



Humanitarian Access SCORE Report: 2020 Global Synthesis



Survey on the Coverage, Operational Reach,
and Effectiveness of Humanitarian Aid



Acronyms	3
Executive summary	4
1. Introduction	6
1.1 Research approach and methods.....	6
1.2 Caveats.....	7
2. Humanitarian access in conflict zones	8
2.1 Definitions and developments in the access discussion.....	8
2.2 Case comparisons: Afghanistan, Central African Republic and northeast Nigeria.....	9
3. Impediments to humanitarian access and presence	14
3.1 Insecurity and the challenge of negotiating with non-state actors.....	14
3.2 Host government interference.....	15
3.3 Donors and the international community.....	15
3.4 Organisational weakness and inter-agency dysfunction.....	16
4. Emerging approaches and initiatives at the global level	17
4.1 Access coordination.....	17
4.2 Donor governments.....	18
4.3 Research and training initiatives.....	19
4.4 Prioritising access and investing in organisational capacities to extend it.....	20
4.5 Working more effectively with local and national actors.....	21
4.6 Reframing: Access <i>by</i> people in need.....	22
4.7 Linking access, accountability to affected populations, protection, and security management.....	24
5. Lessons from the case contexts	28
References	30
Annex: SCORE questionnaire	32

Acronyms

AAP	Accountability to affected populations
ACF	Action contre la Faim
AWSD	Aid Worker Security Database
CAR	Central African Republic
CATI	computer-assisted telephone interviews
CCHN	Centre of Competence on Humanitarian Negotiation
CORE	Coverage, Operational Reach and Effectiveness (programme)
DACAAR	Danish Committee for Aid to Afghan Refugees
DG-ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DRC	Danish Refugee Council
DRC	Democratic Republic of Congo
EU	European Union
GDHO	Global Database of Humanitarian Organisations
HCT	humanitarian country team
HD	Centre for Humanitarian Dialogue
HNO	humanitarian needs overview
HQ	headquarters
HRP	humanitarian response plan
ICRC	International Committee of the Red Cross
IHL	international humanitarian law
IRC	International Rescue Committee
ISIS	Islamic State of Iraq and Syria
ISWAP	Islamic State in West Africa Province
LRA	Lord's Resistance Army
MINUSCA	(UN) Multidimensional Integrated Stabilization Mission in the Central African Republic
MSF	Médecins Sans Frontières
NGO	non-governmental organisation
NRC	Norwegian Refugee Council
NSAG	non-state armed group
OCHA	(UN) Office for the Coordination of Humanitarian Affairs
OFDA	Office of US Foreign Disaster Assistance
SAVE	Secure Access in Volatile Environments (programme)
SCORE	Surveys on coverage, operational resources and effectiveness
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme

Executive summary

Access is the central and overriding problem in humanitarian action. Defined as both people's ability to reach aid and aid's ability to reach people, humanitarian access is the precondition for effective and principled emergency response. The worst conflict-driven humanitarian crises occurring today have constrained humanitarian access as a key feature, making lack of access a proxy for severity of need.

The research programme on humanitarian Coverage, Operational Reach and Effectiveness (CORE) studies access in specific emergency contexts to identify common factors, to measure the extent to which populations in need have been able to access humanitarian aid and vice versa, and to highlight useful lessons, good practices and effective actors. In addition to collecting humanitarian coverage data and interviewing aid actors, CORE elicits the opinions and perspectives of crisis-affected populations through remote surveys.

Funded by USAID, and building on Humanitarian Outcome's past research on Secure Access in Volatile Environments (SAVE), the first two years of the CORE programme focused on three access-challenged contexts: northeast Nigeria, Afghanistan, and Central African Republic (CAR). This report synthesises those findings and discusses the global state of the debate in the humanitarian sector on access challenges and how to solve them.

Data shows that some areas in each of the three countries are effectively inaccessible to humanitarian organisations, and roughly half the territory has at least some access constraints. Greater constraints also correlate with fewer aid organisations operating in the context, and hence lower coverage per person in need. Of the three cases, northeast Nigeria has the most people in need of aid, the most constrained access, and the lowest number of operational aid agencies.

Globally, some humanitarian provider agencies and their donors have started to pay more attention to the access gap and take deliberate steps to improve it. The UN Office for the Coordination of Humanitarian Affairs (OCHA) now provides humanitarian responders with a minimum package of services on access, and access issues are systematically addressed in donor forums, collective needs assessments, and humanitarian response plans (HRPs).

A handful of aid agencies have adopted global access strategies and invested in training on negotiations and other guidance for operating in hard-to-access environments. But on the whole, these examples are relatively few, and policy change has been slow.

Obstacles to meaningful progress in the humanitarian sector include vague definitions of access and lack of metrics to evaluate it, failure of humanitarian advocacy in the counter-terror policy space, and failure to innovate beyond the traditional models. Host governments have not faced major international pressure to better facilitate humanitarian action, and apart from a few notable exceptions, most aid agencies remain in their operational comfort zones without attempting to extend into more difficult environments. In places where humanitarian access is limited, aid programming often defaults to ‘a supply-driven, mechanical response’, as one aid worker put it, as opposed to aid that is tailored to people’s priority needs.

What improving access might look like depends on the crisis. In the more ‘classical’ humanitarian responses to civilians trapped in or suddenly displaced by fighting, organisations must improve their frontline negotiating capacity with armed groups. But for protracted civil conflicts and ‘chronic emergencies’, which include the cases studied for this report and the majority of the humanitarian emergency caseload each year, the solutions appear less about how to get aid agencies in, and more about how to support local communities to get the resources they need through self-sustaining networks. Most of the analysis, training, and policy guidance on access to date has focused more on the former: aid agencies’ ability to operate and reach people. Greater attention to how people access services and resources would be an important complement. In doing this, access efforts could link more effectively with protection initiatives and commitments to greater accountability to affected populations, and more direct and effective support to local actors.

This report highlights the national and international entities identified in the survey and data findings as especially effective at reaching people in hard-to-reach areas, and some emerging practices and new models that hold promise. These include peer-to-peer learning on negotiated access and community-led, locally-based collaborations between a wide range of actors in and outside the humanitarian sectors.

1. Introduction

Humanitarian Outcomes initiated the CORE research programme in 2018 with funding from USAID’s Bureau for Humanitarian Assistance. The work encompassed ongoing data compilation for the Aid Worker Security Database (AWSDB) and the Global Database of Humanitarian Organisations (GDHO), and the initiation of a new database containing the survey responses from affected people in crisis contexts—the Survey on Coverage, Operational Reach, and Effectiveness (SCORE). These three data streams in combination provide the empirical foundation for the research on humanitarian access, presence and coverage, while each individually providing key descriptive information on the sector not found in any other comprehensive, centralised source.

The CORE programme was designed to update and elaborate the findings of the SAVE programme, which Humanitarian Outcomes conducted for the UK government between 2014 and 2016. Among other findings, the SAVE research showed empirically that:

- far fewer aid agencies work in dangerous countries than in safe ones, and not nearly enough are there to provide people with what they need
- in high-risk countries, aid agencies tend to narrow their field presence and cluster in safer areas—only a small group of humanitarian organisations operate in the highest-risk places
- surveys of people living in high-risk areas say that aid is declining even as their needs are rising
- as access becomes more difficult, aid becomes more basic, and less responsive to the most critical needs and the most vulnerable people
- donor policies and agency incentives can work against humanitarian access and coverage while making the aid presence seem more robust than it actually is—there needs to be more operational transparency about where aid agencies are able to operate, greater strategic prioritisation to fill gaps, and greater consideration of how to ensure impartial humanitarian coverage.

1.1 Research approach and methods

In the SAVE programme, field-level researchers collected operational presence data in the country contexts—a necessary undertaking for the inaugural research but unsustainable in terms of the cost and time required to keep these measures up-to-date. The CORE research therefore takes a primarily desk-based approach, using remote surveys, data scraping supplemented with systematic queries to operational agencies and coordination bodies, and interviews with key informants.

1.1.1 Data-gathering for case contexts

The three conflict cases studied for the first cycle of CORE—Afghanistan, CAR, and northeast Nigeria—were selected for their significant access constraints as well as their diversity of conflict conditions. For each context, the research team gathered operational presence data (numbers of organisations, projects, staff, and locations) from existing datasets such as OCHA’s 3Ws and other publicly available information. These were verified in consultation with OCHA and augmented through direct queries to the organisations themselves. In addition to the

operational data, the team also compiled the numbers of people in need, population figures such as overall size and density, access scores, and insecurity indicators such as conflict severity and violence against aid workers.¹

1.1.2 Surveys of affected people

The research team designed a questionnaire to obtain the perspectives of crisis-affected people living in the case study contexts. Working the remote survey provider and GeoPoll, the project surveyed over 400 people in each country (a combined total of 1,465 responses) to elicit their opinions on the presence and effectiveness of the various providers, the biggest obstacles to humanitarian access, and the extent to which their critical humanitarian needs were met (see Annex for questionnaire). GeoPoll conducted the surveys with live operators in regional call centres, using the computer-assisted telephone interviewing (CATI) method to allow for open-ended questions and follow-up.

1.1.3 Key informant interviews and consultations

The research team contextualised the data and triangulated the information from survey responses with findings from 40 key informant interviews. The interviews targeted representatives from national and international NGOs, UN agencies, the International Red Cross and Red Crescent Movement and donor governments, and included personnel working in the case countries as well as those in international headquarters. To ensure candour and avoid potential security issues, interviewees were anonymous.

1.1.4 Products

To date, CORE has produced three analytical reports on the case countries, and has built a publicly available database and dashboard for the survey responses.² The SCORE responses will continue to be compiled and made available online in this centralised database as the programme conducts additional surveys in other hard-to-access emergency contexts.

This report summarises the results of all three case studies with the aim of synthesising some global findings on the nature of humanitarian access challenges and the resulting gaps in humanitarian coverage. Most importantly, it seeks to identify the relatively successful actors and effective programmatic practices to provide potentially useful lessons for the sector as a whole.

1.2 Caveats

As an all-remote programme without an in-depth field research component, the CORE study avoided any disruption or delay during the Covid-19 pandemic and lockdowns. But the benefits of remoteness in terms of continuity, sustainability, and lower costs come with clear drawbacks for depth of research and the nuanced understanding of case contexts that comes from immersion in the context and participant-observation that field visits would provide. Therefore, while the programme is ambitious in its goal to provide a sustainable and useful set of big-picture metrics of access, it must also be modest in its claims involving specific details of operations and conditions in each context. It should be treated as an overview and a complement, and not a substitute to country-based, in-depth analysis of access in specific places.

