

# SUPPORTING POPULATIONS IN CHRONIC CRISES



Coverage/  
sufficiency



Effectiveness and  
relevance/  
appropriateness



Efficiency,  
Coordination and  
connectedness



Coherence/  
Principles





In chronic crises humanitarians are being asked to play increasingly wider roles – including supporting securitisation, filling gaps left by development actors and substituting for weak or neglectful host governments.

### Summary

Many of the same countries receive humanitarian aid year after year. Crisis conditions persist in these places<sup>5</sup> due to a combination of development challenges (including poverty), cyclical natural hazards and conflict and instability.

Chronic crises can also have peak moments, such as a famine, natural disaster or a severe upsurge in or start to a conflict, in which existing humanitarian programming must be quickly re-evaluated and humanitarian actors must re-prioritise internal capacity. Because building international consensus for humanitarian assistance is usually easier than tackling underlying political or security problems, or engaging with difficult governments, humanitarians are being asked to play increasingly wider roles – including supporting securitisation, filling gaps left by development actors and substituting for weak or neglectful host governments.

Perhaps not surprisingly, the evidence suggests that humanitarian assistance is falling short of its aim of supporting vulnerable people living in these crises. Coverage/sufficiency is weak, partly because humanitarian organisations are being pulled in different directions within crises and increasingly stretched thin across crises. The review period saw a spike in the number of chronic crises undergoing a rapid deterioration and a few cases in which civilians faced violence on a massive scale. Interviewees reported a growing sense of competition between crises linked to funding gaps and human resource challenges.

Despite modest gains in efficiency and coordination, local aid actors continue to be marginalised within coordination and funding structures. The effectiveness and relevance of humanitarian interventions were challenged by persistent shortcomings in aid actors' ability to engage with affected people. Interviewees and the funding analysis suggest that reducing the politicisation of humanitarian funding allocations across countries and increasing donor presence and involvement at field level would go a long way to addressing many coverage and performance issues. The totality of evidence collected in chronic crises also suggests a need for more joint, system-wide monitoring, with genuinely independent, transparent and critical analysis that incorporates the perspectives of affected people.

### Coverage/sufficiency

Several chronic crises showed significant gaps in funding, human resources and organisational presence during the review period, most notably CAR and South Sudan. In CAR, throughout most of 2013, as the crisis escalated under the radar of international media attention and as humanitarian needs rose, humanitarian organisations actually scaled down their activities. From 2014 onwards, the trend reversed, but funding, staff capacity and coverage were still far from sufficient. Similarly, in South Sudan, four months after the declaration of an L3 emergency, the scale of the needs was 'enormous and likely to increase, requiring a global effort to deliver beyond the current levels' (IASC, 2014a).

Echoing this, SOHS survey respondents based in chronic crisis contexts tended to identify insufficiency overall and in more sectors



than those working in sudden-onset natural disasters or in a regional or headquarters office. The three countries where survey respondents were most negative about funding levels – CAR, Somalia and Sudan – are all chronic crisis contexts.

Long-running crises mean that people need humanitarian assistance year after year, making it difficult to sustain funding in the face of competing donor priorities. Generally, funding for humanitarian response continues to materialise more quickly in high-profile crises and those that touch on the national security interests of major donors, such as Iraq in 2014, Gaza (Palestine) in 2014 and Mali in 2012–2013. In some of the most neglected chronic emergencies, such as CAR and Chad, a much smaller pool of government donors and aid providers (most with long historical ties) are operational. In many such contexts, interviewees reported scaling back programmes and carving out priorities within priorities in order to make the most of insufficient funds. In Mauritania, for example, WASH interventions were reportedly delayed by six months because donors provided funding only for food security activities, even though both were required to prevent acute malnutrition.



