of technologies that align most closely with the interests of organisations.** Remote beneficiary management reflected an adaptation of organisations to mitigate access constraints and disruptions from COVID-19. International organisations also adapted their means of communication with affected persons and (access to) digital technology played a key role in complementing conventional approaches as well as in facilitating remote communication and sharing of information during the pandemic. In these cases, the disruptions have provided an increased momentum for change and the sector is positively incentivised to maintain that progress. However, organisations are conscious that unless the digital divide can be narrowed and digital solutions are co-developed with local partners and communities in crisis and made more user-centred, many would be excluded from the full benefits of embedding greater technology within humanitarian operations.
5. **Disruption has the potential to spark long-term adaptation in areas where little progress has been made over the years.** The current disruptions have again reiterated the fundamental need for change and improvement in the areas where there has been insufficient progress – for instance, in crisis preparedness, accountability to affected populations, protection against sexual exploitation and abuse by and among aid agencies, and in addressing structural inequalities in the system. There has been greater reflection in the humanitarian community about continuing to spark such long-term changes, even if they tend to be slow-moving, less predictable and hard to measure.
6. **Recent disruptions underscore the need for more transformative rather than slow, incremental change in the face of emerging disruptions from climate change.** Some of the impacts of climate change on ecosystems will be profound and long lasting, affecting all aspects of lives and livelihoods in developed and developing countries. Transformative rather than slow, incremental changes, some argue, will be required to deal more effectively with the uncertainties climate change represents and to respond to its worst impacts. These transformative changes will be needed in current funding and partnership mechanisms to match the scale of the emerging disruptions.

The calls for greater intentionality, complementarity, solidarity, leadership, and diversified governance – which were raised during the meeting – will hopefully provoke further thinking among humanitarians on how to advance the learnings from recent disruptions and hold the system more accountable for change.

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1. Introduction

What influences change in the humanitarian system? In recent years, researchers have tried to answer this question (Steets et al., 2016; Knox-Clarke, 2017; Austin et al., 2018; Mitchell, 2020; Schenkenberg van Mierop, 2020) and have suggested that external forces may play a more significant role in sparking reform in the humanitarian system than planned internal shifts (Bennett et al., 2016a, 2016b; Knox-Clarke, 2017). This is perhaps unsurprising, given how deeply interconnected the humanitarian system is with other external systems – particularly national and international political systems – and global trends like technological advancement and urbanisation. Their assessments seem to show that change – especially transformative change – often lies partly outside of the control of humanitarians.

In 2020, two external events or ‘disruptors’ appeared to hold significant potential to drive change in the humanitarian system.

First, the COVID-19 pandemic caused rapid and large-scale disruption to people around the world – particularly to communities already experiencing crisis such as conflict, food insecurity and forced displacement. The pandemic and responses to contain it, such as lockdowns and border closures, escalated humanitarian needs dramatically, but they also made humanitarian response even more challenging by disrupting the infrastructure and access to affected communities on which the system relies. In 2021, 250 million people needed international humanitarian assistance and protection (Humanitarian InSight, n.d.) and key actors received only half of the required funding (USD 19 billion) under the 2021 Global Humanitarian Response Plan (GHRP) (UNOCHA Financial Tracking Service, 2022).

Second, the humanitarian system saw a re-emergence of the ‘decolonise aid’ debate, sparked by global conversations about colonialism, race, privilege and power following the wave of global Black Lives Matter (BLM) protests after the murder of George Floyd by US police in May 2020. In the humanitarian system – which has been criticised for perpetuating unequal power relationships between local and international actors based on race and other forms of social – identity, long-running debates about decolonising aid came to the fore.

These two forces became the subject of significant discussion and speculation in the humanitarian system, with practitioners wanting to know the extent to which they have influenced change, how best to promote positive trajectories already underway, and how to mitigate negative disruptions.

The 2021 ALNAP Meeting, ‘Learning from disruption: Evolution, revolution, or status quo?’ provided a timely opportunity for the humanitarian community to come together to reflect on these issues – to share experiences of and learn more about where change is happening in the system and how significant it is. The meeting also provided a space to enhance the collective capacity of ALNAP members to enrich the understanding of ongoing changes and how they can be best managed.

1.1 Aims of the meeting paper

This paper documents insights from the [2021 ALNAP Meeting](#) on the disruptive potential of COVID-19 and the ‘decolonise aid’ debate, which have emerged as key issues affecting humanitarian policy and practice since 2020. It builds on earlier findings from the [2021 ALNAP Meeting Background Paper](#) which was published in the lead up to the meeting.

Specifically, it aims to answer:

- Where and to what extent have COVID-19 and the ‘decolonise aid’ debate driven change – both positive and negative – within the humanitarian system?
- How can the humanitarian system learn from these external disruptors and the ways in which they do or do not effect change in humanitarian policy and practice?

This paper looks at three important themes within the humanitarian system: localisation, financing, and operations. It makes an important distinction between ‘disruption’ and ‘change’:

- **Disruption** signifies ‘the action of preventing something, especially a system, process, or event, from continuing as usual or as expected’ (Cambridge University Press, 2013). It may be brief or long-term, and deep or surface level. A disruptor is the actor or thing that causes this disruption (Cambridge University Press, 2013).
- **Change** is an action or process through which something becomes different (Merriam-Webster, n.d.). Changes may be small or large in scale, incremental or transformational in degree, and may occur gradually or rapidly (Knox-Clarke, 2017). Changes can also move in either positive or negative directions.

1.2 Methodology

This paper took a qualitative approach based on a review of existing literature and key informant interviews (KIIs) (see [Annex 1](#)). Findings from both sources were then triangulated with insights from the [2021 ALNAP Meeting](#) (see [Annex 2](#)). Thirty-four KIIs were conducted in English or French. Nineteen session videos and transcripts were analysed to capture relevant themes and learnings.

Given the vastness and complexity of the humanitarian system, this paper cannot represent a comprehensive review of change. Interpretations of change are subjective; they vary depending on who is asked and how people within the system understand discourses such as localisation and decolonisation. Localisation, for instance, means different things to different groups. To some, localisation is synonymous with the hiring of local staff by international organisations, establishing local country offices, and incorporating ‘national or local NGO names’ (P-11; S-25¹). To others, it is a governance process and a mechanism to access humanitarian funding (P-5, Closing Panel).

The paper is organised as follows: [Section 2](#) provides a summary of recent studies on change in the context of internal and external triggers as well as a brief overview of the pandemic and the ‘decolonise aid’ debate. [Section 3](#) explores the extent to which the pandemic and the debate catalysed change in localisation. [Section 4](#) and [Section 5](#) follow with similar insights on financing and operations. The conclusion is presented in [Section 6](#).

2. Understanding external triggers of change

Over the past two years, both the COVID-19 pandemic and the re-emergence of the ‘decolonise aid’ debate disrupted existing ways of working in the humanitarian system. Many actors felt transformative change across the system was imminent (Khan et al., 2021; Opening Session).

This chapter briefly summarises the role of internal and external triggers in bringing change in the humanitarian system and then focuses – at a high level – on the significance of COVID-19 and the ‘decolonise aid’ debate.

2.1 Change and disruption in the humanitarian system

The mid-2010s saw several major reform initiatives within the humanitarian system, including the High-level Panel on Humanitarian Financing which led to the agreement of the Grand Bargain in 2016, and the World Humanitarian Summit. These initiatives sparked significant reflection on and research into change processes in the humanitarian system and the barriers to change (Ramalingam et al., 2015; Steets et al., 2016; Bennett et al., 2016a, 2016b; Knox-Clarke, 2017; Austin et al., 2018; Mitchell, 2020, 2021).

Findings from the various studies generally identified two main drivers of change: external shocks in the outside world, including mega-crises and broader political shifts (Collinson, 2016; Knox-Clarke, 2017; Mitchell, 2020); and ‘reform from within’ (Steets et al., 2016), that is, intentional or planned changes that are internal to the system (Knox-Clarke, 2017; Austin et al., 2018).

Internal drivers: Reform from within

Internal drivers are generally initiated either as system-wide reform processes that tend to be policy-orientated and take place via global forums and international commitments or, at an organisational level, where change lies in the remit of individual mandates or spheres of influence. Moreover, changes that arise from internal triggers tend to follow an evolutionary rather than a revolutionary path (Poole and Gressmann, 2020; Mitchell, 2020; KII-30), i.e. they manifest in pockets or silos and transpire incrementally over time.

The slow pace of change, many argue, stems from deep resistance within the system. Power, self-interest, attitudes, accountability and the current operating model are considered the most profound barriers to change.

- **Power and self-interest:** System-wide reforms are difficult because they can conflict with the self-interests of donors and humanitarian organisations and often because those with the greatest power to affect reform are not those with the strongest interest in reform success (Steets et al., 2016; Bennett et al., 2016b).
- **Attitudes:** Attitudinal barriers are tied to the personal behaviour and the management style of humanitarian workers, borne out of a sense of superiority due to professional expertise and colonial legacies (Brown and Donini, 2014; Knox-Clarke, 2017). Risk-aversion is also seen as an attitudinal barrier, with key actors in the system preferring tried-and-tested solutions over new ones (Knox-Clarke, 2017; KII-5; KII-8; KII-22).
- **Accountability:** The humanitarian system's lack of accountability to the people it serves – that is, its primary client group – constrains it from generating new ideas to change (Alexander, 2020). Without meaningful feedback loops (Alexander, 2020; Opening Session), and with accountability instead skewed towards meeting donor requirements (Obrecht and Warner, 2016; Knox-Clarke, 2017), the humanitarian system is locked into unending loops of recycled ideas and confirmation bias (Alexander, 2020), and hierarchical decision-making (Opening Session).
- **The current operating model:** How the system itself is currently set up acts as a strong barrier to change. 'The bureaucracy that is the humanitarian aid sector now is a product of the evolution of the system because of certain feedback loops – more funding, more growth, more bureaucracy – and the cycle continues' (KII-29). 'It is a model where we have invested heavily in responding faster, better, earlier, with more power and money, and with more boots on the ground over time. Several years later, this is exactly what we are challenging [in the system]' (KII-22).

External drivers: Disruptors

In contrast, external shocks are considered the primary drivers for revolutionary change – that is, larger, potentially more rapid transformations to ways of working within the humanitarian system, marked by significant departures from prevailing norms and policies (Knox-Clarke, 2017; Austin et al., 2018; Alexander, 2020; Michell, 2020; Schenkenberg van Mierop, 2020; Khan et al., 2021). This is primarily because external shocks can produce a sense of profound failure in the humanitarian system, which adds urgency to the motivation to learn and improve (Austin et al., 2018). Examples of shocks that led to greater introspection and notable changes in the humanitarian system include the 1994 Rwandan genocide ([Box 1](#)), the 2003 crisis in Darfur, the 2004

Indian Ocean tsunami (Box 2), the Haiti earthquake and the Pakistan floods both in 2010, and the 2013 Haiyan typhoon in the Philippines (Knox-Clarke, 2017; Austin et al., 2018; Alexander, 2020; Mitchell, 2020; Opening Session).

