



Learning from disruption: evolution, revolution or status quo?

2021 ALNAP MEETING
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BACKGROUND PAPER

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Acronyms and abbreviations

ALNAP	Active Learning Network for Accountability and Performance
COVID-19	coronavirus disease 2019
ICRC	International Committee of the Red Cross
INGO	international non-governmental organisation
KII	key informant interview
LNGO	local non-governmental organisation
NGO	non-governmental organisation
PPE	personal protective equipment

While responding to epidemics and reflections on racism in aid were not new to the humanitarian system, the COVID-19 Pandemic required new ways of working in fast order, and the BLM protests brought renewed urgency to how aid organisations consider their roles and approaches.

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., 2016; Knox-Clarke, 2017). It 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 outside of the control of humanitarians.

In 2020 two external events or ‘disruptors’ appeared to ALNAP Members and the wider humanitarian community to hold significant potential to drive change in the humanitarian system.

First, the coronavirus pandemic (COVID-19) caused rapid and large-scale disruption to people around the world – and particularly among those communities already experiencing crisis such as conflict, food insecurity, climate change 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 all the more challenging by disrupting the infrastructure and access to affected communities on which the system relies. In 2021, 250 million people need humanitarian assistance and protection (Humanitarian InSight, n.d.), and only a third of the required funding (US\$12.6 billion) has been received as of September (ibid).

Second, the humanitarian system saw a re-emergence of the debate on ‘decolonising aid’, sparked by global conversations about 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 have been 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?’, will provide 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. It will also provide a space to enhance the collective capacity of ALNAP Members to enrich the understanding of ongoing changes and how they can be best managed.

This Background Paper to the 2021 ALNAP Meeting uses the lens of ‘learning from disruption’ to help inform meeting discussions. An exploration of all potential disruptors would be vast; instead, this study looks specifically at the disruptive potential of COVID-19 and the decolonising aid debate, which have emerged as key issues affecting policy and practice for ALNAP Members since 2020.

- Where and to what extent have COVID-19 and the ‘decolonisation of aid’ debate driven change – both positive and negative – within the humanitarian system?
- What 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?

COVID-19 and the decolonisation of aid debate were selected due to the acute disruption they caused in 2020;

While responding to epidemics and reflections on racism in aid were not new to the humanitarian system, the COVID-19 Pandemic required new ways of working in fast order, and the BLM protests brought renewed urgency to how aid organisations consider their roles and approaches.

The aim of the ALNAP Meeting, and this paper, is to learn how the humanitarian system responded to these disruptors.

In pursuing this, the paper distinguishes 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 (ibid).
- **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 of travel.

This paper looks specifically at three important themes of change that emerged during the inception phase of the study: changes in localisation, changes in humanitarian financing, and changes in humanitarian operations.

1.1 Methodology

The research for this paper used a qualitative approach, combining insights from existing literature with key informant interviews (KIIs) to understand where changes are happening in the humanitarian system and the extent to which these changes are significant. The research team conducted an initial review of academic and grey literature in May 2021 to identify themes that this paper could usefully explore ahead of the 2021 Meeting.

Between June and August 2021, the research team conducted 33 KIIs with a diverse range of stakeholders. Many have been part of the humanitarian system for decades, working in bilateral and multilateral aid agencies including the UN, international and local non-governmental organisations (INGOs and LNGOs), civil society networks, think tanks and universities, and contributing directly and indirectly to crisis responses in Afghanistan, Bangladesh, Lebanon, Syria and Yemen. In parallel and following the KIIs, the team reviewed additional literature to dive deeper into a smaller set of themes that are now covered by the paper. Interviews were conducted in English or French. Insights from the interviews were broadly consistent with recent literature.

Given the vastness and complexity of the humanitarian system and the limited time available to conduct the research, this paper is not a comprehensive review of change. Perceptions of change vary depending on who is asked and how people within the system understand discourses such as localisation and decolonisation.

The paper is organised as follows. Section 2 provides a summary of recent studies on change in the context of external triggers of the past and a brief overview of the pandemic and the decolonisation debate. Section 3 explores the extent to which the pandemic and the debate catalysed change in localisation. Sections 4 and 5 follow with similar insights on humanitarian financing and operations. Section 6 concludes with final thoughts.

2. Understanding external triggers of change

2.1 Change and disruption in the humanitarian system

The mid-2010s saw a number of 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). Findings from the various studies generally identify two main drivers of change in the system: 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).

2.1.1 Internal drivers: reform from within

Internally driven reforms tend to happen very slowly in the humanitarian system and follow an **evolutionary** rather than a revolutionary path (Poole, 2020; Mitchell, 2020; KII-30). This resistance to change is due to barriers that are entrenched within the system itself, the most profound being power, attitudes, accountability and the current model, according to KIIs and the published literature.

- **Power:** System-wide reforms are difficult because they conflict with the self-interests of donors and humanitarian organisations and because those with the greatest power to affect reform are not those with strongest interest in reform success (Steets et al., 2016; Bennett et al., 2016b).
- **Attitudes:** Attitudinal barriers are tied to the personal behaviour, cultural baggage and management style of humanitarian workers, borne out of

a sense of superiority (un)consciously inherited from a colonial past and bolstered by a sense of professional expertise (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 (ibid), 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).
- **The current model:** Some KIIs reflected on the models of the system itself 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).

