

SECURE  
ACCESS IN  
VOLATILE  
ENVIRONMENTS

**SAVE**

*Improving the evidence base on delivering aid in highly insecure environments*

## **INTERIM REPORT**

### **COMPONENT 2: ENABLING ACCESS AND QUALITY AID IN INSECURE ENVIRONMENTS**

1 August 2015

## Table of Contents

<b>Executive Summary .....</b>	<b>4</b>
<b>1 Introduction.....</b>	<b>9</b>
<b>1.1 Objectives and research questions.....</b>	<b>9</b>
<b>1.2 Methodology.....</b>	<b>9</b>
<b>1.3 Overview of key literature and initiatives .....</b>	<b>13</b>
<b>2 Progress of research during the reporting period and reflections on methodological issues .....</b>	<b>14</b>
<b>2.1 Field research .....</b>	<b>14</b>
2.1.1 Afghanistan .....	14
2.1.2 South Central Somalia .....	15
2.1.3 South Sudan.....	17
2.1.4 Syria .....	19
<b>2.2 Global level research.....</b>	<b>20</b>
<b>2.3 Methodological issues and challenges .....</b>	<b>21</b>
2.3.1 Overall approach .....	21
2.3.2 Gender.....	22
2.3.3 Interviews.....	23
2.3.4 Affected-population consultations .....	23
2.3.5 Workshops .....	24
2.3.6 Project coding.....	25
<b>3 Emerging findings.....</b>	<b>26</b>
<b>3.1 Overview of access challenges and programming trends.....</b>	<b>26</b>
3.1.1 Afghanistan .....	26
3.1.2 South Central Somalia .....	27
3.1.3 South Sudan.....	27
3.1.4 Syria .....	28
<b>3.2 Factors affecting access and quality.....</b>	<b>29</b>
3.2.1 Staff and organisational issues.....	29
3.2.2 Partnerships .....	31
3.2.3 Risks and risk management.....	33
3.2.4 Outreach and negotiation for access.....	35
3.2.5 Humanitarian principles .....	37
3.2.6 Corruption, diversion and conflict dynamics.....	38
3.2.7 Perspectives on programme quality in areas of limited oversight.....	40
<b>3.3 Affected people’s views on quality and access .....</b>	<b>41</b>
3.3.1 Afghanistan .....	42
3.3.2 South Central Somalia .....	43
3.3.3 South Sudan.....	45
3.3.4 Syria .....	46
<b>4 Workplan for Component 2 completion .....</b>	<b>50</b>
<b>5 Research uptake.....</b>	<b>52</b>
<b>5.1 Stakeholder engagement .....</b>	<b>52</b>
<b>5.2 Quality assurance .....</b>	<b>52</b>
5.2.1 Research Advisory Group.....	52
5.2.2 Peer review .....	53

5.3	Products.....	53
5.4	Monitoring research uptake .....	53
	<b>Annex 1: Factors that influence access and/or quality in highly insecure environments .....</b>	<b>55</b>
	<b>Annex 2: Component 2 field interview guide (aid actors).....</b>	<b>57</b>
	<b>Annex 3: Guide to consultations with affected populations .....</b>	<b>59</b>
	<b>Annex 4: Syria: Affected population household survey.....</b>	<b>61</b>
	<b>Annex 5: Template for country-based researchers for the synthesis of aid actor interviews</b>	<b>65</b>
	<b>Annex 6: Template for country-based researchers for the synthesis of the affected</b>	
	<b>population consultations.....</b>	<b>76</b>
	<b>Annex 7: List of global-level interviews / consultations.....</b>	<b>83</b>
	<b>Annex 8: Locations of affected-population consultations .....</b>	<b>85</b>

## Executive Summary

### Component overview and progress

The goal of Component 2 is to improve the evidence base on enabling access and quality humanitarian aid in highly insecure settings. The research centres on two questions: what works for enabling humanitarian **access** in the most insecure environments, and what works to deliver **quality** aid in situations of reduced oversight and control.

The research methodology for Component 2 consists of aid-actor interviews, affected-population consultations and a series of stakeholder workshops in the four field settings: Afghanistan, South Central Somalia, South Sudan and Syria. In addition, the team has undertaken selected targeted interviews at the global level and has gathered additional evidence on access and quality issues with an updated literature review (see appended document).

The following factors were examined to understand their relationship to aid access and quality: staffing and organisational issues; partnerships; risks and risk management; outreach and negotiations; humanitarian principles; and corruption, diversion and conflict dynamics. The research has also explored other factors – such as types of funding, the identity of the aid group, programming approaches and specific delivery mechanisms – that might influence the level of access and quality organisations have been able to achieve. In addition, consultations with affected populations seek to understand how people access aid safely and how they view its quality.

The majority of field research is complete in Afghanistan, Somalia and South Sudan; another round of targeted interviews in South Sudan remains. The research in Syria, having started last, is still in progress. The research team has completed a total of 378 interviews to date with aid actors, of which 24 per cent were women, and consulted 642 affected people through interviews and focus groups, of which 42 per cent were women. In addition the team has completed two of four stakeholder workshops (Somalia and South Sudan) as part of the first round of workshops.

In addition to the interim and final reports, the research is designed to produce a small number of multi-language practitioner-oriented toolkits.

### Emerging findings

The analysis in the report primarily relies on the actor interviews and affected-population consultations from three countries, with a smaller portion available for Syria. It also draws from two stakeholder workshops. As such, it is presented as indicative and preliminary.

The final report for Component 2 will also benefit from a more complete evidence base from Component 1 on presence and coverage, notably on: (1) the high-need areas in each country that are generally under-served; and (2) they types of organisations most able to operate there.

### 'What works' for enabling access and quality assistance

Access and quality are closely intertwined. Where access is constrained, aid organisations tend to experience declines in programme quality. For example, needs may be poorly understood, deliveries late, staff skills and training inadequate, and services interrupted. Furthermore, to convince governments, local authorities, or armed actors that they should be allowed to operate

safely, aid organisations often make compromises or concessions – significant or subtle – that can further erode the quality of their assistance.

The research to date suggest that **operational independence from political actors** is of central importance for enabling access. This includes independent funding; independent capacity in logistics and transport, including air assets (notably in South Sudan); and independent security management. In all four countries, each of these aspects, especially funding, were found to afford greater flexibility in programming choices and risk management and help to avoid unwanted association with stabilisation or other political objectives.

Second, there appears to be a need for more **open and explicit discussion within and among aid actors on ‘paid access’ and other (non-monetary) concessions** to enable access in insecure environments, which are both commonplace and taboo as a subject of discussion. Such compromises or concessions can include paying money at checkpoints; paying unofficial taxes to local authorities; altering targeting criteria so that powerful actors or their families receive aid; employing armed guards from a local militia; or working in one region and not another to avoid antagonising a local authority or armed actor.

Third, evidence suggests that, paradoxically, one way to facilitate secure access is to deliver high quality programming. Aid that is timely and meets people’s needs with dignity tends to generate more local support, which can lead to greater acceptance from armed groups and motivate communities to do what they can to protect organisations. This is by no means always the case, but evidence to date suggests that it does play a role. The stakes for delivering quality programming are thus even higher in the settings where it is most challenging to do so. One way to increase the quality of aid, local support and acceptance simultaneously may be to invest in more **participatory programme approaches and better communication with affected people**. Such approaches can increase relevance, by more closely tailoring interventions to people’s needs, and dignity, by letting people to know what to expect and how to give feedback. The interviews, workshops and consultations with affected people all identified this as an area in which aid organisations could stand to improve, even in dangerous settings.

Lastly, in all four countries, aid organisations experienced trade-offs between quality and scale: reaching large numbers of people across wide areas makes it hard to maintain quality, and all the more so in insecure environments. Such trade-offs seemed to be felt most acutely in South Sudan and Syria. In all four countries, **inter-agency focus on reaching all people in need** in highly insecure settings has been limited.

### **Humanitarian principles**

Some of the most effective organisations understand that there is nothing straightforward about principled humanitarian action in violent contexts. Trying to adhere to the core humanitarian principles almost always involves contradictions and ethical dilemmas. Notably, upholding the principle of humanity (saving lives and alleviating suffering) may at times require compromising neutrality, independence or impartiality. Evidence from the field suggests that acting in a principled way does not mean avoiding compromises or concessions. Rather, it means being aware of the options available, and determining whether, when and what type of compromise is worth it.

Other ethical principles and frameworks have emerged as particularly useful and relevant for enabling access in different contexts, such as, the Hippocratic Oath (Syria), Islamic principles of charity (Afghanistan), or integrity (Somalia).

### **Outreach and negotiations**

Some humanitarian actors are uncertain of whether or how to engage with non-state armed actors to enable access. Organisations with a senior management-supported policy and guidance on negotiations for access have been more successful at doing so. Direct approaches appear to be more effective and have fewer complications than indirect negotiations (such as using community elders as interlocutors), but this requires further investigation. Engaging armed actors indirectly because of a lack of guidance on how to engage directly is not effective.

Joint approaches to negotiating with armed groups – including establishing written operating principles/commitments – were shown to have value, such as in South Sudan and Syria, but experiences with such approaches need to be better shared and documented. Greater evidence is needed on the value of UN-led negotiations in different contexts; on the differing approaches of national NGOs, international NGOs, and the International Committee of the Red Cross (ICRC) and Red Cross / Red Crescent national societies.

### **Risks and risk management**

Security, fiduciary and programme risks are closely intertwined, especially in countries with designated terrorist groups. In Somalia and Syria in particular, fiduciary risks, including counter-terrorist regulations, play a role in determining where agencies were able to operate. A capacity to analyse risks and a willingness to weigh potential compromises to programme quality against the criticality of the intervention all reflect good practice.

For organisations reliant on public (donor government) funding, appropriate risk management requires that donors – and ultimately their taxpaying public – be able to accept the inherent risks and compromises of delivering aid in war zones. Multiple examples were given where independent funding has allowed agencies to spend more and take more risks – including fiduciary risks – to access hard-to-reach populations.

Most organisations have not deliberated or clearly articulated their levels of risk tolerance, although this would seem to be good practice. The role of organisational culture, including incentives for senior managers to steer the organisation to more risky areas (versus avoid negative incidents) also requires more examination. More inter-agency discussion on the subject of risk, with the objective of improving coverage in high-risk areas, is warranted.

Affected people's experiences of insecurity did not always match those of aid organisations. In some contexts they felt perfectly safe where aid organisations did not, and often felt that such organisations should be able to operate freely (e.g., Mogadishu and Gedo in Somalia, and most parts of south and east Afghanistan). Examples were also found of tension between secure access for aid operations and beneficiaries' security. In several instances people reported feeling at risk due to insecurity while trying to access aid distributions or services. Distributing aid at the household or very local level can reduce beneficiaries' exposure to dangerous conditions but has, at times, been deemed too costly or too insecure for the aid itself and aid organisation's staff.

## **Staffing, partnerships and organisational issues**

Remote management has been a principal strategy used by humanitarian agencies to maintain access in Afghanistan, South Central Somalia and Syria, but not South Sudan. Because it involves an increased reliance on national or local staff members and/or external partners for the management and monitoring of assistance, staffing and partnerships issues take on increased importance in these settings.

Evidence to date suggests that access is dependent on local staff who have strong contextual knowledge and local ties (rather than who simply speak the language or are the right ethnicity), relevant personal networks and the integrity to negotiate for an impartial response. Understanding clan / ethnic composition as well as political affiliations of one's staff and/or local-partner organisation is essential; experience in Somalia, Afghanistan and Syria suggests that this is not always a given. The role of background checks / vetting and counter-terrorist regulations in shaping the type of staff that aid organisations hire, as well as their choice of local partner(s), requires more examination.

Generally, creating opportunities for senior staff (as opposed to middle management) and field staff (and/or the staff of partner organisations) to interact with one another appears to increase trust and transparency. It allows building a shared understanding of risks, in order to avoid flatly transferring risks, and reduces possibilities for corruption, which can enhance the quality and integrity of programmes and further enable access.

While the use of staff who are very local to the area can assist in stable access, programme quality can suffer because such staff tend to possess fewer technical skills and can be biased. This was seen in Somalia, Afghanistan and one part of Syria, where affected communities reported favouritism, among other issues. Several aid actor interviewees in Afghanistan and Somalia suggested that international staff can also decrease the quality of aid, due to higher rates of turnover and absences and an inability to speak the language or safely visit field locations. These were seen to slow workflows and introduce structural barriers between senior management and technical experts on the one hand, and beneficiaries and field staff on the other. For conservative areas such as parts of Afghanistan, female heads of offices could help to improve access to female beneficiaries, but this requires further exploration.

With regards to partnerships with national and local NGOs, investment in both operational- and organisational-partner capacity is important, but equally important may be the international organisation's capacity to invest in the partnership(s). An increasing number and variety of private-sector partnerships are evident in Somalia, Syria and possibly South Sudan – but the degree to which private sector partners interact with local populations and impact on the quality of assistance require more understanding.

## **Managing corruption, diversion and conflict dynamics**

From affected people's perspective, in Somalia and Afghanistan (and in the one area of Syria examined so far), corruption, bias and/or favouritism were all major impediments to receiving aid (this is consistent with the findings from the remote survey led by Component 1). Local people often perceive an unclear or unjust rationale for who receives aid and who doesn't, and there are

disincentives, stemming from a sense of resignation or disempowerment, to report instances of corruption and abuse of power.

Organisations with a detailed understanding of the local context, including the impact their interventions might be having on local power dynamics and the political economy, are more likely to deliver aid with integrity. Both formal and less formal approaches to context analysis can be useful. The key is to know how the organisation is perceived and how humanitarian aid is used by powerful actors. In attempting to mitigate corruption, 'zero tolerance' policies can have drawbacks if they inhibit discussion of actual risks and the potential compromises needed to ensure access.



# 1 Introduction

## 1.1 Objectives and research questions

Secure Access in Volatile Environments (SAVE) is a three-year programme of applied research that seeks to improve the evidence base on what works for maintaining humanitarian access in the world's most challenging operational contexts. In doing so it seeks to contribute to solutions for providing effective and accountable humanitarian action amid high levels of insecurity.

The research is operationally driven and field-based. It focuses on four contexts: Afghanistan, South Central Somalia, South Sudan and Syria. There are three linked, overlapping components:

1. **Access:** Quantifying and mapping humanitarian coverage in relation to security conditions
2. **Quality:** Identifying the key determinants for enabling access and quality aid interventions
3. **Accountability and learning:** Providing practical lessons and guidance for improved monitoring and evaluation

The present report covers Component 2 of the research (quality), which seeks to answer two research questions:

1. What works best in enabling *access* in the most insecure environments?
2. What works best in delivering *quality* aid in situations of reduced oversight and control?

Component 2 is led by Katherine Haver (Component Coordinator), working closely with William Carter, Senior Researcher for Component 2, and a team of field-based researchers.

## 1.2 Methodology

In seeking to answer these questions, the research team developed (during the inception phase in October 2013-March 2014) a list of factors that might possibly influence access and/or quality (see Annex 1 for the full list). These included:

- agency identity and background
- operational approaches (e.g., use of humanitarian principles, type of negotiations pursued)
- approaches to risk
- ways of working with local partners and the affected community
- types of assistance provided

This list of factors formed the basis of the aid actor interview guide (see Annex 2). As expected, the emerging findings from these interviews suggest that some of these factors are more important and/or require more in-depth examination than others. The list nonetheless remains useful as a conceptual framework guiding the research.

During the inception phase, the team also developed definitions for key terms. The definition for **quality** was refined based on feedback from the SAVE Advisory Group in December 2014 and is included below. It remains intentionally broad, reflecting the goal of the research to understand what indicators agencies use to gauge programme quality and how they make trade-offs and compromises in highly insecure settings – rather than whether they are meeting specific sector-based indicators or technical standards. Such standards and indicators can be seen as one

measurement of the extent to which these broader principles of ‘quality’ (summarised in the definition here) have been successfully implemented.

#### **Box 1. Definitions of key terms**

**Access**, as defined in Component 1, is the degree to which affected people are able to reach, and be reached by, humanitarian aid.

A **quality aid intervention** is one that is relevant and addresses priority needs; is timely; avoids duplication with other actors; preserves the dignity of recipients; and minimises the potential of aid to do harm.

**Remote management** is an approach that can allow organisations to continue some activities in situations where access is limited by transferring management and monitoring responsibilities to national or local staff members and/or external partners.

