

BUILDING RESILIENCE AND INDEPENDENT CAPACITY



Coverage/
sufficiency



Effectiveness and
relevance/
appropriateness



Efficiency,
Coordination and
connectedness



Coherence/
Principles



Summary

Preparedness, disaster risk reduction, recovery and capacity building, while distinct areas of activity, have come to be seen as critical components of resilience. The goal of resilience programming is to break out of the reactive cycle of humanitarian action and build local capacity to prepare for, withstand and mitigate the effects of crises. Over the period of review, resilience initiatives proliferated both in stable countries that face severe natural disaster hazards and in chronic crises settings where vulnerable populations are put further at risk by repeated floods, droughts and famines. Although on the rise, resilience remains a small corner of humanitarian action. The study found some important gains in preparedness, particularly in natural-disaster-prone stable countries; however, to date there is only limited evidence that these efforts have had a meaningful result in chronic crisis settings.

Coverage/sufficiency

Funding for emergency preparedness is an ongoing challenge for communities and the humanitarian system, and humanitarian actors find themselves having to continually prioritise life-saving activities and forego preparedness and capacity-building initiatives. As one interviewee noted: ‘we keep talking about: \$1 saves \$9 in response, but it’s not mainstreamed [in] thinking.’ While there have been improvements in certain countries, funding preparedness remains a challenge at the global level, and the mechanisms for channelling resources are not well developed (Kellet and Peters, 2014).

Funding post-crisis recovery and reconstruction is equally problematic, and did not improve during this period of review. Our research on the Philippines Typhoon response, for example, found considerable gaps in recovery funding that particularly thwarted efforts to restore housing and livelihoods. This also reflects a lack of donor prioritisation and ineffectual cluster leadership in addressing how to transition to longer-term objectives. This is an even more acute problem in chronic crises. In Mali, for example, while aid agencies made strong arguments for funding to continue in the north, they nonetheless anticipated a funding decline, partly due to donors directing their attention to the more urgent L3 crises.

An area of potentially positive change is the small number of chronic emergency contexts that have explored multi-year humanitarian funding to allow better planning and to build in longer-term programming where humanitarian aid will assuredly be needed for years to come. This began in 2013 with Somalia, and is now being done on a regional basis for the Sahel, as well as in Sudan and Yemen. This finding from the interviews is in line with the financial analysis for this study, which also found that humanitarian funding for resilience activities has increased, reaching 5% of total humanitarian flows. The majority of such funding went to sub-Saharan Africa, followed by Asia (FTS 2015). Resilience activities include projects identified as having objectives related to resilience, building capacity for independent response and coping mechanisms, disaster risk reduction and risk management. Projects that were primarily oriented toward capacity

building for international organisations were not included.

Overall however, the challenges in financing resilience activities underscore the findings discussed in Section 4.3 in that there remains a critical lack of flexibility and sufficiency in development funding instruments to support social safety nets in chronic contexts.

Effectiveness and relevance/appropriateness

As a whole, outcomes have not yet been assessed on a broad enough basis to say whether humanitarian resilience programming has made a given population more resilient or not, and the lack of a common definition of what this would look like adds to the difficulty (Levine and Mosel, 2014). The majority of interviewees voiced some degree of dissatisfaction with the concept of resilience. As one remarked, ‘resilience is really a bucket term that almost anything can fit into.’ However, examining preparedness specifically, as a component of resilience, there is evidence of progress. Preparedness is where the humanitarian system’s technical capacities are strongest and where there is a clear, shared understanding of the goals, as well as some progress on measuring performance. While investment has also been made in disaster risk reduction, much of the work is led by multi-mandated actors and is directed from their broader development portfolios.