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In regions affected by cyclical drought, humanitarian agency representatives spoke of delays in funding when it was not deemed to be a crisis year, reflecting a certain acceptance of high levels of need. In the Sahel, for example, the response in 2013–2014 was seen as late, despite almost equal numbers of people being affected as in 2012. In Somalia, one interviewee spoke of a change in baseline perceptions to the effect that 'if it's not a famine, it's OK', which was 'frightening' to consider.<sup>6</sup>

Gaps also stemmed from difficulties in identifying and recruiting qualified staff, both international and national. This was a serious shortcoming in both CAR and South Sudan, where difficulties were linked to low levels of education in the countries, challenges in finding French speakers (for CAR), difficult living conditions, and/or competition for staff with higher-profile crises. Interviewees mentioned similar challenges in Yemen, including growing security threats and difficulty finding Arabic speakers. As one INGO survey respondent in Yemen remarked, 'Funding was insufficient to meet the scale of the needs of our target populations. However, I also believe that the humanitarian community would have been unable to absorb further funding. In other words, even if funding had been sufficient, the humanitarian community would not have been able to reach our targets as per the humanitarian appeal.' In CAR and South Sudan, the L3 staff surges were generally appreciated and seen as helpful for providing additional support to stretched capacity, including the HC and/or deputy HCs. In CAR, as our research and others' (IASC, 2014b) has found, the L3 surge contributed to a top-heavy initial response, with too much time devoted to planning and coordination and not enough to actual operations. In both Iraq and South Sudan, the surges were limited and challenged

by a combination of depleted human resources (internal and standby rosters), security issues, and difficulties in attracting people, especially to work outside the capital cities. Problems with planning for transition out of surge staffing were reported in CAR and South Sudan (e.g., IASC, 2014a and IASC, 2014b).

For non-L3 emergencies, UN hiring processes remain slow, with one UN interviewee describing the organisation as ‘hopeless at facilitating good people’. Other capacity gaps were noted in technical areas, such as cash and vouchers (‘because it was siloed into the food security sector for so long’), designing projects in urban areas, and information management. Lastly, there was seen to be a continued dearth of mentorship and programmes to expand the humanitarian cadre, although interviewees noted that a few positive initiatives in this area were under way.

More broadly and more worryingly, capacity gaps were also linked to organisations’ under-prioritisation of certain crises. The CAR study found that humanitarian activities scaled down from March to October 2013 even as needs were rising dramatically. This happened in large part because CAR was not sufficiently prioritised by most UN agencies and humanitarian NGOs. Humanitarian actors allowed themselves to be directed by donor governments’ under-prioritisation of CAR, which in turn was likely driven by CAR’s perceived lack of importance in their foreign policy agendas. This allowed the country to become a ‘backwater’ for humanitarian action (see MSF, 2011; Liu, 2013). In South Sudan, some interviewees expressed concern about the temporary evacuation of international staff in December 2013 and the reliance on national staff (often displaced themselves) during a period of acute crisis, which they felt reflected agencies’ under-prioritisation of the crisis response.

Between 2012 and 2015, aid actors grew more pessimistic about their ability to reach populations in protracted conflict settings: in 2015, 34% of survey respondents said this ability had declined in the past two years, compared with 27% in 2012. This was especially the case in Afghanistan, Lebanon, South Sudan, Sudan and Syria; the main obstacle to access was insecurity, followed by bureaucratic restrictions and interference, or a combination. Access was a topic of focus during the review period, driven by the Syria crisis and reflected in a range of inter-agency initiatives and dialogues at the operational level (for example, in Mali, Palestine and South Sudan) and at the level of research and policy (Steets, Reichhold and Sagmeister, 2012; Jackson, 2014a). In Mali, we found that serious access challenges persisted in the north; many INGOs worked through local partners, and UN staff were unable to move outside of towns, resulting in limited deployment of emergency humanitarian aid for isolated people (see also Grünwald, 2014b). Similarly, in CAR and South Sudan, lack of infrastructure, insecurity and remoteness presented enormous challenges to reaching affected populations (IASC, 2014a and IASC, 2014b). Direct and sustained negotiations with armed actors, pre-positioning of supplies and independent air transportation – like those sometimes available to MSF and ICRC – all resulted in greater flexibility and ability to access populations.