¹ Sources: UN Office for the Coordination of Humanitarian Affairs (OCHA)/OCHA Humanitarian Access Group. (2020). *Afghanistan hard-to-reach districts January*; OCHA. (2020). *Central African Republic difficult zones to access*; OCHA. (2019a). *Nigeria monthly humanitarian access report September 2019*; OCHA. (2019b). *Minimum package of services on access* (internal); ACAPS. Crisis InSight, available at: www.acaps.org/countries; and Humanitarian Outcomes. Aid Worker Security Database, available at: www.aidworkersecurity.org

² <https://www.humanitarianoutcomes.org/projects/core>

2. Humanitarian access in conflict zones

The challenges and dangers to humanitarian action in war are not new, but civil conflict involving (sometimes multiple) non-state armed groups (NSAGs) presents extreme obstacles and lays bare a fundamental weakness in international humanitarian law (IHL) from which humanitarian actors derive their legitimacy to intervene.³ It is not merely that warring parties regularly violate IHL's provisions to allow and facilitate humanitarian aid to civilians; the law's applicability to civil conflicts is vague and contains a major loophole having to do with state sovereignty, making it ill-suited to the conflicts that constitute most of today's humanitarian crises.⁴

In these settings, humanitarians can both be attacked by NSAGs, who consider aid workers to be agents of the government, and simultaneously thwarted, harassed, or expelled by host government actors asserting their sovereignty. This impossible position was epitomised in the case of northeast Nigeria, where one UN official paraphrased the military's response to humanitarians as follows: 'You are not neutral in this country; you are here at our invitation'.⁵

As humanitarian response is largely a voluntary endeavour, most organisations are at liberty to choose the locations they will work in, the activities they will undertake, and the level of risk they are prepared to accept.⁶ As our previous research shows, in difficult environments this results in higher humanitarian presence in areas of lesser need, and vice versa. The resulting gaps in humanitarian coverage, put simply, are the problem that efforts to increase humanitarian access seek to solve.

2.1. Definitions and developments in the access discussion

The CORE programme uses the following general definitions of humanitarian access, presence, and coverage.

- ▶ **Access** - the degree to which crisis-affected people are able to reach, and be reached by, humanitarian aid.
- ▶ **Presence** - a measure of the combined humanitarian inputs—organisations, activities and personnel—in a given operational setting at a given time.
- ▶ **Coverage** - the level of humanitarian presence relative to the people in need in a given area.

When it comes to access as an *operational strategy*, however, this must be defined individually by the humanitarian actors pursuing it. In even the most present of organisations, we found that most had only vaguely defined what they meant by access, and had not yet developed any formal indicators or metrics.

³ Terry, F. and McQuinn, B. (2018). *The roots of restraint in war*. ICRC, June 19, 2018.

⁴ Harmer, A., Stoddard, A., and Sarazen, A. (2018). *Humanitarian access in armed conflict: A need for new principles?* UK Department for International Development, p.34.

⁵ Stoddard, A., Harvey, P., Czwarno, M., and Breckenridge, M.-J. (2020). *Humanitarian access SCORE report: Northeast Nigeria. Survey on the coverage, operational reach, and effectiveness of humanitarian aid*. Humanitarian Outcomes.

⁶ Exceptions are the UN humanitarian agencies and the International Red Cross and Crescent Movement, which have organisational mandates to respond.

Access is a broad term and is usually defined in the negative, by the absence of the following obstacles:

- insecurity (combat, targeted attacks, or high crime levels)
- interference or obstruction by authorities (including denial of visas and internal travel/work permits)
- denial of services to segments of the population
- poor roads and other logistical infrastructure issues.

For humanitarian organisations wanting to approach access more deliberately and systematically, the starting point has typically been in the definition and enumeration of these obstacles in order to develop organisational strategies and guidance for dealing with them. While several have taken this step, and designated staff specifically to work on access, none yet has a clear picture of what success would look like, and by how much they are hoping to expand their coverage in hard-to-reach areas. This report will look further at the access efforts of humanitarian actors, individually and collectively, in Section 4.

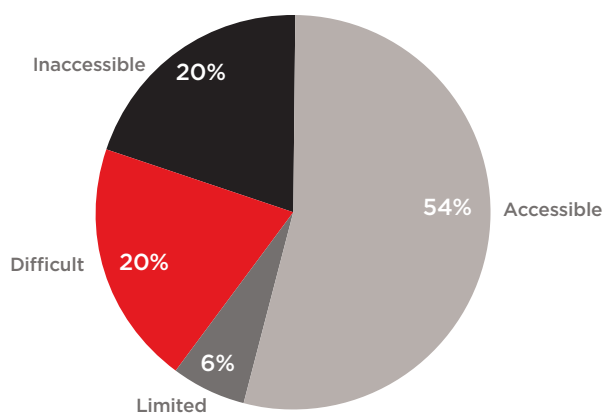
2.2 Case comparisons: Afghanistan, Central African Republic and northeast Nigeria

Just as every conflict has different causes and consequences, every access-constrained environment has unique features and a different constellation of constraints. Afghanistan, CAR, and northeast Nigeria are all civil conflicts involving NSAGs, and all are highly constrained and insecure for aid organisations. However, their operating environments diverge from there.

In the embattled region of northeast Nigeria (specifically the states of Borno, Adamawa and Yobe), the biggest impediments to reaching civilians trapped in contested areas are government interference and the inability of humanitarians to engage with the extremist insurgency, Boko Haram/Islamic State’s West Africa Province (ISWAP). Of the three cases, Nigeria has the highest percentage of crisis-affected districts that are effectively inaccessible to aid groups (Figure 1), and the lowest number of agencies responding to the crisis (Table 1). With humanitarian actors confined to working within areas controlled by the Nigerian military, over a million people remain in inaccessible areas, outside the reach of relief aid. Agencies working in the region say the situation has been further exacerbated by weak coordination in terms of joint advocacy with parties to the conflict and by the lack of coherent access strategies.

In Afghanistan, the now decades-old conflict between the elected government and the Taliban, with the additional presence of Islamic State of Iraq and Syria (ISIS) and other ‘foreign fighters’ complicating the landscape, has exacerbated the extreme poverty and vulnerability of large swathes of the population. The overall humanitarian presence in Afghanistan has been declining for many years despite continued hostility, displacement,

Figure 1: Access in northeast Nigeria by district

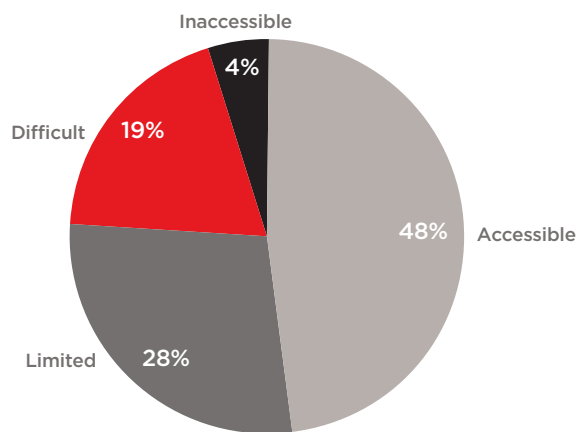


Source: OCHA. Nigeria Monthly Humanitarian Access Report, September 2019

and areas of chronic extreme need. Difficult operating conditions and donor fatigue over the past few years have resulted in international NGOs steadily contracting their presence to fewer and fewer districts and activities. The humanitarian programmes that remain are mostly low-profile and highly localised, and while only 5% of districts are considered completely 'inaccessible', more than half the country faces at least some access constraints (Figure 2).

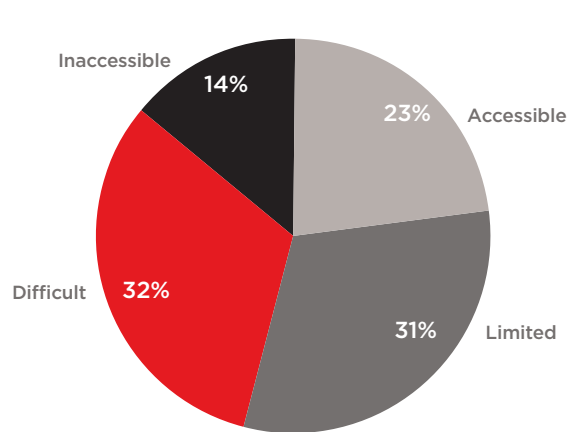
In CAR, the conflict waged between multiple and fragmented fighting forces has blurred the line between targeted attacks and violent criminality, making it next to impossible for humanitarians to negotiate secure access agreements with all possible sources of threat. The country's lack of paved/passable roads also creates major logistical difficulties in reaching the nearly 2.6 million affected people who are dispersed over a wide geographical area. Before the most recent escalation of hostilities, the aid response in CAR was considered something of a humanitarian backwater, and still today remains a smaller than usual presence relative to the severity of the crisis, plagued by problems with recruitment and retention of qualified personnel.

Figure 2: Access in Afghanistan by district



Source: OCHA Humanitarian Access Group. Afghanistan Hard-to-Reach Districts, January 2020

Figure 3: Access in Central African Republic by district



Source: OCHA, Central African Republic Difficult Zones to Access, January 2020

Taken as a whole, Afghanistan would seem to have the best presence and fewest access constraints relative to northeast Nigeria and CAR, with less territory under major constraints, and the highest funding margin and number of aid organisations responding per person in need (Table 1).

Although CAR had fewer numbers of people in need, it also had greater constraints to access across wider amounts of territory, and, more importantly, people in need unreached. Northeast Nigeria had the poorest humanitarian presence and the highest number of people left unreached by aid in absolute terms.

Table 1: Access/presence profiles in the case contexts, 2019⁷

	People in need (PIN) (millions)	PIN targeted for humanitarian aid (millions)	Humanitarian funding received per targeted PIN (USD)	Number of organisations responding	Percent of area inaccessible or seriously constrained	OCHA average access scores*	People reached with aid (millions)	% coverage of PIN
Northeast Nigeria	7.9	5.9	\$94	83	40%	2.1	5.2	66%
Afghanistan	6.3	4.5	\$178	165	24%	1.8	5.2	83%
CAR	2.1	1.9	\$108	139	46%	2.4	1.1	52%

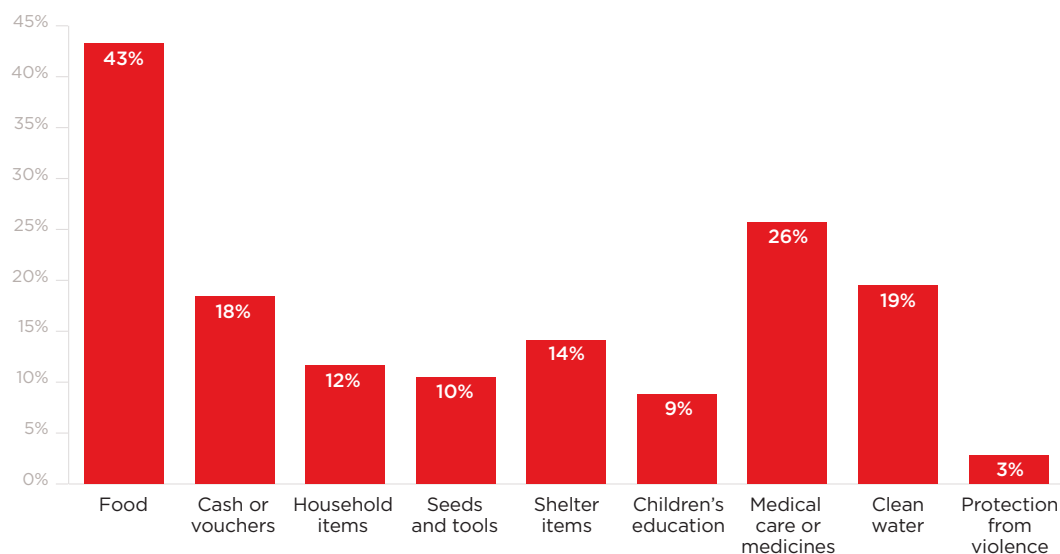
*Average scores by district range from 1 (no constraints) to 4 (inaccessible)

2.2.1 Affected people’s perspectives

The SCORE questionnaires for affected people in the three contexts asked about people’s needs and their experience of humanitarian response.⁸ Were they able to access aid? If so, what kind was it, and did it meet their needs? Survey operators then asked for people’s perspective on the biggest obstacles to access (their own in terms of reaching aid and those of the agencies trying to reach them) and which aid actors they felt were the most present and effective aid actors given the constraints in the area.