2.1.2 External drivers: disruptors

In contrast, external shocks have been considered the primary drivers for **revolutionary change** – that is, larger, potentially more rapid transformations to ways of working within the humanitarian system (Knox-Clarke, 2017; Austin et al., 2018; Alexander, 2020; Michell, 2020; Schenkenberg van Mierop, 2020). This is primarily because external shocks 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 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; Michell, 2020).

At their outset, both the pandemic and the decolonisation debate were considered significant potential disruptors to the humanitarian model and its ways of working. This paper explores whether these have indeed acted as drivers for change in the humanitarian system; if so, what types of change, and what can be learned about how the humanitarian system responds to externally driven disruption.

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 the Active Learning Network for Accountability and Performance (ALNAP) followed in the early 2000s (Alexander, 2020; Mitchell, 2021).

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 (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, in particular, 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 around, 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 the reasons it was falling short of its goals (UN, 2005).¹ From that review, the cluster system was the most prominent reform to emerge, 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).

Sources: ODI (1996), Wright (2005), UN (2005), TEC (2006), Parker (2019), Alexander (2020), Mitchell (2021), KII-30

Halfway through 2020, with the world several months into the coronavirus pandemic and with antiracism protests jolting Western democracies and professions, it appeared as though both COVID-19 and the decolonisation debate might serve as similar external shocks that could lead to significant changes in the humanitarian system and how aid is delivered.

2.2 The pandemic

The COVID-19 pandemic is considered the most severe global crisis since the second world war (UNF and UNOCHA, 2020). As of September 2021, more than 230 million people have had the virus and nearly 5 million people have died (Johns Hopkins University, n.d). The welfare of millions is in jeopardy, especially in low-income countries where less than 1.5% of the population has received a single dose of vaccine (Richie et al., 2021).

The pandemic and resulting infection control efforts disrupted traditional modes of humanitarian work. Organisations needed to adapt relatively quickly and at scale as travel restrictions and public health risks increased within and across borders.

Some have seen the global crisis as a ‘moment of revelation’ (Donini, 2021) and possibly a ‘moment for change’ within the humanitarian system (Alexander, 2020).

The pandemic has ‘exposed and exacerbated long-standing fragility, vulnerability, and inequality’ in the world (UNF and UNOCHA, 2020: 3).

It has 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 also made it a major livelihoods crisis, requiring much more than a public health response (ibid).

The disruptions to routine ways of operating may serve as an opportunity to reflect critically on existing practices and on how power is inequitably distributed across actors within the system. It may also be the moment for a genuine step change for international support to locally led humanitarian action.

However, the degree to which COVID-19 has triggered actual rather than hoped-for change across the system is not yet evident (KII-4; KII-5; KII-22; KII-28). It is possible that the pandemic's role is confined to 'being a "big exposer" in revealing structural dysfunctionalities' (UNF and UNOCHA, 2020: 3) rather than a 'big reset' within the humanitarian system (ibid).

2.3 Decolonisation of aid

George Floyd's murder and the BLM movement sparked protests for racial equality and greater social inclusion in 50 states in the US, and in several cities across the UK including London, Birmingham, Liverpool, Manchester, and Newcastle. Discussions on race and inclusion took hold in the humanitarian sector.

'Many aid agencies began discussing diversity and inclusion in their organisations and were coming to grips with some pretty unhealthy power dynamics' (Konyndyk and Aly, 2021). 'Some activists argue that diversity and inclusion is just the tip of the iceberg. This period of reckoning over the past months has prompted a much deeper critique about the very roots of the humanitarian endeavour' (ibid).

The international aid system was criticised for treating people in the Global South as passive 'beneficiaries' of aid who need 'white saviours' (Ali and Murphy, 2020). Some informants also 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-2; KII-22).