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### Effectiveness and relevance/appropriateness

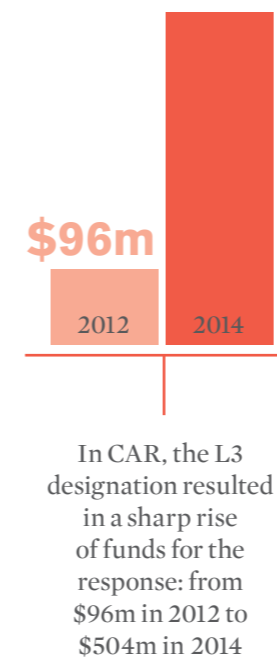
#### *Improving performance through the L3 mechanism?*

During the review period, the L3 activation procedure of the Transformative Agenda was used in one sudden-onset natural disaster (Philippines, in November 2013), one major ongoing conflict (Syria, in January 2013), and three contexts in which a chronic crisis suddenly took a turn for the worse (CAR, December 2013; Iraq, August 2014; and South Sudan, February 2014). The L3 mechanism did appear to play a useful role in these chronic crises. Nonetheless, because the mechanism was designed for sudden-onset crises (IASC, 2012b), it has played a different role than expected in severe crises that come on more slowly and last longer than, for example, a typhoon.

In CAR, the L3 designation was found to contribute to turning around what MSF had called an ‘unacceptable performance’ (Liu, 2013). It effectively kick-started the system and shone an internal spotlight, particularly within the UN, to make up for what had been – at least until around the time of the L3 declaration – a notable lack of international media and donor government attention. The L3 designation helped increase funding, the number of operational NGOs and staff capacity. Nonetheless, actual response triggered by the L3 was slow; while this was somewhat made up for by agencies’ internal funding and faster funding from some individual donors, CHF and CERF funds were reportedly slow to arrive, and several INGO representatives felt that UN agencies did not sufficiently adapt their systems to speed things up. It was also broadly felt that donors did not deliver on their commitments quickly enough – or in some cases, ever – after pledges were made in early 2014. Despite considerable operational and security difficulties, however, deployment outside Bangui steadily increased throughout 2014 as many agencies, pushed by certain donors and the visibility afforded by the L3, increased their determination to reach populations in need.

These experiences illustrate the way that an L3 declaration can shed light on performance. In addition, operational peer reviews, meant to be undertaken within 90 days of an L3 declaration, allow an important system-wide review of progress that is not routinely conducted in other contexts. While the operational peer reviews were largely seen as useful, consultative and broadly accurate in their findings, interviewees noted that they lack transparency (the reports remain unpublished), recommendations are not routinely followed up, and their focus has tended to be on systems and processes rather than the response itself.

One consequence of the L3 mechanism has been, by default, to draw attention away from other chronic crises: DRC, Mali, Pakistan and Somalia were all noted as experiencing neglect due to the focus on L3s. In CAR, interviewees pointed to the general difficulty in attracting funds as one reason that some are keen to retain the L3 designation. Concern was raised that ‘INGOs were setting up programmes in CAR for the first time, at the [urging] of the international community and donors [because of the L3], but then somehow it’s not easy for them to find funds.’



*Underlying challenges: Timely, appropriate, at scale?*

The L3 mechanism helped in some contexts to improve organisational capacity and leadership where humanitarian actors were in danger of under-performing. But it has also served to highlight deeper performance and accountability problems, many related to the timeliness of response, the relevance of interventions and communication with and accountability to affected people.

Recognition is growing of how slow emergency humanitarian response can be. As MSF has argued, ‘Emergency response requires flexible, rapidly disburseable and unearmarked funding to be effective and to respond to changing needs – but the current emergency financing mechanisms fail to provide this’ (Healy and Tiller, 2014, pp.17). The same report noted that three months is frequently mentioned as the amount of time it takes from concept note to funds arriving in the field, and this was echoed in our research on CAR and Mali (see also CBHA, 2014). For example, an INGO in CAR reported that they started negotiating in February with a UN agency that had received CERF funding, but the agency was not able to sign an award until May, because of requests for revisions and different formats for proposals. Interviewees and documents reviewed for this study also reported slower than expected aid delivery in South Sudan, where aid efforts were hampered by ‘insufficient and delayed funding’ and ‘the slow or non-return of staff’ (IASC, 2014a), and Iraq, where setting up camps and positioning supplies took longer than expected. While there are many work-around mechanisms, such as INGOs’ standby funding agreements or the rapid response mechanisms mentioned earlier, ‘the fact that such initiatives are necessary at all is itself an indictment of how ill-adapted the major mechanisms are to responding to emergencies’ (Healy and Tiller, 2014, pp. 17).