Survey responses naturally varied by country (and district), but certain patterns seen in the aggregate were reflected in the individual country responses as well. Most people receiving humanitarian aid reported that it was in the form of food, medical assistance, and clean water (Figure 4). Smaller percentages of respondents reported receiving assistance in the form of cash, mobile money or vouchers, showing the continued underdevelopment of this modality, which would seem preferable to traditional programming in areas where security and logistics are challenging.

Figure 4: Type of aid received (Afghanistan, Central African Republic and northeast Nigeria)



Source: SCORE surveys, 2019–2020, <https://www.humanitarianoutcomes.org/projects/core/charts>

⁷ **NE Nigeria PiN and population** https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_humanitarian_needs_overview_december2020.pdf

NE Nigeria targeted https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_humanitarian_response_plan_march2020.pdf

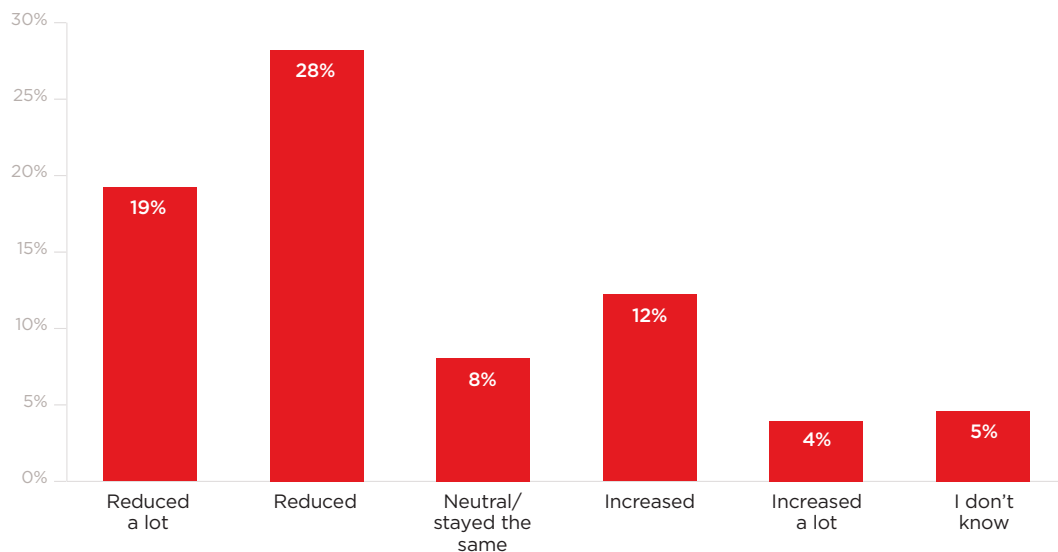
Afghanistan PiN and population https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_needs_overview_2020.pdf

Afghanistan 2019 targeted https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_2019_humanitarian_response_plan.pdf

⁸ Surveys were administered in NE Nigeria in Q3, 2019; Afghanistan in Q1, 2020; and CAR in Q2, 2020.

Most survey respondents suggested that access and presence were trending in the wrong direction, with a majority of people saying the aid presence in their area had declined (Figure 5).

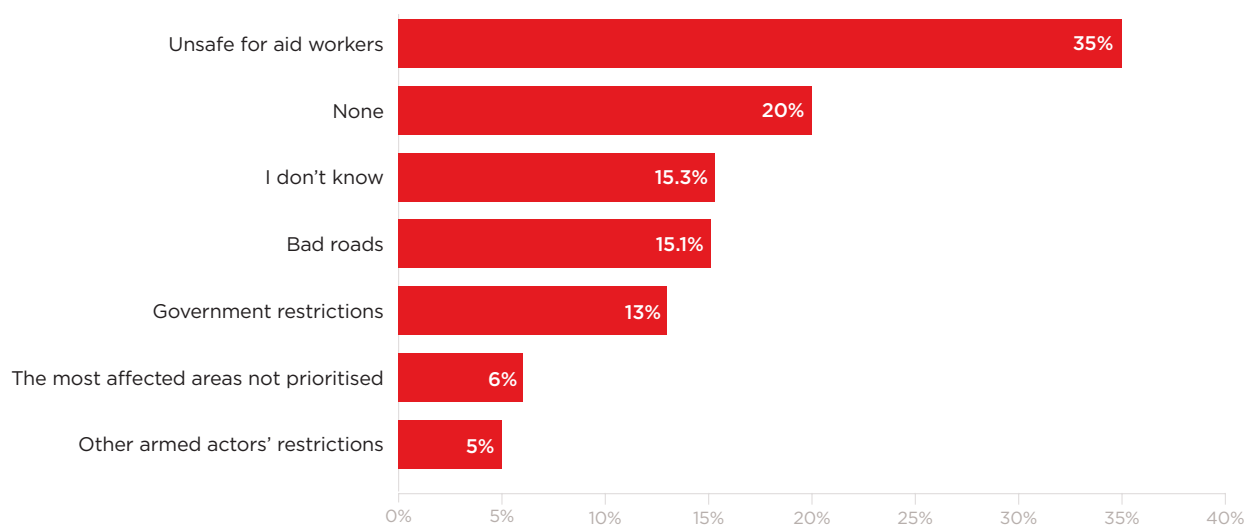
Figure 5: Change in aid presence in the past year (Afghanistan, Central African Republic and northeast Nigeria)



Source: SCORE surveys, 2019–2020, <https://www.humanitarianoutcomes.org/projects/core/charts>

According to the survey, while there are a range of obstacles and limitations to humanitarian access, insecurity is the primary reason (Figure 6).

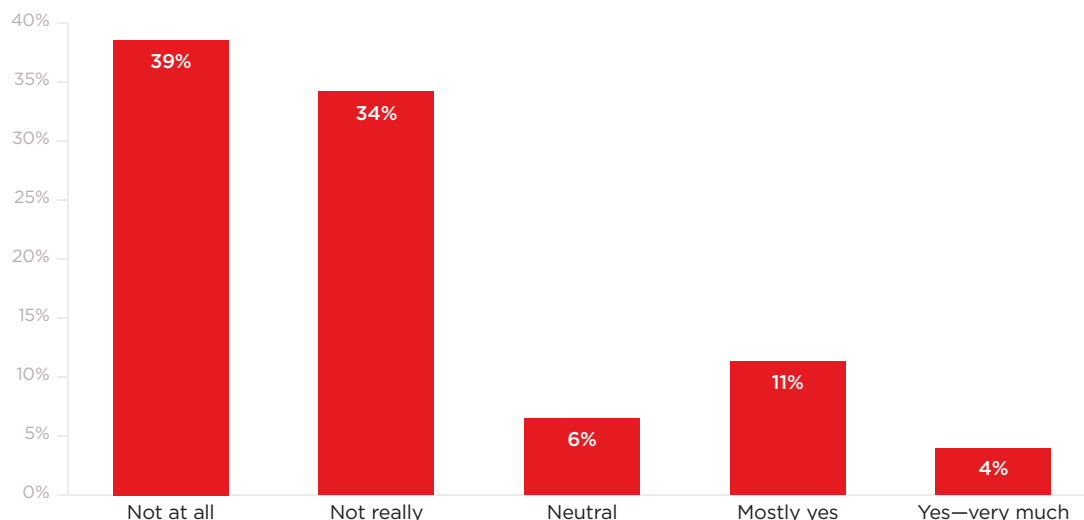
Figure 6: Obstacles to humanitarian access (Afghanistan, Central African Republic and northeast Nigeria)



Source: SCORE surveys, 2019–2020, <https://www.humanitarianoutcomes.org/projects/core/charts>

Of all three cases, people in CAR were the most critical of the humanitarian response in terms of its ability to reach places where people were in most dire need (Figure 7).

Figure 7: Did the aid reach where it was needed most? (Central African Republic)



Source: SCORE surveys, 2019–2020, <https://www.humanitarianoutcomes.org/projects/core/charts>

Against this backdrop of what are clearly suboptimal conditions of access and coverage in the three countries, the research for this study attempted to identify any positive examples, where humanitarian organisations, or actors outside the humanitarian sector, were able to be relatively more present and effective at meeting people’s needs.

The SCORE surveys asked people this open-ended question, prompting them to name the organisations they viewed as particularly good at reaching people in need. Because most respondents were not able to name any humanitarian actors, when the names of certain organisations came up repeatedly, the research took special note. Table 2 lists the organisations identified by survey respondents in the affected areas as the most present and effective humanitarian actors in their localities.

Table 2: Humanitarian actors named by survey respondents

	International	National
Northeast Nigeria	IRC Save the Children ACF WFP UNICEF	Center for Community Health Development (CCHD) Herwa Community Development Initiative (HCDI)
Afghanistan	DRC IRC ACTED Afghanaid UNICEF	Afghan Red Crescent Society Aga Khan Foundation* DACAAR*
CAR	ACTED MSF	

**International organisations with nationalised leadership and perceived by survey respondents as national*

When asked what they attributed the organisations’ effectiveness to, most respondents cited either competence at delivering aid, or greater levels of consultation with the local community. Affected people’s responses about who the most effective aid actors were sometimes differed from the opinions of key informants inside the humanitarian sector. International NGO and UN staff tended to highlight the organisations known for being proactive and risk tolerant, and taking deliberate action to increase access, even if they ended up being present in only a small number of highly challenging places, and as a result did not come up for survey respondents. In Afghanistan, the picture is murkier, due to so many organisations maintaining a low-profile approach, which may mean their names are unfamiliar even in the local communities where they are working.

3. Impediments to humanitarian access and presence

In the cases of northeast Nigeria, Afghanistan, and CAR, the major factors preventing humanitarian aid from reaching people (and vice versa) are insecurity, the actions or inactions of the host government, and weaknesses on the part of the humanitarian community to coordinate and effectively strategise around access.

3.1 Insecurity and the challenge of negotiating with non-state actors

Aid worker insecurity—the risk of deliberate violence to staff and operations—is a principal determinant for humanitarian organisations in their operational decisions and approach to access. In all three of these access-challenged contexts, attacks on aid workers have been above the mean, and Afghanistan has remained among the top five most dangerous operational settings since 2003.