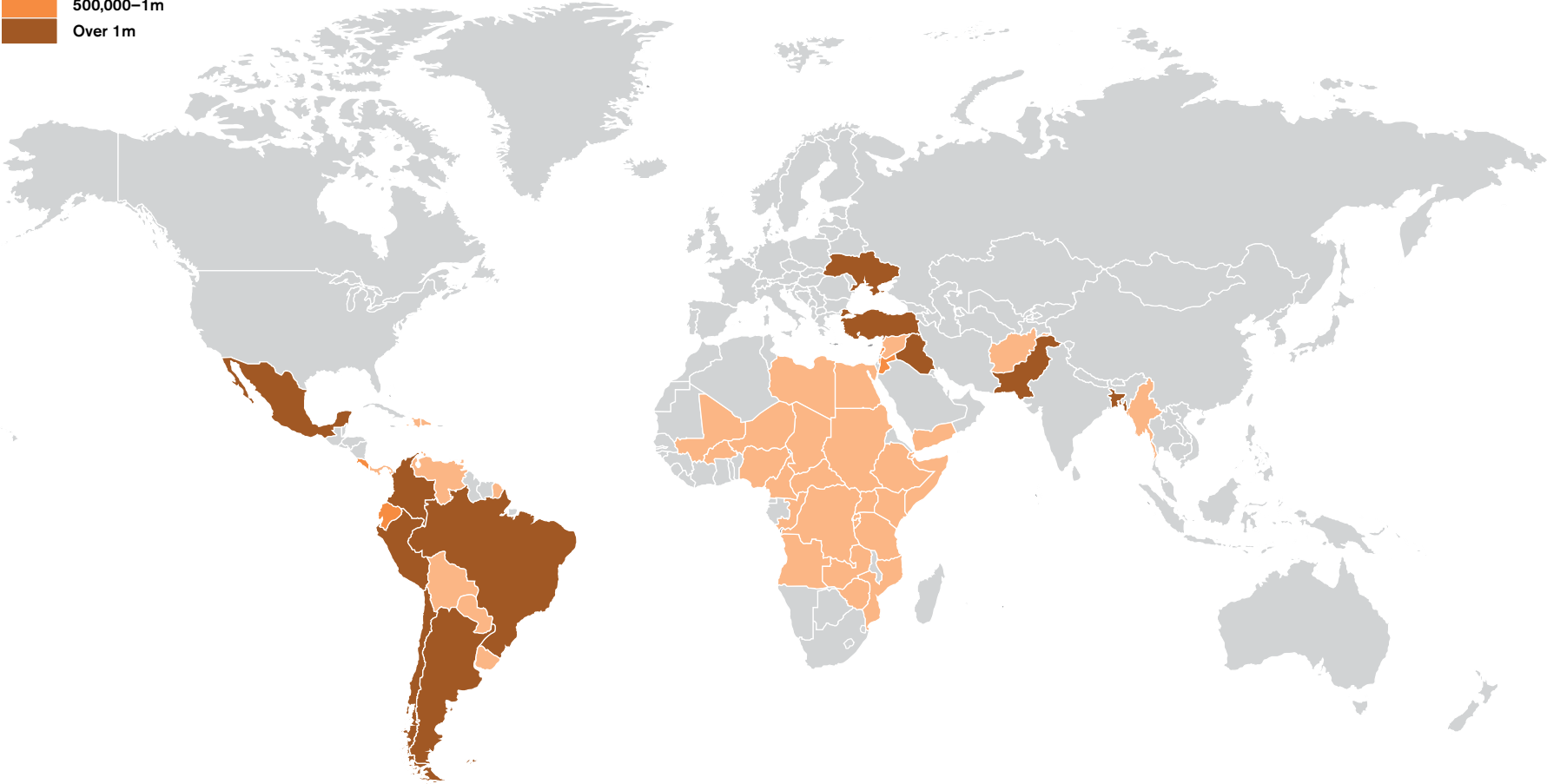
A basic understanding of the decolonisation debate requires a historical lens as it reveals 'the inherent complexities and contradictions within the humanitarian project' (Goris and Magendane, 2021) where colonial interventions are deeply interlinked with 'good humanitarianism' (ibid; Peace Direct, 2021).

In comparison, a broader view of the debate demands a critical reflection on the notion of humanitarianism that ‘is not only intertwined with that of colonisation, but also with decolonisation’ (Goris and Magendane, 2021).

The debate has exposed ‘individualised and systemic’ racism in the aid sector (Ali and Murphy, 2020) and the unequal distribution of power and resources between international humanitarian organisations and local actors (Aloudat and Khan, 2021). Over the past year, some international organisations have been called out for institutional racism embedded in a web of organisational policies and culture (McVeigh, 2020). The focus on racism has also provided moments of introspection for organisations that are ‘struggling to unpack decolonisation and address white supremacy built into organisational cultures, structures, and ways of working’ (Care Canada, 2021).

Discussions on the debate have grown in volume. Decolonising aid was one of three key topics of discussion at the Aid-Reimagined Global Summit in 2020, organised by the World Humanitarian Action Forum, and was framed as shifting the power and political balance to make the system fit for purpose. It was referenced at OCHA’s launch event for the 2021 Global Humanitarian Overview and was discussed at length in the New Humanitarian’s podcast series on ‘Rethinking Humanitarianism’ and in the global online consultation on ‘Time to Decolonise Aid’ led by Peace Direct, Adeso, the Alliance for Peacebuilding, and Women of Color Advancing Peace and Security in November 2020. Despite this, key informants noted: only some agencies and INGOs have taken a serious interest (KII-22; KII-28; KII-30); their opinions varied on the extent to which the ongoing debate is initiating systemic change.

Figure 1: Cumulative COVID-19 cases in countries in crisis



Source: UNOCHA (2021) (<https://gho.unocha.org>)

This map includes data on 56 countries that have been targeted for humanitarian assistance in 2021 under the Global Humanitarian Overview. Data as of 24 September 2021.

3. Changes in localisation

3.1 A pragmatic adjustment during COVID-19

The pandemic disrupted traditional ways of working for local, national and international humanitarian actors. Restrictions to movement and access to affected populations alongside public health and security risks to international staff increased the system's dependence on local actors to lead and manage multiple crises. They not only responded to the pandemic, but also to other non-COVID crises under pandemic conditions. Studies and key informants highlighted a range of examples for both situations, while recognising that local actors were doing so with far less recognition, support and funding than their international counterparts (Barbelet et al., 2020; 2021a; KII-2; KII-22).

Local actors played a range of key roles in response to the pandemic. For example, in Somaliland, local actors led and managed risk communication and community engagement, supplied essential items such as food and shelter to affected populations in India and procured and distributed personal protective equipment (PPE) for frontline workers and the wider population in Kenya (Barbelet et al., 2021a). In Bangladesh, grassroots actors were critical in initiating the response to COVID-19 at subnational level (KII-19): 'Local organisations developed new platforms for coordination as they understood the need to create their own civil and political space and have a unified voice when negotiating with local governments'.