One notable achievement during the research period seems to have been greater awareness at the field level of the importance of engaging with affected people. In several L3 crises, special advisers on communications with affected populations have been appointed and OCHA has taken the lead on ‘communication is aid’ efforts. Initiatives such as the Communicating with Disaster Affected Communities Network, the Listening Project and the World Bank’s Voices of the Poor project have all further taken root during the review period. Policy discussion, backed by operational research, increasingly supports the idea of rethinking power dynamics so that conflict- and disaster-affected populations are not seen ‘purely as recipients’, and that interventions are designed to centre more on their needs and preferences (Austin and O’Neill, 2013, pp. xii; see also Anderson, Brown, and Jean, 2012; Brown and Donini, 2014).

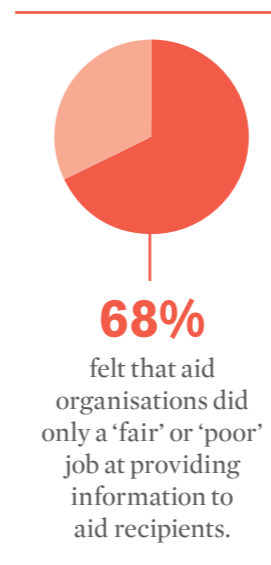
Progress in accountability to aid recipients has mainly been at the level of rhetoric rather than reality, however. While nearly every agency interviewed in the field attested to having some sort of communication or feedback mechanism, the aid recipient surveys and interviews revealed little consultation on project design before the fact and little practical action on complaints and feedback after the fact. Aid actor survey respondents

were most likely to rate participation of aid recipients as poor (compared to other performance areas); 68% felt that aid organisations did only a ‘fair’ or ‘poor’ job at providing information to aid recipients. Respondents from the UN had the most negative views on the ability of aid actors to provide information and complaints mechanisms to aid recipients. When asked how well aid organisations provide information to aid recipients and allow them to lodge complaints, one survey respondent said ‘only fair, but we’re heading in the right direction. Ten years ago I’d have said, “poor.”’

Although the use of feedback and complaints mechanisms is increasing, interviews and other findings from this study raised important questions about the extent to which aid actors actually respond to complaints generated from them, either to address specific problems or to redesign programmes accordingly. As one interviewee commented, ‘communities are saying that they are not getting the information that they need to make informed choices about what they want to do and how they want to respond, and while agencies are busy collecting information they rarely have the capacity to analyse it let alone act on it. This poses serious questions about feedback mechanisms and of course threatens relevance and appropriateness.’ One study also concluded that there is still ‘a lack of evidence that beneficiary feedback mechanisms actually improve the efficiency and/or effectiveness of aid’ or that they are the best method to improve downward accountability (Jump, 2013).

Aid actors were more positive about their ability to prioritise and address the most urgent needs. As in 2012, survey respondents rated performance in this area highly compared to other areas. But a number of examples suggest that poor communication with aid recipients may – not too surprisingly – be negatively affecting aid organisations’ ability to design interventions that meet people’s real needs. An otherwise largely positive evaluation of the Rapid Response to Population Movements mechanism in DRC, for example, found that ‘from a beneficiary community perspective many interventions do not meet priority needs, either because sectoral needs are not evenly covered or because [the rapid-response] interventions are not linked to longer-term activities, notably for returnee communities trying to rebuild their lives’ (Baker, et al., 2013, p. iv). Similarly, one UN survey respondent in Ethiopia noted, ‘the refugee community prioritise education but this is not reflected in the action plans. Education is reduced to being an item mentioned on the strategic level but absolutely not reflected in the resource allocation.’

Studies have noted a high level of path dependence in humanitarian decision-making, where the ‘preferred response’ is repeated with each new crisis, irrespective of evidence on its effectiveness (Darcy and Knox-Clarke, 2013a; Darcy, et al., 2013b). This finding was evident in the system’s struggle to identify and meet the needs of particular vulnerable population groups, such as the elderly and disabled. As one interviewee commented:

**3 months**

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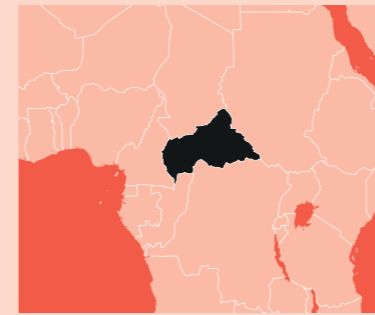
‘the system continues to face the challenge that life-saving assistance is the priority and the analysis of who needs that assistance comes second.’ Many interviewees concurred that there are in-built assumptions about which groups are most vulnerable and inadequate assessment processes that fail to identify evidence gaps, with the result that the system often doesn’t ‘look for the information that might challenge assumptions’.