In northeast Nigeria, the armed conflict between the government and the jihadist insurgency Boko Haram/ISWAP has waxed and waned since 2009 when the group declared the three states of Adamawa, Borno, and Yobe to be a province of the Islamic state. The mass kidnapping of schoolgirls from Chibok (Borno) in 2014 presaged numerous attacks against humanitarians in the region, including kidnappings and executions.

Aid workers in Afghanistan have been threatened and attacked not only by members of the Taliban and its associates (such as the Haqqani network) but increasingly by Islamic state forces that have established a rival insurgent movement in the country. While the Taliban is generally easier to communicate and negotiate with than groups like Boko Haram and the Islamic State, direct attacks have not ceased, and in areas under its control, the humanitarian community has had to face the increasing challenge of demands for “taxes” and other payments and concessions in order to enter and work. Afghanistan has an all-time total number of aid worker attacks higher than any other country recorded in the AWSD, especially for kidnappings.

In CAR, proliferating loosely organised armed groups operate like criminal gangs, attacking civilians indiscriminately, and funding themselves through banditry that often targets humanitarian groups. The fighting forces include not only multiple militias under the anti-Balaka banners, but also the Lord’s Resistance Army (LRA) that has been launching attacks in the southeast since late 2014 despite the presence of the UN Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA)—the fractious nature of the conflict provides very little peace to keep. Humanitarian workers report escalating insecurity, heightened in part by the Covid-19 pandemic that sparked suspicions that the international community was introducing the virus to the country. The AWSD records 15 major attacks in the country in 2019, which led to six people being killed, 14 wounded and four kidnapped.

Unlike governments and national militaries, NSAGs provide few entry points for humanitarian negotiation and advocacy. Even when interlocutors are identified, the decentralised nature of these groups, which lack clear command-and-control chains, means that an agreement with one member might not be honoured or even known about by other commanders and foot soldiers in other locations. The more fragmented the warring parties, the more difficult the negotiation task. And for the ideological extremist groups, there is less incentive to allow humanitarian assistance to operate unmolested, and greater incentive to strike against the perceived allies of the government, and the West more generally.

3.2 Host government interference

In each of these three cases, the host government either does not have the capacity to provide a secure operating environment (Afghanistan and to a greater extent CAR) or, in providing security, has actively obstructed humanitarian access and constrained the movement of aid groups (northeast Nigeria).

Humanitarian organisations working in CAR do not face obstruction from the host government, which has little extension of power beyond the capital. Rather, the weakness of the humanitarian response in CAR has meant an overreliance, in some views, on MINUSCA and OCHA to address the challenges to access rather than developing the necessary relationships to do the hard work of forging access themselves. In the case of northeast Nigeria and (to a lesser extent) Afghanistan, however, the government has proven a major source of constraint to access.

The Nigerian government, slow in declaring a humanitarian emergency in the northeast and allowing aid agencies to respond, has implemented a military strategy of garrisoning areas adjacent to Boko Haram control and consolidating people displaced from the fighting into 'super-camps'. Critics say this has exacerbated both insecurity and displacement in the region, while increasing the dependence of the population on humanitarian aid. The humanitarian community in Nigeria (dwarfed by the development sector in terms of both numbers and funding) has little to no leverage with the government, and relies on it for its logistical platform to operate in the northeast. As a result, pleas to be treated as neutral actors (for instance not being required to travel under armed military escort), and efforts to more meaningfully extend aid operations outside the garrison areas, have borne little fruit.

In Afghanistan, it is not only the Taliban and other non-state actors that have impeded humanitarian access. Paramilitary forces associated with the government have also created security issues and access constraints for humanitarians, and bureaucratic challenges with customs, visas, and taxes have delayed and complicated programming. Agencies must contend with Taliban demands for tax on the one hand, and government corruption on the other, while being held to a higher standard of accountability to donor governments, they claim, than most of the private sector firms operating in the country. At the same time the Taliban was increasing its demand to aid groups to pay taxes, donor governments were ratcheting up scrutiny and pressure of agencies not to violate regulations against aid diversion to armed groups. As one humanitarian interviewee observed, 'Agencies would be on much stronger ground to say no to the Taliban if they could also say no to the government. But donors aren't willing to grasp that nettle'.

3.3 Donors and the international community

At the country level, donors have effectively left it to humanitarian organisations to fight their own battles in terms of advocating for access, whether with NSAGs or host governments. In Nigeria, although some donors advocated with the Nigerian government to reinstate the international NGOs it had suspended for allegedly disobeying government restrictions, such diplomatic efforts have been mild. NGO interviewees pointed out that that this particular conflict, like many other protracted conflicts that drive humanitarian crises, is simply not treated as a political priority in the global arena.

In conflicts that involve sanctioned groups, humanitarian agencies face risks not only of attack, but also of inadvertently violating Western governments' sanction regimes and counter-terror regulations. The regulations often include vague language prohibiting any aid activities that might 'directly or indirectly benefit' sanctioned groups and individuals. The legal risk is compounded by bank de-risking measures that prevent humanitarian agencies from

making bank transfers to countries or areas under the sanctions, forcing them to physically transport cash or to use informal (and costly) cash transfer arrangements.⁹ The end result has been a widely reported ‘chilling effect’ on humanitarian programming¹⁰ that otherwise might be more proactively seeking access to people in need.

3.4 Organisational weakness and inter-agency dysfunction

The humanitarian sector faces internal as well as external obstacles to access and presence. Evidence from the three case contexts revealed common problems of coordinating approaches to armed actors, agreeing on red lines, and speaking with a single voice to host government authorities on critical advocacy points. In each case interviewees voiced the self-criticism that humanitarian actors tended to pass the buck and blame their ‘lack of access’ on external factors, when their own lack of appetite for risk was also a factor.

In Nigeria, humanitarian coordination has reportedly improved recently, but in past years has been so fractious between and within UN agencies and NGOs that the humanitarian agencies engaged in the response could not agree even on the estimated number of people in need. Interviewees describe decently functioning coordination with military forces at the local level in the northeast, but at the national level in Abuja, little headway has been made with the government and military on issues of IHL and principled models of humanitarian response. Coordination issues aside, few organisations have developed or pursued their own access strategies in light of the millions of unreached civilians living in ‘hostage-like conditions’ outside government security zones.

Previous research has described agencies in Afghanistan as exhibiting ‘access inertia’, in which they have settled into long-term patterns of maintaining low-profile and highly localised operations and not attempting to grow their operational presence to meet the needs of people in under-covered areas. Many see this operational stance as a legacy of a time when the security situation was much more volatile, and which can no longer be justified for security reasons. As the Taliban has ‘matured’ as a political actor in control of more territory, some humanitarians report that it is possible to negotiate access in most places, but very few aid organisations have risen to the challenge.

In CAR, widespread challenges in staff recruitment and retention, and overall low presence, have meant that responsibility for negotiating access with armed actors is often placed on local staff with limited training or support in the necessary analysis and relationship building. Rapid turnover, unfilled positions, and a lack of institutional memory further hinder the development of coherent access strategies. Innovations and good practices developed by individual staffers are quickly lost to institutional memory when they move on. Across all three contexts, failure to empower and equip national staff who often provide more continuity, failure to more effectively support local and national actors, and limitations in accountability to affected populations were hindrances to more effective efforts on access (discussed further in Section 5.2).

⁹ Stoddard, A., Czwarno, M., and Hamsik, L. (2019). *NGOs & risk: Managing uncertainty in local-international partnerships*. Humanitarian Outcomes.

¹⁰ Mackintosh, K. and Duplat, P. (2013). *Study of the impact of donor counter-terrorism measures on principled humanitarian action*.

4. Emerging approaches and initiatives at the global level

4.1 Access coordination

In terms of humanitarian operational coordination for access, OCHA is working towards a more coordinated and strategic approach on access, both for negotiating with armed actors and tackling bureaucratic impediments to access. The development of the OCHA Minimum Package of Services on Access is clearly a step forward at the global and policy level, and there is evidence at a country level of the beginnings of a more coordinated and focused approach to access.¹¹ However, observers note that OCHA's work on access remains heavily under-resourced, so it lacks the capacity to implement effectively much of what it has committed to.

The minimum package, which has been rolled out in all OCHA country offices, includes the commitments to 'coordinate access efforts, develop tools, provide guidance to the HCT [humanitarian country team], [and] engage with parties to the conflict and promote IHL'.¹² At a minimum, OCHA's mandate is to ensure that '1. Access constraints are known and monitored; 2. Humanitarian actors have a coordinated approach on access; and 3. The humanitarian community advocates for a safe, timely and unimpeded access to people in need with all stakeholders'.¹³

OCHA's approach represents a departure from its earlier focus on collecting granular data on access incidents, which had been considered essential evidence to use for advocacy with state actors but in reality proved not to move the needle, while taking up time and effort. The minimum package stipulates the appointment by OCHA of access focal points in country offices and, in large-scale operations with significant access constraints, the establishment of access cells/units. It also provides for the creation of access working groups where relevant or requested by the HCT, and for the development of access strategies and the mainstreaming of access agendas through the humanitarian programme cycle, including in humanitarian needs overviews (HNOs) and humanitarian HRPs. In Afghanistan, for example, the Humanitarian Access Group was seen as playing an effective and useful coordination role. According to OCHA, the Yemen, Syria, South Sudan HCTs are more advanced in terms of their analysis of access and access support needs. The Minimum Package includes a methodology for access severity mapping, which has been applied in Yemen and South Sudan. It also has an access versus needs severity analysis, which has been used in Yemen to identify and recommend districts for increased scale-up operations and advocacy/negotiation activities.

In addition, there has been an increasing emphasis in various contexts on developing collective statements of principles related to access. Joint operating principles were agreed in Afghanistan in 2019, non-government held parts of Syria in 2015, and Yemen in 2017. In Yemen, the HRP for 2020 outlines a plan for newly established compliance units to track, map, and analyse operational risks. Evidence remains limited as to whether or not joint operating principle approaches are effective in enabling stronger advocacy around access with parties to the conflict.

¹¹ OCHA. (2019b). *Minimum package of services on access* (internal).

¹² Ibid.

¹³ Ibid.

4.2 Donor governments

The past few years have seen new efforts at the global level on coordination, and the development of policies and strategies for enabling access. Since the Syrian civil war put the access problem in stark relief, the major humanitarian donor governments, including the US, UK, and European Union, have shown interest and taken concerted action to address what they have recognised as a significant access problem leading to gaps in humanitarian coverage. They have made additional funding available to humanitarian agencies to spur innovation, and to encourage more proactive attempts at expanding coverage in hard-to-access areas. Like their agency and NGO partners, however, the donors do not yet have concrete metrics on the extent of the access problem, or targets for what they think would constitute positive improvements.

Donor governments' increased awareness on the issue of access has extended even to the subject of their own sanction regimes and counter-terror measures, which they privately acknowledge have increased the difficulties and the risk to humanitarians operating in contested environments, and further dampened the aid presence. The topic has been prioritised in the Good Humanitarian Donorship forum, currently co-chaired by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and Switzerland, where, according to a donor interviewee for this study, the focus is on three main areas:

- increasing regular donor coordination around access issues
- working together more to establish common red lines (i.e. what constitutes an unacceptable compromise or price to pay for access)
- improving conflict sensitivity and analysis in the humanitarian sector from a 'Do no harm' perspective.