BOX 1: THE 1994 RWANDAN GENOCIDE

The genocide in Rwanda revealed major failings in humanitarian response. The UN was criticised for standing by as 800,000 people were killed over 100 days. One million Hutus fled to neighbouring countries. Refugee camps became overcrowded and unliveable, cholera broke out and militias regrouped (Parker, 2019; Alexander, 2020). The humanitarian response could not match the scale, complexity and the speed of this catastrophe.

A first of its kind, large-scale evaluation – the Joint Evaluation of Emergency Assistance to Rwanda (ODI, 1996) – was initiated to understand the nature of the failings and the reasons underlying them. The evaluation cited the humanitarian system's lack of coordination, low accountability to survivors, lack of preparedness and ill-qualified and ill-equipped aid workers as key reasons for the failings.

Consequently, the humanitarian system shifted towards upskilling the workforce, professionalising standards, ensuring greater compliance to these standards and to humanitarian law, and elevating accountability to affected populations. The creation of the Sphere Standards, the Humanitarian Accountability Partnership (HAP) – now part of the Core Humanitarian Standard – and the creation of ALNAP followed in the late 1990s (Alexander, 2020; Mitchell, 2021).

BOX 2: THE 2004 INDIAN OCEAN TSUNAMI

The 2004 Indian Ocean tsunami affected 13 countries and killed nearly 230,000 people. The UN faced criticism for failing to coordinate the relief efforts (Wright, 2005; Alexander, 2020).

The Tsunami Evaluation Coalition (TEC) was created 10 months into the crisis to coordinate five studies into the effectiveness of the international relief and recovery response. Donors were keen to know how their funding was used. At the time, the TEC evaluation was the most intensive study of a humanitarian response since the multi-donor evaluation of the Rwandan genocide response (TEC, 2006). This time, the evaluation identified another set of failings in the humanitarian system: international staff from INGOs and UN agencies had underestimated local capacity and excluded local actors despite their own limited relevant experience to manage the complexity of the crisis context.

The tsunami also provided the impetus for the creation of the humanitarian cluster system. Jan Egeland, former Under-Secretary-General for Humanitarian Affairs, initiated a formal Humanitarian Response Review to independently assess the humanitarian system and to identify why it was falling short of its goals (UN, 2005).² The cluster system was the most prominent reform to emerge from that review and it remains the largest coordination mechanism for formal humanitarian response today. It was set up to ensure predictable leadership and to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies; however, it also imposed a great deal of bureaucratic burdens on humanitarian actors (Alexander, 2021).

2.2 Dual disruptors

Halfway through 2020, with the world several months into the COVID-19 pandemic and with antiracism protests jolting Western democracies and professions, it appeared as though both COVID-19 and the ‘decolonise aid’ debate might serve as significant potential disruptors to the humanitarian model and its ways of working, and trigger transformative changes in the system and how aid is delivered.

The pandemic has been considered the most severe global crisis since the second world war (UNF and UNOCHA, 2020). As of February 2022, over 415 million people have had the virus and nearly 6 million people have died since its onset (Johns Hopkins University, n.d.). It disrupted traditional modes of humanitarian work, with organisations needing to adapt quickly and at scale as travel restrictions and public health risks increased within and across borders.

It also reinforced the need to collectively understand the multidimensional nature and differential impacts of crises (KII-31). Whereas, in its early stages, the pandemic was viewed as a public health crisis in most countries, the economic impacts of COVID-19 in low- and lower-middle income countries (LMICs) made it a major livelihoods crisis, requiring much more than a public health response (KII-31). For the first time in many years, donor countries also felt a crisis emerge at home (P-32; S-19).

Discussions on race, power and privilege took hold in the humanitarian sector following George Floyd’s murder and the BLM movement. Although these events renewed attention to ongoing debates on decolonising aid, many believed the humanitarian sector would be forced to acknowledge its own colonial undertones as well as reflect on the extent of racial inequality that prevailed in some of the larger humanitarian organisations.

Instances of individualised and systemic racism in the aid sector alongside the unequal distribution of power and resources between international humanitarian organisations and local actors have been referenced widely in recent literature (Ali and Murphy, 2020; Aloudat and Khan, 2021; Konyndyk

and Aly, 2021). The international aid system was also criticised for treating people in the Global South as passive ‘beneficiaries’ of aid who need ‘white saviours’ (Ali and Murphy, 2020). Some informants characterised the humanitarian sector, as a system based on a colonial power dynamic, of ‘those who have to give and those who are there to receive’ (KII-22).

Nested within this wider context, subsequent chapters will now explore the extent to which the dual disruptors, COVID-19 and the ‘decolonise aid’ debate, effected change within the humanitarian system with respect to localisation, financing and operations.

3. Changes in localisation

The humanitarian sector's reliance on national and local actors multiplied over the course of the pandemic due to worldwide travel restrictions. There was limited movement of international staff and deployment on the ground. Local actors not only responded to the pandemic but also to other ongoing, emerging and unpredictable non-COVID-19 crises under pandemic conditions. They were doing so with far less recognition, support and funding than their international counterparts (Barbelet et al., 2020, 2021; KII-2; KII-22; P-10, Opening Session).

The [2021 ALNAP Meeting](#) participants reiterated the integral role of local actors in not only designing and delivering humanitarian assistance to crisis-affected areas and communities but as active agents of change in the system. They also attributed the growing volume of discussions on race, power, and colonialism within the localisation agenda to the 'decolonise aid' debate, noting that it led some international organisations to reflect on their culture, policies and practices and on the impact of the uneven distribution of power on local organisations (P-10; Opening Session).

This chapter explores the key takeaways from the various ALNAP Meeting sessions where localisation constituted the main theme.³

3.1 Localisation: A pragmatic adjustment under COVID-19

Overall, there was widespread recognition in the meeting that the responsibilities of local actors grew manifold during the COVID-19 pandemic, and they did much more than fill a void left by international actors. Citing examples from around the world, speakers lauded local actors for their ingenuity, innovation, and capable leadership in responding to the pandemic and to other crises over the two-year period, while acknowledging that the system expected too much from them.

Leadership by local actors – in panellists' views – manifested in different ways, from designing aid delivery to mobilising funding from non-traditional donors and sources, such as the private sector and citizen crowdfunding, to engaging key stakeholders in coordinating responses and sustaining community engagement. At the Opening Session, a speaker gave the example of Sudan to highlight the role and capacity of local organisations to liaise with multiple stakeholders, including international organisations and the private sector, to mobilise resources and identify target communities in need of humanitarian

assistance (P-6; Opening Session). While referring to the Norwegian Refugee Council (NRC), another discussant stressed that it was the combination of the national staff and local actors who took on the bulk of the responsibility to deliver humanitarian aid to crisis-affected communities during the pandemic (P-8; Opening Session).

Participants from other sessions shared similar, promising examples. During the second COVID-19 outbreak, community volunteers in Bangladesh provided ambulance support through corporate social responsibility funds and oxygen cylinders through crowdfunding (P-13; S-15). In India, community leaders and volunteers mobilised to support operations on the ground during natural disasters at the peak of the pandemic. A panellist noted that, ‘many of these informal leaders and citizen volunteers, who had much more proximity to the ground, were highly capable of performing humanitarian operations, enabling hyper local supply chains, creating livelihood opportunities at a time when many lost their jobs, and investing in long-term resilience efforts to include not just food and healthcare but also long-term socioeconomic revival of communities’ (P-12; S-25).

To researchers from the London School of Hygiene and Tropical Medicine (LSHTM), local actors’ ability to sustain community engagement was considered crucial to contain the spread of the virus and, rather critically, to address ‘the management of rumours, mistrust, and misinformation around COVID-19 allowing organisations to continue to implement routine health services’ (P-2; S-3). Quoting their recent study of how humanitarian organisations responded to the pandemic, LSHTM researchers shed light on how polio volunteers in Afghanistan made it possible for an international agency’s rapid response team to track and test COVID-19 cases at the onset of the pandemic and to serve a valuable function in a disease early warning system covering 650 health facilities. The 34,000 polio volunteers comprised doctors, nurses, lab technicians, tribal leaders and community health workers (P-2; S-3).

Panellists appreciated the higher uptake of technological solutions among local actors in informing humanitarian responses and operations and in participating in online forums. For example, in Lebanon, a local NGO built a cloud platform and scaled up teaching with an outreach of 3,000 Syrian refugees during the pandemic (P-14; S-10). Organisations in India made investments to digitise certain operations that enabled large-scale cash transfers and in creating incident command systems, ‘which, while inspired by international standards and humanitarian principles, also embraced local values and cultures’ (P-12; S-25).

Some speakers also noted signs – in specific contexts – of local actors gaining greater leverage during the pandemic than in pre-pandemic times to respond more flexibly to emerging needs, while some noted the contrary. In Lebanon, for instance, one speaker stated that international partners did not raise concerns about institutional and resource capacities, which was predominantly the case in pre-pandemic times; ‘suddenly it was easier to receive funding and

to sign contracts during the pandemic' (P-14; S-10). Similarly, in India, one panellist mentioned that international assistance to national actors during the pandemic came with no conditions attached (P-12; S-25). This was a departure from pre-pandemic practices, where the unspent amount for a project had to be returned to the donor (P-12; S-25). Consequently, in their views, local actors could respond more flexibly to emerging needs during COVID-19. In comparison, a representative of a local organisation in Afghanistan explained that even though local actors had the capacity to manage humanitarian operations, existing donor policies and procedures were so stringent that they could not apply directly for funding and applications had to be routed through partnerships with international organisations (P-15; S-10).

Although participants shared many positive experiences of localisation, they were equally concerned by the power dynamics that continued to favour international actors during COVID-19. The burden of risks fell disproportionately on local actors.

Whereas in pre-pandemic times, local actors generally faced a greater share of the burden of risk compared with their international counterparts, COVID-19 further compounded the impacts of the risks that local actors were exposed to in terms of dealing with 'crises within crises' (P-17; S-10) or 'compound crises' (P-18; S-13). Recent statistics related to aid workers' security indicate that attacks on aid workers have been on the rise since 2015 and reached an all-time high of 484 victims in 2020 despite the disruptions to humanitarian programmes during the pandemic (Stoddard et al., 2021). Of these, 95% of the victims were national aid workers (ibid.). Limited international staff movement due to COVID-19-related restrictions was a likely factor in the even greater than usual proportion of national aid worker victims in 2020 (ibid.).

Risk sharing between local and international actors – during COVID-19 – was considered a myth by some panellists. One INGO representative emphasised that it was important to address risk not only from the perspective of individual organisations, but to also consider extending the scope to include risk to partners and their staff and to affected communities, and to have processes in place that monitored any harm being done by INGOs. In doing so, the discussant drew attention to the need to 'decolonise' current ways of approaching organisational risk where local organisations and partners continue to be undermined by a narrow interpretation of risk and the related responsibilities to mitigate it (P-19; S-11). One local actor gave the example of Afghanistan, where INGOs prioritised their staff for vaccination while local actors continued to work on the ground without protection (P-15; S-10). In Nigeria, increased risk transfers to local actors without the necessary mitigating factors also led to greater overhead costs (P-16; S-10).