Overall, performance in preparedness continues to improve along the same trajectory observed in SOHS 2012, but far more so in stable countries affected by periodic natural disasters (such as Indonesia and the Philippines) than in countries experiencing chronic crisis and instability. Interviews and evaluations attest that preparedness investments in contexts of recurrent sudden disaster are having a demonstrable positive effect. The Philippines research revealed that preparedness investments in advance of Typhoon Haiyan, including the early warning measures and the government’s evacuations, according to a UN official, ‘saved hundreds, if not thousands of lives’. And as discussed earlier, preparedness in joint host-government/international response coordination structures were an important element of the effectiveness of that response. Basic measures, such as the UN-led Minimum Preparedness Package, humanitarian clusters co-led by government authorities, and appropriate legislation were all in place at the time of the typhoon and all enhanced response effectiveness. Similar good results have been seen in Latin America and the Caribbean, where donor governments and agencies with the support of regional offices have developed close and supportive working relations with national authorities. In these settings the international humanitarian system also contributes to capacity building in the form of ongoing training of national authorities and adoption of lessons from simulations, and supports the establishment of legal frameworks, structures and policies (Stoddard and Harmer, 2013).



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A broader challenge for effectiveness in resilience programming is the level at which humanitarian aid actors are focussing. Much work remains at the project and programme level, and in many ways simply involves a retrofit of previous activities.

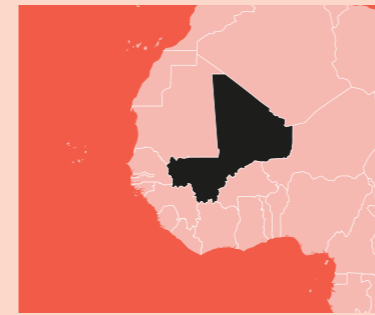
At the global level, efforts to create regional supply hubs and inventoried stockpiles have advanced global preparedness capacities and increased efficiencies. These efforts have also enhanced practice at the country level; for example, in Mali, interviewees spoke about how the pre-positioning of WASH and non-food item stocks and treatments for acute malnutrition has improved the ongoing response. And in South Sudan in 2014, consistent with 2012 findings, the Common Humanitarian Fund was useful in supporting pre-positioning of supplies and pipelines. Since 2012, contingency planning has also improved in a range of countries, including chronic-crisis contexts such as Mali and South Sudan (IASC, 2014a).

A number of regions faced with food insecurity have continued to invest in early warning systems, for example, the Horn of Africa, West Africa, and the Sahel. Evaluations reviewed for this study found that early warning systems were cited repeatedly as particularly valuable and effective. Interviews also indicated, however, that they are not always well used for effective decision-making, and for that reason need to be clearly linked to available funding and programming options.

Settings where governments are unstable and where armed conflict represents a primary hazard are the most difficult in which to establish the structures for preparedness. Early warning for conflict contexts is technically and politically challenging. New initiatives like INFORM (www.inform-index.org), which offers an index that identifies countries at risk from humanitarian crises and disasters that could overwhelm national response capacity, while welcome from the point of view of mapping risk, are also noted as controversial with states that have strong indicators of instability.

In both northern Mali in 2012 and in South Sudan in 2013, international and national actors were taken by surprise by the suddenness and severity of the crises. At least one UN agency with a regional Sahel preparedness unit had categorised Mali as having a very low likelihood of conflict-related crisis. On the other hand, ICRC had long recognised the potential for conflict and had planned accordingly. Interviewees also saw South Sudan as a preparedness failure: ‘we weren’t responsive to early warning signs and the crisis that occurred ... could have been dealt with earlier and mitigated.’

A broader challenge for effectiveness in resilience programming is the level at which humanitarian aid actors are focussing. Much work remains at the project and programme level, and in many ways simply involves a retrofit of previous activities. SOHS 2015 research findings suggest that while the fundamental architecture and funding systems remain untouched, and the analysis of context and vulnerability remains the same, resilience work is unlikely to be transformative. This is consistent with findings from the evaluation synthesis, which showed that while resilience programming received higher marks overall than rapid response and chronic crisis support, the picture changed once the focus areas of the evaluation were broken down. Performance assessments of individual programmes in resilience tended to be rated higher (mostly good to excellent) than



MALI

Fighting by insurgent groups in the north of Mali beginning in January 2012 caused several hundred thousand people to flee, including local government officials. By April 2012, armed groups had taken over the three largest cities in northern Mali. The violence took many donors and aid actors by surprise; despite its endemic poverty, Mali had been considered an example of democratic and development success. In response to the crisis, humanitarian assistance flows to Mali increased greatly, from \$28 million in 2011 to \$375 million in 2014 (FTS 2015). In July 2013, the UN Multidimensional Integrated Stabilization Mission in Mali deployed in July 2013, and new presidential elections were held, but much of the country remains contested and highly insecure.