**Transfer modality** refers to whether the assistance provided is cash-based (including vouchers) or in-kind; applies across a variety of sectors, objectives and delivery mechanisms.

A **delivery mechanism** is the means by which assistance and/or protection (i.e., goods, people, services, assets, cash, vouchers, etc.) are delivered or provided to recipients. The concept relates to the form in which assistance is transferred (physically or electronically) from one place to another; in some cases this is connected to modes of partnership (e.g., the use of a local private trucking company). Partnership issues are also examined separately from delivery mechanisms.

The inception report proposed four main methods of **field level research**:

1. **Interviews with aid actors:** Approximately 75–100 in-person, semi-structured interviews with relevant personnel from aid agencies, government and donors, as well as others (e.g., private-sector contractors involved in aid delivery, national researchers, technology specialists) in each of the four contexts, with a view towards ensuring representation of ‘non-traditional’ actors, national staff in the ‘deep field’, and female staff.
2. **Consultations with affected populations:** In-person focus groups and individual interviews with affected populations to be conducted in at least three different locations in each country – with the exception of Syria, for which in-person consultations inside the country were not thought to be possible. The consultations would take place in communities located in insecure areas that had received at least some humanitarian assistance. Participants would represent a mix according to gender, age, ethnicity and displacement status. Female researchers would conduct the sessions with women. The consultations would seek to understand the following (see Annex 3 for the full guide):
  - the types of aid actors that people received assistance from, by what delivery mechanisms and through what forms of local partnership;
  - their views on the quality of aid received (or not received), with a focus on appropriateness, timeliness, ‘do no harm’ qualities, protection issues, and

impartiality (including whether certain groups/individuals are favoured over others); and

- the strategies people use to safely access aid in insecure environments, whether these have any negative consequences, and whether the assistance they received complements or undermines these strategies.
3. **Workshops with aid actors:** Two one-day workshops per country with participants (senior project managers or country directors) from 15–20 interested aid agencies. The interim workshop(s) would aim to receive feedback on findings and research gaps to date and the final workshop(s) would focus on sharing learning across contexts and generating ideas for improving aid delivery in insecure environments.
  4. **Project coding:** Data collected on at least 100 on-going or recently completed projects in each of the four contexts, in order to determine, within a limited sample at the country level, which factors tend to be correlated with quality aid that achieves good access. The resulting data would be analysed using statistical methods (regression analysis), taking into account limitations in sampling, measurability and reliability.

In the second quarter of 2015, the team decided that the evidence yielded so far through the interviews, affected-population consultations and workshops (methods 1–3) was relatively rigorous and that undertaking project coding in each country would not necessarily yield a more substantial evidence base for the questions being asked. Instead, the need was to turn attention towards the practical outputs of the component, notably the toolkits / operational guidance (see list of outputs below) and to carry out additional focused research to support these. The project coding will therefore be replaced with additional research activities, once the toolkit topics are identified.

At the **global level**, the inception report also proposed conducting up to 100 telephone or in-person **interviews** with relevant aid actors located outside the country context (i.e., at headquarters or regional levels) and additional **workshops/briefings** with operational agencies and relevant decision-makers, coordinated across the three components, as part of research uptake.

The outputs for Component 2 are as follows:

- **Initiation report** (submitted January 2015)
- **Interim report** (present document)
- **Final report:** 40–50 page report summarising the findings for Component 2.
- **Toolkits for humanitarian practitioners:** These will describe practical implications for operational agencies on specific topics. They will potentially be translated into Arabic, French and Spanish. The topics will emerge from the most salient research findings as well as the needs of operational actors as discussed during the field workshops and other meetings, including headquarters briefings.
- **Workshops and analytical briefings:** See above.

At the start of the implementation phase, the team decided that field research would be sequenced with affected-population consultations and aid actor interviews starting first, and the first round of workshops coming mid-stream. In all four countries, the second (final) workshops were planned to take place last, after all research activities had been completed.

As the research was beginning in each country, a geographic focus for each was agreed. For Somalia, Afghanistan and South Sudan, the overall focus was consistent with that of SAVE generally, whereas for Syria, Component 2 opted to focus (for now) largely on two organisational hubs (Turkey and Damascus), rather than all of Syria as was the case for Component 1. The specific locations for the affected-population consultations were selected in order to achieve a balance of areas under the control of different actors, and also based partly on the abilities of in-country researchers to access various locations. The areas of focus are summarised below and a map of the locations of the affected-population consultations can be found in Annex 8.

- Somalia
  - Overall focus: South Central Somalia
  - Affected-population consultations: Gedo, Baidoa and Mogadishu
- Afghanistan
  - Overall focus: south / south east
  - Affected-population consultations: Kunar, Khost, Paktika, Helmand, Kandahar and Uruzgan provinces
- South Sudan
  - Overall focus: Unity, Upper Nile and Jonglei states
  - Affected-population consultations: Juba, Twic East, Duk, Leer and Akobo
- Syria
  - Overall focus: mainly organisations (1) registered in Damascus and (2) working cross-border from Turkey, along with additional interviews with Syrian aid actors in-situ who are not connected with such organisations
  - Affected-population consultations: Al Hasakeh, Deir Ezzour, rural Aleppo, urban Aleppo, Hama and Damascus

The team is currently undertaking a consultation process to determine the topics, by September 2015, of the **toolkits**. (They will consist of operationally-relevant lessons and examples drawn from the SAVE Component 2 research across the four countries; a word other than 'toolkit' may end up being more appropriate.) This is being done by reviewing the most recent literature and guidance to identify gaps (see section 1.3 below), consulting relevant global stakeholders, and reviewing the evidence collected from the field research, which is summarised here. It is expected that two toolkits will be produced. The following topics are currently under consideration:

1. Inter-agency approaches to enabling access and quality in highly insecure settings
2. Partnerships in remote management settings
3. Decision-making in high-risk environments: analysing risks/benefits and risk management
4. Assessing and managing the risks of corruption, bias, diversion, how aid can fuel conflict
5. Negotiation for humanitarian access
6. Staffing / human resource considerations for access
7. Delivery mechanisms or programming approaches that work in highly insecure environments
8. The effect of counter-terrorist legislation on delivering aid in highly insecure environments

### **1.3 Overview of key literature and initiatives**

During the course of the research, the Component 2 Senior Researcher conducted a review of relevant documents in order to build on and deepen the literature review commissioned by DfID in 2012, and the additional reviews of non-English literature conducted during the inception phase. The review was also used as a means to inform the selection of topics for the Component 2 toolkits. It is provided as a separate document to complement the interim report.

The literature review covers thematic areas as well as recent literature related to the SAVE case study countries. The thematic areas include negotiation with state and non-state actors; legal issues related to operating in insecure contexts; risk management, remote management and partnerships; principles and ethics; and communicating with affected populations. The review focuses on documents published since 2013, as well as referring to a few older documents where relevant to understand recent trends in thinking. It summarises the main conceptual and practical developments reflected in the published literature, as well as a few significant practitioner initiatives related to access. It does not review project-specific evaluations or unpublished (confidential) documents, although some have been shared with the SAVE team and therefore contribute to the team's background knowledge and understanding.

## 2 Progress of research during the reporting period and reflections on methodological issues

### 2.1 Field research

#### 2.1.1 Afghanistan

##### Selection of field researchers

A call for proposals was circulated to seven Afghan research entities in December 2014, and proposals were received from three of them. The team opted to divide the work between two organisations to take advantage of their respective levels of experience in different regions. Working closely with Will Carter, who has been largely based in Kabul, a team from the Peace Training and Research Organisation (PTRO) led on the Kabul-based stakeholder interviews and conducted interviews with aid actors and consultations with affected populations in the southern region (Kandahar, Uruzgan, Helmand). A team from the Organization for Research and Community Development (ORCD) led aid actor interviews and consultations with affected populations in the south eastern / eastern regions (Khost, Paktika, Kunar).

##### Interviews with aid actors

The research teams have conducted a total of 105 interviews with aid actors in Afghanistan. This includes several interviews conducted by the Senior Researcher for Component 2 in Kabul, Kandahar and Khost. The table below shows a breakdown of these interviews by location and actor type. Approximately 90 per cent of these interviews were with Afghans, 10 per cent with women, and 6 per cent with Afghan women. (See section 2.3 for a full discussion of methodological issues, including gender.)

<b>Area</b>	<b>Humanitarian aid agencies</b> (e.g., UN, INGO, Afghan NGOs, Islamic charities)	<b>Government/local governance</b> (e.g., ministries, departments, governors' offices, development councils)	<b>Other actors</b> (e.g., community-based organisations, private-sector entities)	<b>Total</b>
Kabul	13	4	2	19
Kandahar	13	6	3	22
Helmand	7	2	1	10
Uruzgan	9	5	1	15
Khost	12	3	1	13
Paktika	9	2	2	13
Kunar	4	6	0	10
<b>Total</b>	<b>67</b>	<b>25</b>	<b>10</b>	<b>105</b>

In June 2015, the PTRO and ORCD teams (following a template provided; see Annex 5) each produced syntheses of these interviews and revised them based on feedback from the SAVE team.

## Affected-population consultations

A total of 220 affected people were consulted across six different provinces in Afghanistan (Kandahar, Helmand, Uruzgan, Khost, Paktika and Kunar). Interviews (but not focus groups) with women were conducted in all provinces except Uruzgan. Of the 140 individual interviews conducted, 51 (36 per cent) were with women; 23 per cent of people consulted overall were women. All interviews with women were conducted by female researchers.

Area	Focus groups	Individuals included in focus groups	Individual interviews	Total persons
Kandahar	3	15	25	40
Helmand	3	15	23	38
Uruzgan	3	16	18	34
Khost	3	15	32	47
Paktika	3	15	19	34
Kunar	3	14	23	27
<b>Total</b>	<b>18</b>	<b>90</b>	<b>140</b>	<b>220</b>

In June 2015, the PTRO and ORCD teams each produced syntheses of these interviews and focus groups (following a template provided; see Annex 6) and revised them based on feedback from the SAVE C2 team.

## Workshops

The SAVE C1 and C2 teams plan to conduct several workshops over 4–6 August 2015 in Kabul: a workshop for members of the OCHA-convened Access Advisory Group; a briefing for humanitarian donors hosted by DFID; a presentation and Q&A session to a meeting of the Project Support Group; (possibly) a workshop with local aid actors facilitated through ACBAR, the NGO forum; and a briefing for the Resident Coordinator / Humanitarian Coordinator.

### 2.1.2 South Central Somalia

#### Selection of field researchers

During the inception phase and again during a visit to Nairobi in November 2014, the SAVE team met with potential researchers and consultants with experience in Somalia. In January 2015, the team commissioned Nisar Majid (an independent consultant with whom SAVE has been engaged since the inception phase) and four Somali researchers. These consisted of two men (Khalif Abdirahman and Guhad Adan) and two women (Fardowsa Abdirahman and Shamsa Hassan); Nisar had previously worked with the former. SAVE also engaged two senior consultants from the Centre

for Humanitarian Change, who each have extensive networks with aid actors in Somalia, on a small draw-down contract to support workshop facilitation and help review the C2 outputs for Somalia.

### Interviews with aid actors

A total of 106 interviews were conducted with aid actors in Nairobi, Mogadishu, Baidoa and Gedo. Table 3 provides a breakdown by location and organisation type. The Somali research team visited Mogadishu, Baidoa and Gedo in February and March 2015, and additional interviews were conducted to these areas by phone, as well as in Nairobi during visits there in November 2014, February 2015 and March 2015. Approximately 62 per cent of the interviews were with Somalis, 24 per cent with women and 12 per cent with Somali women.

Area	Humanitarian aid agencies (e.g., UN, INGO, Somali NGOs/CBOs, Islamic charities)	Government / local governance (e.g., ministries and departments, district authorities)	Other actors (private sector entities)	Total
Nairobi	51	0	4	55
Mogadishu	15	2	3	20
Gedo	15	1	0	16
Baidoa	15	0	0	15
<b>Total</b>	<b>96</b>	<b>3</b>	<b>7</b>	<b>106</b>

The research coordinator debriefed with Nisar Majid and the rest of the research team in person in Nairobi in March 2015 to discuss emerging findings from both the aid-actor interviews and the affected-population consultations. In May 2015, Nisar Majid produced a synthesis of these interviews, which was subsequently revised following feedback.

### Affected-population consultations

A total of 151 affected people were consulted. Interviews and focus groups with women were conducted, by female researchers, in each location in South Central Somalia. Of the 151 people consulted, approximately 50 per cent were women. Some interviews were conducted by phone, in order to reach additional persons and to see if different or higher quality information could be gained through this method. Table 4 shows the number of persons consulted in each location through each method.

Area	Focus groups	Individuals in focus groups	Individual interviews (in person)	Individual interviews (by phone)	Total
Mogadishu	6	35	17	9	61
Gedo	2	13	14	12	39
Baidoa	4	27	14	10	51
<b>Total</b>	<b>12</b>	<b>75</b>	<b>45</b>	<b>31</b>	<b>151</b>



In May 2015, Nisar Majid produced a synthesis of these interviews, which was subsequently revised following feedback.

## Workshops

The team held three facilitated meetings in Nairobi to present emerging findings from Components 1 and 2: two workshops for international staff (hosted by FAO) and one for Somali NGOs (hosted by Adeso). A total of 46 participants were engaged and 20 per cent of those were women. Overall the attendees represented a mix of UN agencies, INGOs, donors and Somali NGOs. Each meeting was facilitated by Peter Hailey from the Centre on Humanitarian Change, with participation from Nisar Majid and two of the Somali researchers (Khalif Abdirahman and Guhad Adan). Prior to the meeting, participants received a background briefing note outlining Component 2's preliminary findings for South Central Somalia. Section 5.4 outlines the participant feedback to the workshops, based on a short evaluation circulated at the end of each meeting.

The team also planned to conduct a workshop in Mogadishu during the same trip, specifically a workshop with Somalia staff working for international and local humanitarian agencies, as well as additional targeted interviews with UN staff. A decision was made to postpone, however, as the timing coincided with the start of Ramadan, a period of heightened insecurity. Nisar Majid and team will undertake the workshop in September 2015.

### 2.1.3 South Sudan

#### Selection of field researchers

As described in the Component 1 interim report, SAVE opted to use a cross-component researcher for South Sudan. The researcher (John Caccavale) is hosted by CARE and began his work there in October 2014. He conducted joint Component 1 and 2 interviews with stakeholders in Juba through March 2015, followed by the Component 2 affected-population consultations in March through May 2015. The research coordinator for Component 2 (Katherine Haver) visited Juba in March to initiate the rest of the C2 work and to jointly conduct affected-population consultations in the Juba Protection of Civilian (POC) sites.

#### Interviews with aid actors

A total of 102 interviews were conducted with aid actors in Juba, Twic East / Duk, Leer and Akobo. Approximately 80 of these were joint C1/C2 interviews. Approximately 17 per cent of these interviews were with South Sudanese and 41 per cent were with women, but only one interview was with a South Sudanese woman. The table below provides a breakdown by location and organisation type. Additional interviews with a few key operational agencies and non-traditional actors, as well as with private transporters, private contractors and church actors, are planned for August and September 2015.

Area	Humanitarian aid agencies	Government / local governance	Other actors (e.g., UNMISS, private)	Total

	(e.g., UN, INGO, South Sudanese NGOs, church actors)	(e.g., ministries and departments, governors' offices, donor governments)	sector entities)	
Juba	77	8	1	86
Twic East/Duk	5	1	0	6
Leer	4	0	0	4
Akobo	2	2	0	4
Unknown	0	0	2	2
<b>Total</b>	<b>88</b>	<b>11</b>	<b>3</b>	<b>102</b>

In June 2015, John Caccavale produced a synthesis of these interviews, following the same template used for the other countries.

### Affected-population consultations

A total of 203 affected people were consulted. Interviews and focus groups with women were conducted in each location. Of the 203 people consulted, 107 (57 per cent) were women. The SAVE research consultant conducted the interviews and focus groups, working with different South Sudanese facilitators/translators in each location. In most locations, female-only focus groups were led by a local woman, who later relayed the findings to the (male) researcher.