In CAR, DRC, Mali and South Sudan, aid actors struggled to orient assistance to need and vulnerability rather than displacement status; internally displaced people (IDPs) in concentrated, easy-to-reach sites remained more likely to be assisted than host communities and people living in remote or highly conflict-affected areas. As one survey respondent from an INGO working in DRC wrote: ‘the problem is rather – does the money go to the areas that need it most? It’s a cluster of aid initiatives around Bukavu, but once you leave the tarmacked road to the airport, the number of NGOs present drastically drops.’ In Mali, efforts to assist hosted IDPs in urban areas were seen as inadequate, partly because aid actors may have followed donors’ interest in stabilising the more rural north of Mali and partly because the endemic poverty meant that it was ‘difficult to ensure that IDPs can access assistance and basic services when their hosts are confronted with similar challenges’ (Brown and Hersh, 2013). In other words, the fact that IDPs living with urban host families were difficult to identify or count simultaneously made it more difficult to address their needs and easier to ignore them. These challenges were compounded by a lack of global guidance on IDP protection and programming in impoverished urban settings, since most guidance is focused on camp settings (Brown and Hersh, 2013) – as well as, more broadly, a continued lack of leadership on IDPs generally. In CAR, the needs of hosted IDPs in urban areas were not assessed at all (ACAPS, 2014b).

In CAR, concerns were raised about the appropriateness of discontinuing assistance to IDPs in Bangui. Four months after the arrival of IDPs at the M’Poko airport in March 2014, aid agencies deliberately scaled back food, shelter and non-food items assistance in M’Poko (Healy, 2014; McLeod, 2014), seeking to strike a ‘balance’ of ‘providing assistance but not wanting to create incentives to stay’, in the words of one interviewee. Aid agencies do not appear to have consulted IDPs as to how assistance levels at the site may or may not affect their decision to return home. As one UN observer noted, “There is still an assumption that, as aid workers, we know what is best for a certain population. As such, communications are often designed to convince people of something, rather than to share information. This was the case in IDP sites in Bangui, where the assumption was that, because of the poor conditions in which displaced people were living, including an increased risk of disease during the rainy season, people should be encouraged to return home or relocate to other sites. This failed because most people were not ready to return due to security concerns” (Loquercio, 2014).



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## CENTRAL AFRICAN REPUBLIC

One of the poorest countries in the world, CAR has suffered from persistent under-development and conflict. In December 2012, the *Séléka*, a loose alliance of Muslim fighters, began a military campaign that succeeded in ousting the president. Self-defence groups called *anti-Balaka* were formed, and although the *Séléka* was formally dissolved in September 2013, both groups subjected populations to extensive attacks and abuses. An estimated 900,000 Central Africans were displaced by the fighting in December 2013, and a large portion of Muslims (about 15% of the pre-crisis population) fled the country. A UN stabilisation mission followed a French military intervention and an African-led international support mission. CAR was declared an L3 emergency in December 2013. Humanitarian assistance flows subsequently increased sharply, from \$96 million in 2012 to \$504 million in 2014.

### Overview of performance

**Coverage/sufficiency:** From March through October 2013, humanitarian organisations scaled down activities in the country despite a dramatic increase in needs. The humanitarian actors had followed the under-prioritisation of CAR by development actors, including donor governments. While the L3 declaration prompted increased funding (the 2014 SRP was eventually funded at 71%), donors’ pledges did not translate to timely funding. The L3 resulted in many new organisations establishing operations, eventually including increased deployment to areas outside Bangui, but it remained extremely difficult to recruit qualified staff, both national and international, particularly French speakers.