Some speakers raised concerns over how international agencies handled duty of care during the pandemic. They stressed that local partners had to exert significant pressure on their international partners to continue to pay the salaries of staff until the end of their contracts (P-14; S-10), and that until a policy on duty of care was clearly articulated and included in the contracts, it was difficult to protect local actors (P-14; S-10).

3.2 How the ‘decolonise aid’ debate impacted localisation

Although power imbalances between international and local actors have prevailed for decades in the humanitarian system, recent anti-racism protests and the BLM movement have provided fresh impetus to expose underlying inequities more widely and to advocate for both decolonising aid and greater localisation.

The ‘decolonise aid’ debate drew attention to the ways in which racism is perpetuated and experienced in the humanitarian system. Participants stated that the murder of George Floyd in 2020 sparked global protests and created significant pressure for aid agencies to reflect on their ways of operating and to explore the ‘crisis of accountability, the impunity and abuse of power and the harms that INGOs create’ (P-3; S-11). Panellists expressed that the concepts of risk, racial justice, trust, capacity building, accountability, and partnership – as understood and exercised in the humanitarian system – had built-in biases, and that these biases significantly impacted individuals as well as organisations.

Quoting a 2021 study by The New Humanitarian (TNH, 2021) at the Opening Session, a panellist mentioned that international aid agencies are a long way from bringing about significant changes with respect to diversity, equity, and inclusion (DEI) in the humanitarian sector (P-1; Opening Session) (see [Box 3](#)).

BOX 3: DIVERSITY, EQUITY, AND INCLUSION IN THE AID SECTOR: INSIGHTS FROM THE NEW HUMANITARIAN

In the TNH (2021) study, two sets of questionnaires – one administered to aid organisations and one to aid workers – assessed changes that had been made within aid agencies since the BLM movement re-emerged in 2020, driving a debate about decolonisation within the aid sector. They included questions about DEI within the staff of aid agencies and about the broader localisation agenda.

The study found that of the nine organisations that responded to the *organisational questionnaire*, many had taken measures such as establishing DEI teams that reported directly to the executive level; adjusting HR policies and strategies with respect to diversity and inclusion, including revising pay scales; setting and then publicly reporting against

DEI targets; and training staff on topics such as unconscious bias and white privilege (P-1; Opening Session; TNH, 2021). However, people of colour and those from under-represented groups were not included in the existing leadership and governance structures (TNH, 2021). For example, the NRC reported not having a single person from an under-represented group on its leadership team, while the International Committee of the Red Cross (ICRC) reported the same of its governing board (TNH, 2021).

The responses from the *aid worker questionnaire* – 150 in total – revealed limited impact of the above organisational changes (P-1; Opening Session). When aid workers were asked if changes had taken place in their respective organisations, two-thirds indicated that demands for greater racial justice had not been adequately addressed. The vast majority, about 85% of respondents, suggested that no change had taken place in their personal work experience (TNH, 2021), while others revealed that they would hesitate to approach their management regarding diversity or discrimination, and some had thought about leaving their jobs because of racial discrimination (TNH, 2021). Key barriers to change, the study found, were a lack of organisational willingness, and leadership not being up to the task (TNH, 2021).

Panellists also described problems with existing reporting mechanisms around sexual exploitation and abuse that have been introduced by international organisations in crisis contexts. For instance, the revelations of sexual misconduct during Oxfam’s humanitarian response to the 2010 Haiti earthquake and the broader safeguarding crisis in the sector led a speaker to acknowledge that there has been a huge inner reflection on, and external pressure for, accountability. The session’s moderator described the concept of ‘coloniality’ and explained how the sector may be perpetuating this in the way international organisations work with their partners on misconduct reporting. She said, ‘the way in which we imagine what constitutes expertise or knowledge, is rooted in a system of whiteness and a broader system of colonial legacy’ (P-3; S-11).

Drawing on Oxfam’s experiences in Ghana and Iraq, some speakers discussed the wider socio-cultural and economic context that hindered communities in crisis, especially women and girls, from reporting misconduct directly via these internationally led mechanisms. At a broader level, communication gaps in the system meant that communities were not even aware about the services to begin with. One speaker stated, ‘they cannot trust our system if they don’t know about it’ (P-20; S-11). At a basic level, these mechanisms did not consider existing challenges. For instance, communities did not have access to the relevant infrastructure on which these mechanisms relied, such as the internet or telephones, most often due to connectivity and cost-related issues. Other barriers included (digital) literacy, in case of which lodging complaints

by email was not an option. Even when complaints were made, people were not sure whether confidentiality would be maintained or whether the perpetrators would be held accountable. Participants underscored the importance of co-designing services with the communities to increase access, over imposing ‘westernised ways of misconduct reporting’ (P-21; S-11).

Some groups of participants used breakout sessions to discuss racial justice further while exploring the degree to which issues of race and racism were dealt with at a personal level and especially while working in value-driven organisations in the humanitarian sector (P-17; S-11). Participants highlighted the relevance of internal reflections to address changes that needed to take place within organisations – even though these are easier done in theory than in practice (P-17; S-11).

Conference panellists also unpacked the different perceptions of trust deficit in the humanitarian sector – whether between donors, international organisations, and local actors or between humanitarian actors and crisis-affected communities. Although the range of perspectives varied greatly in terms of context, most pointed to structural fissures in the humanitarian system. On the one hand, the lack of trust was regarded as an unequal partnership where local actors did not have a say in decision-making processes (P-6; Opening Session). A change of narrative with a greater emphasis on solidarity was therefore vital to foster a collective approach in the delivery of humanitarian assistance to crisis-affected communities (P-6; Opening Session, see [Box 4](#)). On the other hand, the trust deficit was considered characteristic of the underlying and hidden racism in the humanitarian system, with a panellist pointing out that ‘the whole capacity building issue has an underpinning of racism to it’ (P-1; Opening Session).

The challenges in establishing trust between humanitarian service providers and affected communities were discussed in the context of technology and the ethical implications that arise from introducing it and from using data about communities in certain ways. One speaker used the term ‘data colonialism’ to refer to how data about communities is collected and managed: ‘we’re all about community empowerment, and then you look at how we handle data of communities, it’s completely colonial and extractive’ (P-23; S-5).

In participants’ views, both the COVID-19 pandemic and the ‘decolonise aid’ debate have been able to expose – in distinct and at times related ways, as insights on risk and trust demonstrate – the recurring impediments to progress on localisation. They also indicated where changes would be needed to accelerate progress (see [Box 4](#)).

BOX 4: SIX THINGS TO ACCELERATE POSITIVE CHANGES IN LOCALISATION

Greater acknowledgment of capabilities and representation of local actors. Panellists felt that the capabilities of local actors not only need to be duly acknowledged but valued in terms of the unique insights they bring to the table on how best to identify the unmet needs of crisis-affected communities. To one, local actors require representation and decision-making power on global policy platforms such as the Inter Agency Standing Committee (IASC) (P-6; Opening Session).

Greater solidarity. Some speakers focused on solidarity and collective efforts (P-6; Opening Session), which reforms such as the Grand Bargain have aimed to achieve through the localisation agenda but have still not been able to deliver. Solidarity offers an opportunity for humanitarian actors to address power imbalances between international organisations and local actors and to see capacity-building as a two-way street, especially as local actors have invaluable contextual knowledge of a given crisis and the nature of unmet needs (P-6; Opening Session). Solidarity also creates a shared ambition to resolve crises (P-7; Closing Panel).

More egalitarian forms of partnership. By sharing examples of the various roles that local and community actors play as first responders, local actors at the meeting emphasised the need to move away from top-down structures of decision-making, to actively pursue more egalitarian forms of partnership between local and international organisations and crisis-affected communities as well as promoting downward accountability (P-13; S-15). They reflected on the imperative to actively listen to the problems of crisis-affected communities and the solutions they propose as first responders in the event of a disaster (P-13; S-15id). In addressing ongoing challenges such as climate change, a participant believed it was necessary to ‘create roles and responsibilities for early action . . . to devolve decision-making and choices to people on the ground who are in charge of what they’re doing, they should have flexibility, and they should be able to act appropriately, when they receive early warnings’ (P-24; S-13). According to one discussant, international actors could help national organisations in climate advocacy, who would in turn empower local actors to address the challenges of climate change (P-25; S-13). The emphasis, in this case, was the need to create different empowerment channels including through education and with a focus on young people. Another participant saw the role of international actors as fourfold – to support (and not replace) local actors, to make sustained and direct investments to leverage local efforts, to enable diversity through different spaces and ways of working, and to engage in anticipatory action to address climate change. In the speaker’s view, ‘unless we build back greener and cleaner, there is no transformation, we will be only rebuilding things which will collapse again, in one way or the other’ (P-26; S-13).

Investments in local institutional capacity. Drawing on experiences from India and Indonesia, speakers reflected that building strong local institutional capital makes a compelling case where aid could reach the affected communities as directly as it possibly could and with the full agency of those who are affected (P-12; S-25). Citing a multi-year study in Indonesia that explored what kind of humanitarian reforms mattered at the country level, a speaker pointed towards the consolidation of coordination mechanisms, the establishment of representative and consultative national (small and multi-sectoral) reference groups, country-level pooled funding, and the need to leverage local resources as critical areas of investment (P-11; S-25).

Changes to compliance regimes and bureaucratic procedures. Speakers highlighted that existing compliance regimes and bureaucratic procedures in the humanitarian system impeded progress on localisation. Increasing amounts of compliance requirements from local partners was ‘probably the biggest threat against localisation and local action’ (P-8; Opening Session). By simplifying and standardising existing forms of reporting that are expected from local actors some of these bureaucratic obstacles could be overcome (P-6; Opening Session).

Restructuring humanitarian governance. Learning how other governance structures enable the representation of both recipient countries and civil society was raised as an important priority to diversify and make humanitarian leadership more inclusive (P-9; Closing Panel). A discussant gave the example of GAVI’s board where civil society organisations have a voting seat as a form of representation on a global platform (P-9; Closing Panel). Echoing the importance of governance, another speaker stated, ‘we all as a sector, as humanitarians, really need to work towards a world where local actors frame and lead the humanitarian policy and practice conversations, really allowing local and Global South actors to then work with their communities to be able to think through long-lasting change’ (P-5; Closing Panel).