While donors have yet to jointly agree on blanket humanitarian exemptions to counter-terror provisions, individually some have specified these exemptions in specific regulations and have generally moved to clarify and carve out space for humanitarian action. This was given new urgency with the onset of coronavirus, where donors wanted to ensure that pandemic assistance was not hindered by the risk of aid agencies running afoul of these regulations. For example, in the first of a series of guidance notes, in May 2020 the ECHO published detailed guidance on how coronavirus-related humanitarian aid can be delivered to countries and areas around the world that are subject to EU sanctions.¹⁴ Additionally, EU priorities at the US specifically mention preserving the humanitarian space, and ensuring that counter-terrorism measures and sanctions do not impede principled humanitarian assistance.

Government donor agencies also recognise that they must work more closely with their counterpart government agencies who are responsible for counter-terror measures, and who do not understand the humanitarian access impacts or do not agree on what is an appropriate approach to it. This is a matter of donors having to do humanitarian access advocacy and awareness raising at home.

¹⁴ Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). (2020). *Commission guidance note on the provision of humanitarian aid to fight the COVID-19 pandemic in certain environments subject to EU restrictive measures*.

4.3 Research and training initiatives

There has been investment at global and national levels in training, guidance, and analysis. For example, at the level of global analysis, ACAPS produces the *Humanitarian Access Overview*. This provides a snapshot of the contexts where humanitarian action faces the biggest constraints. ACAPS scores each context on nine variables in order to rank and compare humanitarian access worldwide with access scores out of five.¹⁵ The variables include: the government's restriction of services to affected people and denial of their needs; impeded entry to the country for humanitarian actors or travel restrictions within it; interference with humanitarian activities; violence; logistical issues; and other constraints.

The Report of the UN Secretary General on Children in Armed Conflict includes in its reporting denial of humanitarian access for children, and considers access denial on of six 'grave breaches that form the basis of the Council's architecture to monitor, report and respond' although denial of access is the only grave breach that does not trigger listing a country in the annexes of the annual report.¹⁶ The CSIS Task Force on Humanitarian Access report still notes the need for more systematic tracking and analysis of access denial for it to inform donor country reporting, and for reporting to include repercussions for access denial.¹⁷

Recent research and analysis includes the International Committee of the Red Cross (ICRC)'s work on the Roots of Restraint in War, which provides evidence-based guidance and analysis on how to understand armed group behaviour and what works in encouraging adherence to IHL and norms of restraint in war.¹⁸ The International Red Cross and Red Crescent Movement's Health Care in Danger Initiative has published a series of reports that document how the initiative has supported the identification and implementation of practical measures and operational responses on national and local levels to safeguard health care. The Movement aims to foster 'communities of concern' that bring together healthcare providers and other stakeholders affected by violence, to develop solutions to violence. It highlights work in Marawi (the Philippines) where an agreement between the army and regional healthcare facilities helped to restore safe access to health, in Iraq, where a large public media campaign aimed to increase public trust in medical staff and reduce levels of violence, and in Lebanon, where ICRC brokered an agreement between weapon-bearing groups to respect healthcare facilities in an urban Palestinian refugee camp. The studies highlight the importance of designing preventive and protective measures to improve access to healthcare with a wide range of stakeholders. For instance, 'The Iraqi experience shows how important it is to get everyone involved from the authorities to the private sector' and in Lebanon, 'One of the main keys to success was the groundwork carried out with local community and non-state armed groups'.¹⁹

There has also been considerable investment in training and guidance in humanitarian negotiations for staff at global and national levels. In 2016, ICRC, World Food Programme (WFP), United Nations High Commissioner for Refugees (UNHCR), Médecins sans Frontières (MSF—Switzerland) and the Centre for Humanitarian Dialogue (HD) created the Centre of Competence on Humanitarian Negotiation (CCHN), which has produced a field manual on frontline humanitarian negotiation, a negotiator's handbook, and a series of case studies.²⁰ CCHN aims to enhance the ability of humanitarian professionals to effectively prepare and

¹⁵ According to ACAPS, CAR received a score of 3/5, and Nigeria and Afghanistan were both 4/5 (<https://www.acaps.org/countries>).

¹⁶ United Nations. (2020). *Children and armed conflict. Report of the Secretary-General*.

¹⁷ Kurzer, J. (2019). *Denial, delay, diversion: Tackling access challenges in an evolving humanitarian landscape*. Centre for Strategic and International Studies.

¹⁸ Terry and McQuinn. (2018).

¹⁹ International Committee of the Red Cross (ICRC). (2020). *A matter of life and death: tackling violence against health care in Iraq, Lebanon and the Philippines*;

ICRC. (2018). *Changing behaviour: Tackling violence against health care in Niger, the Central African Republic and Nigeria*.

²⁰ See: <https://frontline-negotiations.org/cchn-field-manual-toolkit/>

conduct frontline negotiations. It aims to support a global community of practice through experiential learning, peer exchanges, training, and other support. The Swiss government has produced a practitioner's manual that covers humanitarian access and negotiations. Training has been provided by Conflict Dynamics International, the Harvard Humanitarian Initiative's Advanced Training Program on Humanitarian Action (ATHA), Professionals in Humanitarian Assistance and Protection (PHAP) and CCHN.

4.4 Prioritising access and investing in organisational capacities to extend it

Some organisations have also been investing in and developing capacities to strengthen their approaches to humanitarian access. A handful of international NGOs, including Action contre la Faim (ACF), Danish Refugee Council (DRC), International Rescue Committee (IRC), and Norwegian Refugee Council (NRC) have taken an assertive access approach, seeking to expand their presence in especially hard-to-reach areas. In this effort they have joined the ranks of MSF and ICRC, which invest heavily in outreach and negotiation with conflict parties in order to provide aid amid active hostilities.

In broad terms, humanitarian actors have found less value in classical humanitarian advocacy that centered around promoting adherence to IHL, and are shifting to more practical strategies and transactional negotiations, which, to the extent they reference IHL principles, do so in a way that situates them within local cultural norms or beliefs.²¹ As part of this effort, organisations are hiring access advisers at the global, regional, and national levels, and designating staff members as access focal points, while stepping up their investments in training, guidance and learning. NRC and UNICEF have both developed internal guidance frameworks on access in insecure contexts.

NRC's 2018 global strategy is to 'be the leading displacement organisation in hard-to-reach areas' as one of its four main global ambitions. This gave a major push for investment and institutional support for more work on humanitarian access challenges.²² NRC has developed a hard-to-reach roadmap, and an HQ access team has provided support to country offices to develop access strategies and implement plans of action. There has also been a strong focus on measurement, monitoring, and tools for analysis. NRC's access coordinators ('tea-drinkers', as one staff member referred to them) strive to build and maintain key relationships.

WFP, which a representative said had once defined access simplistically as 'can we get the truck down the road or not?', has been developing a global strategy that centres on the principle of acceptance, and takes a 'more lateral solution-finding' approach to access that involves the inputs of programming, logistics, and security departments in an agency-wide effort. UNICEF is also developing an institutional access framework and access field manual as part of its efforts towards a more systematic and enabling organisational approach to access. The field manual covers external coordination on access, what is expected in terms of analysis, planning and implementation (the access process) and a menu of enabling options for access. UNICEF aims to have an increasing focus on access preparedness, meaning that it is better placed to develop access strategies when crises strike, and is starting to see greater demand from country offices for support in analysis and developing access strategies.

IRC, likewise, is approaching access more deliberately and systematically. It has recently developed guidance on humanitarian negotiations drawing on the work carried out by CCHN and other NGOs like NRC and MSF. In Afghanistan, IRC has an access coordinator who

²¹ Harmer, A., Stoddard, A., and Sarazen, A. (2018). *Humanitarian access in armed conflict: A need for new principles?* UK Department for International Development, p.34; Terry, F. and McQuinn, B. (2018). *The roots of restraint in war.* ICRC.

²² Norwegian Refugee Council (NRC). (2018). *NRC Global Strategy 2018-2021.*

reports directly to the country director, an access manager for each region, and access teams at district level tasked with building relationships with community leaders and other key stakeholders. It has also invested heavily in training staff on humanitarian principles and negotiation skills. DRC has recruited more national access and liaison staff and invested in training, coaching, and support.

Although humanitarian access has moved up organisational agendas, it is nevertheless still one of many issues competing for senior management attention. There is also the challenge, common to many new initiatives, of whether to build a dedicated access capacity (advisers and teams), or to instead try to mainstream these skills and capacities across existing organisational departments. Getting the balance right between access-specific investments and general skills and systems to embed more effective approaches across organisations is a difficult task. Moreover, as one international NGO country director noted, 'If there's no senior leadership buy-in and direction, all the negotiation skills in the world won't have a big impact in access'.

4.5 Working more effectively with local and national actors

The humanitarian system has made commitments in the Grand Bargain, the World Humanitarian Summit, and elsewhere to more directly support national and local actors. These commitments have been given additional impetus by reflections emerging from the Black Lives Matter movement about systemic and institutional racism within the humanitarian system.²³

The idea that local and national actors are more present in humanitarian crises, and therefore have greater access to supporting crisis-affected populations, is seen as one of the reasons for better and more directly supporting them. While this is not necessarily the case in all settings, particularly those with an underdeveloped civil society sector, SAVE research found that in Somalia, Syria, and Afghanistan 'International agencies that invested in the quality of their partnerships with national actors had better opportunities to enable access'.²⁴ Overall, however, the research, 'revealed insufficient investment in genuine partnerships' even in contexts where they are essential for access, inadequate support for security and risk management and a need for donors to review their rationales for not funding national and local actors more directly. Similarly, research on access and local organisations in Syria and Ukraine found that, 'Local organisations had better access in part due to their agility, flexibility and connectedness with local communities'.

In Nigeria, humanitarian actors interviewed maintained that, unlike in other contexts, local and national NGOs do not have a major comparative advantage when it comes to secure access to operate—they are subject to the same constraints and threats as their international counterparts. Nigerian as well as international organisations did emerge from the survey as strong at achieving access, and the Nigerian organisation named best at doing this according to survey respondents did so by being better at consulting with the local community.

In Afghanistan, the Afghan Red Crescent Society, which is well-known and widely operational across the country, was cited by survey respondents to be the most present and effective at accessing the most vulnerable areas. The Aga Khan Foundation and Danish Committee for Aid to Afghan Refugees (DACAAR) were the most frequently referenced by the few respondents that were able to name an NGO. Tellingly, although these are both international organisations,

²³ Slim, H. (2020). Is racism part of our reluctance to localise humanitarian action? Humanitarian Practice Network (HPN). Available from: <https://odihpn.org/blog/is-racism-part-of-our-reluctance-to-localise-humanitarian-action/>; Inter-Agency Standing Committee (IASC). (2020). Statement by principals of the Inter-Agency Standing Committee (IASC), Racism and Discrimination in the Humanitarian Sector. Available from: <https://interagencystandingcommittee.org/statement-principals-inter-agency-standing-committee-iasc-racism-and-racial-discrimination>

²⁴ Haver, K. and Carter, W. (2016). *What it takes: Principled pragmatism to enable access and quality humanitarian aid in insecure environments*. SAVE programme, Humanitarian Outcomes.

in more than one instance respondents identified them as ‘national NGOs’. Both organisations have operated in the country for many years and have assumed highly nationalised leadership structures and an Afghan identity. Some international organisations had shifted to more of a direct implementation approach because of risk management concerns around taxation and diversion, a desire to have more direct control, fewer layers in the context of growing concerns around anti-terrorism legislation, and a donor focus on taxation risks. The Humanitarian Access Group noted a need to focus more on supporting national NGOs, which were often the ones working in the most contested areas.