Area	Focus groups	Individuals included in focus groups	Individual interviews	Total persons
Juba	3	30	2	32
Twic East / Duk	3	37	4	41
Leer	8	47	5	52
Akobo	10	71	7	78
<b>Total</b>	<b>24</b>	<b>185</b>	<b>18</b>	<b>203</b>

### Workshops

The team held two main (combined C1 and C2) workshops in Juba in June 2015. The first was an OCHA-hosted workshop with a targeted group of stakeholders and the second was an NGO Forum-hosted, open-invite event involving country directors and security focal points. The team also separately briefed the NGO Forum Secretariat, and conducted additional side meetings with various stakeholders. The team attempted to organise a briefing for Juba-based donors through the DFID office, but this was not possible at the time, and a briefing is now planned for an upcoming visit in October 2015.

Prior to the two workshops, participants received a background briefing note outlining Component 2's preliminary findings for South Sudan. A total of 35 participants attended, of which 28 per cent were women, representing a mix of UN, INGOs, donors and South Sudanese NGOs. Overall, a good mix of agencies was represented in the discussions and the quality of the feedback and discussion

was extremely valuable for the ongoing research. Section 5.4 outlines the participant feedback to the workshops.

## 2.1.4 Syria

### Selection of field researchers

The research in Syria was the last to commence, with the research coordinator visiting Gaziantep and Antakya in Turkey in February 2015. In addition to meetings with aid actors to brief them on the research and conduct preliminary interviews, meetings were held with five potential research groups. Two ‘calls for expressions of interest’ (EOIs) were sent to these entities. The EOIs covered the C2 aid-actor interviews as well as the in-person consultations with populations in Syria, to be drawn upon by all three SAVE components. Three organisations subsequently submitted proposals. Following interviews and comprehensive reference checks, the team engaged Proximity International, because of its strong references; its previous experience with similar research; their extensive team of enumerators based inside Syria; and its overall commitment to the research.

### Interviews with aid actors

Two Turkey-based researchers (including one Syrian Arabic speaker) from Proximity are currently conducting interviews, based on a matrix of stakeholders by typology (see Table 7). Of the target number of approximately 130 interviews with aid actors, 60 are Turkey-based and the rest are inside Syria (specifically Hama, Idlib, Aleppo, Deir Ezzour, Al Hassakeh and Damascus). The Proximity team has so far conducted 36 interviews, the large majority with stakeholders inside Turkey. The SAVE Component 2 team has conducted an additional 29 interviews during visits to Turkey, which are reflected in the total figures in the table below. Of the 65 interviews conducted so far, approximately 22 per cent were with women and 48 per cent with Syrians, but only around 5 per cent with Syrian women.

<b>Area</b>	<b>Humanitarian aid agencies</b> (e.g., UN, INGO, Syrian /diaspora NGOs, Red Cross / Red Crescent)	<b>Government / local governance</b> (e.g., Syrian ministries and departments, local councils, relief committees, Turkish authorities)	<b>Other actors</b> (e.g., development contractors, private sector entities)	<b>Total</b>
Turkey	53, [17]	[1]	7, [2]	60
Hama	[5]	[4]	[0]	0
Idlib	[5]	[3]	[1]	0
Aleppo	[5]	2, [1]	[1]	2
Al Raqqa and Deir Ezzour	[5]	[0]	[3]	0
Al Hassekah	1, [11]	[2]	[2]	1
Damascus	1, [28]	[0]	[2]	1
Other	1	[0]	[0]	1

<b>Total</b>	<b>56</b>	<b>2</b>	<b>7</b>	<b>65</b>
<i>Note: Numbers in brackets reflect current target number remaining, to be completed by October.</i>				

### Affected-population consultations

As of July 2015, consultations have been conducted and synthesised for Al Hassakeh only. A total of 68 people have been consulted, alongside 400 household surveys. (The household surveys, also being carried out by Proximity teams of enumerators, are being led by Component 1. See Annex 4 for a list of survey questions.) Of the 68 people consulted qualitatively so far, 45 per cent were women.

Area	Focus groups	Individuals in focus groups	Individual interviews	People consulted qualitatively so far	Household surveys
Hassekah (opposition-controlled)	8	58	10	68	400
Hassakeh (government-held area)	0	0	0	--	200
Aleppo rural area (western Aleppo)	[8]	Tbd	[10]	--	[400]
Aleppo City	[8]	Tbd	[10]	--	[400]
Hama (opposition-controlled)	[8]	Tbd	[10]	--	[400]
Damascus City	[8]	Tbd	[10]	--	[200]
Deir Ezzour	[8]	Tbd	[10]	--	--
<b>Total</b>		<b>58</b>	<b>10</b>	<b>68</b>	<b>[2,000]</b>
<i>Note: Numbers in brackets reflect current targets, to be completed by mid-September</i>					

### Workshops

The first round of workshops for Syria are planned to take place in October 2015, in Turkey.

## 2.2 Global level research

A total of 23 interviews have been conducted so far with various organisations at the global level (see Annex 7 for a list). The main objective has been to keep abreast of the research and aid agency initiatives closely related to the Component 2 research, as well as to maintain stakeholder engagement in the SAVE research process and emerging findings. An additional round of more systematically selected global-level interviews will be conducted in the fourth quarter of 2015 and the first quarter of 2016. These will take place in Geneva, Dubai, Washington, D.C., London and possibly Brussels (as well as New York), and in some cases will be scheduled around visits connected with other projects. The list of stakeholders will be determined based on the toolkit topics selected and the key gap areas from the field research.

As the SAVE research programme moves in to the dissemination phase in early 2016, additional SAVE-wide briefs and workshops will be planned at the global level. This is further detailed in the research uptake section (section 5).

## **2.3 Methodological issues and challenges**

### **2.3.1 Overall approach**

Recognising the challenges of conducting research in volatile contexts, the team has sought to document the methods used, including possible biases, as clearly as possible along each step of the process. The Research Coordinator and Senior Researcher frequently reviewed progress and discussed challenges midstream with local research partners, so adjustments could be made. Field researchers were also asked to reflect, in their syntheses, on any sample limitations and bias (see synthesis templates in Annexes 5 and 6). A reflective approach has been taken partly to understand the limitations and make adjustments to the research tasks, where necessary, and partly because the methodological issues often illustrate the challenges aid actors face working in these environments. As one example of such challenges, the team feels it is important to disclose here that it had to pay \$300 (an unofficial tax) to the local authority in Dolow in order to be allowed to conduct the research in Gedo. It is hoped that an honest discussion of the challenges and a clear presentation of methods used will demonstrate the rigour of the research and serve as useful learning for similar future research.

Interview subjects for the aid-actor and affected-population consultations were chosen through both purposive and convenience sampling.<sup>1</sup> For both sets, the team sought to achieve a balanced sample by interviewing people from specific predefined groups; efforts were taken to include local aid actors' voices and other 'irregular' aid actors often missed or excluded from coordination mechanisms and standard reporting, for example diaspora groups or social/private enterprises. For the affected population, this meant seeking a diversity of people according to gender, displacement status, age, and clan or ethnic group. For the aid-actor interviews, this meant talking to as representative a mix as possible of the types of groups delivering aid in that context. To compile such lists, the team drew on its previous knowledge of aid operations in each country as well as contacts lists from OCHA, NGO forums and other sources, including interview lists and emerging data from Component 1. Priority was given to humanitarian agencies working in hard-to-reach areas and to the major humanitarian actors in each field setting (according to approximate volume delivered), while the team was also sure to interview smaller entities. Length of time and expertise on the operating context were also important considerations in selecting interviewees from aid organisations. For stakeholders who were especially difficult to reach (or to secure an agreement to be interviewed), such as Islamic charities, some Syrian NGOs or gatekeepers in IDP camps in Mogadishu, snowball sampling methods were used, whereby individuals recommended similar persons to speak to, with the aim of increasing their trust in the research and/or the interviewer.

The order in which the research was rolled out across the countries slightly influenced the research process. As the last country, but also the most challenging, Syria benefited because the team had

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<sup>1</sup> With the exception of the Syria household survey, which used some forms of random sampling, this will be reported on by Component 1.

already developed and honed its research tools and templates (e.g., Annexes 2–6) and worked through methodological challenges.

Lastly, the volume of evidence generated by Component 2 presents opportunities and challenges. To address issues of quality and quantity, the field teams and the global teams have shared the synthesis and analysis process. In each country, field researchers have transcribed and translated (where necessary) detailed notes from each focus group or interview, and sent these to the core SAVE team. The global research team commented on initial transcripts from each country, to improve quality and adjust focus. The field researchers then produced separate syntheses of the aid-actor interviews and the affected-population consultations (see templates in Annexes 5 and 6), which were cross-checked against information in the transcripts as well as against any interviews that the core researchers have themselves conducted separately (where appropriate). A period of comment and review on the synthesis documents functioned to test out the strength and veracity of the evidence base, which was further tested by the practitioner workshops (so far conducted for South Sudan and Somalia). Nonetheless, the findings presented in section 3 remain very much a ‘first cut’ and additional analysis will be undertaken using the existing evidence, depending on the type of questions to be further pursued. Similarly, material gathered by Component 1 (interview notes with aid actors) remains that can be usefully analysed, particularly for Syria. This will be pursued in the coming months, ahead of the first round of workshops in Turkey.

### **2.3.2 Gender**

A satisfactory woman-to-man ratio has been achieved in the affected-population consultations from all four countries (with Syria still underway, but on track). The core SAVE research team required that female researchers be deployed to speak with women. Afghanistan was the most challenging in this regard. For three countries, however (it is too early to say yet for Syria), the consultations with affected women have not yielded the depth of insight the team was expecting in terms of the specific challenges women face in safely accessing quality humanitarian assistance (see section 3 for more detail). While it is possible that there are simply few gendered aspects to be revealed, more likely a few factors explain the lack. First, in all three countries, the expertise of the local female researchers was not as high as that of the male researchers, who were also leading the project. Second, the research may have benefited from having a dedicated national female researcher (South Sudan) and/or partnerships with women’s groups (Somalia and Afghanistan), particularly at a very local level, to better understand the issues, frame questions appropriately, and select the most appropriate local female facilitators – all of which did not prove feasible with the time and resources available.

In each country, a very small proportion – ranging from 1 to 12 per cent – of the interviews conducted so far were with female national staff of aid organisations. While the proportion of female-to-male national staff in each country is not known, it is almost certainly not this low, even taking in to consideration that men tend to occupy more senior positions. Achieving a gender balance is difficult for a range of reasons, including that in some instances it may have seemed more culturally appropriate for the male lead researchers to reach out to male staff; many of the more-insecure target areas of the four contexts experience higher gender disparity because of socio-cultural reasons. However, speaking to women will continue to be a focus for the remaining

interviews and gender considerations will be mainstreamed throughout the development of operational guidance outputs.

### **2.3.3 Interviews**

The team did not specify a desired breakdown of the number of national versus international staff to be interviewed, for each country. Notably, many more aid-actor interviews were conducted with national staff in Afghanistan (89 per cent) versus in South Sudan (17 per cent). This reflects both the greater role and capacity of national staff in Afghanistan, given remote management, versus the increasingly larger role for international staff in South Sudan. It also reflects the fact that the Afghanistan research was conducted by two (larger) teams comprising Afghanistan researchers, while the South Sudan research was conducted by one international researcher.

As noted in section 1.2, Component 2 sought to prioritise interviews with relevant ‘non-traditional’ actors, and/or others who are not typically well consulted during research, such as diaspora groups, non-Western entities, private-sector contractors and community councils. Part of the research task has been to better understand which such groups are most relevant in each context. Speaking to affected communities helps to better understand the actors they have received assistance from, and hence to prioritise interviews accordingly.

In all countries, the identity of the researchers (nationality, place of origin, clan) and their level of experience in the aid sector have affected the degree to which they can access interview subjects, obtain high-quality, in-depth answers, *and* gauge respondents’ openness. Somalia was one of the most challenging contexts in this regard, but the team was also particularly well-placed and skilled. Although the work there is still midstream, Syria appears to pose challenges in both accessing subjects and engaging them in open conversation (this is similar to the experience of Component 1). A range of issues are related to this, including perceptions of the local research entity (Proximity) and of the ‘Western’ international research entity (Humanitarian Outcomes), as well the confidence aid agencies, including Syrian NGOs, may have regarding the anonymity of the research material. These are issues which the SAVE team will continue to attempt to address.

While the interview guide was piloted in each location (except Somalia), some questions only became pertinent once the preliminary findings began to emerge. For example, in the area of risk management, the guide did not include specific questions on (a) how aid agencies weigh different types of risk in deciding where and how to work and (b) how risks are discussed, shared and/or transferred to different types of partners. The guide will be adjusted for interviews going forward, in order to gather evidence for the possible ‘toolkit’ on decision-making in high risk environments.

### **2.3.4 Affected-population consultations**

Generally conducting consultations with affected people proved easier than anticipated. This includes Syria, where the team was surprised to find multiple credible research/monitoring entities (operating from Turkey) with teams of enumerators based in a range of hard-to-reach areas in Syria.



Both the selection of communities and the selection of individuals within these communities have raised interesting methodological challenges. For the former, balance had to be struck between what was desirable and what was feasible, given the pool of available researchers, the locations they could access, and shifting security constraints. The overall diversity of areas surveyed was probably the least satisfactory in Somalia, where the sample is mainly urban and not in areas controlled by Al Shabaab. In the countries that rolled out later, a balance was sought between rural and urban areas, and areas controlled by different groups.

For the selection of participants, formal approaches, such as matrices specifying the different groups that should be consulted, proved especially useful for Afghanistan and Syria, where larger teams conducted / are conducting the work. Individual researchers' determination to penetrate further into communities, to talk to those less typically consulted, has also proved pivotal. In Mogadishu, for example, the researchers used private rickshaws and taxis to enter IDP camps discreetly and avoid detection by camp managers, who would typically direct them to speak only to certain people. They also conducted a focus group with the camp managers (self-described 'gatekeepers') to placate them, and which proved insightful in its own right. In South Sudan, the researcher found it more useful, at times, to operate independently, rather than rely on NGO community mobilisation processes for focus groups, since these groups would consist of people who were repeatedly the 'community representation' in such circumstances.

In all countries except Somalia, the questionnaires were field tested and a pilot set of interviews was shared with the SAVE research team and amendments made. This was particularly useful for Afghanistan and Syria, where the questionnaires were first translated into local languages, and hence more prone to misunderstandings. In South Sudan, interpretation was conducted on the spot, while in Somalia, conversations were carried out by bilingual researchers, who transcribed notes in English. In South Sudan, questions had to be considerably simplified and reframed by the researcher, in order to get the point across.

In Somalia, some interviews were conducted by phone, to reach additional persons (through a snowball method) and also to see if different or higher-quality information could be gained this way. The team felt that the method generally had benefits and drawbacks, but no clear advantage over in-person methods; it might be especially useful for hard-to-reach areas, such as Al Shabaab-controlled areas, however.

### **2.3.5 Workshops**

For Juba and Nairobi (and for Kabul, where planning is underway), the team found it feasible and advantageous to organise multiple workshops rather than only one. Some brought together a diversity of stakeholders (to encourage debate) and others targeted specific types of stakeholders (to encourage open conversation among peers). A shorter format, ranging from two to three-and-a-half hours (rather than a full day) facilitated gaining high-level (country director) as well as more-diverse participation.

Having facilitation for the Nairobi workshops was particularly useful. The facilitator was well-known and trusted by a variety of stakeholders and encouraged a level of honesty and openness which many participants remarked they had not seen for some time regarding Somalia. Lastly, even



though the Mogadishu workshop had to be postponed, the participants and logistics have been planned out, making it a straightforward exercise to implement in the third quarter of 2015.

### **2.3.6 Project coding**

As noted in the methodology outline (section 1.2) the team determined that the evidence yielded through the interviews, affected-population consultations and workshops (methods 1–3) is, while still incomplete, increasingly at comprehensive enough that undertaking a project coding exercise would not yield additional significant evidence. The team also determined that operational guidance (toolkits) requires additional focused research to support the development of those products. The project coding is therefore being replaced with additional targeted and topic-specific research, once the toolkits areas are identified.

### 3 Emerging findings

The sections below represent a preliminary synthesis, across countries, of the evidence collected so far, which itself is not complete. In particular, the findings for **Syria** should be viewed as still under development. As noted above, Syria is only part-way through the research, with affected-population consultations conducted for only one area (Al Hassakeh) and interviews conducted with a limited set of Turkey-based organisations. Additional aid-actor interviews are also currently underway in **South Sudan** and in each country additional research will be undertaken in the third and fourth quarters of 2015 to support the development of the toolkits.