Local actors were equally critical in managing other crises that emerged or intensified under pandemic conditions. LNGOs responded to, among other crises, typhoons in the Philippines, the Ethiopian refugee influx in Sudan, fires in Rohingya refugee camps in Bangladesh, flash flooding in India (Barbelet et al., 2021a) and Cyclone Harold in Vanuatu (Rosier and Savard, 2021).

Following the Beirut blast in 2020, the Lebanon Development & Humanitarian NGO Forum created a community help desk with a reference management

system to support survivors (KII-14). It also helped local actors to develop a common position (reflecting their collective needs and priorities) across different coordination structures, including the UN-led cluster system (ibid).

The increased need for localisation was articulated in global COVID-19 response plans and guidelines – including the 2020 COVID-19 Global Humanitarian Response Plan (GHRP), the 2021 Global Humanitarian Overview (which includes COVID and non-COVID needs) and the Inter-Agency Standing Committee’s (IASC) ‘Interim Guidance on Localisation and the COVID-19 Response’. The IASC Guidance focused on duty of care and health risks, responsible and flexible partnerships, humanitarian leadership, coordination, reorientation of international surge capacity, and funding. Other key guidelines included the IASC Proposal for ‘A Harmonised Approach to Funding Flexibility in the context of COVID-19’ and the Proposal to ‘Address the Inconsistency in Unlocking and Disbursing Funds to NGOs in COVID-19 response’.

While these efforts seemed promising, both KIIs and research suggested that the apparent acceleration to localise was largely a pragmatic – and for some temporary – adjustment to, rather than a meaningful advancement of, the localisation agenda (Konyndyk et al., 2020; IASC, 2020a; Barbelet et al., 2020; KII-29; KII-30).

The reliance on local actors was a consequence of disruptions to international actors’ conventional ways of working, with the localisation agenda advancing ‘out of necessity’, not ‘out of choice’ (IASC, 2020a; Barbelet et al., 2020).

Emphasis on the former, interviewees argue, demonstrates the international humanitarian system’s tendency to give power to local actors for a short period of time and in pockets where it is convenient and strategic to do so, and to take it back when it is no longer convenient. This undermines notions of partnership and complementarity, wherein different actors in the system are meant to play a valuable role based on their comparative strengths.

Some interviewees believed that the new ways of working brought about by the COVID-19 Pandemic seemed to undo progress on localisation. As international organisations transitioned to remote management, they imposed more top-down, disciplinary control on local actors in terms of ‘financial accountability, communication, certification, and professional standards’ (KII-30). ‘These controls are essentially about disciplining the Global South to behave in ways consistent with the expectations of the Global North. What is dressed up as formative change is really the consolidation of different forms of power’ (ibid).

The disconnect between funding modalities and localisation efforts also affected local actors. By May 2020, only 0.1% of COVID-19 funds that were channelled through the UN system reached local and national NGOs (Charter for Change, 2020). Some NGOs reported having mixed experiences working with the UN during the pandemic. For example, Caritas Internationalis reported that the flexibility experienced by those of its national faith-based organisations (FBOs) that had long-term partnerships with UN agencies allowed them to pivot programmes towards COVID-19, but sometimes came at a cost – cutting into funds for longer-term, humanitarian and development priorities (Caritas Internationalis, 2021). Additionally, only a few Caritas national FBOs were able to access funds through country-based pooled funds (CBPFs) and none benefitted from the Central Emergency Response Fund (CERF) NGO grants (ibid). Local actors expressed concerns over the ways in which some INGOs follow different administrative procedures according to different donor demands. International actors seem reluctant to share overheads or pass on flexibility to local partners unless donors request or require them to do so. ‘They share 50% of their overheads with us when funding comes through Start Network but a much smaller percentage when it comes from other donors’ (KII-19). An international actor also noted: ‘If you are working with a youth group on the ground, which is a genuine representation of civil society and contributes to the humanitarian response in powerful ways, and is not registered, then our bureaucracy cannot deal with that’ (KII-9).

3.2 Localisation and decolonisation

The growing volume of discussions on race, power and colonialism within the localisation agenda is partially attributable to the decolonisation debate (KII-5; KII-9; KII-22).

Key informants criticised the humanitarian system’s large Western footprint for its undermining influence on localisation. As one informant noted, ‘The power and control over relationships with local actors is still in New York, Geneva, and Oslo’ (KII-22). The Grand Bargain 2.0 Framework also acknowledged this dynamic, stating in the section on engagement with local actors:

The Grand Bargain must move further from “Geneva to the Front line” in order to achieve its objectives. Existing country and regional consultation initiatives driven by country level colleagues – either through government coordination, IASC forums such as the clusters, inter-cluster and Humanitarian Coordination Teams (HCT), or through less formal structures such as the proposed National Reference Groups – will be proactively shared with local actors to engage with the Grand Bargain and challenge humanitarian and development actors that have traditionally held power in the sector (IASC, 2021: 8).

Some key informants felt that the international humanitarian system fails to acknowledge the complementary role of local leaders and their platforms and instead tries to co-opt them to be part of the international system (KII-2; KII-22). One interviewee observed that INGOs maintain their power in the system by establishing organisations in the South; their experience was that ‘INGOs increasingly hire local personnel and register local offices in countries like India, Pakistan and Bangladesh (all former colonies), as replicas of Western/Northern NGOs. Local replicas only serve to reinforce the prevailing power dynamics. They are not part of any meaningful decision-making processes at the national or international levels in terms of defining how humanitarian response should be delivered and they have no control or authority over how to use the funding that is provided to them’ (KII-12).