Overview of performance

Coverage/sufficiency: While aid actors perceived the funding levels in 2012–2013 as largely sufficient, they noted gaps in protection, education and WASH. Humanitarian access and coverage were limited due to insecurity in the north of the country, despite attempts to enhance access through support of local NGOs.

Relevance/appropriateness:

The response lacked a comprehensive, cross-sector picture of humanitarian needs and priorities. While there was a sizeable response to internal displacement in 2013, many IDPs were hidden from official view, living with urban host families, which made it simultaneously more difficult to address their needs and easier to overlook them. Leadership on IDPs and on protection issues was also unclear and generally weak. In addition, many aid actors reported that the dominance of in-kind food aid was not optimal, particularly given the lack of a clear strategy linked to the reduction of vulnerability.

Effectiveness: Agencies and donors previously working in Mali with a development or resilience focus were able to switch gears, bring in new personnel and mechanisms and launch a humanitarian response, but some agencies scaled up more slowly than their internal capacity suggests would be possible. Despite their presence in the region, most humanitarian actors (except ICRC) did not anticipate or plan for the crisis, although contingency planning and preparedness have been stepped up since the crisis.

Efficiency, coordination and connectedness: Aid actors widely viewed the humanitarian coordination functions, including clusters and the humanitarian country team, as appropriate and functional. The government disapproved of the humanitarian modalities, however, and wished to exercise greater control over these aid flows. The SRP for the Sahel region was viewed as a step forward because of its regional approach and longer time frame, but was not viewed as resulting in increased

coordination and connectedness, largely because the results indicators are very broad and activities lack prioritisation. Humanitarian actors pointed to the lack of a vision for humanitarians’ role in resilience-building, the nature of resilience-building in general, and ways to address chronic, structural needs, in particular those with a conflict dimension.

Coherence/principles:

Aid actors demonstrated knowledge of and intention to adhere to the humanitarian principle of independence and neutrality, in particular vis-à-vis the UN Integrated Stabilization Mission and other foreign forces, and a code of conduct on specific practices and international support helped actors to realize the importance of humanitarian principles and modalities in general. However, the roles of the Resident Coordinator/ Humanitarian Coordinator and OCHA within the integrated mission have at times been seen as detracting from a strong strategic focus on humanitarian needs. ●

evaluations that examined the results of resilience-building in the country as a whole (mostly poor to fair). This suggests the difficulty of scaling up successes from the community to the country level. In terms of relevance/appropriateness, the evaluations of resilience projects, albeit focused on a low, localised level, found that targeting of resilience was considered appropriate to the areas and groups of people most vulnerable to disasters and other shocks.

One persistent challenge to relevant and appropriate resilience-building is the lack of information on existing capacities of local, national and international actors. Humanitarian actors in most contexts have not undertaken a comprehensive inventory of their own material, logistical and technical capacities, and have limited understanding of what their counterparts in government and the humanitarian system currently have or are prepared to provide in the event of an emergency (Stoddard and Harmer, 2013). The relevance criterion cannot be met if the needs and gaps are unknown or unspecified, and this is the case with much of what humanitarians do in the area of preparedness.