It is also expected that the analysis below will be further complemented by data from Component 1, when available, on the types of aid organisations and sectors that are most present in high-need and hard-to-reach areas. This data, along with a more-developed mapping of partnerships and programme typologies set against the types of access constraints faced, is expected to result in a more robust cross-country analysis for the final report.

#### 3.1 Overview of access challenges and programming trends

The overview that follows has been derived from Component 2 research as well as the emerging findings of Component 1, as summarised in the C1 Interim Report.

##### 3.1.1 Afghanistan

###### Access challenges

As civil conflict gradually intensified in the middle of the last decade, aid organisations faced high levels of targeted and collateral violence by armed opposition groups. The association of humanitarian aid efforts with the international military stabilisation campaign contributed to this, with the recent minimisation of this coalition altering the landscape in which humanitarian aid is delivered. Aid agencies engage in extensive negotiations to enter new, contested areas, particularly those controlled by the Taliban. While government actors generally facilitate humanitarian assistance, extensive negotiations are sometimes required to guard against interference, particularly from provincial and local-level authorities. One sign of possible improvement has been an emergency response to assist refugees from neighbouring Waziristan (Pakistan) in Paktika and Khost since summer 2014, despite these areas being rated highly insecure.

###### Humanitarian presence

During an earlier escalation of the conflict in 2006–09, many agencies reduced their presence in the south and east. Today, aid agencies are largely clustered in the centre and north, which are relatively more secure, despite southern provinces having greater levels of conflict and need. Presence also remains minimal in many periphery districts. International staff have limited to no ability to move overland in some areas, and while some international presence can be found at ‘regional’ levels (e.g., Jalalabad, Kandahar, Herat), few such staff are permanently based at the provincial level.

###### Programming approaches

During an earlier escalation of the conflict in 2006–09, many agencies adopted remote management and low-visibility approaches. Staff movement, particularly international staff, overland outside of

the main cities, was rare. Despite some improvement, organisations still tend to maintain a static presence in areas where they are known and have been operating for years, rarely starting projects in new locations, limiting flexibility for emergency response. A heavy reliance on local staff and local organisations, as well as a shortage of trained female staff in key sectors such as health and education, hinders women's access to assistance.

### **3.1.2 South Central Somalia**

#### **Access challenges**

Although UN agencies have been specifically targeted by Al Shabaab for attack, owing to their political identity, the main security risks to both local and international humanitarian organisations in South Central Somalia in recent years have stemmed from local clan dynamics and criminality. Clan militias as well as local authorities generally impose restrictions, threats and conditions on the delivery of humanitarian aid. In the areas it controls, Al Shabaab continues to make it difficult – but not impossible – for aid organisations to work by banning or obstructing their work or imposing conditions.

#### **Humanitarian presence**

The areas with the most severe humanitarian need tend to be under the control of Al Shabaab or in close proximity. Since Al Shabaab was designated as a terrorist group in 2008, humanitarian actors have faced increased legal and financial risks to operating in these areas, in addition to the security risks. Although some, and primarily local, NGOs are located in Al Shabaab-held areas, most aid agencies are concentrated, and highly 'bunkerised', in and around urban centres where Somali National Government and AMISOM are present, placing them in direct proximity to Al Shabaab targets. The challenges of operating in South Central Somalia are heightened by a recent emphasis on reducing corruption and diversion – the risks of which were seen to peak during the 2011–12 famine response.

#### **Programming approaches**

Remote programming is still widely used, with most INGO senior management based in Nairobi, but UN agencies have established a number of permanent, senior posts in Mogadishu. UN agencies and INGOs combine partnership with direct implementation. Partnerships exist with a wide range of entities, notably Somali NGOs and increasingly private transporters, as a way to access hard-to-reach areas, although the number of local partners has slightly reduced in recent years due to corruption concerns.

### **3.1.3 South Sudan**

#### **Access challenges**

The civil conflict that erupted in December 2013 exacerbated longstanding logistical challenges to humanitarian programming in South Sudan. While many aid agencies still view access challenges as stemming from logistical problems, the reasons they are unwilling or unable to rebuild logistical capacity are often due to security conditions. The insecurity that ensued for humanitarians derives from the ambient violence of ethnic conflict and territorial struggles, more than the direct targeting of aid operations. South Sudanese national staff operating outside of their local area or ethnicity are

most at risk, while violent criminality in densely populated areas affects national and international staff alike. Humanitarian actors are also concerned with military movements that could harm staff and assets, notably warehoused goods. Government actors have also attempted to limit humanitarian aid into opposition-held areas, including through bureaucratic impediments.

### **Humanitarian presence**

In the first few months of the conflict, the majority of the humanitarian response in the Greater Upper Nile region was confined to work in the UNMISS-controlled Protection of Civilian (PoC) sites, as well as among those displaced in Juba, who collectively represented only around 10 per cent of the displaced population. Once frontline positions settled, organisations began to reopen their field offices in the region; many had been looted and stripped of vehicles and other assets. Humanitarian presence in the Greater Upper Nile is lower than before the conflict and is configured more according to ease of access (including the presence of landing strips) than to levels of need.

### **Programming approaches**

In mid-2014, a push was made to get aid into hard-to-reach areas. This led to a greater use of air-drops and other forms of mobile delivery / rapid response mechanisms and less pre-positioning of supplies and road movement. Food has also been transferred along river corridors and from neighbouring countries based on negotiated agreements. While food assistance teams can frequently withdraw and re-deploy, health interventions require more continuous staff presence, and are sometimes able to operate with greater field presence outside of town centres in comparison to food, NFI and nutrition interventions. International agencies have increased their use of international staff in conflict-affected areas, since they are perceived to have more freedom of movement and some level of protection. This is in sharp contrast to the other three countries, where remote management is widely used. The difference is partly attributable to the fact that in the other three contexts, international actors, by virtue of their mostly Western origins and orientations, are caught up in a wider set of geopolitical tensions between Western powers and a global jihadist insurgent movement, and have been directly targeted for political violence as a result.

## **3.1.4 Syria**

### **Access challenges**

Across all hubs for humanitarian operation, insecurity is the main impediment to access. High levels of ambient insecurity (aerial bombardment, ground fighting and cross fire) as well as direct targeting of aid operations (including diversion of aid and violence to / kidnapping of personnel) have regularly led to suspension or cessation of programming. From 2014, the proliferation of rogue militias, as well as the increased presence of the Islamic State and its kidnapping and public execution of aid workers, and the lack of unified control in north western opposition areas created new threats for humanitarian cross-border activities from Turkey in particular. The government of Syria, in addition to directly targeting civilian centres, notably medical facilities, severely restricts aid delivery through bureaucratic impediments and requires most assistance to be delivered by the Syrian Arab Red Crescent (SARC).

## Humanitarian presence

Of the four countries, Syria has the lowest humanitarian presence in relation to need, particularly in the northeast, including parts of Aleppo, Homs, Hama and Al Hassakeh Governorates, as well as almost the entire Deir-Ez-Zor and Ar-Raqqah Governorates, and parts of southern Damascus, rural Damascus and Quneitra Governorates. Some of the cities or towns within these areas have been besieged for long periods at a time, receiving extremely limited outside assistance. Since 2013, INGOs working from Turkey have nearly eliminated international staff movement into Syria, and most of the cross-border programmes from Turkey are concentrated in a zone (approximately 40 kilometres in length) along the border from Idleb to Aleppo.

## Programming approaches

Since the start of the war in 2011, local, diaspora and international NGOs have provided cross-border assistance to populations out of reach of organisations based in Damascus. This has taken place from hubs in Turkey (the largest) as well as Lebanon, Jordan and Iraq. Assistance from Lebanon appears to consist almost exclusively of fund transfers to NGOs and community-based organisations (CBOs) based in Syria, or the movement of staff, rather than cross-border aid deliveries. The majority of aid is implemented in one-off, mobile deliveries, through remotely managed programmes, using national staff and local partners. Although UN agencies have delivered some aid cross-border since the passage of UN Security Council resolution 2165, the majority of aid operations are conducted by NGOs.

## 3.2 Factors affecting access and quality

The analysis below is structured along the categories of inquiry pursued in the aid-actor interviews (see guide in Annex 2). Each factor has been examined to understand the degree to which it influences access and quality, recognising that ‘corruption, diversion and conflict dynamics’ and ‘humanitarian principles’ (particularly impartiality) are often part and parcel of ‘quality’ – and that quality, in many cases, in turn can impact access. The final section (3.2.7) summarises aid agency perspectives on programme quality in areas where they have limited oversight and control. Lastly, within each factor, different sub-issues have emerged as most salient in each country. The team will continue to draw from and improve the evidence base on issues that best suggest robust answers to the two main research questions, in order to allow for more global synthesis.

### 3.2.1 Staff and organisational issues

In **Afghanistan**, field offices are headed by a mix of international and Afghan staff. This choice appeared to be driven more by cost implications and unexamined risk aversion. In general, while expatriate staff are valued for their multinational experience as well as their capacity to be neutral and impartial, several interviewees argued that expatriate staff can decrease the quality of aid due to their higher costs, rates of turnover and absences (due to R&R rotations). Their inability to speak the relevant language or to safely visit field locations were also seen to slow workflows and introduce structural barriers between senior management and technical experts on the one hand, and beneficiaries and field staff on the other.

Approaches to hiring Afghan staff at field level are mixed, including recruitment of those who are local (from the same or adjacent provinces), ‘ultra-local’ (from the same district), non-local but

from the same ethnic group, or a mixture reflecting the tribal composition of the province. Some organisations also seek out specific, non-technical credentials, such as advanced Islamic study. The low number of Afghan female staff in the field has significant repercussions for the operational quality of aid, particularly in health. Direct engagement with women, such as interviewing them as part of needs assessments, was seen to be further inhibited by the lack of (Afghan or international) female heads of field offices.

In **South Central Somalia**, Somali project staff face incredible pressures from local authorities, armed actors and others wielding power, due to a widespread perception that aid organisations, and by extension those who work for them, have significant resources at their disposal. As a result, there are threats to their safety and to the project assets they are responsible for. Threat levels can increase if they try to stand up to and be ‘strong’ with those seeking concessions. And yet ‘standing up’ to powerful actors was found to be a starting point to many good practices, from negotiating access (on favourable terms) to pushing for an increased quality of programming.

As with Afghanistan, remote management practices have introduced barriers between Somali and international staff, decreased trust and transparency, and were found to be de-motivating for local staff. Organisations whose senior staff were able to visit project sites and talk directly to local populations, authorities and local staff were the ones viewed – by the general population as well as other organisations – most positively in the field and were more likely to address issues of quality.

International agencies displayed surprisingly limited awareness of clan dynamics, including the clan or sub-clan affiliations of their Somali NGO partners and their own staff. This is despite the impact clan affiliations have on access. For example, most Somali NGOs are identified with a particular clan or sub-clan and tend to work where this clan or sub-clan is dominant. The ability of field staff to move safely, particularly into new areas, can also depend on their clan identity.

A local staff’s contextual knowledge, rather than his or her ethnic identity or language skills, was more important for enabling access. As with Afghanistan, international staff’s often-weak contextual knowledge, in light of high staff turnover and limited mobility, is problematic. International staff struggle to foster information networks beyond their own staff and colleagues.

In **South Sudan**, the focus has been on highly localised as well as international (non-regional) staff profiles. All agencies had to adjust staffing configurations after the outbreak of conflict. This mainly consisted of realignment along ethnic lines, to protect the safety of national staff, and has resulted in hiring highly localised staff. These practices appear to have contributed to agencies’ ability to re-establish access – albeit limited – in many areas. What, if any, effect this shift has had on programme quality is difficult, since agencies have concurrently increased their use of highly local (and often less technically capable) staff and been forced to resort to mobile and rapid programming, rather than a sustained presence. In addition, when the front lines of the conflict are in flux, agencies typically evacuate non-essential relocatable staff (both international and national), increasing reliance on locally hired non-relocatable staff and essential staff (for example an area coordinator and/or logistics officer) seen as necessary for maintaining life-saving services.

In contrast to Afghanistan and South Central Somalia, where international staff presence has remained relatively static (if concentrated in few areas) over the last two years, **Syria** has seen sharp decreases. With the exception of parts of Kurdish-held Syria, into which some international

staff cross from northern Iraq, and Damascus (where small numbers of international staff remain based), most aid agencies had no international staff in Syria in the first half of 2015. A few INGOs allow brief visits by international staff of certain nationalities (e.g., from the Middle East or South Asia) who are seen as able to blend in or are presumed to face a lower risk kidnapping.

Among INGOs operating cross-border from Turkey, most of those interviewed reported preferring to hire locally in the areas of implementation. 'Locally' could mean within an area no more than 30 to 40 kilometres from the project site, or in the same area of a governorate (northern Aleppo, for example). Hiring staff locally was seen to help reduce the need for staff movement and to build up contextual knowledge and ensure easier access to communities. Hiring locally was especially important for INGOs that operate with low visibility (to reduce the threat posed by Islamist groups), since they cannot rely on their reputation to facilitate access. By contrast, some Syrian NGOs had built up good reputations on which they could rely when accessing new areas, with staff that were not necessarily local to the area. This illustrates the potential trade-offs for further access down the line, as well as quality – both of which need to be further investigated – afforded by a low visibility approach. It may be that – like Afghanistan – a low visibility, highly local approach can inhibit expansion, slow response to new emergencies and make programming more static.

A majority of INGOs and Syrian NGOs reported vetting or conducting background checks on their Syrian staff, to ensure that they are not affiliated with political or military groups. Donor counter-terrorist regulations contribute to the need for this practice. Verification is difficult and requires constant monitoring, however. Staff vetting appears to be more rigorously and regularly conducted in Syria than in Afghanistan and Somalia (and is less necessary in South Sudan where ethnicity, and related alignment, is widely known), but this needs to be confirmed. The exact steps such vetting includes and the extent to which it may contribute to an understanding of conflict dynamics (or, by contrast, have a negative impact on this, through the hiring of 'un-networked' people), or to be mainly procedural and largely irrelevant, remains to be seen.

### 3.2.2 Partnerships

In all four countries, international aid agencies employ a mix of direct implementation and partnerships. Partnerships with national NGOs extend the organisation's reach into difficult or insecure areas, but are also seen to contribute to capacity-building, sustainability, and reduced costs. Among the four countries, direct implementation was most common in South Sudan and partnerships played the most significant role in aid delivery in Syria.

In **Afghanistan**, some international organisations acknowledged that they partnered with Afghan NGOs in order to mitigate risk. They did not see this as a direct transfer of risk, however, instead characterising the partnership as a shift from a cumbersome international agency to a more nimble local one that also had a lower risk profile. Nonetheless, most (but not all) international organisations were willing to leave security considerations to their implementing partners. This was a theme strongly echoed in Somalia and (to a slightly lesser extent) in Syria (see also section 3.2.3 on 'risks'). Generally, for all three countries, the level of trust and communication between the partners – specifically for local partners to be able to discuss, and not hide, challenges and problems encountered during implementation – was found to be an important factor in successful partnerships.

In Afghanistan, some agencies work with 'Community Development Councils,' originally established under the National Solidarity Program. Some interviewees were sceptical of this approach due to risks of low-level corruption and aid diversion, a lack of transparency and rigour (particularly in beneficiary selection), as well as a lack of conflict sensitivity. Others believed that operational quality improved through such partnerships, due to participatory analysis and planning as well as community monitoring and evaluation mechanisms. Some humanitarian donors in Afghanistan will only fund projects where the grantee can directly monitor, which may limit the types of partnerships international agencies can pursue.

In **South Central Somalia**, international agencies increasingly use private companies for transportation. The companies are seen as discreet, able to blend in (no organisational branding) and manage their risks independently. As in Syria and Afghanistan, outsourcing fleet logistics is seen as a way to transfer security and financial risks, and accountability, on to private companies. The practice, however, can entail severe risks for the companies, including checkpoints, taxation, corrupt agency staff, and security threats. In spite of the risks they face, they sometimes feel harshly treated by their contractors, and blamed when things go wrong even if it was not of their doing, such as when the convoy is attacked.