Some interviewees gave examples of critical, internal reflections that were happening within international organisations and suggested changes that might be needed. One key informant noted, ‘I don’t see any evidence that there is ongoing systemic change, but what I do see is that the likes of the International Committee of the Red Cross, Médecins Sans Frontières, and Norwegian Refugee Council have really thought about working with partners differently, interrogated the composition of their own staff, and are trying to address inequity in power relations there’ (KII-22). Another raised the point, that

‘there are probably pathways that we should be creating to bring local leaders to leadership positions in INGOs or in their international boards because the boards have a lot of power. If we can have those local voices in positions of power, that would be much more impactful’ (KII-2).

The challenge, however, goes far beyond having more local actors in leadership positions and decision-making spaces. For example, a think piece on locally led response in the Pacific found that although the reduced physical presence of international actors due to COVID had considerably strengthened local leadership, Pacific Islanders ‘note a nervousness to step into leadership roles because of a fear that their leadership must resemble the model established by international approaches, and that they will not be supported by their international colleagues if they fail’ (Australian Red Cross, Humanitarian Advisory Group and the Institute for Human Security and Social Change, La Trobe University, 2020: 7). Respondents in the study that informed the think piece spoke of ‘a continuing “colonisation of the mind,” whereby they feel as if they are unable to match the expertise of expatriates, even when they know this is not the case. Such legacies continue to have an impact beyond the simple presence or absence of actors from outside the region’ (ibid: 7).

Overall, insights in this section suggest localisation may have accelerated, out of necessity, over the pandemic period, but it was not particularly empowering. Local actors carried the burden of responsibility but had less power over designing and delivering crisis response, and over how resources would be mobilised and used.

3.3 Evolution, revolution or status quo?

Since localisation – by design – puts the onus on international actors to share power, some form of resistance to change is not surprising (KII-30). Consequently, there are concerns that any progress towards more local forms of humanitarian action will be incremental at best.

There are also signs that the pressure to localise under pandemic conditions will ease as more and more international staff return to their stations (Mitchell, 2020) and so whatever changes appear may be temporary and the system may foreseeably return to its previous status quo. Even if hybrid approaches to international support (with a combination of remote and in-country presence and partnerships) become the new normal, the power dynamics in those contexts need to be carefully studied.

This poses important questions for learning for ALNAP Meeting attendees to consider:

1. For those who believe that humanitarian action should be ‘as local as possible, as international as necessary’, how did ways of operating in COVID-19 re-imagine the boundaries of necessary international presence?
2. What has been learned about the added value of international staff in crisis contexts and how could this lead to more efficient, strategic hiring and positioning of staff in international agencies?
3. Going forward, which aspects of the decolonisation debate around race, power and privilege need to be amplified within the system and by whom, to make the most out of recent reflections?

‘These controls are essentially about disciplining the Global South to behave in ways consistent with the expectations of the Global North. What is dressed up as formative change is really the consolidation of different forms of power.’

4. Changes in humanitarian financing

4.1 Financing flows

Changes in financing flows as a result of the pandemic and the decolonisation debate seem to have been minimal. During 2020, overall levels of humanitarian assistance flatlined – at around US\$31 billion – even as COVID-19 dramatically increased needs – and local actors continued to be chronically underfunded (KII-5), with only 3% of total funding through the GHRP going directly to local and national responders (Development Initiatives, 2021) despite their critical role in COVID response and greater contestations around race, privilege and power in the humanitarian system.

COVID-19 increased humanitarian needs and placed unprecedented demand on donor government budgets as a result of shifting and competing domestic priorities and the pandemic's wider economic impacts (Development Initiatives, 2021). Although several governments stepped up their funding in 2020, substantial reductions in contributions from the UK and Saudi Arabia and stagnation among private donors meant overall levels remained static. This is a significant departure from levels of assistance in previous years, which grew at an average of 12% annually between 2012 and 2018 (Development Initiatives, 2021) (see Figure 2). The gap between funding and needs is growing, and there are serious concerns over the insufficiency of funding in the system.

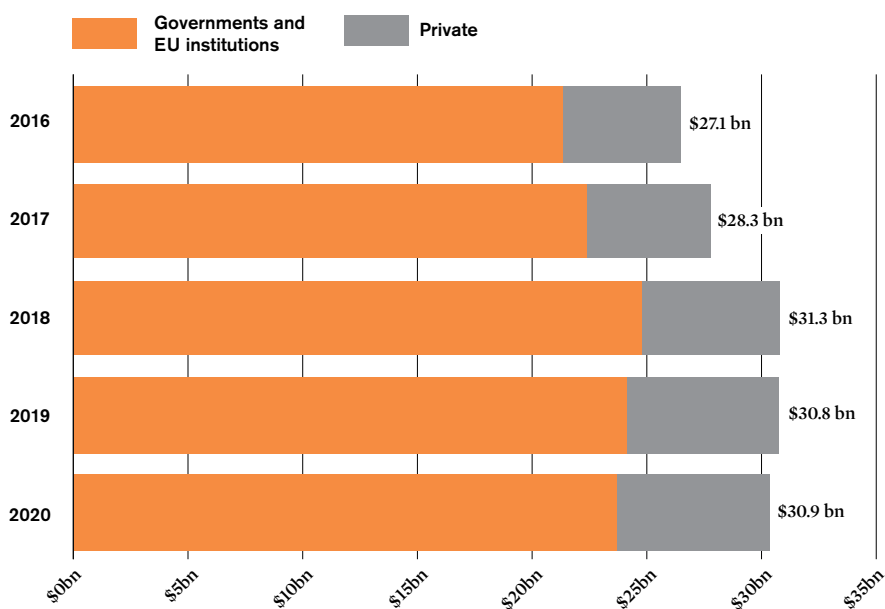
Several interviewees acknowledged increased contributions from the US, Germany and the EU, but found the UK's aid cuts to be the most disconcerting where the government reduced its overall aid budget to 0.5% from 0.7% of gross national income (Wintour, 2021), and lowered its humanitarian assistance by 29%, between 2019 and 2020 (Development Initiatives, 2021). Key informants expressed concern not only for the scale of the fall but also because the decision demonstrated the overreliance of the humanitarian system on a small group of donors and how weak it was