Efficiency, coordination and connectedness

The review of evaluations of resilience programmes conducted for this study found lower ratings for efficiency than for any other criterion. Typical complaints cited in this area included delays in project inputs (problems with procurement and delivery chains), poor information sharing and inefficient management and decision-making structures leading to high transaction costs (e.g., Gubbels and Bousquet, 2013). The UN's regional resilience strategy and adapted humanitarian appeal for the Sahel is seen as a modest step forward in efficiency because of its longer time frame (three years rather than the usual one) and integration of resilience and long-term activities. Some donors, such as the European Commission Humanitarian Aid Office, allocate part of their humanitarian spending to resilience activities, but they have not maximised efficiency by coordinating labour or funding.

Coordination findings were mixed. In countries prone to sudden-onset disasters, such as the Philippines and Indonesia, extensive consultation with the government and the local authorities continues on preparedness measures, and separately on disaster risk reduction and mitigation (often by development partners), but there is less evidence that governments are consulted and engaged in a broader resilience needs assessment, which would include recovery and financing needs.

The broader question, as mentioned in section 4.3, is the extent to which humanitarian actors are responsible for addressing deeper problems, especially given the strain on resources and capacities with the current caseload, and the difficulties in working at scale. Some humanitarian actors in the Sahel, such as MSF and the European Commission Humanitarian Aid Office, have framed their interventions to address malnutrition as responses to recurring crisis, even as these interventions have shifted 'from emergency response efforts towards structural measures that can assist the longer-term mission to fight illness' (MSF, 2012). This approach reflects the general challenge of how humanitarians should manage

recurring problems when development actors do not take up these responsibilities.

Coherence/principles

Establishing practical links between the humanitarian response and more structural development and resilience work has proved challenging. The Sahel SRP stresses advocacy and partnership with governments in recognition of the fact that humanitarians cannot effectively tackle resilience on their own. While this makes sense as an aspirational goal, the findings from the field visits and evaluations review suggest that humanitarian actors are not strategically engaged at higher levels and have generally weak linkages and dialogue with governments and development actors. This derives from humanitarian actors' inherently narrower and people-centred focus (compared with the institutional focus of development programming). Unsurprisingly, then, in evaluations reviewed for this study, resilience efforts were rated more poorly for coherence and coverage than for other criteria. In other words, programmes might be effective for the local community or targeted beneficiary group, but were not well integrated with national structures and development programmes; nor were they meeting the full scope of needs.

A recent study focused on Mali found that, of five key goals, aid actors perceived that the least progress had been made in establishing joint humanitarian-development mechanisms. As one interviewee for this study highlighted: "We must be very clear that humanitarians can make only a very modest contribution to building resilience in Sahel. The problems are created by structural development and governance issues that we simply don't have toolbox to fix [and that are] well beyond our capacity."

Responding and calling attention to structural weaknesses arguably can be an appropriate role for humanitarians. Because they are focused on immediate conditions, they are more alert to unacceptable suffering, regardless of the cause. Responses to structural problems will be most appropriate and potentially most effective when they include advocacy – such as MSF's programming and advocacy in CAR long before the current upsurge in conflict (MSF, 2011) and humanitarians' innovative approaches to recurring acute malnutrition in the Sahel (Haver, et al., n.d.).

A better definition of criteria that can function as triggers for humanitarian action in such situations is needed. Such criteria include when and how to withdraw (without causing harm) when the (often temporary) acute phase of a problem subsides. Humanitarian actors should not be expected to pick up the slack, but to provide information about the problem (including supporting monitoring or early warning systems), raise the alarm, and explore new or alternative response modalities, with the purpose of getting those responsible (usually host governments with development donors) to tackle the problems themselves.



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The challenge is to build better ways to engage in that dialogue with critical resilience actors –including development agencies, regional and donor governments and international financial institutions like the World Bank, who bring appropriate resources and leadership – rather than to devote overstretched humanitarian resources to it. The IASC’s Common Framework for Preparedness offers an expanded understanding of preparedness as a critical component of resilience (IASC, 2013a). It consists of a systematic approach whereby humanitarian and development actors work together to support national and local preparedness. This approach is most realistic where there is strong national government leadership and investment in local capacity as part of an overall risk management strategy.