A greater focus is still required on ways for donors to more directly fund national actors while meeting their own diligence and accountability requirements. In addition, international actors still need to work on ways to better support and add real value to local actors’ ability to safely and accountably support local populations.

4.6 Reframing: Access *by* people in need

Just as there are two parts of the definition of humanitarian access (aid’s access to affected people, and affected people’s access to aid), agencies have two possible ways to address the access gap: they can prioritise access as a strategic objective and build their capacities to ‘get in’, or they can de-centre themselves as the active agent, and work to help communities develop local systems for better meeting their own needs. Each will be more or less important in different scenarios, will usually be complementary not an either/or, and both require a high-risk threshold and capacities for working in challenging places. The latter, however, falls well outside the traditional model of humanitarian response, and most international organisations are focused on the former. Both require developing skills and operational capacities in challenging settings and higher thresholds for risk, but the latter strays much further from the traditional model of the humanitarian system.

Although current definitions of access contain both aid agencies’ ability to be present and people’s ability to access help, in practice, most of the literature and most guidance focuses on aid organisations’ ability to reach people. This creates a default assumption that access is about international aid agency presence. In an acute crisis this is an appropriate goal and role for humanitarian actors. In years- or decades-long protracted crises, however, it would be better to start with the population’s access to assistance, protection, and services than to continue to seek entry to set up an organisational presence to act as a substitute. With this broader framing, more options might be found to help affected people and communities receive what they need safely.

Getting beyond the agency: The current focus on access has an organisational focus—how can organisations reach people with aid and protection services? A focus on barriers that people face implies a shift to thinking as much about advocacy as about implementation, in ways that cut across organisational and sectoral boundaries and requires collective influencing. For instance, at a workshop in northeast Nigeria to discuss this issue, people’s access to land emerged as a critical issue across several sectors. It also implies looking beyond aid to other ways that people are making a living, accessing services, and receiving support.

In shifting from an agency-centric to more of a people-focused lens, there may be scope to engage more effectively with a wider range of government and local civil society actors. For example, in relation to cash and voucher-based programmes in northeast Nigeria, a workshop highlighted scope for stronger links to be built with chambers of commerce, key traders and vendors to enable markets to be better able to respond to demand. A group looking at protection raised the example of working more effectively with the Civil Registry Office to improve access to critically needed ID cards.

Analysis of actors who might be present or who have some access—such as traders, polio vaccinators, local councils, and community leaders—might suggest possibilities for getting help to people through interlocutors in ways that could then be negotiated. The latest REACH monitoring suggests that people in hard to reach areas do have access to land for cultivation and are mainly relying on their own production, which suggests that options to support production could perhaps be explored. In Somalia, in efforts to access people in hard-to-reach areas, some agencies have piloted approaches using trusted community members able to transport resources. Mobile clinics provided some access for health and nutrition, and agencies claimed some success in working with small local organisations able to maintain some level of access.

Similarly in Afghanistan, calls for greater community consultations perhaps hold the key to shifting the current mindset towards ways of supporting people's ability to access health, education, and other services, and to meet basic needs. Humanitarian actors, even those most engaged in the Humanitarian Access Group, have identified the humanitarian community's preoccupation with 'getting to places' rather than how people can get access to the resources they need. As one said, offering this contrarian take on declining agency presence, 'Maybe there were too many NGOs to begin with, so natural filtration and decrease is not a bad thing'.

Mercy Corps recently called for approaches to protracted crises that 'shift the assistance bias away from direct delivery and toward working through and in support of local market and social systems'. Examples they point to include support to local bakeries through flour subsidies in Syria, and working with agri-input suppliers to develop markets for biofertilisers following government restrictions on chemical fertilisers in northern Nigeria.

Apart from a few examples, most support for this reframing is rhetorical more than actual, as interviewees admitted. Despite expressing support in principle for a definition that focuses on peoples' ability to get support rather than agencies' ability to be present, they say, 'The mindset just isn't there'. Staff just aren't thinking along these lines. Conversations on participation are still largely centered around 'How can we get people to participate in our project?'"

Analysis and evidence: Reframing how access is conceptualised to focus more on people and less on agencies requires greater understanding of the barriers that people face in accessing services and assistance. This needs to look beyond individual organisations' programmes to encompass the full range of actors involved in providing services and assistance. In the northeast Nigeria case study it was suggested that it would be particularly important to have more granular analysis of the role of other actors (especially government) that gets beyond assumptions of absence and incapacity.

More evidence is also needed about the costs to people of accessing services and assistance. The extent of harassment, exploitation, informal taxation, diversion, corruption, and charges that people face remains unclear. The survey in northeast Nigeria showed significant numbers of respondents who perceived that a major impediment to their receiving aid was that, 'local authorities took it'.²⁵ Workshop participants also highlighted the need for more information on the role of 'gatekeepers' and community representatives in mediating access to aid and targeting. In eastern Democratic Republic of Congo (DRC), Oxfam conducted a series of annual protection assessments and used these to inform efforts to support communities in local protection efforts such as negotiations for fewer checkpoints along key routes for trade and access to services.²⁶ Research on gatekeepers in Somalia has also highlighted the importance of understanding their role in mediating access to aid and services.²⁷

²⁵ Humanitarian Outcomes 2020 *ibid*; Stoddard, A. et al (2020) Humanitarian Access SCORE Report: Northeast Nigeria Survey on the Coverage, Operational Reach, and Effectiveness of Humanitarian Aid, Humanitarian Outcomes

²⁶ Van Damme, S. (2012) *Commodities of War*, Oxfam Briefing Paper

²⁷ Bryld, E. et al (2017) *Engaging the Gatekeepers: Using informal governance resources in Mogadishu*, Tana Consulting; McCullough, A. and Saed, M. (2017) *Gatekeepers, elders and accountability in Somalia*, ODI

Looking more beyond an aid delivery focus would also imply tackling and doing more to understand issues that are often neglected by aid agencies such as those around land rights. In northeastern Nigeria, land issues and the availability and quality of land available to displaced people were highlighted as a critical dimension of barriers to assistance across several sectors, including food security, WASH, and shelter. Land ownership and tenure, town planning, and rental markets are always highly complex, particularly in rapidly growing urban settings, and this could be an area that would benefit from a greater cross-sectoral focus, stronger collective advocacy, and more analysis.²⁸

4.7 Linking access, accountability to affected populations, protection, and security management

There are clear intersections between approaches to access, efforts to be more accountable to affected populations, initiatives around community-based protection, and security management. At the moment, efforts to make progress on access, to strengthen approaches to protection in line with centrality of protection commitments, and initiatives to strengthen AAP in line with Grand Bargain and other commitments, too often take place in separate siloes with limited attempts to explore how they could be mutually reinforcing.

In northeast Nigeria, for instance, there was a perceived need for stronger linkages between the work of the protection cluster and that of the access working group. In the DRC Ebola response, a lack of linkages between access approaches, security management and AAP efforts was seen to have impeded access.²⁹ More generally, interviewees for this study agreed with the need for stronger linkages but evidence of joined-up approaches has so far been limited.

Much of the greater understanding needed about how people access services and assistance should emerge from greater accountability to affected populations (AAP). However, despite global level policy commitments to AAP, its application in practice remains limited.³⁰ For instance, in Nigeria we heard in a workshop that progress on implementing an agreed AAP strategy and on more collective approaches to AAP had been limited. That means that AAP efforts still often sit at the agency level and are not being clearly linked with collective efforts around access and advocacy.

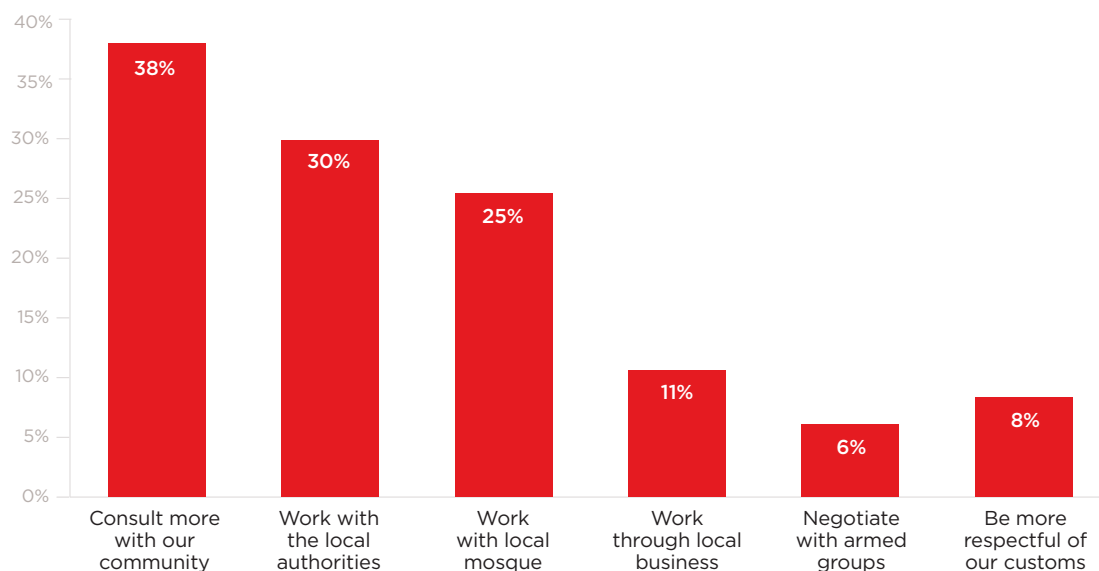
Working with existing community structures: ‘Consult more with our community’ was reliably the first choice of survey respondents asked what the aid sector could do better to improve access (Figure 8). Similarly, in follow up surveys when respondents were asked what other (non-humanitarian) entities were present who could be effective improving aid coverage, the answer was resoundingly ‘local councils’, more than other choices such as merchants or military or religious groups.