4. Changes in humanitarian financing

Actors from across the humanitarian system – from donor country representatives from the US and Denmark to UN agencies, large INGOs, and local actors – shared broadly similar perspectives on humanitarian financing at the meeting.⁴

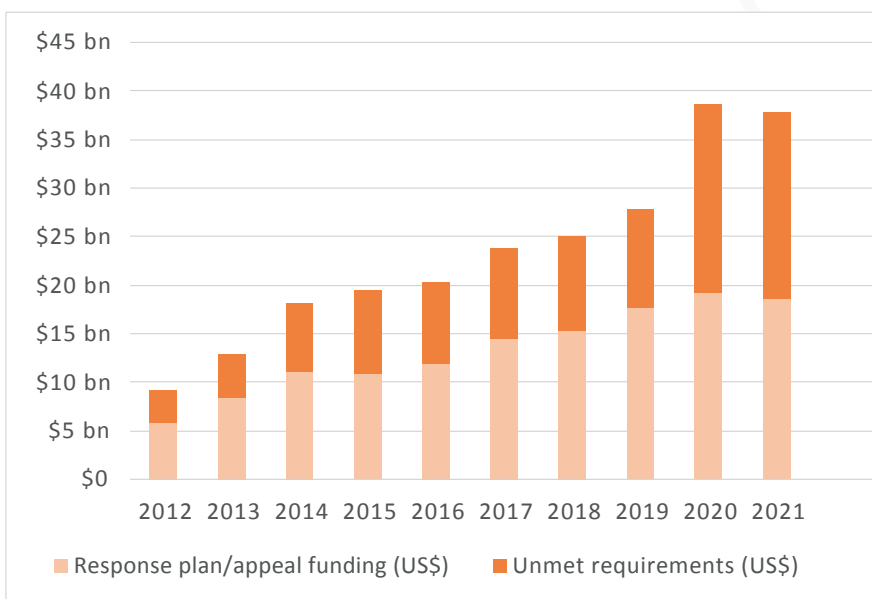
This chapter synthesises findings from the various sessions to understand better where and to what extent the pandemic and the decolonisation debate have driven change – both positive and negative – within financing.

4.1 A snapshot of financing flows

There are serious concerns among humanitarian actors over the insufficiency of funding in the system. In 2020 and 2021, the GHRP funding requirements were roughly similar at USD 38 billion, and only half of these were met, leaving a funding gap of 50% in both years (see [Figure 1](#), UNOCHA Financial Tracking Service, 2022).

Even as COVID-19 dramatically increased needs, local actors – at the heart of all crisis response – continued to be chronically underfunded (KII-5), with only 3% of total funding – i.e. USD 756 million – through the 2020 GHRP going directly to local and national responders (Development Initiatives, 2021). Data on direct funding to local actors in 2021 is not yet available, so it is too early to tell what proportion of the 2021 GHRP went directly to them and whether it reached the annual global target of 25% set under the original Grand Bargain commitments.

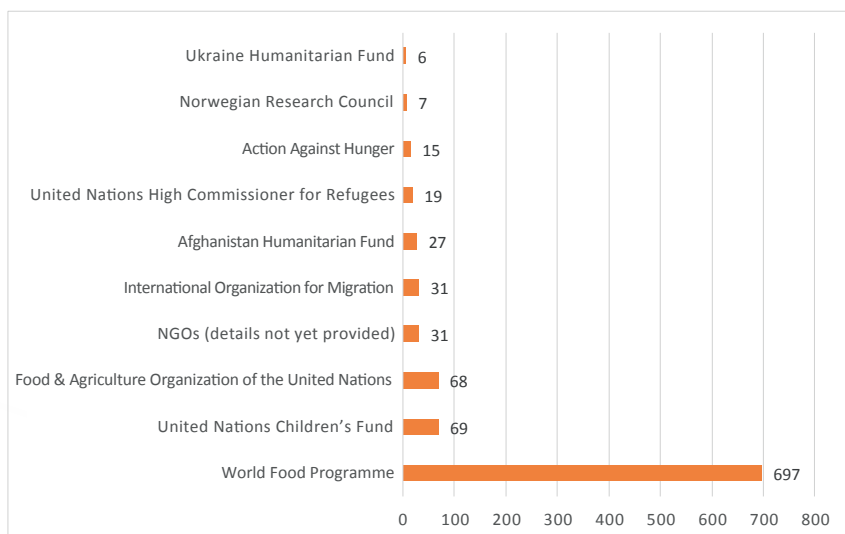
Figure 1. Trends in funding (received and unmet) under annual response plans (USD), 2012 to 2021



Source: UNOCHA Financial Tracking Service (2022)

The year 2022 is proving challenging as financing needs – under the 2022 GHRP – have risen to USD 41 billion. Only USD 1 billion has been received as of February 2022. Like previous years, including over the pandemic period, UN agencies have received most of the funding (see [Figure 2](#)).

Figure 2. Funding received for the 2022 GHRP to date (USD millions)



Source: UNOCHA Financial Tracking Service (2022)

4.2 Financing under the pandemic

Some donor countries' priorities took a major turn because of competing domestic and international policy priorities and the pandemic's wider economic impacts (Development Initiatives, 2021). Several interviewees acknowledged increased contributions from the US, Germany, and the EU, but found the UK's aid cuts to be the most disconcerting, with the government reducing its overall aid budget to 0.5% from 0.7% of gross national income and lowering its humanitarian assistance by 29% between 2019 and 2020 (Development Initiatives, 2021). The cuts to UK foreign aid spending will stay in place until at least 2024–2025 (KII-8; KII-9) and the effects of these will continue to unfold. Key informants and ALNAP Meeting discussants expressed concern not only over the scale of the fall but over the heavy reliance of the humanitarian system on a small donor base (KII-5; KII-8; KII-9; Development Initiatives, 2021; P-1 and P-8; Opening Session).

Both key informants and meeting panellists suggested that in the initial months of the pandemic, the humanitarian system defaulted to what it knows best, making it clear that the donor community's resistance to change in the financing landscape is high. In their efforts to act quickly, donors reinforced the dominance of UN agencies, regressing to traditional donor–UN funding dynamics: 'they wanted to write bigger cheques and more quickly' (KII-5). The first iteration of the COVID-19 GHRP in March 2020 called for 95% of funding to go directly to UN agencies (Konyndyk et al., 2020). Limited transparency and a lack of commitment to monitoring by UN agencies made it difficult to assess whether these funds were passed on to local and national actors on time, and at the levels and in the locations required (Barbelet et al., 2020; KII-5; KII-7; KII-8; KII-9).

Some organisations highlighted positive changes to their design of funding mechanisms. One discussant explained how the International Federation of Red Cross and Red Crescent Societies (IFRC) had designed its COVID-19 response 'fundamentally differently' to previous crisis responses (P-17; Closing Panel). Of the USD 2.5 billion target, USD 2 billion was raised by the IFRC's national societies, with most contributions coming from communities and the private sector. The additional USD 0.5 billion contribution from international actors proved key in terms of 'filling the inequity in funding, because a number of countries were not able to mobilise resources the way that others did . . . the international funding came as very important leverage to support that gap' (P-17; Closing Panel).

Earlier investments in directly funding local actors were found to be critical in responding to the pandemic. One panellist spoke about HIV/AIDS as an area of great progress on aid localisation in recent years, and how the US President's Emergency Plan for Aid Relief contributed to this progress by intentionally shifting its funding more directly to local partners (P-9; Closing Panel). He further explained the difference this approach made during the pandemic and why there is a need for longer-term investments in localisation, especially to address acute crises:

'The US government was able to route and channel a lot of COVID funding to those local partners. Not only because it was the right thing to do at that point in time, but also because there had been this intentional process of supporting and building up those partners to take a larger direct role in the programmes . . . That is in contrast to how humanitarian funding flowed into this crisis which is very heavily towards international organisations. And I think the lesson there is that, if you want to be able to do greater localisation in the acute crisis phase, you can't just decide to do that once the acute crisis phase starts. That needs to build on longer-term investments and those in turn must be intentionally made and oriented around clear targets.' (P-9; Closing Panel)

Participants at [2021 ALNAP Meeting](#) generally suggested that the COVID-19 pandemic had enhanced funding flexibility during 2020, yet several gaps in relation to quality funding continue to remain. Among other things, some donors eased restrictions within earmarked funding – which comprises most of humanitarian assistance. In the pandemic's first months, the IASC Results Group 5 on Humanitarian Financing lobbied donors and UN agencies to pursue a harmonised approach to modifying funding agreements in nine areas (IASC, 2020a):

1. Providing no-cost extensions
2. Linking GHRP funding to existing programming
3. Providing more budget flexibility
4. Allowing direct costs linked to necessary reprogramming
5. Reviewing existing direct costs to enable appropriate cost recovery
6. Authorising due diligence and risk assessments to proceed as desk reviews or remote approaches while movement restrictions continued
7. Accepting the use of electronic signatures for approval processes
8. Minimising narrative reporting requirements and ad hoc information requests
9. Increasing pre-financing or simplified release of funds to speed up resource allocation (Poole and Gressmann, 2020; KII-5; KII-8; KII-9; Metcalfe-Hough et al., 2021).

The total volume and proportion of unearmarked funding received by UN agencies increased in 2020 (Development Initiatives, 2021). However, local NGOs – present at the meeting – shared their experiences of how difficult it was to benefit from this flexibility. A panellist explained that 'there is a general fear among the donor community in giving funds directly to local partners or local organisations, in-country, and usually the conversation is around financial risk, and so funds have to come through international organisations' (P-27;S-10).

He further described a model that worked in the Nigeria Joint Response,⁵ whereby one of the donors contracted his organisation directly, but with the clause that an international organisation would step in on behalf of the donor to guide and monitor project activities (P-27; S-10). Although that approach worked in his view, he recognised that not every donor would be willing to try it. He also stated, ‘I think that if we try out flexible models that work, there will be a possibility of having more funds go to local partners’ (P-27; S-10).

The COVID-19 response also provided evidence of the importance of ‘core’ institutional funding – funding that is unearmarked and multiyear – not only for multilateral agencies but for all operational actors (KII-5; Metcalfe-Hough et al., 2021). In relation to core funding, one of the panellists stated that, ‘donors should be willing to fund core organisational activities to plan, to promote sustainability, and to ensure that people are being reached continuously over time’ (P-27; S-10).

UN agencies and the ICRC, the main beneficiaries of core funds, were able to demonstrate the long-term investments they had made in institutional capacities and systems that are required to respond to emergencies of unusual scale and scope. For example, by April 2020, the ICRC had reoriented 20% of its initial budget and plans for 2020 towards the COVID-19 response (ICRC, 2020). It was able to keep 85% of its staff in place (CSIS, 2020). Its long-term investments in water and health services positioned its efforts well to help contain the virus, enabling it to equip primary health centres and hospitals with medical supplies and emergency equipment and to support the creation of isolation units in operationally difficult environments like Israel and the Occupied Territories, the Philippines and Mexico (ICRC, 2020; CSIS, 2020).

Core funds also enabled pre-financing of new programmes and pre-positioning of stocks and assets. The Australian government, for instance, reported that the flexible multiyear funding that it provided to partners in Myanmar prior to the pandemic allowed them to pivot some of their activities to support health and hygiene promotion, preparedness, and response efforts (KII-5; Metcalfe-Hough et al., 2021).

Meeting participants agreed that learning and adaptation by donors is a key enabler of flexible funding. Generally, donors that had taken the time pre-pandemic to develop programmes and structure grants through learning and adaptation, to build trust and to develop deep relationships with agencies were better placed to accommodate the need for flexible and predictable financing at a time of escalating need (KII-8). Speakers also noted that greater engagement was needed both within and between donor systems for learnings to spread from other sectors into the humanitarian sector (P-9; Closing Panel). Yet, some did not believe that the exceptional responses in 2020 would become standard practice (KII-5; KII-8; KII-9; P-1; Opening Session), since, ‘donors have a significant desire to go back to normal . . . many of the pressures will not go away and will likely override the factors that influenced decisions to become more flexible’ (KII-6). There will likely be a greater push for accountability to

the taxpayer, a greater need for efficacy and traceability of funding, greater spending oversight and reporting burdens, and a low-risk threshold among donors (KII-6; KII-8; KII-9; P-9; Closing Panel).