While partnerships with Somali NGOs continue to play an important role in enabling access, the overall number has been slightly reduced, primarily due to concerns regarding corruption or other poor practice. As an alternative, some international agencies are beginning to partner more with smaller community-based organisations, such as local farming cooperatives or youth groups. Somali NGOs observed that some agencies (notably UN agencies, but not exclusively) had partnered with them in instrumental, haphazard ways, making little-to-no investment in their operational capacity. But they also cited positive examples of longer-term relationships and trust building, particularly with INGOs.

In **South Sudan**, since early 2014 partnerships with national NGOs have declined. National NGOs are perceived by some to be at higher risk of compromising impartiality and neutrality, given their close ties to affected communities and tribes. That said, limited but strong examples existed of INGOs working to build the capacity of national NGO partners. Several UN agencies have also pursued direct implementation, due to partner capacity constraints, the strength of UN air assets, and relatively good security for international staff.

In **Syria**, INGOs and diaspora Syrian NGOs operating from Turkey have increased reliance on a wide variety of partnerships to maintain or expand reach. Presently several INGOs operate in Syria only through partners, while many others use a mix of partnership and direct implementation. Other models include hiring private drivers and vehicles for transport (including Syrian transporters); partnering with local councils and relief committees to facilitate project implementation (although one major INGO is seeking to decrease its reliance on relief committees because they tend to be more political and linked to local combatants); and partnering with vendors and bakeries for food security programming. Several INGOs support existing, non-government-run medical facilities, including paying their staff, providing medicines and equipment and requiring regular reports against performance indicators. In this model, the facilities' staff are essentially absorbed by the NGO partner.



Because of more extensive donor requirements for monitoring and reporting (due to more remote operations) some INGOs have adjusted their strategies and work more closely with their partners to boost capacity, for example, through mentoring, or through the absorption of the INGO's staff into the partner organisation. This type of hands-on approach, while resource intensive, is seen as necessary in geographic areas where no other partner is available. A few interviewees expressed positive views about the possible long-term benefits of such capacity building, and examining the Syrian experience against the longer-term remote partnership models in Afghanistan and Somalia will be instructive.

### 3.2.3 Risks and risk management

The research seeks to understand different agencies' overall levels of tolerance for different types of risk (security, fiduciary, programme) and what shapes this, including the role played by the degree of urgency / lifesaving nature of the intervention. Ultimately, it seeks to analyse (a) how aid agencies weigh these different types of risk in deciding where and how to work and (b) how risks are discussed, shared and/or transferred to different types of partners.

On the issue of **security**, across all four countries, the UN (due to its formal investment in 'programme criticality' mechanisms) and INGOs increasingly seek to recognise whether certain project activities might be more important and hence worth the acceptance of more risk. For the UN, this is well-articulated through the products deriving from programme criticality exercises, whereas for NGOs this process is generally not formally articulated. Such tools are less well developed for **fiduciary** and **programme** risk, although some agencies have adopted enterprise-wide approaches to assessing risk.

In **Afghanistan**, as well as in Somalia, some organisations have identified 'red lines,' that is, they will not engage in certain areas if the risk to their staff, beneficiaries or aid assets reaches a certain level. In Afghanistan, some NGOs have, over time, slowly increased their risk tolerance, while in Somalia, that position is less evident. In Afghanistan, many (but not all) agencies deprioritised monitoring in higher-risk areas, however, because of its lower perceived importance compared with implementation activities. Many local aid actors in the south and east of the country claimed to not face any security risks. They also placed less emphasis on formal risk assessments and relied more on the advice of local focal points. As noted in section 3.2.2 (on partnerships), Afghan NGOs are seen to have a lower risk profile, and consequently most (but not all) international organisations were willing to leave security considerations to their implementing partners, without much internal discussion.

While low-level diversion and abuses of power were seen to be widespread in Afghanistan, there was little evidence that perceived fiduciary risks, including counter-terrorist regulations, play a significant role in determining where agencies were able to operate, despite certain armed groups being proscribed on international lists. This is in contrast to the sizeable role such concerns appear to play in Somalia and Syria. Agency decision-making vis-à-vis different types of risk will be further explored during the workshops in Kabul in August.

Fiduciary, programme and security risks are seen as closely intertwined in **South Central Somalia**. Aid actors expressed feeling isolated in decisions to take risks, in order to enable access, with limited engagement from their international counterparts. One INGO with a long-term partnership

with a Somali NGO, for example, entirely passes responsibility for negotiating access to its partner and is not involved in any way (there is no risk management framework on which to base decisions and no discussion of red lines). The general climate of intolerance for corruption and diversion – especially the possibility that aid might be diverted to Al Shabaab, a proscribed terrorist group – has silenced open discussion within and between agencies about actual practices on the ground.

In **South Sudan**, fiduciary risks appear to play little role in agency decision-making (although the current round of interviews is looking more closely at corruption and diversion). Rather, differences in risk management and tolerance were noted along sector lines. Emergency health and WASH programmes position themselves as taking more risks, while large food movers felt they could relocate teams based on security conditions. Food programmes did, however, have to factor the security of supply stocks into their risk calculations.

Although NGOs in South Sudan struggled to maintain an independent security risk management capacity (especially from the UN), those that managed to do so appeared to benefit from shared knowledge and decision-making between international and national staff, which was less evident in the other three countries. In addition, both formal and informal approaches were seen to have advantages. Organisations with sophisticated yet flexible risk assessment methodologies that blended security analysis, a sense of the criticality of the specific intervention and community acceptance and locally sourced information seemed to have greater access and were more confident in their programme quality.

In **Syria**, the high levels of ambient insecurity and constantly changing conflict dynamics have caused humanitarian actors to be more cognisant of their levels of risk tolerance than they are in the other countries. These levels appear to vary significantly. Several Syrian NGOs expressed the view that taking risks is inherent to their work as humanitarians, while other Syrian NGOs saw their tolerance of risk as linked to the fact that they are not neutral actors, that is, they took a side during the revolution and see their humanitarian work as part of that. For international NGOs, the level of risk tolerance appears to be a product of both the particular circumstances in which the programme was initially established (i.e., decisions made at the outset) as well as the personal risk calculus of the NGO leadership. Programme criticality also plays a part. One INGO felt that their willingness to tolerate ‘barrel bombs’ was higher given that they knew the health facilities they were running were ‘pretty much life-saving’.

Problematically, initial evidence suggests that INGOs do not tend to engage Syrian NGO partners with shared analysis or discussion on security risks. Rather, security is seen to be the responsibility of the local organisation, and whether budgets for security are well supported by donors is unclear.

Concerns about fiduciary risks in areas with designated terrorist organisations play a significant role in presence. Several organisations have stopped programming in IS-held areas, or opted not expanded to these areas, citing concerns with interference. Organisations that have access to private funding tend to undertake their higher risk programming with such funds. One Syrian organisation, for example, said that it was able to work in a hard-to-reach, besieged area, using very small partners, despite foodstuffs costing 15 times what they do in other areas, because of private funding.

### 3.2.4 Outreach and negotiation for access

In **Afghanistan**, only a few aid organisations negotiate directly with non-state armed groups for access; these are primarily medical organisations, which often treat war-wounded combatants and work in contested areas. Most aid organisations conduct ‘community outreach’, or indirect negotiations. This mainly involves speaking with community elders, who act as mediators or interlocutors with armed opposition groups, in order to ensure safe access.

The reasons most aid agencies negotiate access indirectly rather than directly require further investigation. There are a number of possible explanations. First, trusted points of contact in the armed opposition can be difficult to identify and communicate with, in part because the counterinsurgency strategy has made them secretive and reclusive. These points of contact also have had a high turnover rate, were often only seasonally ‘deployed’, and became increasingly radical throughout the course of the conflict. Second, agencies may have worried that they could be misidentified and attacked during counterinsurgency operations. Third, they may also have feared being detained, expelled, or prosecuted under counter-terrorist legislation in both Afghanistan and their headquarter countries. Finally, humanitarian agencies’ senior management teams have sometimes lacked the capacity or interest to deal with negotiations, and/or not been clearly authorised to do so at regional or global levels. Many have simply delegated outreach to field staff with senior management having (intentionally) minimal oversight and control of the process beyond setting parameters and red lines. Negotiation channels have therefore been routed through localised channels, which can have significant limitations in communities with non-local opposition commanders.

More generally, aid actors observed that negotiating access is difficult where aid work has historically not appeared to be impartial or neutral. They have also proved to be of limited value where indiscriminate violence, particularly by IEDs, is high.

Negotiations with government in volatile provinces were less relevant to access and more relevant to the quality of aid, particularly to avoid politicised or biased distributions. For example, while national or local officials rarely block humanitarian programmes, some aid actors had engaged in extensive negotiations (both bilateral and multilateral) to ensure non-interference, particularly from provincial-level authorities.

In **South Central Somalia**, interviews with aid actors and affected people inside the country suggest that access is nearly always bought or paid for at some level (in the form of money, jobs or contracts). At a local level, for an organisation or individual that is able to take a firm stance, these payments or favours may amount to little more than a few hundred dollars or the inclusion of a few family members or local militia on a beneficiary list. Approaches vary considerably and many agencies are known at the local level for whether they are strong or weak, i.e., principled or corrupt. The extent of concessions made may or may not be known by Nairobi-based senior management or the ‘senior partner’. In some instances, however, threatening to withdraw a project, or knowing who to speak to, and putting pressure on the difficult actor in the chain, reportedly bypassed the need for payment.

In **South Sudan**, at the national level, OCHA has led cross-line humanitarian access negotiations. A noted achievement is the ‘ground-rules’ agreement signed by opposition commanders in the first

months of the conflict. OCHA has taken a similar role in Syria (see below). Soldier discipline, chain of command and an increasingly fractured opposition have meant that agreements in some areas remain uncertain, however.

At the local level, many larger organisations maintain their own capacity to negotiate access and communicate with armed actors. An organisation's history in the area, or 'brand', means that agencies are better able to maintain safe access. Local authorities were seen as encouraging humanitarians so long as they followed bureaucratic procedures such as introduction and registration. Examples were also cited of organisations suspending operations, collectively, as a way to deal with unacceptable interference by local authorities or staff safety, due to conflict within a beneficiary community.

In **Syria**, in contrast to the other countries, respondents were reluctant to broach the subject of outreach and negotiation. This was particularly the case for Syrian NGO (and a few INGO) representatives, who made statements that equated not negotiating with armed groups with taking a principled approach. All evidence suggests, however, that the field staff of aid groups do in fact make regular contact with armed groups out of necessity. Many organisation representatives fear discussing the matter with an outside researcher, presumably because they think it may raise questions. The fact that negotiations are viewed as taboo, or by definition 'unprincipled', also reflects a certain confusion about humanitarian principles and a misunderstanding that 'negotiations' inherently involve unacceptable compromise. Certainly, the finding is clear that Syrian organisations see themselves to be under intense scrutiny and seek to avoid any possible association with military or armed actors.

More insight was gained from INGO and UN actors interviewed. As in other countries, both indirect and joint approaches to negotiation play some role. Some INGOs let their Syrian partner NGO manage engagement with armed actors, or rely on local councils or committees. A few examples of joint approaches to negotiation were cited. First, more formally, OCHA in Turkey has developed a 'Declaration of Commitment' with armed groups that are present inside Syria but also based in Turkey (Gaziantep, Reyhanli) to facilitate humanitarian access inside Syria. In Idlib and Aleppo thus far, 36 groups have signed this Declaration of Commitment. In the framework of the Declaration of Commitment, OCHA produced Joint Operating Principles (JOPs) for Idlib, where armed Islamist opposition groups Jubhat Al-Nusra and Ahrar al Sham are present. While they do not always work, often because of chain-of-command issues, the JOPs appear to have contributed to reducing interference, mainly through clarifying expectations to armed groups.

Regarding less formalised joint approaches to negotiation, in one example, the Islamic State was present in an area and sent the small number of NGOs operating in the area a 'request for information' with 11 questions. The NGOs conferred together to decide which ones they would respond to but submitted their questionnaires separately. The small number of aid actors made it easier to agree on a common approach.

Several interviewees noted that the Islamic State has generally been more tolerant of health and WASH than of other sectors, although not all organisations working in these sectors can or were able to continue doing so, and no organisation has expanded their operations there recently in any

significant way. A few interviewees also felt that the amount of interference in Islamic State areas was less compared with areas where the groups in control were frequently changing.

Umbrella military groups have also proven useful for negotiating with. A few NGOs with large-scale programming that are well known (and supported) in their areas of operation have threatened to pull out when an armed group has made inappropriate demands; in at least one case this was successful, due to pressure from local communities benefitting from their projects. This type of approach is likely to work better when the organisation is known and visible in the area, rather than operating covertly.

### 3.2.5 Humanitarian principles

Across all four countries, most aid organisations interviewed spoke of the importance of humanitarian principles to their work in highly insecure areas. This tended to be a reflexive and generic enthusiasm, something that ‘of course’ grounded the work of the organisation. Some interviewees, particularly at senior levels, were able to analyse the general threats to principled humanitarian action in their context, but few appeared to be grappling with the specific tensions and ethical dilemmas that adherence to humanitarian principles might create for their organisation, in operational terms.

In **Afghanistan**, many organisations stressed impartiality as the most powerful determinant of acceptance and access – as well as of aid quality generally. Some interviewees struggled with the principle of neutrality, noting that programmatic implementation often occurs through government departments. More generally, a potential challenge to impartiality was that, in the south and east, the majority of programming is clustered in core, ‘government-held’ districts.

The importance of other principles, notably the Islamic principle of charitable giving, was also noted in Afghanistan. Islamic ethics and principles were seen by some as a more effective method for gaining access than the classic humanitarian principles, and just as useful for resolving conflicts and protecting against interference.

In **South Central Somalia**, as elsewhere, with the exception of ICRC and the Somalia Red Crescent, most organisations did not have a clear structured means of utilising humanitarian principles for enabling access and quality.

Financial independence is seen by some organisations as important for demonstrating operational independence, and some organisations do not take money from the US, the UN or stabilisation funds in order to preserve their independence. Activities in these areas (with or without such funding) were seen as contributing to perceptions that Western aid organisations are working to support the government. Organisations also reported struggling to maintain an independent profile in areas where they have to choose security protection according to the requirements of local actors. Lastly, several respondents noted that persistent staff bias – engendered by clan dynamics that organisations are not aware of (see section 3.2.1) – makes it difficult to be perceived as impartial and needs-based.

In **South Sudan**, the history of humanitarian aid – and the degree to which it was seen as principled – has relevance for current access conditions. The current South Sudanese leadership’s major experience with humanitarian aid was when Operation Lifeline Sudan supported its SPLM/A

rebellion. The fact that humanitarians are now pursuing principles of independence, neutrality and impartiality is thought to be genuinely confusing, and is seen as making it difficult for the government to understand and/or trust aid actors' intentions.

Several (large and operationally independent) organisations report that their adherence to humanitarian principles – and their perception as principled organisations – has helped enable their access. These organisations stressed the importance of being in consistent dialogue with both sides of the conflict, always emphasising their impartiality and neutrality. National NGOs, for their part, have had an especially difficult time presenting themselves as neutral, as they often have staff predominantly from one ethnicity or another due to their work in specific geographic areas.

The reliance of many NGOs on the integrated UN mission's assets for air transport or force protection for road convoys has also posed difficulties in maintaining independence.

In **Syria**, some Syrian NGOs, while expressing support for humanitarian principles, took a wider view, citing the equal importance of medical ethics (Hippocratic Oath), for example. Several Syrian NGOs reported having provided training to their staff on how to apply humanitarian principles, or (for one NGO) having received such training through the UN. Many NGOs noted challenges in identifying partners who were unaffiliated with political or armed groups, in order to remain independent and neutral. Such partners by definition tend to be less connected with key stakeholders and thus cannot negotiate humanitarian access as easily as those affiliated with locally powerful entities.

One NGO interviewed believed that the absence of ICRC in opposition-controlled areas has created a gap in terms of conveying humanitarian principles and respect for international law to armed groups and local authorities, which has potentially contributed to armed groups' lack of respect for NGOs' work.