²⁸ Pantuliano, S. (2009) *Uncharted Territory, Land, Conflict and Humanitarian Action*, Practical Action Publishing; Wily, L. (2013). “Land, People and the State in Afghanistan 2002-2012.” Kabul: Afghanistan Research and Evaluation Unit

²⁹ Humanitarian Outcomes (2020) *Aid Worker Security Report 2020: Contending with threats to humanitarian health workers in the age of epidemics*

³⁰ Knox Clarke, P. (2018) *The State of the Humanitarian System*, ALNAP

Figure 8: How could aid providers improve their reach? (Afghanistan, Central African Republic, and northeast Nigeria)



Source: SCORE surveys, 2019–2020, <https://www.humanitarianoutcomes.org/projects/core/charts>

Efforts to support a collective approach to AAP in CAR are seen as having the potential to ‘support better acceptance of humanitarian actors by communities and ultimately better humanitarian access’. Collective activities include: information and feedback centres in IDP sites with outreach teams to ensure face-to-face engagement; a customer relationship management platform to channel feedback to organisations and clusters; support to local community radio; and the integration of eight perception indicators into the HRP, which will be tracked through perception surveys.³¹ In CAR, AGORA is a joint initiative of ACTED and IMPACT Initiatives that enables a participatory approach to serving crisis-affected communities, engaging multiple sectors, other international aid providers, and a wide range of local actors. By converging actors and services around a single locality, initiatives such as AGORA can reduce the risk that crisis-affected people will receive only one type of aid from one provider, which they would then need to sell in order to obtain the goods that they need—which often carries the additional risk of travel.

Addressing language gaps: In many contexts, failures of humanitarian actors to invest enough in communicating with people in local languages have emerged as a barrier to understanding, acceptance, and access. For instance in the DRC Ebola response, language issues proved to be a particular problem, with many Lingala-speaking staff hired from Kinshasa to work in areas where that language was not spoken and was seen as a language of oppression. Research by Translators Without Borders found that the use of Lingala was one of the main reasons why people avoided Ebola response teams, and that following public health education messaging, target members of the community had failed to understand some of the foreign words used for very basic terms, such as ‘bloody’.³² Communicating more effectively with people, particularly in local languages and through non-written means, was also highlighted as needed in Nigeria.³³

³¹ Barbelet, V. (2020) Collective approaches to communication and community engagement in the Central African Republic, Humanitarian Policy Group, ODI

³² Humanitarian Outcomes (2020b) Aid Worker Security Report 2020; Contending with threats to humanitarian health workers in the age of epidemics

³³ Translators Without Borders (2018) Language Matters: improving accountability and operational effectiveness in northeast Nigeria

Protection: There are also clear links between a people-focused approach to access and protection. Many of the barriers that people face—such as lack of documentation, harassment and exploitation—are protection-related. Protection—in the sense of understanding the threats that people face in being able to access assistance and live in safety and supporting people to negotiate with authorities for access to land, or for safer housing, to avoid displacement or to be able to move to a safer place—provides an avenue for taking the second part of access definitions more seriously. Access in this sense is reframed as peoples’ access to life with dignity, including a safe place to live, a means of making a living, and absence from harassment—and aid agencies finding ways they can support that.

Emerging practice around community-based protection provides an example of a shift from a focus on providing assistance (and the organisational access needed to do that) to facilitating communities’ own efforts. For example, locally-led responses could be supported using an approach that combines participatory action research, micro-grants to local actors, support to self-protection efforts, and support to local monitoring systems. Access in this approach becomes not about access for international organisations but access for small teams to develop and build relationships with local actors, and the establishment of means to channel cash and other resources into difficult to access areas.³⁴

The literature on community-based protection shows that people are not passive actors in conflicts, and that there can be intense interaction between armed groups and community figures.^{35 36} Case studies found that, ‘The main imperative for local populations to reach out to armed groups was security—to protect themselves from attack. Other immediate reasons included securing access to roads, water and other humanitarian resources’. ICRC authors Terry and McQuinn similarly note, ‘Civilians living in communities are not passive entities but can influence armed-group behaviour in favour of violence and restraint’.³⁷

Another important consideration is that ‘local actors face considerable risks when talking to armed groups and develop techniques to reduce these’.³⁸ A neglected part of the access literature is whether or not there is more scope for aid agencies to support local people in reducing risks.

This needs to be done carefully. Terry and McQuinn note, ‘In their desire to support community self-protection initiatives, humanitarian organisations need to be mindful of the potential ramifications of such efforts. Interventions by outsiders can change and potentially undermine community dynamics; aid projects can attract negative attention from armed groups; and supporting the organisation and advocacy of social groups is an inherently political process that may harm perceptions of neutrality’. ICRC’s approach to community-based protection includes engagement with those who are the source of threats. This can involve activities that reinforce communities’ attempts to ensure that authorities and weapon bearers uphold their obligations and respect communities’ rights, and mediation and liaison activities between communities and authorities and weapon bearers to develop direct dialogue.³⁹

³⁴ Corbett, J. (2015) South Kordofan and Blue Nile, Sudan 2010-15: experiences with local and global responses to protection crises, Local to Global Protection

³⁵ Yousuf, Z. (2015) In the midst of violence: local engagement with armed groups, Accord Insight, Conciliation Resources; Semple, M. (2015) Foreword, In the midst of violence: local engagement with armed groups, Accord Insight, Conciliation Resources; Terry and McQuinn 2016 *ibid*

³⁶ Cotroneo, A. and Pawlak, M. (2016) Community-based protection, the ICRC approach, Forced Migration Review

³⁷ Terry, F. and McQuinn, B. (2018) The roots of restraint in war, ICRC

³⁸ Yousuf (2015) *ibid*

³⁹ Cotroneo, A. and Pawlak, M. (2016) *ibid*

Security management and access: Another area where debates and approaches need to become more joined up is between actors working on access and security management systems. Security management approaches continue to be premised around the idea of acceptance but too often in practice the focus is more on restrictions and protective measures (guards, armed escorts, and convoys for example) than on active acceptance strategies. This was seen in the Ebola DRC response where the militarisation of aid efforts led to insecurity and access constraints. People involved in the response saw the need for much more interaction between people working on community engagement efforts and security managers. An Independent Oversight and Advisory Committee (IOAC) report for the WHO Health Emergencies (WHE) Programme found that, 'Community feedback was not used to shape and reshape the strategy driving the response by WHO, the government, and all other partners. This made it difficult to correct elements of the response that had provoked deep community resentment and mistrust'. Feedback that could have been used to adjust the response was not discussed beyond the communication pillar.⁴⁰

Security management approaches are moving towards a more access-facilitating approach, World Vision for example talks about moving from a compliance to a solution-based approach to security. Fostering links between security management, community engagement, protection, and access strategies will be key in taking this forward.

⁴⁰ Humanitarian Outcomes (2020) Aid Worker Security Report 2020: Contending with threats to humanitarian health workers in the age of epidemics

5. Lessons from the case contexts

In examining the cases of northeast Nigeria, Afghanistan, and CAR, the first phase of the CORE project found humanitarians struggling against similar problems of insecurity, coordination and advocacy weaknesses, government interference, and other obstacles to establishing operational presence. It also found a sector beginning to more seriously grapple with and address access issues on the global level. What it found among the crisis-affected people it surveyed was a widespread sense that aid was not getting to where it needed most, and aid groups were insufficiently consulting and cooperating with their communities to improve the situation.

There are no easy answers in these complex, protracted conflict settings. But in addition to continuing to build skills in negotiated access, agencies paying more attention to how people access services and protect themselves could potentially provide one path out of the chronic low-access, low-coverage morass humanitarians are working in.

We conclude this global synthesis report by reiterating some of the observations shared with us by humanitarian actors in the three contexts on promising practices and continuing challenges.

Northeast Nigeria

- ‘We are investing in a forward approach to reaching people, training staff in negotiations and principles, and having them go out and engage with communities and local authorities.’
- ‘We work with small local vendors (shopkeepers) in remote areas our staff can’t access. They have their own delivery pipelines and we reimburse them for providing goods to the people that have our vouchers. This helps create small economies, even in garrison town where livelihoods are difficult, and makes gives room for recovery. It is also much safer and more dignified for people to access aid this way—no waiting on long lines at distribution points on specific days.’
- ‘Our approach prioritises reaching people in need and working backward from that, as opposed to meeting the government’s objectives as a first priority.’
- ‘We have the capacity and network to monitor the real situation on the ground, including many field staff monitoring on a daily basis, training teams, and reporting into the network. First, we invest in the capacity to understand the context on the ground, and second, we train our teams to be able to go out and respond to the environment, navigate checkpoints, and negotiate. It’s a long process.’

Afghanistan

- ‘A lot of work is going into building negotiation capacities within organisations. Agencies are hiring access teams and negotiators.’
- ‘It’s important to have very clear red lines. These are: control over who you hire; no payment of taxes to the Taliban; and no sharing of beneficiary information.’

- ‘Leadership skills, overall, is what is missing for access—both for the humanitarian community, and in the country leadership of organisations. We could be very strategic individually and collectively. That’s the main skill that’s missing.’
- ‘A lot of access work is still very ad hoc, with a lot of delegated responsibility to junior field staff with limited awareness of HQ strategy and policy.’
- ‘There is not as much community consultation as there should be. Community acceptance isn’t weighed properly by NGOs.’
- ‘The tendency has been to lean on community leaders to argue for access for agencies, rather than engage communities about their wider ability to access services.’

CAR

- ‘Using the “territorial” approach, we created local collaboration platforms that are sustained by the communities. It’s very localised, not generic.’
- ‘It’s very difficult for NGOs to have [a] large volume of activities because it is impossible to implement—they don’t have the capacity to absorb the funding, so they are limiting their activities [and are unable to do multisectoral programming].’
- ‘AAP, protection, gender and disability sensitivity, quality of context analysis and community engagement—all [have] huge room for improvement.’
- ‘[One agency’s] livelihoods work has mostly focused on easily accessible rural areas. The really remote and isolated areas are much harder.’
- ‘You always end up with maps with dots, but just because an agency claims presence doesn’t mean that it is actually doing anything. You need real mapping of what is being done and delivered and actual health outcomes— not just people planting flags.’