4.3 Financing and decolonising aid

Key informants believed that the influence of the decolonising aid debate on financing was largely rhetorical and conceptual, and that there was very little evidence of attributable change within the financing landscape. Although the focus on localising aid in the lead up to the 5th anniversary of the Grand Bargain was partially influenced by the ‘decolonise aid’ narrative, ‘in practical terms, we have seen local actors continue to be chronically under-funded and under-represented in the aid architecture’ (KII-5). Another informant noted that ‘donors are now being more explicit about the pursuit of national interest; this runs counter to the decolonise aid narrative’ (KII-8).

To address uneven power dynamics in funding humanitarian research and innovation, speakers thought it was critical to acknowledge where the power imbalances lie and where they originate from. To overcome the funding biases, discussants felt it was important to bring in greater reviewer diversity. This would entail bringing in reviewers from diverse backgrounds, intellectual and cultural, and with diverse qualifications and competencies. And it would also mean bringing in greater DEI in the funding mechanisms, right from when calls for proposals are designed. In one panellist’s view, this is because barriers are multifaceted, and biases exist across the different stages of the funding cycle, ‘right from framing the funding calls, to the impact of these calls . . . as the stages come along, a lot of potentially deserving LMIC actors continue to fall off, that then creates this vicious cycle of them not being eligible for that particular funding opportunity, but also future ones’ (P-29; S-22).

‘Overall, there was widespread recognition in the meeting that the responsibilities of local actors grew manifold during the COVID-19 pandemic, and they did much more than fill a void left by international actors.’

5. Changes in humanitarian operations

The pandemic – and global responses to it – directly and indirectly disrupted humanitarian operations. Organisations had to rapidly adapt to – and develop – new ways of working. Disruption was found to be more significant in the initial months of the pandemic and, over time, organisations were able to minimise its impacts and adjust to new ways of working.

This chapter aims to understand where and to what extent the pandemic and the ‘decolonise aid’ debate drove changes in humanitarian operations with respect to supply chains, remote management and mental health, and the major learnings that were shared about how to accelerate positive change (see [Box 5](#)). By and large, key informants and panellists thought humanitarian operations remained largely resilient to disruptions as the COVID-19 pandemic unfolded in different regions of the world. No interviewees or meeting discussants mentioned direct or indirect disruption to humanitarian operations resulting from the ‘decolonise aid’ debate.⁶

5.1 Humanitarian supply chains

In the initial months of the pandemic, the suspension of international travel and the introduction of restrictions on movement of people, goods and maritime traffic had a significant impact on humanitarian supply chains and logistics. Border and port closures, lower stock of essential items and delivery delays magnified these disruptions (Logistics Cluster, 2020; UNDGC, 2020). The unprecedented rise in the global demand for personal protective equipment (PPE) resulted in critical shortages, and increased prices affected the supply of masks and gloves for humanitarian personnel and crisis-affected communities. For instance, the French Red Cross reported that masks were 12 times more expensive than they were at the beginning of the pandemic (CRF, 2020).

Some countries and regional entities introduced export restrictions, which compounded PPE supply challenges for NGOs (Ravelo, 2020). Export restrictions in Turkey and Iraq, for instance, affected PPE supplies for northwest and northeast Syria (KII-21). PPE procurement for Syria and Yemen were also affected by one major humanitarian donor’s decision to issue binding guidance, under which NGOs were prohibited from procuring PPE with that

donor's funding unless it was supplied locally or in the wider region and did not affect orders to serve domestic populations in that donor country (KII-21; KII-18; KII-13).⁷

Key informants and ALNAP Meeting participants mentioned that organisations that purchased most of their essential items from local suppliers prior to the pandemic were well placed to mitigate the impacts of disruptions (KII-13; KII-18; P-30; S-19). Panellists also mentioned how international organisations such as Action contre la Faim aimed to rely less on international pre-positioned stock to mitigate the impact of any international blockades during the pandemic and instead focussed on increasing local stock (P-31; S-19). This strategy decreased the lead time for delivery at the country level, especially in the case of the medical and drugs supply chain, which was generally around six months (P-31; S-19).

According to discussants and key informants, the disruptions caused by the pandemic provided a test case for a different approach to humanitarian supply chain management. Diversifying procurement sources suggested that much could be done at the country-level or locally with respect to addressing supply chain constraints and emergency preparedness (KII-18). Informants also highlighted the need for humanitarian organisations to accelerate the localisation of procurement through national and local framework agreements (P-30; S-19). Several INGO representatives who were interviewed plan to scale up their local framework agreements and set up pre-qualification tenders to diversify existing sources of supply and facilitate quicker local procurement in the future (KII-13; KII-18; KII-21).

Key informants and panellists also gave examples of innovative approaches being rolled out by organisations at record pace to move cargo and personnel to where they were needed, alongside examples of multi-stakeholder collaborations. These included the COVID-19 Supply Chain Taskforce responsible for joint procurement as well as the UN World Food Programme (WFP) and the EU Humanitarian Air Bridge, which enabled humanitarian supply chain resilience to ongoing shocks (P-31 and P-32; S-19).

The WFP built a global common services structure, working closely with the World Health Organization (WHO), which enabled UN agencies and INGOs to meet the unplanned logistics needs created by the pandemic while international travel restrictions prevailed (WFP, 2020). The service operated more than 1,500 flights, transported 28,000 personnel and 145,500 cubic metres of cargo, and supported 424 organisations between February 2020 and January 2021 (WFP, 2021). The French government and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG-ECHO) supported the creation of the EU Air Bridge, a time-bound initiative to help deliver medical equipment needed for the COVID-19 response, to sustain the flow of humanitarian supplies and facilitate the movement of humanitarian staff to and from the most vulnerable countries (European Commission, 2020; European Union, 2021a). The EU Air Bridge was organised to complement the

WFP's efforts following a consolidated request from the field, the UN Logistics Cluster, EU delegations and NGOs (KII-21). In 2020, the EU conducted 67 flights supporting 100 organisations (KII-21; European Commission, 2020). In 2021, 20 flights were organised to deliver aid to Afghanistan, Ethiopia, Haiti and Mozambique (European Union, 2021b).

The pandemic underscored gains from the pooling of resources, including efficiency gains, reduction of supply chain costs, and effective channelling of logistics capacities. The WFP has been expanding its infrastructure at critical hubs to meet potentially temperature-sensitive storage and transport needs for subsequent phases of the pandemic response and any future health responses. Following the success of the EU Air Bridge, DG-ECHO has invested in the provision of humanitarian airlifts on demand and in strengthening the pooling of resources through different projects at international and country level (KII-21).⁸ In a recent study, 98% of NGOs that had benefitted from the services of the EU Air Bridge reported that they saw the benefits of scaling up efforts to pool resources; 64% indicated that the added value of the EU Air Bridge for their organisation entailed cost savings: 45% around flying staff in, 42% for the shipment of supplies, and 40% around information and experience sharing (European Commission, 2020).

Cross-sectoral engagement in humanitarian assistance was found to be beneficial in panellists' experiences. They stated that, during the pandemic, humanitarian agencies leveraged private sector know-how around digital transformation (P-45; S-19). This marked a major shift in the kind of support the private sector previously provided, which was more inclined towards 'boots on the ground' (P-45; S-19). For example, the Logistics Emergency Team – a network of the four largest global logistics and transportation companies (Agility, UPS, Maersk and DP World) that supports the UN Logistics Cluster – facilitated humanitarian responses during the pandemic by developing a digital dashboard, Eduardo, which contained logistics-related information such as air freight and cargo capacity. The logistics companies also provided UNICEF with free access to their warehouses and ports in Dubai (P-45; S-19).

5.2 Remote management

The pandemic forced humanitarian organisations to adapt operational models and management practices to continue delivering assistance while limiting the spread of infection, minimising risk to staff and communities, and adhering to worldwide lockdowns and distancing laws. From INGO headquarters to regional and local offices, there was a significant shift to remote working and remote management of humanitarian assistance.

Remote working

For some agencies – particularly those working in access-constrained and insecure environments before the pandemic – remote working was nothing new, for others, COVID-19 triggered a new way of managing projects and staff.

Most organisations developed business continuity plans during the initial months of the pandemic in 2020, mapping new ways of remote work to ensure maximum operational and programmatic capacity and the safety of staff and beneficiaries (KII-10; KII-12). They reviewed and adapted organisational policies and standard operating procedures at all levels, including policies on travel and working from home (KII-15; KII-17; KII-20). Some organisations became more bureaucratic as a result. One informant found trust to be a key enabler for effective remote management (KII-1). The same interviewee also reflected that the shift to remote management added layers of upward accountability, which created the perception ‘that donors were pushing risks further down’ (KII-1).

According to some respondents, organisations that had already engaged significantly in terms of nationalising staff positions before the pandemic found themselves in a better position to address the disruption. In some instances, organisations became more reliant on existing national staff and asked them to take on more responsibilities. However, there was a lack of clarity on whether this change was part of a wider process of recognition and empowerment or a technical adjustment to fill the void left by international staff (KII-1). Organisations that continued to rely on international personnel did not use the new circumstances they found themselves in to generate discussions regarding the hiring of national staff (KII-10; KII-15; KII-20).

The pandemic triggered the uptake of digital tools to facilitate remote management and programming in the humanitarian sector. To varying degrees, humanitarian organisations relied on digital technologies to ensure the continuity of programmes and operations during the pandemic. ALNAP Meeting participants noted that marked shifts took place with respect to digital tools for conducting training, coordinating health responses, and beneficiary data management, as well as remote data collection and monitoring.

Online training

A shift to digital means resulted in greater outreach. Prior to the pandemic, the emphasis on face-to-face training and workshops over the course of a few days meant that the number of attendees were limited. The increased use of online tools during the pandemic, however, greatly increased the number of participants. As one speaker who represented a training provider highlighted during the Meeting, face-to-face training sessions over six years led to an outreach of 932 healthcare workers (P-33; S-12). On the other hand, during the pandemic, the outreach through digital means covered 3,000 healthcare workers over two years. If the latter target were to be achieved through face-to-face training session, then

300 international flights would have been required. The digital model, therefore, facilitated a reduction in the carbon footprint (P-33; S-12).

The transition to online meetings and training during the pandemic enabled greater participation of national staff and partners, including those located in remote areas. International conferences and webinars held online also opened the space to include more diverse and local actors (KII-1). A speaker indicated that the move to online platforms enabled local and national actors to share their experiences and knowledge with a wider audience and participate in some of the decision-making processes, which previously was only partially possible (P-16; S-10).