### 3.2.6 Corruption, diversion and conflict dynamics

In **Afghanistan**, aid actors acknowledged that corruption is a challenge, but felt that mechanisms to overcome it are in place. Some expressed the view that having zero corruption in aid would be unrealistic, and noted that they were confident that 'more than 90 per cent' of their assistance reached the right people. The overall tone was more optimistic than in Somalia, despite a (somewhat) similar perception that small-scale aid diversion and other abuses of power were endemic risks in Afghanistan. This included false or inappropriate beneficiary selection, either through staff-complicit generation of 'ghost villages' and 'fake elders', or non-staff-complicit interference by community elders to prioritise their friends and family over the intended, vulnerable beneficiaries. It may be that humanitarian aid resources play a less prominent role in conflict dynamics in Afghanistan than in South Central Somalia – this requires further analysis.

Views are mixed as to which sectors and forms of assistance are more susceptible to diversion. In Afghanistan and Syria, food assistance, non-food items and cash are perceived as more prone to diversion than activities in other sectors, such as health and protection. In Afghanistan, vouchers were seen as less susceptible to corruption and fraud than food or cash. In Somalia, both beneficiaries *and* predatory actors appeared to prefer cash and food over other forms of aid, and these are perceived as having the highest risk of diversion. Others suggested, however, that such

risks exist in all sectors, and a number of respondents emphasised that the larger-scale programmes are most susceptible to corruption and diversion. In Somalia and Syria, aid actors generally perceive cash as carrying more fiduciary risks (i.e., more prone to diversion) than in-kind assistance. It was unclear if they see cash as more likely than in-kind aid to be diverted, or if they believed the impact on the organisation would be more negative, or both. Interviewees generally did not cite examples or evidence when relaying such perceptions.

Aid actors in Afghanistan and Somalia have spent significant time developing systems and practices to reduce their exposure to corruption, primarily internal auditing and monitoring. In **South Central Somalia**, several international agencies have undertaken organisational reviews and restructuring in recent years. These have involved significant staff changes and the introduction of different types of semi-autonomous internal units, which variously aim at improving monitoring, risk management, learning and accountability. Examples were noted where these efforts appear to have contributed to 'cleaning house' and to have begun a transformation of the organisation. As noted in sections 3.2.2 (partnerships) and 3.2.3 (risks and risk management), however, organisations remain reluctant to acknowledge or discuss payments made for safe access, or bias and corruption in programming more generally.

Generally, humanitarian agencies in **South Sudan** have not dedicated significant resources to analysing or preventing corruption and diversion. The lack of a designated terrorist organisation in the country – and possibly also the history of aid diversion being at times tacitly accepted during Operation Lifeline Sudan (OLS) – means that any potential diversion of aid to military actors is not perceived to be as serious a matter as in the other contexts. Interviewees reported that food is likely making its way to armed forces, since they are supported by their communities, but in what percentage through what means requires further analysis. At the local level, unofficial taxation was reported to be on the rise, especially in opposition counties, as civil servants and security personnel are not being paid. Interviewees also raised concerns about inflated population-in-need numbers at the county level.

For **Syria**, many interviewees, especially from Syrian NGOs, were not comfortable talking about corruption and diversion. This is presumably for the same reasons they were reluctant to discuss outreach and negotiations – i.e., they did not want to give the impression that they might be diverting funds to or in any way assisting armed actors.

Similar to Afghanistan and Somalia, as programming has become more remote in Syria, organisations have developed increasingly sophisticated monitoring and reporting systems. Despite the lack of international staff visits, key actors do not express a general sense of cynicism and suspicion in the way they do for Somalia, however. As one donor said, 'As much as we know now, it's surprisingly okay. There are layers and layers of mitigation ... the monitoring system is actually quite impressive.' That said, many agencies are aware of problems around favouritism in the beneficiary-selection process, and the use of only locally based staff can contribute to this. In camps, the role of camp managers was noted as particularly challenging, with some reportedly running camps as business ventures, charging for aid distributions, registering camp residents multiple times to siphon off resources, and even resorting to the Sharia courts to block and arrest local partners in order to expropriate aid meant for other camps.

The presence of NGOs can create a perception of a stable environment for the armed group(s) in control of those areas, and this dynamic presented a potential dilemma, especially in a fast-moving conflict. A few interviewees believed that aid groups that had been working in Syria since the outset of the conflict had a better contextual understanding and were more able to mitigate corruption and diversion generally, but that NGOs' understanding of the local operating context was not as strong it should be in general. This was similar to a finding for Afghanistan and Somalia, where aid actors were seen to lack a detailed understanding of the impact their interventions could have on local power dynamics or the political economy.

### 3.2.7 Perspectives on programme quality in areas of limited oversight

To date, aid agencies have varied significantly in their responses related to the quality of assistance. Issues of quality versus scale were most salient in Syria and South Sudan, while aid actors in Afghanistan and Somalia tended to focus on the challenges of remote management.

In **Afghanistan**, the vast majority of those interviewed were satisfied with the quality of their programmes, given the contextual difficulties – while noting that quality was likely lower in insecure areas, due to corruption and other problems stemming from a lack of field presence. Even where some field visits were possible, insecurity was seen to jeopardise programme quality by reducing the amount of time in the field, including for needs assessments, distributions, and monitoring and evaluation. Along with the additional time spent assessing and managing security risks, this was seen to slow response time and increase costs.

At the same time, some agencies felt that, over time, humanitarian programme quality had improved in Afghanistan. They cited several reasons: a more professionalised remote workforce; rebuilt trust with communities; increased telecommunications coverage; more structured monitoring systems; and increased donor pressures for quality and cost effectiveness.

In general, the health sector appeared more satisfied than other sectors (particularly food and shelter) with their programme quality in volatile areas. This may stem from the fact that in-kind aid and cash were seen as more prone to diversion than services. Activities requiring less education or technical expertise were reportedly easier to implement at a satisfactory level of quality.

For **South Central Somalia**, those interviewed in Nairobi tended to be preoccupied with ensuring that assistance, particularly in-kind aid, actually reached the people registered and that projects were actually taking place (mitigating potential diversion and corruption). There was less focus on broader aspects of quality, such as technical/sector quality and ensuring that the most vulnerable populations have been targeted. Aid actors and affected people were similarly focused on issues of organisational integrity as being key to programme quality.

Trade-offs between quality and scale are notable in Somalia. For some Somali NGOs, working across many sectors was seen as negatively impacting programme quality, as they were spreading themselves too thin. Similarly, for international agencies, those with many partners found visiting and building relationships with them to be more difficult, and tended towards an oversight role rather than a supportive one.

Some positive examples of approaches to enabling programme quality were found: designing interventions more carefully, in more participatory ways; conducting nutrition causal analysis to



better understand sector linkages and monitor outcomes ('Nutrition gives you insight into other programmes, e.g., revealing that a livelihood intervention never happened.');

communicating clearly to people about their entitlements (amounts, timelines) and the feedback mechanisms for making complaints; and, where possible, avoiding middlemen and finding ways for senior staff and/or donors or partner organisations to visit programme sites.

In **South Sudan**, trade-offs were most acutely felt between the quality of aid and its scale. Concerns were raised about the quality of response with rapid or mobile emergency response mechanisms. Donors have generally prioritised funding to fewer, larger organisations with the capacity to respond to priority sectors and locations. Interviewees highlighted that acceptance and longer-term investment were required to actually deliver services adequately, rather than simply trying to reach as many people as possible. Interviewees reflected on initial donor decisions (in 2014) to invest in the largest organisations to spread out and cover new, underserved areas, rather than fund and build the emergency response capacity of smaller pre-existing partners. Since aid organisations had been working in every county of South Sudan prior to the conflict, an opportunity may have been lost to build on existing context knowledge, relationships, and acceptance within communities.

For **Syria**, Syrian NGOs were more likely to express positive views of the quality of their programming (with some exceptions for their work in hard-to-reach, besieged areas), while INGOs were more likely to reflect on positive as well as negative aspects.

Several donors raised questions about the degree to which INGOs have the mindset to expand to reach more-difficult areas. Trade-offs between quality and scale were noted as one, but certainly not the only, factor in such decisions. One large INGO described itself as moving from 'quantity-focused towards quality-focused programming', to more fully cover beneficiaries' needs in a timely manner. Several INGOs said they were seeking to move towards more-targeted (rather than blanket) distributions and to more consistently conduct needs assessments before programming begins, to improve quality and reduce the resale of items. The frequency of one-off deliveries was noted as a problem, and similarly, frequent programme interruptions were seen as a hindrance to quality. Lastly, finding qualified staff, especially medical staff, given how many people have fled the country, was another key challenge in maintaining programme quality.

### 3.3 Affected people's views on quality and access

As outlined in the methodology (section 1.2) the specific locations for the affected-population consultations were selected to achieve a balance of areas under the control of different actors, and also based partly on the abilities of in-country researchers to access various locations. Those locations are listed below and a map can be found in Annex 8.

- Somalia: Gedo, Baidoa and Mogadishu
- Afghanistan: Kunar, Khost, Paktika, Helmand, Kandahar and Uruzgan provinces
- South Sudan: Juba, Twic East, Duk, Leer and Akobo
- Syria: opposition-controlled Al Hassakeh, Deir Ezzour, rural Aleppo, urban Aleppo, Hama and Damascus

### 3.3.1 Afghanistan

#### Quality of aid

Of those who received aid, judgements of relevance and timeliness were mixed; many reported receiving decreasing amounts of aid, and so drawing worthwhile inferences was difficult. In the southeast, Waziristani refugees consulted were generally satisfied with the relevance and timeliness of the initial intervention.

Some respondents complained of poor-quality food and construction projects. Multiple respondents appeared dissatisfied with wheat and flour quality, which may be explained by socio-cultural differences in preferences on flour consistency. Respondents were also sceptical that the contracting firms hired had used all of the materials (and the right quality of materials) that they were meant to, and were therefore unsure of the safety and durability of structures.

Respondents generally seemed to understand the rationale behind selective targeting. For instance, in Helmand, people admitted to not receiving any aid because they were not in the position of needing it. However, many respondents stated that targeting systems were prone to abuse.

A significant number of respondents, particularly in Helmand, Kandahar and Kunar, pointed to instances of corruption and diversion. Often local government, community development councils, and 'fake' community elders were embroiled in a range of stories in which either aid was diverted to the villages of specific tribes or extended families (not those most desperately in need) or where fictitious beneficiaries had been registered. In both cases, aid was often sold profitably. Sometimes aid actor staff were also implicated in such schemes. Specific government departments have very weak reputations in this regard, and the community elders who had frequently diverted assistance to relatives and neighbours were regarded with high levels of distrust. Many respondents felt silenced or disempowered to report issues of corruption and abuse of power.

Slightly subtler than diversion, but still an abuse of power, were reports of favouritism and social connection amongst aid actor staff and specific families in beneficiary communities, particularly in refugee and IDP camps. In some cases, notably in Kunar, as many as half of the respondents indicated that friendly connections with aid workers would move them up the distribution list, and significantly cut their waiting time.

#### Secure access to aid

Most respondents across the six provinces, including women, felt that it was safe for affected people to receive aid. Some respondents noted that security issues for beneficiaries were likely to occur in the districts and rural areas rather than in provincial centres. A few, particularly in Kunar, mentioned the threat from the Pakistani Taliban, who were warning locals not to receive aid from international organisations, although beneficiaries reportedly rarely listened to them. Women's access to assistance, particularly health and education, was often blocked, but for socio-cultural rather than security reasons as such. In many of the provinces surveyed, agencies had found it difficult to recruit female field staff, which often hindered women's and girls' access to humanitarian services. There appeared to be little evidence of longer-term initiatives to bring women into organisations through longer-term entry-to-work and professional development schemes, despite this being a long-term issue throughout the protracted crisis. However, despite

the adversity, some INGOs have had success in gaining communities' endorsement for women to be trained and work in key services such as midwifery (e.g. in Uruzgan) and refugee camp teachers (e.g. in Khost).

Similarly, a majority of respondents felt that aid organisations in their area – even foreign staff – were able to operate safely and that security was not a problem in their region. Those who mentioned insecurity for beneficiaries also noted that there was insecurity for aid actors, but those were a minority. This was in stark contrast with aid actors' assumptions about operational security in these districts. It is difficult to reconcile these two contradictory viewpoints.

### **3.3.2 South Central Somalia**

#### **Quality of aid**

In all locations, people expressed negative views about the quantity of assistance, in that they felt not enough was provided. At the same time, the research team observed a sense of resignation, particularly with IDPs, who expressed a view that 'aid is free and therefore we have to accept what we are given'.

In Mogadishu and Dollow, compared with the famine period, people reported there to be fewer agencies and less assistance now, whereas in Baidoa views were mixed on this question (residents suggested that there were more Somali NGOs and fewer international NGOs). In all areas, a shift was noted in the type of programmes, with less food and cash now and more WASH, recovery and livelihood activities. A few people described a general increase in cash programming, however.

Respondents mentioned specific projects or organisations as better than others, but lacked detail as to why. In Mogadishu, for example, people commented that agency X, Y or Z made a lot of follow-ups, in person, and were 'tough'. Interestingly, those mentioned included a mixture of Somali, Western and Muslim organisations. Formal feedback mechanisms were not mentioned as part of this process of following-up.

With regards to timeliness, many respondents said that if they had received aid in time they would not have been displaced during the famine (and would not still be displaced). At the same time, they also felt it was important that they did receive something when they got to the IDP camps/towns. More generally, most people did not perceive a clear basis determining when aid should arrive; they sensed that 'it just comes when it comes' or 'it comes if you are in the right place at the right time'. Aid was seen as most meaningful during extreme crisis, when the need was absolutely clear, or during Ramadan, when it had a religious and social meaning. Islamic charities are strongly associated with providing food annually during Ramadan.

Respondents gave a wide range of views in relation to the type of aid most relevant to them, with no clear pattern as to whether certain types of aid were more important. Virtually all sectors had some positive responses by some respondents. Many people referred to the relative abundance of high-value food aid provided by Islamic/Arab/Turkish agencies in 2011. Some respondents also mentioned water, shelter, trainings and cash as important and useful.

The relevance of aid for urban IDPs can be understood in relation to broader livelihood strategies. In Baidoa, the research team heard that approximately half of the IDP population were actually long-time residents of Baidoa. In Dollow, IDPs often seek to keep access to both their urban and

rural forms of livelihood. In Mogadishu, rent in the IDP camps is generally understood to be \$5–15 per month, paid to the camp manager, who works for the ‘owner’ of the land. The research team felt that in all areas, but particularly in Mogadishu where regular rents have been increasing significantly in recent years, many people in IDP camps choose to stay because rent is comparatively lower. People reported that many IDPs move between camps to receive assistance and to pay less rent as rent costs change.

All local populations interviewed – including beneficiaries and non-beneficiaries, IDP camp managers, project committees, government officials and private companies – described aid actors and aid projects in very much the same language: that corruption and collusion are endemic. Those individuals who seemed most able to speak freely were overwhelmingly pre-occupied with corruption and bias in their responses. While these comments likely reflect more general survival strategies in the local context, they also suggest that humanitarian actors are seen as part and parcel of such dynamics.

People interviewed often perceived an unclear or unjust rationale for who receives aid and who doesn’t. They cited many examples of the undeserving, wealthy or powerful being part of the ‘beneficiary’ quota. Aid agencies and their staff were seen as representing particular clans or personal interests. In this context, gatekeepers simultaneously exploited local populations while also helping to bring assistance to them and lobbying for them with aid providers. Some people interviewed expressed a mixed view of gatekeepers that included a sense of appreciation for their role. In interviews, self-described gatekeepers covering many IDP camps in Mogadishu provided insightful observations about an overall lack of coordination and accountability, as well as corruption and competition, coming from government officials (notably the district commissioners or other landowners) and other powerful individuals, including aid organisations themselves.

Reportedly, a fair amount of consultation happens between aid agencies and affected people, in the form of assessments and feedback mechanisms (as documented in the Component 3 interim report). But the Somalis interviewed suggested that there was little sense of real dialogue (with one or two notable exceptions) and not much connection between these consultations and the programmes implemented.

### **Secure access to aid**

In the areas of Mogadishu reached by the research team feedback was unanimous that dangers to aid organisations or to people receiving aid were non-existent, in terms of security threats. While little further explanation was given, the research team thought that this could reflect overall improvements in security for normal Mogadishu residents in the last two or three years.

In Baidoa, by contrast, respondents gave more references to security threats, with people noting the proximity of Al Shabaab as well as government-related forces. While Al Shabaab was mainly seen as a threat to international agencies and their staff, one or two respondents referred to the underlying threat of Al Shabaab in the sense that anyone, Somali or non-Somali, can be targeted.