References

- ACAPS. (2019a). *Humanitarian access; methodology note*.
- ACAPS. (2019b). *Crisis Insight: Humanitarian access overview*.
- ActionAid. (2010). *Safety with dignity: a field manual for integrating community based protection across humanitarian programmes*.
- Alexander, J. (2020). COVID-19 changed the world. Can it change aid, too? *The New Humanitarian*.
- Aly, H. (2020). This global pandemic could transform humanitarianism forever. Here's how. *The New Humanitarian*.
- Barbelet, V. (2020). *Collective approaches to communication and community engagement in the Central African Republic*. Humanitarian Policy Group, ODI.
- Bryld, E. et al. (2017). *Engaging the gatekeepers: Using informal governance resources in Mogadishu*. Tana Consulting.
- Centre for Competence on Humanitarian Negotiation (CCHN). (2019). *CCHN Field manual on frontline humanitarian negotiation*. Available at: <https://frontline-negotiations.org/cchn-field-manual-toolkit/>
- CCHN. (2019). *CCHN Negotiator handbook*.
- Charny, J. (2019). *Counter-terrorism and humanitarian action: the perils of zero tolerance*.
- Corbett, J. (2015). *South Kordofan and Blue Nile, Sudan 2010-15: Experiences with local and global responses to protection crises*. Local to Global Protection.
- Cotroneo, A. and Pawlak, M. (2016). Community-based protection: the ICRC approach. *Forced Migration Review 53*.
- Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). (2020). *Commission guidance note on the provision of humanitarian aid to fight the COVID-19 pandemic in certain environments subject to EU restrictive measures*.
- DuBois, M., Harvey, P., and Taylor, G. (2019). *Rapid real-time review: DFID Somalia drought response*. Department for International Development.
- Gordon, S. and El Taraboulsi-McCarthy, S. (2018). *Counter-terrorism, bank de-risking and humanitarian response: a path forward*. Humanitarian Policy Group, ODI.
- Grace, R. (2017). *Understanding humanitarian negotiation: Five analytical approaches*. Harvard Humanitarian Initiative, Sida, Advanced Training Program on Humanitarian Action (ATHA).
- Hafez, K. and Costa C. (2018). *Humanitarian access to besieged areas: exploring the challenges and dilemmas faced by frontline negotiators*.
- Harmer, A. and Fox, H. (2018). *Research on good practice on humanitarian access and its relevance for UNICEF*. Humanitarian Outcomes.
- Harmer, A., Stoddard, A., and Sarazen, A. (2018). *Humanitarian access in armed conflict: A need for new principles?* UK Department for International Development
- Harvey, P. (2020). *Assessing assistance Maiduguri workshop report*. Humanitarian Outcomes.
- Haspesslagh, S. and Yousuf, Z. (2015). *Local engagement with armed groups in the midst of violence*. ACCORD.
- Humanitarian Outcomes. (2020). *Aid worker security report 2020: Contending with threats to humanitarian health workers in the age of epidemics*.
- ICRC. (2018). *Changing behaviour: Tackling violence against health care in Niger, the Central African Republic and Nigeria*.
- ICRC. (2020). *A matter of life and death: Tackling violence against health care in Iraq, Lebanon and the Philippines*.
- Kaplan, O. (2013). Nudging armed groups: how civilians transmit norms of protection. *Stability: International Journal of Security and Development*, 2 (3).
- Inter-Agency Standing Committee (IASC). (2020). *Statement by principals of the Inter-Agency Standing Committee (IASC), Racism and Discrimination in the Humanitarian Sector*. Available from: <https://interagencystandingcommittee.org/statement-principals-inter-agency-standing-committee-iasc-racism-and-racial-discrimination>.
- Knox Clarke, P. (2018). *The state of the humanitarian system*. ALNAP.
- Kurzer, J. (2019). *Denial, delay, diversion: Tackling access challenges in an evolving humanitarian landscape*. Centre for Strategic and International Studies.

- Mackintosh, K. and Duplat, P. (2013). *Study of the impact of donor counter-terrorism measures on principled humanitarian action*. Norwegian Refugee Council and UN OCHA.
- McCullough, A. and Saed, M. (2017). *Gatekeepers, elders and accountability in Somalia*. ODI/Somalia Accountability Programme.
- Norwegian Refugee Council (NRC). (2018). *NRC Global Strategy 2018–2021*.
- Office for the Coordination of Humanitarian Affairs (OCHA)/Humanitarian Access Group. (2020). *Afghanistan hard-to-reach districts*.
- OCHA. (2019a). *Nigeria humanitarian access report OCHA*, September 2019.
- OCHA. (2019b). *Minimum package of services on access*. Internal document.
- OCHA. (2020). *Central African Republic difficult zones to access*, January 2020.
- O’Leary, E. (2018). *Principles under pressure: the impact of counterterrorism measures and preventing/countering violent extremism on principled humanitarian action*. Norwegian Refugee Council. Oxfam.
- (2017). *Limited access humanitarian programming, operational guidance for managing programme quality*.
- Pantuliano, S. (2009). *Uncharted Territory, Land, Conflict and Humanitarian Action*. Practical Action Publishing.
- REACH. (2019a). *Nigeria. Multi-sector needs assessment*.
- REACH (2019b). *Situation overview: humanitarian needs and displacement dynamics in hard-to-reach areas of Borno State*. (August 2018–April 2019).
- Slim, H. (2020). Is racism part of our reluctance to localise humanitarian action? Humanitarian Practice Network (HPN). Available from: <https://odihpn.org/blog/is-racism-part-of-our-reluctance-to-localise-humanitarian-action/>
- Semple, M. (2015). *Foreword, In the midst of violence: local engagement with armed groups*. Accord Insight, Conciliation Resources.
- Steets, J. et al. (2018). *Evaluation of WFP policies on humanitarian principles and access in humanitarian contexts*. World Food Programme and Global Public Policy Institute (GPPi).
- Stoddard, A., Harvey, P., Czwaro, M., and Breckenridge, M.-J. (2020). *Humanitarian access SCORE report: Northeast Nigeria survey on the coverage, operational reach, and effectiveness of humanitarian aid*. Humanitarian Outcomes.
- Stoddard, A., Jillani, S., Caccavale, J., Cooke, P., Guillemois, D., and Klimentov, V. (2017). Out of reach: How insecurity prevents humanitarian aid from accessing the neediest. *Stability: International Journal of Security and Development*, 6(1). <https://doi.org/10.5334/sta.506>
- Stoddard, A. (2020). *Necessary risks. Professional humanitarianism and violence against aid workers*. Palgrave Macmillan.
- Swiss Federal Department of Foreign Affairs. (2014). *Humanitarian access in situations of armed conflict: Practitioners’ manual*. Version 2.
- Tenant, V., Doyle, B., and Mazou, R. (2010). *Safeguarding humanitarian space: A review of key challenges for UNHCR*.
- Terry, F. and McQuinn, B. (2018). *The roots of restraint in war*. International Committee of the Red Cross.
- Translators Without Borders. (2018). *Language matters: Improving accountability and operational effectiveness in northeast Nigeria*.
- Tronc, E., Grace, R., and Nahikian, A. (2018). *Humanitarian access obstruction in Somalia: Externally imposed and self-inflicted dimensions*.
- United Nations High Commissioner for Refugees (UNHCR). (2013). *Community based protection*. Executive Committee of the High Commissioner’s Programme - Standing Committee 57th meeting.
- UNHCR. (2013). *Understanding community-based protection*. Protection policy paper, Division of International Protection.
- Van Damme, S. (2012). *Commodities of war: Communities speak out on the true cost of conflict in eastern DRC*. Briefing paper, Oxfam.
- Wall, I. and Hedlund, K. (2016). *Localisation and locally-led crisis response: A literature review*. Local to Global Protection.
- Wily, L. (2013). *Land, people and the state in Afghanistan 2002-2012*. Kabul: Afghanistan Research and Evaluation Unit.
- Yousuf, Z. (2015). *In the midst of violence: local engagement with armed groups*. Accord Insight, Conciliation Resources.

ANNEX

SCORE questionnaire

Age

Gender

Location (Province/State/Prefecture)

Location (District/sub-prefecture)

Did you or members of your household receive aid in the past year?

Were you or members of your household in need of aid in the past year?

If you or your family received aid, what type of aid was it?

- | | | |
|---|--|---|
| <input type="checkbox"/> Cash or vouchers | <input type="checkbox"/> Medical care or medicines | <input type="checkbox"/> Protection from violence |
| <input type="checkbox"/> Food | <input type="checkbox"/> Household items | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clean water/sanitation | <input type="checkbox"/> Children's education | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Shelter items | <input type="checkbox"/> Seeds and tools | |

Who provided the aid you or your household received?

- | | | |
|--|--|---|
| <input type="checkbox"/> Local authorities/government | <input type="checkbox"/> UN agency | <input type="checkbox"/> Local business |
| <input type="checkbox"/> National NGO | <input type="checkbox"/> ICRC [International Committee of the Red Cross] | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign NGO | <input type="checkbox"/> Religious group | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> National Red Cross/
Red Crescent Society | <input type="checkbox"/> Military group | |

Did the aid you or your family received last year cover your priority needs?

- Not at all Not really Neutral Mostly yes Yes—very much

Was there a time during the last year when people in your area were unable to access assistance for any of the following reasons?

- Unable to access aid due to it being distributed/located too far from where you live
- Unable to access aid due to a fear of it being unsafe to reach it
- Aid was meant for you/your family but local officials took it instead
- Aid was meant for you/your family but was taken by the military/army to help them
- None
- I don't know

In your [province/state/prefecture], does the aid reach the areas where it is needed the most?

- Not at all Not really Neutral Mostly yes Yes—very much I don't know

What prevents aid reaching where it is needed the most?

- It is not safe for people to come work in the areas where aid is most needed
- The roads are poor/it is difficult to reach the areas most in need
- The government restricts aid to areas most in need
- Other military actors restrict aid to areas most in need
- The most affected areas are not a priority for aid providers
- None
- I don't know

Which type of aid providers have been best able to reach populations in need in the last year?

- | | | |
|--|--|---|
| <input type="checkbox"/> Local authorities/government | <input type="checkbox"/> UN agencies | <input type="checkbox"/> Local businesses |
| <input type="checkbox"/> National NGOs | <input type="checkbox"/> ICRC [International Committee of the Red Cross] | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign NGOs | <input type="checkbox"/> Religious groups | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> National Red Cross/
Red Crescent Society | <input type="checkbox"/> Military groups | |

Which national/local NGO (non-governmental organisation) aid providers have been best able to reach populations in need of aid in the last year? [Open-ended response]

Which foreign or international NGO (non-governmental organisation) aid providers have been best able to reach populations in need of aid in the last year? [Open-ended response]

Which UN agency aid providers has been best able to reach populations in need of aid in the last year? [Open-ended response]

Which religious group aid provider, if any, has been best able to reach populations in need of aid in the last year?

Which military group aid provider, if any, has been best to reach populations in need of aid in the last year?

Which local business aid provider, if any, has been best to reach populations in need of aid in the last year?

What could aid providers do to improve getting assistance to areas where it is most needed?

- Work through local businesses
- Work with local [church/mosque]
- Work with the local authorities
- Negotiate with armed groups
- Consult more with our community
- Be more respectful of our customs
- Other
- I don't know

Who else could potentially provide aid that you could reach safely?

Has the presence of aid providers in your district changed in the last year?

- Reduced a lot Reduced Neutral/stayed the same Increased Increased a lot I don't know

Why do you think the presence of aid providers in your area changed in the last year? [Open-ended response]

SCORE reports

Under the CORE research programme, supported by the Office of US Foreign Disaster Assistance of the United States Agency for International Development (USAID/OFDA), Humanitarian Outcomes is studying how aid is delivered in hard-to-access conflict areas. In partnership with GeoPoll, the project conducts remote telephone surveys of crisis-affected people on their perceptions of the effectiveness of the aid response and the access challenges in their areas. Combined with key informant interviews of humanitarian responders and other contextual research, the survey results help identify the humanitarian providers and practices that have achieved the greatest presence and coverage in difficult environments.

More information on the SCORE methodology, including the survey instrument and an interactive dashboard of response data, is available at www.humanitarianoutcomes.org/projects/core

Humanitarian Access SCORE Report: 2020 Global Synthesis

Survey on the Coverage, Operational Reach, and Effectiveness of Humanitarian Aid

Abby Stoddard, Paul Harvey, Meriah-Jo Breckenridge, and Monica Czwarno

November 2020

Humanitarian Outcomes

www.humanitarianoutcomes.org

www.aidworkersecurity.org