as a consequence (KII-5; KII-8; KII-9; Development Initiatives, 2021). They also thought that the UK's aid cuts could influence other Western donors (KII-5; KII-6; KII-7; KII-8; KII-9). Apart from the UK, Saudi Arabia drastically reduced its contributions (by 53%) (Development Initiatives, 2021).

In terms of the influence of the decolonisation debate, informants believed it was largely rhetorical and conceptual, and there was very little evidence of attributable change within the financing landscape. While the focus on localising aid in the lead up to the 2021 Annual Meeting of the Grand Bargain was partially influenced by the decolonisation of 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 decolonisation narrative' (KII-8).

Figure 2: Humanitarian assistance between 2016 and 2020



Source: Development Initiatives (2021)

In the initial months of the pandemic, the humanitarian system defaulted to what it knows best. Key informants noted that donors, in their efforts to act quickly, reinforced the dominance of UN agencies within the financing landscape, 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). This paucity of data has been raised as a particular concern, in the context of COVID-19, and more generally (Konyndyk et al., 2020; KII-8; KII-9).

Direct funding to local and national responders (US\$756 million) constituted a 3% share in total humanitarian assistance in 2020 (Development Initiatives, 2021; KII-8, KII-9). This proportion was well below the global target of 25% set for 2020 by the Grand Bargain, when the commitments were first made.

4.2 Flexible funding

KIIs and literature revealed several examples of how the COVID-19 Pandemic had enhanced funding flexibility during 2020. Among other things, donors eased restrictions within earmarked funding – which comprises the majority of humanitarian assistance. In the pandemic’s first months, the IASC Results Group 5 (RG5) on Humanitarian Financing lobbied donors and UN agencies to pursue a harmonised approach to modifying funding agreements in nine areas (IASC, 2020b):

- Providing no-cost extensions
- Linking GHRP funding to existing programming
- Providing more budget flexibility
- Allowing direct costs linked to necessary reprogramming
- Reviewing existing direct costs to enable appropriate cost recovery
- Authorising due diligence and risk assessments to proceed as desk reviews or remote approaches as long as movement restrictions continued
- Accepting the use of electronic signatures for approval processes
- Minimising narrative reporting requirements and ad hoc information requests
- 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 COVID-19 response itself 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). UN agencies and the International Committee of the Red Cross (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, 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).

The total volume and proportion of unearmarked funding received by UN agencies increased in 2020 (Development Initiatives, 2021). However, Section 3 notes, local NGOs found it difficult to benefit from this flexibility. Available data do not provide a clear picture of the extent to which UN entities passed on the flexibility downstream to local and national NGOs (Development Initiatives, 2021).

Some informants referenced funding through CBPFs and CERF as good examples of flexibility (KII-5; KII-6) although recent literature presented a mixed picture. According to the final progress report for the GHRP (UNOCHA, 2021) and Development Initiatives (2021), CERF introduced innovative allocation approaches to channel funding to lifesaving activities in response to the pandemic. It provided US\$241 million in 2020, including US\$225 million in new allocations and US\$16 million in re-programmed funds (this represented a 25% share in total 2020 CERF contributions) (Development Initiatives, 2021). Early multi-country block grants to kickstart UN agency responses were followed by the first-ever direct CERF support for frontline NGOs in June 2020. CERF also responded to the immediate and secondary impacts of the pandemic – strengthening the healthcare and water and sanitation response, scaling up cash and voucher assistance to tackle the socioeconomic impact of the crisis, and supporting gender-based violence (GBV) response through allocations for local women-led organisations. These innovative allocations were made possible, for the most part, by the exceptionally high level of CERF allocations – around \$850 million – available in 2020. However, as Section 3 highlights, some actors such as Caritas could not benefit from CBPFs and CERF (Charter for Change, 2020).

Key informants cited learning and adaptation by donors as 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).

This experience is consistent with previous research on the supporting factors for flexible humanitarian funding (Obrecht, 2019).

Key informants also highlighted three critical barriers to greater flexibility:

- **Administrative and bureaucratic barriers** that cannot be undone or addressed reactively during heightened crisis.
- **Upward accountability barriers** – the constant need to demonstrate where the funds went, how they were used, and what were the results to justify ‘value for money’ rather than to assess whether and how there has been genuine transformation within people’s lives.
- **Evidence barriers**, especially robust evidence that suggests unearmarked funding leads to better results and ‘value for money’ (KII-5; KII-6; KII-7; KII-8; KII-9), which makes flexibility ‘a hard sell’ politically within donor countries (KII-6).