**Relevance/appropriateness:** Needs assessments were largely one-off, qualitative exercises, making national prioritisation difficult, and the needs of IDPs in urban areas were not assessed at all. Leadership on IDPs generally was lacking, with joint strategies and approaches not well articulated. Some approaches, such as decreasing assistance to IDP sites as an incentive to return home, indicated a lack of understanding of the IDPs’ assessment of the

conflict and their needs. This and other examples indicated a lack of effective two-way communication with affected populations, although efforts to improve in this area were also noted.

**Effectiveness:** The L3 helped to turn around a situation of ‘unacceptable performance’, in the words of MSF (Liu, 2013), whose advocacy played a role in kick-starting the humanitarian system, and it helped make up for what had been a lack of international media and government attention. This resulted in an initially top-heavy response, however, with too much time and staff devoted to planning and coordination and not enough to operations. Response triggered by the L3 was also slow; while agencies’ internal funding and some individual donor mechanisms helped offset this somewhat, CHF and CERF funds were slow to arrive to implementing organisations. Little emphasis was given to preparedness and contingency planning in 2014, despite calls for an increased focus on this.

**Efficiency, coordination and connectedness:** Qualified and capable HCs and cluster/coordination staff were rapidly

deployed after the L3 declaration. The MIRA and a myriad of related assessments and plans were completed ably and rapidly, but agencies struggled to remain informed in the highly fluid context. The humanitarian country team and various coordination structures, while improved, were seen as under-functioning compared to other crises. The rapid response mechanism played a valuable role, helping correct some of the built-in barriers to a fast and flexible response. Overall, the crisis underscored the difficulties humanitarian actors have in defining their role in this type of fragile, highly under-developed country where development donors have receded, including in supporting the basic services of a collapsed state.

**Coherence/principles:** The protection cluster was seen as functioning relatively well in a context where protection was a key issue, and some positive collaboration with the UN stabilisation mission was noted in this area. Humanitarian agencies’ capacity to negotiate with actors relevant for access remained under-developed, even as security conditions were deteriorating. ●



### Efficiency, coordination and connectedness

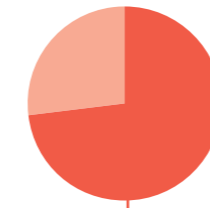
Despite (or because of) being stretched thin across many chronic crises, humanitarian actors have slowly developed efficiencies in some long-running crises – mainly in the areas of financing, pre-positioning of supplies, preparedness and coordination. In many countries, mechanisms have been established to help correct some built-in inefficiencies that make humanitarian response slower, less coordinated and less flexible than it could be.

In the CAR and DRC, for example, rapid response mechanisms – whereby INGOs, working with UNICEF and OCHA, deploy mobile teams to provide multi-sector aid in response to new displacement – have made significant contributions towards a faster and more predictable response (e.g., Baker, et al., 2013). In DRC, given the lack of other agencies with comparable pre-positioned capacity or resources, the mechanism experienced pressure to respond to every displacement, which was beyond its capacity (Baker, et al., 2013); similarly in CAR, the mechanism was appreciated but seen as (unhelpfully) both ‘first resort and last resort’. Interviewees in several other countries also mentioned the importance of MSF’s and ICRC’s flexible standby capacity as helping to fill gaps in the system’s response.

Financial instruments like the CHF and CERF, while still much slower than they could be in facilitating urgent response, continued to improve at field level, for example in DRC and Somalia, according to interviewees. In South Sudan, the CHF was ‘used flexibly’ and was found to play ‘a significant role in financing critical gaps in the response’ (IASC, 2014a). A positive shift was also seen with the move from single- to multi-year (two to three years) planning and funding with the chronic crises in the Sahel and in Somalia (as noted in other parts of this report). In the Sahel, the multi-year SRP was seen as a step forward, but annual funding was limiting its utility.

Many of the improvements noted above were focused on the process, rather than the substance or outcome of humanitarian assistance, essentially serving as workarounds for structural inefficiencies in the system. Interviewees for this study mentioned a consistent set of management challenges linked to delays in contracting and pass-through funding (from the UN to implementing agencies); slow, inadequate or inappropriate human resource mechanisms; and shifting donor reporting requirements which are not harmonised with one another (DARA, 2013).