There was also a shift in training composition – face-to-face versus e-learning/distance learning. ALNAP Meeting participants shared outcomes from a study that was conducted during the pandemic to understand how training providers in the humanitarian sector adapted to emerging circumstances. For half of the organisations in the survey, distance learning constituted less than 15% of all training sessions in early 2020. However, distance learning increased to 85% for most of these organisations in 2021 (P-34; S-12). According to a training provider for primary health care workers in the humanitarian sector, some useful adaptations involved the provision of blended digital learning models which allowed trainees to access content both online and offline (P-33; S-12). Interactive tools were developed for scenario-based learning – the main mode of face-to-face training in pre-pandemic times – in addition to live workshops with training facilitators (P-33; S-12). During the session on new training models, poll results indicated that 60% of the session’s participants confirmed their organisation would continue to provide training online (S-12).

The shift to digital tools, however, came with challenges, for both training providers and trainees. In response to a poll about shortcomings in the provision of learning resources, the top three answers among ALNAP Meeting participants included inequitable access to quality learning, namely for local actors, inadequate contextualisation of learning, and insufficient funding for learning provision (S-12).

The move to online tools during the pandemic also presented challenges with respect to the quality of training. Participants raised the concern that with distance learning likely to become the norm, ‘there might be a risk of overusing and abusing poor quality distance learning activities’ (P-35; S-12). Other issues pertained to how learners adapted to the online tools being offered, methodological gaps, and internal technical capacities with respect to providing online training (P-34; S-12). One speaker mentioned that in the case of healthcare workers who participated in online training, the trainees were obliged to accommodate the training alongside their regular responsibilities and day jobs (P-33; S-12). The lack of dedicated time and space to participate in online training essentially increased their overall workload. Additionally, face-to-face training sessions fostered networking among participants, whereas online platforms were likely to create barriers to participant interaction (P-35; S-12).

Participants further reflected on issues of accessibility for distance learning and the implications of new training models on localisation and locally led responses. The discussions drew attention to whether training models were fit for purpose for the intended beneficiaries. The risks of discrimination in relying heavily on online models were significantly high in view of the uneven distribution of infrastructure across conflict settings, such as poor internet connectivity or the complete lack of facilities in remote, rural areas. Speakers reflected on the appropriateness of distance-learning models that were offered and the extent to which the interests of training beneficiaries were considered in designing content and material, including whether they were part of the decision-making process (P-35; S-12). The lack of accessibility was also considered with respect to the use of different languages and learning materials, with discussion groups noting that ‘what we’re putting together hasn’t yet given enough thought to accessibility of our content by differently abled people’ (P-33; S-12).

A heavy reliance on digital technologies also reinforced the status quo. Panellists reflected that, to a large extent, the underlying power imbalances and structural issues remained unchanged during the pandemic and continued to favour the status quo with regards to transferring knowledge. Speakers noted that the ‘expert people model’ reflected a one-way transfer of knowledge from northern-based organisations that designed and managed training sessions. This model hindered locally designed and locally delivered training practices. Speakers also reflected upon the domination of ‘big providers’ who had the technology, and hence the power, to determine the future of training in the sector (S-12).

Coordinating health responses

Digital technology facilitated better coordination of humanitarian responses during the pandemic through a notable uptake of remote methods of communicating public health messages and of delivering services in countries in crisis. However, the extent of adaptations varied across organisations depending on national restrictions, COVID-19 infection rates, and access to key infrastructure and technology for vulnerable populations – including internet connectivity and digital literacy. Organisations generally turned to conventional responses related to infection prevention and control measures,⁹ based on the experiences gained during previous public health emergencies such as the Ebola outbreak in West Africa, for example, the importance of community engagement and context-specific and acceptable risk communication. However, speakers highlighted that the extensive uptake of remote communication and remote service delivery was unique to addressing COVID-19 (P-2; S-3), albeit driven by practical necessities aimed at containing the transmission of the virus. Specific measures were undertaken on home-based care, self-care and the supply of medicines made available to patients (P-2; S-3).

While health services were modified to prioritise life-saving services and to reduce the contact between healthcare workers and patients, organisations increasingly relied on digital tools to facilitate communication with target groups. Panellists mentioned a range of technological interventions that included the use of telemedicine and tele-counselling – hotlines, videos, and mobile technology delivering different health services, including for sexual and gender-based violence, sexual and reproductive health messaging, remote case processing and management, legal aid, and mobile check-ups for HIV/AIDS care, alongside audio-visual tools for child protection and telephone consultations for non-communicable disease care (P-2; S-3). This insight resonates strongly with the view of a key informant whose organisation invested in telehealth to deliver continued mental health and physiotherapy rehabilitation programmes in Turkey during the pandemic (KII-12). The respondent regarded the shift in practices as successful in enabling the organisation to scale up its existing reach to a larger number of governorates (administrative areas led by governors) in the country.

Additionally, organisations relied on social media apps including WhatsApp to deliver health messages about COVID-19 and non-COVID-19 issues (P-2; S-3). For example, in Libya, one organisation reached households via Facebook Live events by broadcasting interviews with different experts and sharing the experiences of community volunteers. In Lebanon, an organisation raised awareness about a gender-based violence hotline through social media, the design of which was shaped by the limitations imposed by the lockdown. Panellists noted that platforms such as Facebook and Instagram were critical to reaching audiences by engaging with social media influencers.

Speakers were keen to see whether positive adaptations represented an evolution of health programming and some type of incremental change over time to incorporate new ways of communicating, and whether these would be sustained beyond the pandemic response. Many humanitarian health actors, for instance, are waiting to see what impact health programming adaptations under COVID-19 have had on treatment outcomes and patient satisfaction (P-2; S-3).

Management of beneficiary data

Beneficiary management – targeting, registration, and verification of affected persons as well as the provision of assistance – was another key area that experienced a marked shift during the pandemic. Traditional approaches to beneficiary management required proximity to and physical interaction with the affected communities (P-36; S-21). In this regard, humanitarian organisations generally faced risks with respect to security and access as well as high costs (P-36; S-21). Consequently, remote beneficiary management reflected an adaptation by humanitarian organisations to mitigate the impacts of the various restrictions and the disruptions that emerged during COVID-19 (P-37 and P-38; S-21).

Panellists stated that those organisations that had already invested in digital means prior to the pandemic were quicker to respond to rapidly changing circumstances, including scaling up of activities via remote methods (P-36; S-21), as well as relying on third-party service providers – including local community-based organisations – to identify vulnerable persons (P-38 and P-39; S-21). Organisations such as the ICRC developed guidelines and operating procedures and mitigation measures for data protection, privacy, and security. However, a key challenge was for the procedures to be adopted in practical terms and significant (remote) training of local chapters, partners and third-party service providers was required (P-38; S-21).

Remote data collection and monitoring

The assessment of programmes and community needs were also conducted remotely during the pandemic. Activities under this component underwent a significant shift owing to ongoing restrictions on face-to-face interaction with affected communities (P-38; S-21). For instance, the ICRC implemented global surveys (ECOSEC) telephonically to facilitate community outreach. In Yemen, the ICRC relied on third-party service providers for different types of data collection and monitoring activities – in addition to relying on local partners, national societies, and key informants. They were perceived as ‘added value’ in overcoming ongoing disruptions (P-38; S-21).

However, even third-party service providers’ timelines were affected by restrictions imposed by the authorities (P-38; S-21). The validity of monitoring activities that were time-bound – such as post-distribution monitoring activities – were significantly affected. Other challenges pertained to third-party service providers having insufficient capacities for effective community engagement (P-38; S-21). Mitigation measures included defining roles and responsibilities as well as training and building the capacity of third-party providers (*ibid.*). Where multiple service providers were involved, checks and balances were introduced to maintain quality.

The panellists highlighted that their experiences with remote data collection differed across countries. Whereas in Yemen, third-party service providers exhibited a relatively high degree of digital literacy, and some had invested in their own data collection tools (P-40; S-21), in South Sudan, the lack of adequate infrastructure including mobile connectivity was a key impediment. One speaker stressed that necessary resource mobilisation on the ground is as important as having the capacity to collect information (P-38; S-21).

5.3 Mental health

While the mental health of humanitarian workers is not a new concern, the pandemic compounded existing stress factors and affected staff in diverse ways that are both context-specific and highly personal (KII-16; KII-17). The fear of contracting COVID-19 was a major concern, particularly among national staff (KII-11; KII-16).

Uncertainty over the duration of the pandemic made it harder for staff to cope with new situations (P-43; S-19). One key informant explained the various stages that characterised the experience of staff – from being fearful and unsure of what to do in the initial months of the pandemic, to despair over not being able to do enough mid-way through 2020, and, finally, exhaustion as the pandemic continued from the end of 2020 onwards (KII-17). By the second half of 2020, rates of burnout among staff had increased (KII-16).

Some studies indicate that the pandemic increased levels of anxiety, depression, feelings of loneliness and stress with a potentially heightened risk of staff developing long-term mental illness or burnout (CHS Alliance, 2020). Additionally, women, people of colour and young professionals seemed to have been disproportionately affected (ibid.; CHS Alliance and ICVA, 2021).

The pandemic revealed existing gaps with respect to mental health support for frontline responders. A survey conducted by the Red Cross and Red Crescent Movement showed that three in four respondents thought that COVID-19 frontline workers and first responders¹⁰ required more mental health support than the average person (ICRC, 2020). Aid workers were also stigmatised as ‘virus spreaders’ during the pandemic, which heightened stress and anxiety among staff engaging in the field (Cook, 2020). Not surprisingly, the demand for mental health support increased among a wide range of frontline responders including medical staff, volunteers, teachers and social workers, as well as dead body collectors, due to their roles and their own social and individual needs (ICRC, 2020).

Panellists at the meeting shared examples from different crisis contexts to explain the nature of the challenges. For instance, because of movement restrictions, humanitarian workers had to remain in South Sudan, including in deep field locations, for extended periods without the opportunity to take time off or leave the country or these field locations, which would otherwise have been possible before the pandemic (P-43; S-19). In Syria, local actors faced heightened risks including loss of life (P-14; S-10). In Afghanistan, local actors continued to work in the field during the pandemic, including during the takeover by the Taliban. Thefts of office equipment and data and serious threats to life over this period augmented their existing work stresses (P-15; S-10).

Leadership structures and organisational cultures played an important role in promoting the mental well-being of staff, in the views of key informants and meeting panellists. Key informants provided several examples of instances where leaders were willing to show staff that they too were struggling to cope with stress and to find a healthy work–life balance. Openly discussing mental health and making it a routine conversation, a standing agenda item with staff at all levels, proved useful to many organisations in unpacking a topic still seen as ‘taboo’ in the sector (CHS Alliance, 2020; CHS Alliance and ICVA, 2021). The ‘Minimum Standards on Duty of Care in the Context of COVID-19’, issued by the IASC Operational Policy and Advocacy Group, stressed the need for organisations to provide all personnel and their families, in relevant languages, with easy and free access to both medical and psychosocial counselling (IASC, 2020b). The GHRP for COVID-19 also considered measures to extend medical evacuation to national staff.