While the IASC RG5 and other actors have argued for pandemic-inspired changes in flexible funding to continue after the pandemic, many appear to be temporary. Key informants did not believe that exceptional responses in 2020 would become standard practice (KII-5; KII-8; KII-9). ‘Donors have a significant desire to go back to normal so many of the pressures will not go away and will likely override the factors that influenced decisions to become more flexible last year’ (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).

4.3 A spotlight on multilateral development banks

Multilateral development banks (MDBs) have played a prominent role in responses to the COVID-19 Pandemic, demonstrating the critical contribution they can make to crisis financing and management. Although humanitarian actors and MDBs increasingly operate in similar contexts – namely fragile and conflict-affected states – they have different mandates, comparative advantages and areas of complementarity.

MDBs such as the World Bank and the International Monetary Fund are contributing a growing share of assistance in the form of loans to manage crises (Development Initiatives, 2021). In an analysis of seven international financial institutions, Yang et al. (2021) found that loans made up 95% of funding directed towards the pandemic response as of April 2021 (US\$115 billion of US\$120 billion).

Key informants called on humanitarian actors to understand how MDBs make funding decisions to respond to crisis, as they did during the pandemic at a large scale, to ensure a more joined-up, equitable financing system and greater synergies between humanitarian and development financing (KII-4; KII-8; KII-9). Overlaps with the mandate of traditional humanitarian actors are likely to increase, especially in areas where social protection or emergency healthcare are funded by MDBs, and humanitarian cash transfers and health services are provided by humanitarian actors (Development Initiatives, 2021). In Bangladesh, the World Bank and the Asian Development Bank have worked for years with the government on long-term development projects and have funded projects to address climate change, disaster risk reduction, and the Rohingya refugee crisis in recent years (KII-8; KII-9).

In some ways, potential solutions to future crisis financing may lie in partnering with MDBs. According to one key informant, ‘This funding is long-term by default, and MDBs address structural issues.

In protracted crisis countries, that type of solution seems to be required and will stay for many years. Moving towards long-term funding and away from annual planning cycles would seem quite beneficial for the humanitarian system’ (KII-9).

As one interviewee explained, 'COVID-19 has driven the idea of pooling resources as a means to gain efficiencies and channel logistics capacities more effectively' (KII-21) and advancements that could lead to longer-lasting change seem promising.

5. Changes in humanitarian operations

The pandemic – and global responses to it – directly and indirectly disrupted humanitarian operations and organisations had to rapidly adapt to and develop new ways of working. Several key informants found disruption was more significant in the pandemic’s initial months and that, over time, organisations were able to minimise its impacts and adjust to new ways of working. Across the following three areas that are explored in this paper (supply chain, remote management and mental health), organisations that had already initiated reforms before the COVID crisis – for example, around greater local and diversified procurement and dedicated personnel to improve mental well-being – were better equipped to adapt to evolving circumstances. No interviewees mentioned direct or indirect disruption to humanitarian operations as a result of the decolonisation debate.

5.1 Humanitarian supply chains

In the initial months of the pandemic, the suspension of international travel, introduction of restrictions on movement of people and goods, and maritime traffic had a significant impact on humanitarian supply chains. Border and port closures, lower stock of essential items and delivery delays, in particular, magnified these disruptions (Logistics Cluster, 2020; UNDGC, 2020). The unprecedented rise in the global demand for PPE 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). Key informants shared examples of Syria and Yemen. 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 to procure 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).²

Organisations needed to come up with innovative approaches at record pace to move cargo and personnel to where they were needed. Joint procurement, local suppliers and stockpiling helped ease the burden to some degree (KII-13; KII-18; Logistics Cluster, 2020). The World Health Organization (WHO) and the World Food Programme (WFP) created a COVID-19 Supply Chain Taskforce in early April 2020 to scale up procurement and deliveries of PPE and other supplies (UNDGC, 2020) but although some INGOs found the UN-led mechanism useful, they did not find it inclusive (KII-18; KII-21). One key informant mentioned that 'even though an agreement was in place [between our office in Bangladesh and the WHO], it was never used', and it was quicker and cheaper to purchase masks through local suppliers (KII-18).

Organisations that purchased the majority of their essential items from local suppliers prior to the pandemic were well-placed to minimise disruptions (KII-13; KII-18). After the first 'panic period' (KII-18), most organisations turned to local suppliers for PPE. As issues around quality emerged (with the proliferation of new suppliers), organisations increased compliance checks (KII-18). For instance, medical NGOs collaborated with the Health Cluster to review the QUAMED³ report and vet local suppliers on orders for medicine for the crisis in Yemen (KII-12).

WFP built a Global Common Services structure, working closely with 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 m³ 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 European Union (EU) Humanitarian Air Bridge, a time-bound initiative to help deliver medical equipment needed for the coronavirus 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, 2021). The EU Air Bridge was organised to complement WFP's efforts following a consolidated request from the field, the Logistics Cluster, EU delegations and NGOs (KII-21). In 2020, the EU conducted 67 flights supporting 100 organisations (KII-21; European Commission, 2020). According to one interviewee, NGOs found the EU Air Bridge to be quite agile in moving personnel (KII-21).