People appeared to be most open and free in their responses in Baidoa, in comparison to both Mogadishu and Dollow where the sense of threat or control by local gatekeepers was much greater.

This dynamic was partly attributed to the fact that the IDPs' clan identities were different than those of the residents and gatekeepers/authorities.

No female respondents mentioned any specific risks related to receiving aid as a result of being a woman, even when specifically asked by the female researchers. Women's organisations in Mogadishu did speak about how female staff can move around discreetly and identify female IDPs to raise their awareness of particular programmes, e.g., training.

### **3.3.3 South Sudan**

#### **Quality of aid**

Among those consulted, food was considered by far the most important form of aid. In all locations, people focused on quantity over issues of quality, in particular stressing that current levels of food aid were not sufficient to support their community. After food, people found health, shelter and education (typically in that order) to be the next most important aid services. While participants were clear to say that they appreciated any and all aid services provided, they felt the quantities being given were not enough to support the population.

People consistently reported that new IDPs and returnees were missed by aid registrations and distributions and were not able to access services as a result. As one registered woman summarised, 'If you are registered, then life is okay and your children can play because there is food. If you are not, then life is very difficult and your children do not play, and you are very hungry.' Food is typically shared, reducing further the size of the intended ration, but increasing reach.

The timeliness of assistance, including the length of distribution cycles and the reliability of the distributions, were of concern. In some areas, people reported women falling sick from sitting for hours, or days, in the sun waiting for distributions to take place. After a cancelled distribution, five registered women consulted at an air-drop zone said, 'We're going to sleep here under this tree tonight, even tomorrow if we have to, until we get food.' In other locations, it was the duration between cycles that presented the biggest issues. While urgency was conveyed for greater quantities of food, registered people generally seemed fairly understanding regarding the timeliness of food distributions, so long as they did come.

Targeting seemed to be generally accepted as fair. When asked how the aid system in their area was working and whether it was fair, interviewees typically responded that they felt the system was working well, only that the quantities were not enough and that new IDPs and returnees were missed.

There was very little commentary on corruption or diversion of aid happening within communities, including by local authorities. Because of the general sensitivity of the issue and in some cases the presence of armed actors, asking people about the diversion of aid by armed actors proved challenging.

#### **Secure access to aid**

Affected populations reported feeling safe accessing aid so long as it was within their own community, or their perceived protected zone. The sizes of these zones were different in different

areas. Akobo and Leer residents reported feeling safe walking long distances (though physically burdened), while Twic East communities did not want to leave their payam (administrative division), and Juba Protection of Civilian (PoC) site interviewees feared leaving the UNMISS gates.

Many respondents reported facing dangers when collecting food aid from long distances. This threat was perceived for both men and women, though it was more of a concern for women, as they are typically the ones moving for food-aid collection: 'It is very, very, dangerous. You must be young and strong to walk the 14 kilometres for food. Mobility is an issue. You can hire a car to transport the food, but it is expensive. People can be killed on the way. You don't walk at night, because there is banditry.' To reduce their risk, people stay overnight in the town centre and walk back to their homes the following day(s). Rural populations consistently asked that food and services be brought to the payam level. Staff of one aid organisation interviewed in these areas reported that they had considered closer distribution sites but deemed the environments too insecure. This highlights a significant tension between secure access for the recipient and aid actor population.

In Leer, Akobo, and Twic East, IDPs were arriving from frontline areas, seeking safety and services in counties farther from the fighting. This included IDPs from Malakal, where they had been receiving aid services within the UNMISS base, highlighting that affected people will move away from services and the perceived safety of the bases in response to insecurity. In this case, the persons fleeing Malakal cited cross-ethnic fighting within the PoC as a driving factor for leaving. This supports the idea that insulation within geo-ethnic zones contributes to people feeling safe to access aid.

Affected people generally felt that aid organisations and staff were safe to operate in their areas. This was partly because of the relative security of the areas compared to where people were fleeing from and partly because humanitarians were seen as protected by their status as internationals and as helpers. As one woman described, 'Humanitarians need not fear. There is no problem, because they are the ones serving.' Another explained, 'It is safe here for the NGOs. Because when we came here we were running, but we settled here because it is safe. Of course NGOs can't be operating where it is not safe.' Aid agencies operating in these areas similarly reported feeling safe to operate, although they had taken increased security measures compared with previous years. Several weeks after the researcher's visit, aid providers in Leer and Akobo evacuated relocatable staff due to fears of military attack.

### 3.3.4 Syria

These findings are based on consultations conducted in opposition-controlled Al Hassakeh in May and June 2015 (see section 2.1 for more detail). At the time of research this area was primarily under the control of Kurdish rebel authorities and pockets of regime forces, between whom there was mutual cooperation against the Islamic State, which contested the peripheries of the governorate; these preliminary results, therefore, reflect only one area of control.

#### Quality of aid

In opposition-controlled Al Hassakeh beneficiaries reported that the **quantity** of aid has increased in recent months, which they attributed to the recent relative stability. Small pockets in volatile areas do not seem to be receiving aid, however. Whether this is due to greater instability in the

vicinity (and therefore a lack of access), a lack of resources, or that these communities do not fit the selection criteria is unclear.

Persons interviewed were most familiar with local aid organisations, but also cited some international NGOs and independent donors, such as Syrians or Kurds who reside in Germany. The greater familiarity of local partners may partly reflect the fact that most INGOs that operate in Hassakeh are operating in a low profile manner through local partners.

With regard to **timeliness**, affected populations in opposition-controlled Al Hassakeh reported that most NGOs were unable or unwilling to provide assistance during the most unstable times when help was most needed, such as during clashes when the Islamic State seized control of areas nearby. Other information suggests that many aid organisations reduced movement or shipments to the area due to fears of attack or diversion. Field teams observed that most NGOs started service delivery once the security situation improved.

The **relevance** of assistance was a concern. The types of aid most frequently mentioned in opposition-controlled Al Hassakeh were food assistance and non-food items (NFIs), both in-kind and through paper vouchers. Some commonly provided NFIs included hygiene products and clothing. A majority of respondents did *not* believe that the aid received was what was needed most. One explanation may be the limited WASH, education, shelter, agriculture and health projects, but this needs to be further investigated.

Affected people reported that around 20 per cent of beneficiaries sell portions of unwanted aid to buy items such as medicine and alternative foods like baby formula or sugar. Sometimes people receive a surplus of similar items (including aid coming from multiple organisations during the same period). This could be occurring because coordination between humanitarian organisations is limited or non-existent or because they have delivered items perceived to be of poor quality, notably of blankets and mattresses. Non-beneficiaries reportedly know to go to the market soon after a distribution, because items will be sold cheaper. No information was provided on aid being lost or sold during secondary displacement.

With regards to **targeting**, in opposition-controlled Al Hassakeh, the implementing partner typically provides selection criteria to the local stakeholder, usually the local council, which helps determine the initial and/or final beneficiary lists. The implementing partner sometimes verifies these lists.

While IDPs are usually included in the selection criteria, individuals indicated that IDPs do not receive the same amount of aid as host community members. Whether this is because IDPs may not have known to register with the local councils and are therefore excluded unintentionally, or if their exclusion was more deliberate is unclear.

Beneficiaries believed that aid groups were targeting communities as a whole, rather than specific types of people. A few stakeholders raised concerns that most aid was going into the city and not the surrounding villages. Those stakeholders were unsure whether NGOs were not aware of or did not have the capacity to serve those small villages in need.

Looking at the issue of **corruption and diversion**, local councils and relief committees in opposition-controlled Al Hassakeh play a significant role in the administration of aid, from

beneficiary selection to the overview of the distribution itself. Effective aid distribution by both international and local NGOs depends on cooperation with local councils.

A number of respondents noted **favouritism** during the distribution process: they claimed that aid workers give relatives and friends more aid and at a greater frequency, and that distributions were based more on familial ties than on poverty or need. By contrast, the local NGOs interviewed claimed that they are objective and prioritise those in dire need, such as the widows and orphans. They claimed they do hear from people that there is favouritism. It may be that the local council continuously provides aid to the same families (which fall under the selection criteria), especially those they are close to. A few interviewees also cited instances of beneficiaries forging or falsifying family cards, which would allow some families to receive aid more than once during a distribution period.

Political or armed groups, such as the Kurdish People's Protection Units (YPG) or police, often partake in the distribution process to oversee whether aid is being distributed to those that are in most need. They listen to complaints by non-beneficiaries, and field monitors reported witnessing such actors demand or force inclusion of an individual/household if they feel someone has been wrongfully excluded. These armed groups also provide protection to the distribution team and aid recipients.

Beneficiaries repeatedly mentioned using their local council as a way to voice **concerns or feedback** related to aid. In this way, local councils act as intermediaries between NGOs and affected people. Some recipients stated that even when they give their opinions directly to NGOs, these are not being considered. By contrast, the NGO staff interviewed stated that they actively take into account beneficiary concerns.

### **Secure access to aid**

Generally, people viewed the security situation as currently stable, and they felt no risks in receiving aid. They acknowledged that previously it was dangerous for aid workers to operate due to clashes, which caused distributions to be more sporadic. Distribution points are reportedly easily accessible (for those in the cities), and protection is provided through Kurdish security forces. Female beneficiaries noted that although it has never happened, they fear mistreatment from males during distribution.

While most distributions are conducted centrally, some organisations have used door-to-door distributions. These are seen as useful to prevent crowding, reduce security threats from fighting between non-beneficiaries or between beneficiaries, and reduce wait times. Local councils and aid committees seem to agree that door-to-door distribution appears to be the most effective method for distributing aid. These are more time- and resource-intensive to organise and implement, however.

NGOs and aid workers interviewed said there were no high risks to operating in the region. This was likely due to the presence of the Kurdish (opposition) security forces, whom allowed access and had an open attitude towards aid actors. Security risks can be mitigated by closely monitoring situations on the ground and coordinating with local councils, including when registering the organisation and planning activities. Two organisations stated that they avoid working in volatile



areas, which they defined as areas where the risk of armed group intervention, such as Islamic State, is high.

## 4 Workplan for Component 2 completion

Table 9 summarises the work plan for the completion of Component 2. Once the topics for the ‘toolkits’ are confirmed by September 2015, the team will devise a set of more-specific research tasks aimed at building the evidence base for these, which will be carried out, at the field and global levels, in the fourth quarter of 2015. At the same time, the remaining research tasks already underway in Syria and South Sudan will be completed. The first round of workshops will take place in Afghanistan in early August and for Syria (in Turkey) in mid-October 2015. After a careful review of the C2 emerging findings (summarised here) to determine which gaps can be filled through global-level interviews, the global team will conduct such interviews, by phone and in person, in the fourth quarter of 2015.

Once the field research and the toolkit-specific research have been conducted, the teams will carry out the second round of workshops for all four countries in January and February 2016. Following this, a final internal synthesis of C2 findings will be circulated for peer review, in March 2016. Drafts of the toolkits will be produced in March and April 2016, and circulated for peer review shortly thereafter. Final translated versions of the toolkits will be ready at around the same time as the final report is submitted to DFID: 1 August 2016. As the component findings come together (i.e., beginning around April 2016), the team will participate in SAVE-wide global-level briefings and workshops, in locations to be determined. These are expected to continue after the final report has been submitted, to conclude by the contract end of 1 November 2016.

	<b>Tasks</b>	<b>Country/location</b>	<b>Timeframe</b>
<b>1</b>	<b>Field-level research and engagement</b>		
1.1	First round of workshops	Afghanistan	4-6 August 2015
1.2	Complete affected-population consultations and aid-actor interviews; draft the syntheses of these	Syria	15 September 2015
1.3	First round of workshops: additional workshop in Mogadishu (to be confirmed)	Somalia	Week of 21 <sup>st</sup> September 2015
1.4	Additional aid actor interviews	South Sudan	August-October 2015
1.5	Conduct toolkit-specific research tasks	All four countries	September-December 2015
1.6	Final draft of synthesis of affected-population consultations and aid-actor interviews	Syria	30 September 2015
1.7	First round of workshops	Syria	w/b 19 October 2015
1.9	Second round of workshops (findings validation and toolkit discussion)	Somalia	January 2016
1.10	Second round of workshops (findings validation and toolkit discussion)	South Sudan	January 2016
1.11	Second round of workshops (findings validation and toolkit discussion)	Afghanistan	February 2016
1.12	Second round of workshops (findings validation and toolkit discussion)	Syria	February 2016
<b>2</b>	<b>Global-level research and engagement</b>		
2.1	Devise matrix of global stakeholders to be	--	September 2015

	interviewed, for general C2 research and for specific toolkit topics		
2.2	Interviews with Gulf-based humanitarian organisations (to be confirmed)	Dubai	w/b 21 September 2015
2.3	Interviews with other global stakeholders (by phone or in person, combined with visits for other research)	New York, London, Washington, D.C., Brussels, Geneva	September-December 2015
2.10	Global briefings and workshops (SAVE-wide)	Locations to be confirmed	May-October 2016
<b>3</b>	<b>Reporting and outputs</b>		
3.1	Finalise topics for toolkits	--	September 2015
3.2	Finalise additional research tasks for each country that will support the toolkits	--	September 2015
3.3	Desk research to support the toolkits	--	September 2015-January 2016
3.4	Internal synthesis of C2 findings circulated for peer review	--	March 2016
3.5	Draft of Toolkit 1	--	March 2016
3.6	Draft of Toolkit 2	--	April 2016
3.7	Peer review of toolkits	--	April-May 2016
3.9	Final versions of Toolkits	--	June 2016
3.10	Translation of toolkits	--	July 2016
3.11	Final Report to DFID	--	1 August 2016
3.12	Additional outputs / briefing materials for SAVE website	--	April-September 2016

## 5 Research uptake

### 5.1 Stakeholder engagement

The SAVE research team has invested considerably in building its stakeholder base during this phase of implementation, recognising that early engagement of targeted and relevant stakeholders will increase opportunities for dissemination and uptake of the findings.

For Component 2, this has been accomplished partly through targeted engagement with key entities and forums at the global level, as well as through extensive interviews and the ongoing series of workshops in the four case studies. For example, the team has maintained contact with the **IASC Task Team on Principled Action**, including briefing the team at their monthly meeting in February 2015. The goal was to raise awareness of the research and to understand the task team's workstream on risk management. The team has also engaged the **European Interagency Security Forum** (EISF) and **InterAction** to brief interested stakeholders and, for the latter, to share information about research initiatives related to protection. The SAVE research programme and preliminary findings, including those related to Component 2, have also been informally discussed in numerous events related to the **World Humanitarian Summit**, including the ALNAP-convened Global Forum for Improving Humanitarian Action, and at an ODI / British Red Cross hosted event, Developing an Agenda for Action. Finally, the SAVE team has contributed to the forthcoming **World Disasters Report 2015** (under the theme of *Local Actors and the Centre of Effective Humanitarian Action*), with a chapter on Remote Partnerships in insecure environments, drawing on forthcoming findings from Component 2.

Following the Save Advisory Group meeting (see, Section 5.2), opportunities for presentations to key forums or with critical entities at the global and country-level will be sought. In addition to seeking opportunities to provide briefing to DFID's humanitarian advisers, briefings will also be conducted in New York, Geneva, Washington, D.C., Dubai, Istanbul and other possible locations. This will include a co-hosted event with OCHA and the International Humanitarian City in Dubai to a group of Gulf-state humanitarian actors, meetings in Geneva with the Good Humanitarian Donorship (GHD) group, ICRC and others and, in 2016, possible attendance at World Conference on Humanitarian Studies as well as the World Humanitarian Summit.

### 5.2 Quality assurance

#### 5.2.1 Research Advisory Group

The Component 2 team has participated in all SAVE Advisory Group sessions, the second of which (December 2014) gave special focus to Component 2, including methodology and planned activities. The following meetings provided opportunities to briefly review progress. The next meeting to be held in September will discuss Component 2 interim findings.

For the initial meeting, three key questions were discussed:

- Is the choice of focus sectors (health, food assistance and protection) – and the focus on cash and vouchers as a transfer modality – appropriate? Any suggestions for how the research team can best complement ongoing initiatives in these areas?

- Is there relevant experience with consulting affected populations in highly insecure settings that the research team may benefit from reviewing, particularly in Syria?
- Does the proposed methodology for the project coding, seem feasible given available data? What indicators would be most critical from your perspective? What are the potential challenges?