While discussing how leaders can establish supportive organisational cultures, a presenter noted that leaders were well positioned to undertake several initiatives aimed at staff well-being (P-44; S-23). At the very least, these included setting the tone at the top in terms of promoting duty of care and a culture of compassion as well as modelling self-care and talking about mental health (P-44; S-23). Equally important was the role of leadership in challenging inappropriate behaviour, including racial discrimination, creating safe spaces for staff to ask questions, and in communicating to staff that leaders will follow through with appropriate action (P-44; S-23).

Organisations that were already investing in staff care before the pandemic were better positioned to adapt, and in some cases to scale up support to staff, than organisations that had not already made such investments (KII-16; KII-17). Key informants included the following among good practices: consistent support to staff care at global and country levels and access to dedicated human resource personnel – independent from management – which allowed staff to feel confident that they could ask for help without fearing any negative judgments about their mental condition (KII-16; KII-17). These practices significantly improved the ability of organisations to gain insights into how staff were coping and what additional support could be provided (KII-16; KII-17).

The volume of discussions around the importance of humanitarian workers’ mental health and well-being grew during the pandemic (KII-11; KII-16; KII-17). At its onset, supporting humanitarian workers to switch to remote management was a priority for proactive organisations, which proposed a set of guidelines and communication protocols regarding flexible hours, remote staff engagement, and related expectations on the quality of work. Organisations identified resources that staff could use, including professional support from groups like Konterra or the Headington Institute. There was also an interest in training personnel in mental health first aid and in setting up peer support

programmes (KII-11). For example, the IFRC reported that the number of staff and volunteers trained in psychological first aid doubled between 2019 and 2021 (IFRC, 2021).

The increased interest in mental health within organisations, however, did not necessarily translate into new practices across the board (KII-11; KII-16; KII-17). Some organisations resorted to standard hotline services even though they recognised this would not be an effective response (KII-11; KII-16; KII-17) and indeed, uptake of these services was low (CHS Alliance, 2020). ‘We proposed these hotlines to demonstrate that we had something in place even though we all knew that these wouldn’t work’ (KII-16).

Insufficient data on the impact of the pandemic on aid workers and on the actual support provided was identified as a key concern. Interviews and recent studies highlighted that safety and security incidents affecting aid workers were documented to an extent and that some statistics were available on the Aid Worker Security Database. However, the lack of a sector-wide survey on humanitarian workers’ mental health, including only a small amount of documented and published literature, remained a barrier to understanding the impact of the pandemic on staff and the support provided to them (KII-11; KII-16; KII-17; Macpherson and Burkle, 2021).

According to panellists, some of the potential ways to step up positive change in the different areas of humanitarian operations discussed in this paper include a greater focus on preparedness, fast-tracking the uptake of digital technologies, and broadening duty of care to improve mental well-being (see [Box 5](#)).

BOX 5: THREE THINGS TO ACCELERATE POSITIVE CHANGE IN HUMANITARIAN OPERATIONS

A greater focus on preparedness. Meeting participants mentioned that preparedness strategies in the humanitarian sector needed to be revised and strengthened to address the challenges of compounding crises in the future. Although the need for preparedness in the humanitarian sector has been acknowledged for some time, participants noted that in addition to local framework agreements, the availability of local pre-positioned stock of critical supplies is equally necessary to mitigate the effects of international travel restrictions and to reduce lead time (P-30; S-19). One speaker stressed that to be able to face the multi-faceted nature of compounding crises, organisations should revise the content of the pre-positioned stock. In his view, ‘we are not operating in earthquakes anymore, we are not operating in floods anymore; we are operating in floods, earthquakes, droughts, and volcano eruptions, in the era of COVID-19’ (P-30; S-19).

In addition to strategically investing in preparedness for any humanitarian response, a panellist drew attention to the importance of hiring and training more medical logisticians. This was especially necessary to understand the fragility of medical supply chains including medical equipment, storage, and production (P-30, S-19).

Fast-tracking the uptake of digital technologies. The fast uptake of digital technologies was recognised by the speakers as a critical enabler for positive change. In the future, a greater inclination towards online meetings and training sessions would be motivated by savings in time and cost and to ensure inclusivity (KII-15), for instance. Reducing carbon emissions would be an additional motivating factor for organisations to consider which hybrid remote working and management approaches could work in crisis contexts going forward. However, important issues of digital exclusion, accountability to affected populations, and the ethical implications of digital transformations needed to be carefully considered in subsequent adaptations to ways of working, based on experiences over the past two years.

Broadening duty of care to improve mental well-being. Several speakers mentioned how the pandemic triggered increased risk transfers to national and local actors and the limited regard for duty of care among some international partners (P-16; S-10). Donor requirements for meeting aid workers' safety, security and duty of care needs could provide a framework for organisations to pay sufficient attention to their mental health and well-being (Macpherson and Burkle, 2021).

6. CONCLUSION

This paper demonstrates a complicated picture of disruption and change that has been triggered by the pandemic and the ‘decolonise aid’ debate. The general impression at the [2021 ALNAP Meeting](#) was that change has happened at different paces in different areas across the humanitarian system in the form of adaptations at the country or organisational level.

While positive change across the three areas of inquiry – localisation, financing and operations – have been documented, there is an underlying sense of dissatisfaction and frustration among key informants and panellists about the overall pace of change in the system and the likelihood of positive change being piecemeal and short-lived. While this frustration is warranted, there is a need for humanitarians to reconcile with the view that change takes time and to simultaneously continue pushing for greater change (see [Box 6](#)).

BOX 6. CHANGE TAKES TIME BUT IT NEEDS A CONSTANT PUSH

Pragmatism and scepticism. Some speakers recognised the role of politics in decision-making and the need to balance this with pragmatic realism on the part of those advocating for greater change. To them, challenging the status-quo ‘will be a slow and grinding process’ (P-13; Closing Panel) and even though some change is happening, it is ‘too bureaucratic and too heavy’ (P-13; Closing Panel). They also believed that if the present power and financing dynamics continue to hold, widespread scepticism about transformative change in the humanitarian system would remain (P-4; Closing Panel).

Intentionality and complementarity. Participants underscored intentionality as a fundamental factor to catalyse system-wide changes. In the words of one speaker, ‘as we look at these larger questions of ‘What will shift power? What will accelerate localisation? How will the system change? I think at the end of the day, the system is not going to change unless there is an intentional move to change it. It’s not going to change by accident’. (P-4; Closing Panel). While acknowledging that humanitarian donors have the power to initiate large-scale change, another speaker stressed a greater need for complementarity between the international community and local actors (P-5; Closing Panel).

Leadership structures. The meeting reinforced the importance of leadership, both as a barrier to and as a catalyst for change in the humanitarian sector. On the one hand, a speaker argued that leadership in the sector today required a ‘command from the saddle’ (P-8; Opening Session) based on his own experience with creating the current UN-led cluster system, following the 2003 Darfur crisis and the 2004 Indian Ocean tsunami. In his view, the UN Emergency Relief Coordinator could play this vital leadership role. In contrast to top-down leadership structures, and in the absence of such a saddle, another panellist stated that individual leaders who bring change within their sphere of influence needed to be supported as that would add up to something bigger over time (P-1; Opening Session).

At a thematic level, the insights from key informants, discussants and recent literature revealed some signs of potentially enduring change and improvements, alongside some key challenges:

Localisation may have accelerated out of necessity under the pandemic as the system needed to rely more heavily on local actors. This is a positive step towards diversifying leadership roles. However, there are concerns that any progress towards more locally led humanitarian action will not be built upon.

Financing: Some of the notable changes in financing included greater flexibility in 2020 in terms of donors easing earmarking restraints and increasing unearmarked funding. While welcomed, these largely benefited UN agencies and large INGOs. Direct funding to local actors remained negligible even though their roles and responsibilities in crisis responses grew manifold.

Direct funding to local actors from the donor community, covering greater overhead costs, exploring new financing and partnership models between international and local actors, making longer-term investments, and bringing learnings from other sectors such as global health, were considered some of the key pathways to change. Intermediaries – such as the UN and large INGOs – would also need to share risk proportionately.

Operations: Meeting participants recognised that positive changes, evolutionary in nature, are taking place within humanitarian operations. Many of these changes predate the pandemic; however, they have been accelerated by it given the urgency with which responses needed to be tailored to suit the rapidly shifting circumstances posed by COVID-19.

- Organisations minimised supply chain disruptions by moving cargo and personnel through UN and EU humanitarian air bridges and by procuring PPE and other essential items jointly and locally, to the extent possible. This demonstrates the capacity to be flexible and adapt to changing circumstances. However, some agencies felt they could not benefit fully from all the different mechanisms.

- COVID-19 triggered a new way of working for organisations that were new to remote management and accelerated practices in agencies that were already using this approach. Yet many challenges arose, including maintaining the quality of work, additional bureaucracy, and a discrepancy between the importance of upward accountability to donors and taxpayers in relation to accountability to affected people.
- The volume of discussions around mental health and wellbeing grew during the pandemic. This helped to highlight the importance of mental health and, in some cases, promoted positive action to be taken. However, there seemed to be high variability between agencies; some were able to improve staff care practices, while others were not.

Excessive bureaucracy, unfair risk burdens, and limited trust were found to be compromising the space for adaptation and improved delivery for humanitarian actors, particularly local actors.

Considering the insights gathered thus far, this paper suggests six distinct stories of disruption that have emerged since 2020.

1. **Short-term adaptation is followed by a return to ‘business as usual’.** Some agencies worked differently out of necessity for a short period of time in 2020 – for example by reducing the presence of international staff in crisis-affected communities, adapting and redirecting programme activities, and applying more flexible procurement and financing procedures. However, these changes were not ‘locked in’ through meaningful changes to policy or organisational systems and practices. The expectation is that, in these areas, agencies are largely expected to return to pre-2020 ways of working.
2. **Less radical, short-term adaptation is embedded into new ways of working.** Many of the positive adaptations organisations made to their ways of working during the pandemic have earned sufficient currency in terms of cost and time savings, reduced carbon footprint, etc. to be embedded into new ways of working. Hybrid forms of working and training, part in-person and part remote/virtual, for instance, are more likely to be widely accepted in the sector and to be something that the sector and several institutions would like to hold on to in the longer term.
3. **Disruption is harnessed to accelerate existing change processes.** Several humanitarian agencies, particularly INGOs, were already engaged in organisational change processes around localisation and flexibility in 2019. For these agencies, COVID-19 and the ‘decolonise aid’ debate served to further support, and in some places accelerate, a shift in motivations, attitudes, and systems rather than acting as primary or significant catalysts of change.