The disruption caused by the pandemic provided a test case for a different approach to humanitarian logistics and supply chain management and demonstrated the need to diversify procurement sources. As one interviewee explained, ‘COVID-19 has driven the idea of pooling resources as a means to gain efficiencies and channel logistics capacities more effectively’ (KII-21) and advancements that could lead to longer-lasting change seem promising at this point. As commercial capacity continues to grow, and global transport markets stabilise, changes are underway. WFP has now moved to scale down its Global Common Services and has accepted all final requests for cargo transport. It will continue passenger flights to hard-to-access destinations for as long as they are needed under this global scheme (WFP, 2021). In parallel, it is expanding its infrastructure at critical hubs to meet potential temperature-sensitive storage and transport needs for the next phase of the response and any future health responses (ibid). Following the success of the EU Humanitarian Air Bridge, DG-ECHO is investing 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). Several INGOs that 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).

5.2 Remote management

The COVID pandemic meant that humanitarian organisations had 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.

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’ (ibid).

Key informants reported that organisations adapted quickly to deliver on pre-COVID-19 targets by the end of 2020 and to implement additional COVID-specific programmes (KII-10; KII-15). Both local and international organisations also invested in online technologies. One local actor mentioned that the pandemic provided the impetus for organisations to develop and manage online platforms, including for auditing and monitoring purposes (KII-19). This was accompanied, to varying degrees, by guidelines and training on how to remotely manage and monitor programmes, communicate effectively online and to enhance staff capacity (KII-17; KII-20).

As discussed in Section 3, 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).

5.3 Mental health

While the mental health of humanitarian workers is not a new concern (Young, 2015), the pandemic compounded existing stress factors and has 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 key concern, particularly among national staff (KII-11; KII-16). Meanwhile, uncertainty over the duration of the pandemic made it harder for staff to cope with new situations.

One key informant highlighted the various stages that characterised the experience of staff – from being fearful and unsure of what to do early in 2020, to despair over not being able to do enough (mid-way through the year) 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 potentially heightened risk for staff to develop long-term mental illness or burnout (CHS Alliance, 2020). Additionally, women, people of colour and young professionals seemed to have been disproportionately affected (ibid; ICVA, 2021).

Leadership structures and organisational cultures played a role in promoting the mental well-being of staff. Key informants provided several examples of instances in which 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, had proven 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, highlighted 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, 2020c). The GHRP for COVID-19 also considered measures to extend medical evacuation to national staff.

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 that was independent from management. Presence of independent human resource personnel gave staff the confidence that they could ask for help or support without fearing any negative judgments about their mental condition (ibid). It also significantly improved the ability of organisations to gain insights into how staff were coping and what additional support could be provided (ibid).

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 the outset of the pandemic, supporting humanitarian workers to switch to remote management was a priority for proactive organisations that 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 to set up peer support programmes (KII-11).

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).

6. Final thoughts

The findings from this preliminary research suggests that, since the start of 2020, the international humanitarian system has in part successfully demonstrated an ability to work collectively and adapt to disruption caused by external forces. Some parts of the system have sped up localisation; increased flexible funding; enhanced joint/local procurement for essential items including PPE; pooled and shared logistical resources; developed or scaled remote working practices; and elevated staff mental health in management priorities. However, this picture is not consistent across the system, nor do all these positive changes look set to be long-lasting.

Overall, this paper suggests three distinct stories of disruption that have emerged since 2020.

Short-term adaptation 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.

Harnessing disruption 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 decolonisation debate served to further support, and in some places accelerate, a shift in motivations, attitudes and systems rather than act as primary or significant catalysts of change.

Potential to spark long-term adaptation in areas where little progress has been made over the years.

The current disruptions have again highlighted 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, and addressing structural inequalities in the system). It remains to be seen whether the disruptions experienced over the past two years will influence greater learning and spark slow-moving long-term changes.

At a thematic level, the insights from key informants 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, power imbalances between local and international actors are deeply engrained and may prevail for some time, without sustained, focused and high-level efforts to address them.
- There was greater flexibility in financing in 2020, in terms of donors easing earmarking restraints and increasing unearmarked funding. This was welcomed, but 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 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 well-being grew during the pandemic. This helped to highlight the importance of mental health and, in some cases, promoted positive action. However, there seemed to be high variability between agencies; some were able to improve staff care practices, while others were not.

The 2021 ALNAP Meeting will further explore these themes and more to share learning and experiences of where and how the system is changing, how best to manage and promote positive trajectories already underway, and how to mitigate negative disruptions. The meeting's aim is to develop a shared understanding of the issues, and by doing so, build the capacity of humanitarian actors to work together to drive real and sustainable changes that improve outcomes for crisis-affected communities.

The meeting's aim is to develop a shared understanding of the disruptions from COVID-19 and the decolonising aid debate and by doing so, build the capacity of humanitarian actors to work together to drive real and sustainable changes that improve outcomes for crisis-affected communities.

Endnotes

- 1 Jan Egeland was appointed in June 2021 as the Eminent Person of the Grand Bargain initiative for a two-year period.
- 2 The donor rescinded this guidance in April 2021.
- 3 QUAMED provides recognised expertise in quality assurance and drug supply through a North/South network that facilitates the sharing of reliable information on the sources of medicines (www.quamed.org/about-us).

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- These resources are also available on ALNAP's Humanitarian Evaluation, Learning and Performance (HELP) Library: alnap.org/help-library/2021-meeting-paper-biblio.
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