With regard to connectedness, interviewees and aid actor survey respondents presented a mixed picture, but one that spoke to ongoing issues with how humanitarian actors relate to host government authorities and local civil society in chronic crises. In countries such as Ethiopia and Pakistan, governments have sought to exercise greater control over humanitarian aid, including in assessment and coordination. This has at times led humanitarian actors to conduct ‘shadow assessments’ to ensure impartiality. Interviewees in Afghanistan, DRC and Yemen also noted that some coordination improvements run the risk of edging out host government actors, for example when eliminating projects from appeals had the effect of reducing the role of the government in vetting



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projects. Host government survey respondents were more likely than other respondents to select ‘poor communication and consultation between host government authorities and international actors’ as the biggest problem in the humanitarian response in their area. But a majority of them felt that international actors had worked with them on needs assessment, and most rated the quality of that working relationship as good or fair.

The surveys and interviews also revealed that local organisations continue to be underrepresented in coordination structures. Aid actor survey respondents were fairly negative about the participation of local actors in interagency coordination, with 74% describing it as fair or poor. Host government survey respondents were not positive overall, but only one described local participation as poor. In several countries, notably Iraq, Lebanon and South Sudan, a large percentage of survey respondents reported that coordination meetings were never conducted in the national language of the country or with translation for national participants. A large majority (81%) of aid actor survey respondents described local NGOs’ ability to access direct funding from international donors as fair or poor. Respondents were also fairly negative about how well international aid organisations and donors support capacity building for local actors, with national NGOs most likely to describe this as poor.

### Coherence/principles

Humanitarians interviewed for this study expressed differing views, and sometimes confusion, about what they are trying to accomplish, their role in relation to other international players, and the proper scale of the humanitarian enterprise – particularly where natural disasters occur in fragile states with weak institutions. It is not new that once an initial shock has passed, humanitarian actors face pressure (internal and external) to engage in recovery or reconstruction. Development actors often do not step up, particularly in unstable or conflict-affected areas, and it can be practical for humanitarian organisations to stay, adapting their programming and building upon existing relationships. For certain kinds of shocks, the line between relief and recovery can be thin (Cosgrave, 2014). In other cases, there may be no obvious shock at all, but humanitarian organisations may nonetheless feel compelled to step in, for example responding to cholera and high rates of malnutrition or helping people living in urban slums where there is violence and/or entrenched poverty (Savage and Muggah, 2012).

What is new is a growing recognition of the risks to the expanding scope of humanitarian action. While it is tempting for humanitarian organisations to engage in these activities, it is also controversial. Opponents of humanitarian mandate creep identify three main risks:






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1. that limited humanitarian resources will be thinly stretched, both globally and within organisations, reducing the collective capacity to respond to new or difficult crises (Kent, Armstrong, and Obrecht, 2013; Healy and Tiller, 2014);
2. that humanitarian principles will be undermined, for example when recovery or development activities are linked with the host government or another authority involved in the conflict (Collinson and Elhawary, 2012; Brauman and Neuman, 2014); and
3. that expectations will be set that are well above what humanitarians can realistically accomplish, further letting the responsible actors off the hook. This is especially true since – unlike sudden-onset disasters in middle-income countries – real recovery to a pre-crisis ‘normal’ is usually unachievable, and certainly not with humanitarian agencies’ limited resources (Development Initiatives, 2013).

A number of interviewees, from DRC to Haiti to Mauritania, highlighted the challenges of ‘stop-start’ programming that temporarily alleviates the symptoms, such as malnutrition and cholera, of much deeper structural problems. Equally problematic, in some contexts (such as DRC outside the eastern provinces), because of the sheer scale of the problems, donors may not seriously entertain the idea of humanitarian action, even when the same level of need would trigger emergency action in another context.

The evidence collected in chronic crises revealed that a key question for humanitarian actors is whether they should seek to take on additional roles when they lack the capacity to adequately meet the core humanitarian needs of the context. The overlapping and in some cases enormous crises occurring during the review period revealed that current capacities are woefully insufficient or, as an agency representative in South Sudan described it, the crisis is ‘several levels above our capacity to cope’ (IASC, 2014a). Even in contexts where an acute phase has passed and humanitarian operations have found their footing (such as in CAR, DRC, Mali or South Sudan), the system as described above does not provide mechanisms that would allow the kind of genuine accountability to affected people needed to ensure a high-quality response.