4. **The areas more likely to see fast, evolutionary change seem to be those benefiting from the rapid uptake of technologies that align most closely with the interests of organisations.** Remote beneficiary management reflected an adaptation of organisations to mitigate access constraints and disruptions from COVID-19. International organisations also adapted their means of communication with affected persons and (access to) digital technology played a key role in complementing conventional approaches as well as in facilitating remote communication and sharing of information during the pandemic. In these cases, the disruptions have provided an increased momentum for change and the sector is positively incentivised to maintain that progress. However, organisations are conscious that unless the digital divide can be narrowed and digital solutions are co-developed with local partners and communities in crisis and made more user-centred, many would be excluded from the full benefits of embedding greater technology within humanitarian operations.
5. **Disruption has the potential to spark long-term adaptation in areas where little progress has been made over the years.** The current disruptions have again reiterated the fundamental need for change and improvement in the areas where there has been insufficient progress – for instance, in crisis preparedness, accountability to affected populations, protection against sexual exploitation and abuse by and among aid agencies, and in addressing structural inequalities in the system. There has been greater reflection in the humanitarian community about continuing to spark such long-term changes, even if they tend to be slow-moving, less predictable, and hard to measure.
6. **Recent disruptions underscore the need for more transformative rather than slow, incremental change in the face of emerging disruptions from climate change.** Some of the impacts of climate change on ecosystems will be profound and long-lasting, affecting all aspects of lives and livelihoods in developed and in developing countries. Transformative rather than slow, incremental changes, some argue, will be required to deal more effectively with the uncertainties climate change represents and to respond to its worst impacts. These transformative changes would be needed in current funding and partnership mechanisms to match the scale of the emerging disruptions.

Against the backdrop of new variants, such as Omicron-2, and given how the crises in Ukraine and Afghanistan are evolving under pandemic conditions, it is still too early to conclude on the overall direction of change triggered by COVID-19. The calls for greater intentionality, complementarity, solidarity, leadership, and diversified governance – which were raised during the meeting – will hopefully provoke further thinking among humanitarians on how to advance the learnings from recent disruptions and hold the system more accountable for change.

'According to panellists, some of the potential ways to step up positive change in the different areas of humanitarian operations discussed in this paper include a greater focus on preparedness, fast-tracking the uptake of digital technologies, and broadening duty of care to improve mental well-being.'

Endnotes

- 1 ‘P’ denotes the anonymous panellist from whom the quote originates; ‘S’ refers to the session in which the quote was made. A list of the sessions can be found in [Annex 2](#).
- 2 Jan Egeland was appointed in June 2021 as the Eminent Person of the Grand Bargain initiative for a two-year period.
- 3 Key sessions on localisation include S-10, S-11, S-15, S-20, S-21, S-25, and the Opening and Closing Panels (see [Annex 2](#)).
- 4 Relevant sessions on financing include the Opening and Closing Panels, S-3, S-10, S-13, S-22 and S-25 (see [Annex 2](#)).
- 5 The Nigeria Joint Response comprises five Dutch Relief Alliance member organisations and five local partners working together to provide emergency humanitarian assistance to the people affected by the crisis in northeast Nigeria (DRA, 2022).
- 6 Relevant sessions on humanitarian operations included S-3, S-5, S-10, S-12, S-14, S-19, S-21, S-23 (see [Annex 2](#)).
- 7 The donor rescinded this guidance in April 2021.
- 8 Pooling of resources can be defined as a collaboration between same-level actors that may include the sharing of data, technical or material resources such as warehouses, transport means, infrastructure, etc., and human resources and tools for organisational decision-making (Lacourt and Rodista, 2019).
- 9 For instance, PPE, handwashing, triage and referral, community support, classical distancing measures to reduce physical contact, etc.
- 10 These include volunteers, national staff from INGOs and local and national actors.

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ANNEX 1 KEY INFORMANTS

Morgane Aveline, Relief International

Arbie Baguios, Aid Re-imagined

Elizabeth Bellardo, USAID Bureau for Humanitarian Assistance

Christina Bennett, START Network

Maria Noel Chehade, Lebanese Humanitarian Forum

Matthew Clarke, Deakin University

David Descamps, Relief International

Antonio Donini, Independent

Josse Gillijns, International Federation of Red Cross and Red Crescent Societies (IFRC)

Dr. Stuart Gordon, London School of Economics and Political Science

Samir Hafiz, Active Learning Network for Accountability and Performance (ALNAP)

Anne Harmer, Enhancing Learning & Research for Humanitarian Assistance

Susan Hodgson, Save the Children

Marianne Kedia, Action Contre la Faim

Barnaby Willitts King, ODI

Ruairi McDermott, Save the Children

Susanna Morrison-Metois, Active Learning Network for Accountability and Performance (ALNAP)

James Munn, Norwegian Refugee Council (NRC)

Sorcha O'Callaghan, ODI

Juliet Parker, Active Learning Network for Accountability and Performance (ALNAP)

Fabrice Perrot, Solidarités International

Melissa Pitotti, Core Humanitarian Standard (CHS) Alliance

Sajid Raihan, START Network

Niklas Rieger, Development Initiatives

Emmanuel Rinck, Solidarités International

Dr. Hugo Slim, Oxford Institute for Ethics, Law and Armed Conflict

Hansjoerg Strohmeyer, United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)

Alix Tiernan, Christian Aid

Neil Townsend, START Network

Angus Urquhart, Development Initiatives

Gerard Van Driessche, European Commission

Julia Warrington, Save the Children

Maximilian Seilern, Ground Truth Solutions

ANNEX 2 PANELS AND PANELLISTS

Transcripts from the following sessions of the [2021 ALNAP Meeting](#) were analysed in the ALNAP 2021 Meeting Study. Opportunity sessions were excluded as those were informal breakout and learning sessions. Video recordings are available on the [2021 ALNAP Meeting site](#).

Opening Session

Chair: John Mitchell (ALNAP)

Panel: Jan Egeland (NRC), Wafaa Saeed Abdelatef (UNOCHA), Heba Aly (TNH)

Session 2 (S-2): Why isn't the system changing?

Chair: Alice Obrecht (ALNAP)

Panel: Paisley Dodds (TNH), Wendy Cue (UNOCHA), Mary Wheat (Mercy Corps)

Session 3 (S-3): Health responses during COVID-19: documenting experiences from humanitarian actors

Presenters: Dr James Smith (London School of Hygiene and Tropical Medicine, LSHTM), Kimberley Popple (LSHTM)

Session 5 (S-5): Why aren't digital technologies revolutionising accountability in humanitarian action?

Chair: Meg Settler (Ground Truth Solutions)

Panel: Jim Fruchterman (Tech Matters), Fernanda Baumhardt-Grojean (UNOCHA ROLAC), Gil Francis Arevalo (UNICEF)

Session 10 (S-10): Is risk really shared between local and international actors?

Facilitation: Rhea Tariq (CAFOD)

Panel: Kingsley Okpabi (JDF), Riazullah Wali (RRAA), Fadi Hallisso (Basmeh and Zeitooneh), Marielle van Miltenburg, (Ministry of Foreign Affairs Netherlands), Nkese Maria Udongwo (Caritas Nigeria)

Session 11 (S-11): Decolonisation, power, and racial justice: mitigating barriers to reporting misconduct

Chair: Ania Gaboune (Oxfam)

Panel: Emily Tomkys Valteri (Oxfam), Rhaea Russel-Cartwright (Oxfam), Shahd Mousalli (Oxfam), Keita Rose (Oxfam), Samuel Boateng (Oxfam Ghana), Ali Mohammed Sadeeq (Oxfam Iraq), Johnson Naapi (Oxfam Ghana)

Session 12 (S-12): New training models emerging from the COVID-19 era

Chair: Rory Downham (Bioforce)

Panel: Camille Nussbaum from (IECAH); Julia Beart and Jane Lennon (Primary Care International)

Session 13 (S-13): Learning to adapt humanitarian action to the effects of climate change

Chair: Jennifer Doherty (ALNAP)

Panel: Veronique de Geoffroy (Groupe URD), Mihir Bhatt (All India Disaster Management Institute, AIDMI), Carol Devine, (MSF), Adenike Oladosu (I Lead Climate), Erin Coughlon de Perez (Tufts University)

Session 14 (S-14): Trust, misinformation, and the role of digital technology in the localisation of information

Chair: Zoe Hamilton (GSMA)

Panel: Katie Susman (IRC); Kim Foulds (Sesame Workshop); George Zahm (Solidarités International)

Session 15 (S-15): Community led disruption: what happens when people are in charge?

Chair: Mai Jarrar (YMCA)

Panel: Adan Wako (CIFA); Ahmed Zaqout (Maan Development Agency); Jahin Shams (Uttaran) Sandra Judith Miguel Martinez (ASECSA)

Session 18 (S-18): Opportunities for indigenous leadership emerging through crisis

Chair: Raquel Léon, Trocaire

Panel: María Teresa Jaler (Guillermo Toriello Foundation); Lisa Donado (Asociación Coordinadora Comunitaria de Servicios para la Salud (ACCSS))

Session 19 (S-19): Links in the chain: collaborative adaptation in humanitarian logistics and supply chains

Chair: Anya Sitaram (Rockhopper Media)

Panel: Fiona Lithgow (WFP), Nikola Jovanovic (IFRC), Sean Rafter (HELP Logistics), Silva Alkebeh (UNHCR), Jean-Baptiste Lamarche (ACF), Ayla Bajwa (DP World), Paul Molinaro (WHO)

Session 20 (S-20): Older people and people with disabilities challenging dominant narratives

Facilitators: Rani Sawitri (ASB/DiDRRN); Chrysant Lily Kusumowardoyo (ASB/DiDRRN), Agnes Patongloan (ASB/ DiDRRN); Husna Yuni Wulansari (ASB/ DiDRRN); Abed Nego (DiDRRN); Monjurul Shagar (DiDRRN); Oliver Neuschaefer (CBM/ DiDRRN); Axel Schmidt (DiDRRN); Jennifer Doherty (DiDRRN)

Session 21 (S-21): Exploring community-centred approaches to remote management

Chair: Filippo Minozzi (ICRC)

Panel: Shahnaaz Parker (ICRC), Joseph Oliveros (IFRC), Helen Campbell (BRC), Mohammed Aklan (Prodigy Systems)

Session 22 (S-22): Disrupting funding flows: shifting power to support humanitarian research and innovation in LMICs

Chair: Jess Camburn (Elrha)

Panel: Anne Harmer (Elrha), Dr Gloria Seruwagi (Makerere University), Emilie Koum Besson (LSHTM), Takeshi Komino (ADRRN), Jenny Hodgson (GFCE)

Session 23 (S-23): Disruption from inside, out: leadership practices to cultivate supportive organisational culture

Presenter: Melissa Pitotti (CHS Alliance)

Session 25 (S-25): The rise in local leadership because of or in spite of the Grand Bargain 2.0.

Chair: Wendy Fenton (ODI)

Panel: Sema Genel Karaosmanoglu (Support to Life and NEAR Leadership Council), Dr Puji Pujioni (SEJAJAR and Indonesian Development – Humanitarian Alliance), Manu Gupta (SEEDS) and NEAR Leadership Council

Session 26 (S-26): Evaluation in the time of COVID-19

Chair: John Mitchell (ALNAP)

Panel, Susanna Morrison-Metois (ALNAP), Margie Buchanan-Smith (Independent Consultant), Jane Mwangi (UNICEF), Marco Segone (UNFPA), Hicham Daoudi (UNFPA)

Closing Panel

Chair: Johan Schaar (ALNAP)

Panel: Jeremy Konyndyk (USAID), Jagan Chapagain (IFRC), Hibak Kalfan (NEAR)



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