A meeting note summarised the conclusions from the meeting and was circulated to the advisory group. Subsequent steps to refine the indicators based on the advisory group's feedback was also undertaken, as outlined in section 1.2.

### 5.2.2 Peer review

A peer review team, whose composition is to be determined, will be engaged in the next phase of the research. The interim report will serve as background material and the focus of the peer review will be on the quality of the toolkits and final report.

## 5.3 Products

Based on feedback from the advisory group, peer reviewers, plus country-level stakeholders, and the after completion of the analysis outlined in section 3 and 4, Component 2 will develop the core outputs of the component. This includes a series of multi-language toolkits, and the final report.

For the toolkits, the initial options currently under consultation include:

1. **Inter-agency approaches** to enabling access and quality in highly insecure settings
2. **Partnerships** with local NGOs in remote management settings
3. **Decision-making in high-risk environments**
4. Assessing and managing the risks of **corruption, bias, diversion, how aid can fuel conflict**
5. **Negotiation** for humanitarian access
6. **Staffing** / human resource considerations for access
7. **Delivery mechanisms** or **programming approaches** that work in highly insecure environments
8. The effect of **counter-terrorist legislation** on delivering aid in highly insecure environments

## 5.4 Monitoring research uptake

The SAVE research programme adheres to DFID's 'green' open-access policy and all outputs, including the interim report, will be made available on the SAVE website.

The SAVE programme also tracks all aspects of major research engagement and dissemination, through a research uptake and dissemination log. The log includes documentation of all presentations and briefings as well as field missions and workshops.

Dissemination and impact analyses will be undertaken for each Component 2 workshop event, as well as for a small number of other outputs. For the workshops, participants are asked to respond to a short five-question evaluation at the end of the session. The evaluation includes questions to assess participant interest in and applicability of SAVE research findings, as well as logistical

elements of the workshop (convenience of location and time of meeting). This questionnaire will be used to inform the SAVE logframe, as well as to inform future workshop events.

The evaluation form was used for the first time in South Sudan and Somalia during the June Component 1 and 2 workshops. After the workshops the team determined the language in the categories needed slight adjustment. This will be done for the next set of workshops in Afghanistan in August.

For South Sudan, the majority of participants found the workshops to be useful. Twenty-five per cent found that they could apply the information presented to their work to a 'great extent' and 62 per cent found that they could 'somewhat' apply the information to their work. For Somalia (Nairobi based) workshops, approximately 80 per cent of participants found the workshops to be either 'very' or 'extremely' useful. Forty-two per cent found that they could apply the information presented to their work to a 'great extent' and 38 per cent found that they could 'somewhat' apply the information to their work. As the findings become more concrete, the team would expect these positive percentages to continue to grow. In addition, in both countries, the location and timing of the meetings were found to be positive overall, and all participants were interested in continuing to learn the results of SAVE research.

# Annexes

## Annex 1: Factors that may influence access and/or quality in highly insecure environments

Factors that may influence access and/or quality in highly insecure environments			
Element	Factor	What it may influence <sup>2</sup>	Unit of analysis
Agency identity and background	Country of origin	Access	Agency <sup>3</sup>
	Religious mission or values	Access	Agency
	Previous country experience	Access	Agency
	Base of financial support	Access, quality	Agency
	Staff composition and continuity	Access, quality	Agency
Overall operational approach	Level of institutional commitment to humanitarian principles	Access	Agency
	Adherence to neutrality	Access	Agency
	Adherence to independence	Access	Agency
	Adherence to impartiality	Access, quality	Project <sup>4</sup> , agency
	Use of an active acceptance approach	Access, quality	Project, agency
	Use of negotiated access with armed actors <sup>5</sup>	Access	Project, agency, inter-agency <sup>6</sup>
	Use of public and private advocacy <sup>7</sup>	Access	Agency, inter-agency
	Level of engagement with the host government	Access	Project, agency, inter-agency
	Level of collaboration with other aid actors on negotiating access and managing security risks	Access	Agency, inter-agency
Approaches to risk	Overall approach to risks in decision-making	Access	Agency
	Informed acceptance of security risk to personnel, partners,	Access	Agency

<sup>2</sup> This is indicative only. Factors thought to influence only ‘access’ may also relate to quality issues, but we will be primarily looking at how this factor influences access.

<sup>3</sup> At the country level, not globally.

<sup>4</sup> Different units of analysis (agency or project) will be used depending on the extent to which practice on this factor differs within a given agency in a particular country. ‘Programme’ may be more accurate than ‘project’, depending on how the agency structures its work.

<sup>5</sup> To focus on negotiations inside the area of operation.

<sup>6</sup> This means that inter-agency dynamics/collaboration will be particularly relevant for this factor *and* will be looked at alongside individual agency practice.

<sup>7</sup> To focus on advocacy outside the area of operation.

	facilities and assets		
	Informed acceptance of fiduciary risk	Access	Agency
	Informed acceptance of programme risk	Access	Agency
	Use of contingency plans in case of deteriorating access, including preparation for remote management	Access	Agency
Ways of working with partners and the affected community	Level of knowledge of affected population	Access, quality	Project, agency
	Level of knowledge of conflict dynamics and how aid relates to these	Access, quality	Project, agency, inter-agency
	Use of remote management	Access, quality	Project, agency
Types of assistance	Type of locality (urban, rural, etc.)	Access, quality	Agency, inter-agency
	General sector (health, protection, wash, etc.)	Access, quality	Agency, inter-agency
	Specific type of intervention (e.g. distribution of tents, rehabilitation of water sources, women's empowerment, road construction, etc.)	Access, quality	Agency, inter-agency
	Transfer modality (in-kind, cash or vouchers)	Access, quality	Agency, inter-agency
	Use of specific delivery mechanisms (e.g. voucher fairs, mobile phones, cash in envelopes, mobile banking, private contractors, commercial channels, cross-border operations, cross-line operations, scannable/traceable items, air drops, etc.)	Access, quality	Agency, inter-agency



## Annex 2: Component 2 field interview guide (aid actors)

### Field interview guide Component 2

Secure Access in Volatile Environments (SAVE) is a three-year programme of applied research on humanitarian access in insecure environments. The overall goal is to contribute to solutions for providing effective and accountable humanitarian action amid high levels of insecurity.

Field work is being undertaken in four contexts: Afghanistan; South Central Somalia; South Sudan; and Syria.

The research programme will be implemented through three linked, overlapping components:

- 1) **Access:** quantifying and mapping humanitarian coverage in relation to security conditions.
- 2) **Quality:** identifying the key determinants for enabling access and quality aid interventions.
- 3) **Accountability and learning:** providing practical lessons and guidance for improved monitoring and evaluation.

The intent of the interviews is to explore questions relating to access and the quality of humanitarian assistance provided to people living in highly insecure environments. This interview guide is not intended to be a checklist, but rather to provide a broad overview within which each interview will focus on different areas of inquiry to different degrees.

All interviews will be on a strict not-for-attribution basis. Interviewee names and affiliations will be listed in an appendix to the report, but individual comments will not be attributed by name or by organisation. The researchers will take notes, which will remain confidential and will not be shared beyond the research team. Each interview will take approximately 45 minutes to one hour.

1. **Programme overview:** How long has your organisation been working in [this context]? In what sectors / what types of activities? What are your main sources of funding and size of budget? (programme overview)
2. **How presence has changed:** In general, how has your organisation's programming and presence changed in the past two years? What were the main drivers of the change (e.g. security, donor funding, other)?
3. **How security affects programming approach:** What is the overall programming approach (i.e. how are needs assessed and how are goods and services implemented)? What aspects of this have been influenced by security conditions?
4. **Staff profiles:** What profiles / types of staff (national, diaspora, international etc.) are able to work in different areas of operation?
5. **Partnerships:** If implementing through local partners or sub-contractors, what types of entities are engaged? How were they selected? What have been some of the key experiences or learning points, including good practices, around these relationships?
6. **Risks:** How often and how formally does your organisation assess risks (security, fiduciary, programme, etc.)? How would you describe the level of risk tolerance of the country

programme? How are risks factored in relation to the urgency / lifesaving nature of the intervention(s)?

7. **Outreach / negotiations:** How does your organisation engage in outreach or negotiations in order to enable humanitarian access? Or do you partner with (or rely on) others to do so? Do you have examples of good practice in negotiations?
8. **Principles:** What role do humanitarian principles (independence, neutrality, impartiality) play in your organisation's contact and discussions on enabling access?
9. **Quality:** How satisfied are you with the level of aid quality achieved in areas of high insecurity? What indicators are used to gauge the quality of aid delivered? Is there a trade-off between quality and the scale of assistance? Do you involve the affected communities in assessments of quality? How do you manage underperforming projects?
10. **Corruption and misuse:** Does your organisation have a way of assessing how its assistance may be subject to corruption or other abuses of power (e.g. local gatekeepers taxing / seeking rents)? What are the key challenges around managing conflict dynamics and the potential for aid to do harm?
11. **Level of access / determinants of access:** How satisfied are you with the level of access to the affected population that your organisation or programme has? Looking around, are there organisations or programmes that have achieved better access (either in terms of scale, or to the neediest), and what do you think are the reasons for this?
12. **Delivery mechanisms / approaches to get better access:** Are there certain types of delivery mechanisms or programming through which affected populations could better access humanitarian assistance? What are the main barriers to implementing these?

## Annex 3: Guide to consultations with affected populations

*Note: A generic guide was developed and then slightly adopted for each country context. Questions were also slightly adopted for different subsets of the local population (e.g. small business owners, local relief committees, etc.) The version below is the guide used to consult affected people in Syria.*

### Guide to consultations with affected populations

The intent of the consultations with affected populations is to better understand: the types of assistance that has been received; concerns people have related to the quality of aid; and what strategies people use to safely access aid in insecure environments.

All focus groups and interviews will be anonymous. The names of participants will be collected for verification only and will not be shared outside the research team. No comments will be attributed by name. The researchers will take notes, which will remain confidential and will not be shared outside the research team.

1. Have you, your family, or neighbours received international or local aid in the past three years?
2. At the times when you most needed help over the past few years, were aid organisations there to help you?
3. Did any of the following provide aid in your area? Please indicate all that apply:
  - a. Government authorities
  - b. Opposition forces
  - c. Local aid organizations
  - d. The national Red Crescent Society
  - e. The ICRC – the International Committee for the Red Cross
  - f. The UN (including UNICEF, WFP, UNHCR, WHO)
  - g. International NGOs
  - h. Community groups
  - i. Local businesses
  - j. Independent donor
  - k. Syrian groups from abroad
4. In the past year, would you say that there is more or less aid coming to the area compared with previous years? Why?
5. Is it dangerous for aid organisations to operate in your area? Why?
6. Is it dangerous for local people to try to receive aid in your area? If yes, what type of dangers do they face? (*Prompt: physical safety, reputational damage/safety, gender issues, far travel, etc.*) Why?
7. [If it is dangerous] Is it more dangerous or difficult for men or for women? What specific dangers do men and women face when trying to receive aid?
8. [If it is dangerous] What do people in your area do to try to access aid more safely?
9. In general, do you feel that certain groups or individuals are favoured over others in receiving aid? When is this usually the case? How or why do you think they are being favoured?
10. We have found that in some cases, people sell the aid that they received because the items are not relevant to their needs, or not of good quality. Has this ever happened to you or someone that you know in your community? Why did people sell the aid? Do you have specific examples? (*Prompt: what was sold, why, to whom, for how much?*)

11. Have any aid agencies asked you for your opinion about the aid projects? If yes, what mechanism can you use? (*Prompt: hotline, suggestion box, meetings, feedback committees, email, through personal networks / friends / family, local councils, etc.*)
12. In your opinion, which of these mechanisms is most / least useful? Which one would you like to use in the future?
13. Do you believe that the feedback that you give to aid organisations makes a difference? If not, why not? (*Prompt: Give an example of how you know this.*)
14. What information should aid organizations working in your area know or understand that they don't know or understand right now?
15. Do you have any further comments? Any questions for us?

## Annex 4: Syria: Affected population household survey

### Household survey - affected populations (Syria)

#### Information to be collected:

Gender: (male, female)

Status: (IDP, host, neither)

Number times internally displaced since the onset of the conflict:

Living condition: [Proximity to elaborate on what this entails – they usually collect this]

Number of people in the household, broken down by age:

Head of the household: (male, female)

Pregnancies: (yes, no)

Last time they received aid:

What kind of aid it was:

1. Are you in a camp/settlement, in your home, or staying with someone else?
  - a) Camp/settlement
  - b) In my home
  - c) Staying with someone else
  
2. Have you, your family, or neighbors received international or local aid in the past year?
  - a) Yes
  - b) No
  
3. If yes, was the aid provided what you and your family most needed
  - a. Yes
  - b. No
  
4. Who provides aid in your area? For this question, please tick any of the following groups that provide aid in your area:
  - a) Government authorities
  - b) Opposition forces
  - c) Local aid organizations
  - d) Red Crescent society
  - e) ICRC - International Committee for the Red Cross
  - f) UN
  - g) International NGOs
  - h) Community groups
  - i) Local businesses
  - j) Independent donor
  - k) Syrian groups from abroad
  
5. What sort of aid is being provided? For this question, please tick any of the following aid type provided in your area
  - a) Food
  - b) Water/sanitation (ex: latrines, garbage collection)
  - c) Shelter /housing
  - d) Health
  - e) Children's education
  - f) Agriculture

- g) Cash
  - h) Non-food items (prompt: such as (but not limited to) hygiene kits, lamps, mosquito nets, etc.)
  - i) Other (indicate)
6. What sort of help is most needed? (pick one)
- a. Food
  - b. Water/sanitation (ex: latrines, garbage collection)
  - c. Shelter
  - d. Health
  - e. Children's education
  - f. Agriculture
  - g. Cash
  - h. Protection
  - i. No outside help is needed
  - j. Other (indicate)
7. In general, have the needs of people in your district increased or decreased compared to the year before?
- a. Increased
  - b. Decreased
8. Are there more or fewer aid organizations helping you, your family or neighbors in your community now compared to the past few years?
- a. More aid organizations
  - b. Fewer aid organizations
  - c. Do not know
9. Have any aid agencies asked you for your opinion about the aid projects?
- a. Yes
  - b. No
10. [If yes] What mechanisms can you use? (Select all that apply)
- a. Hotline
  - b. Suggestion box
  - c. Meetings
  - d. Feedback committees
  - e. Email
  - f. Through personal networks/friends/relatives
  - g. Through local authorities
  - h. Do not know
  - i. Other
11. Which of these mechanisms is most useful? (Select one)
- a. Hotline
  - b. Suggestion box
  - c. Meetings
  - d. Feedback committees

- e. Email
  - f. Through personal networks/friends/relatives
  - g. Through local authorities
  - h. Do not know
  - i. Other
12. Which of these mechanisms is least useful? (Select one)
- a. Hotline
  - b. Suggestion box
  - c. Meetings
  - d. Feedback committees
  - e. Email
  - f. Through personal networks/friends/relatives
  - g. Through local authorities
  - h. Do not know
  - i. Other
13. In terms of corruption, would you say that aid in your area is:
- a. Not at all corrupt
  - b. Somewhat corrupt
  - c. Very corrupt
  - d. I don't know
14. Is it dangerous for international aid organisations to operate in your area?
- a. Yes
  - b. No
  - c. Do not know
15. Is it dangerous for local aid organisations to operate in your area?
- a. Yes
  - b. No
  - c. Do not know
16. In general, have you received aid in a timely way (i.e. in time to meet your needs)?
- a. Yes
  - b. No
  - c. Do not know
17. Is it ever dangerous for local people to try to receive aid?
- a. Yes
  - b. No
  - c. Do not know
18. Do people receiving aid in your area face any risks of damage to their reputation?
- a. Yes
  - b. No
  - c. Do not know

19. Do people in this area face physical danger when they try to collect aid during distributions (e.g. food or non-food items (prompt: including but not limited to hygiene kits, lamps, mosquito nets, etc.)?)
- Yes
  - No
  - Do not know
20. If yes, is it more dangerous for:
- Men
  - Women
  - No difference
  - Do not know
21. Would you say that the distance travelled to collect aid during distributions (e.g. food or non-food items (prompt: including but not limited to hygiene kits, lamps, mosquito nets, etc.)) is:
- Okay / acceptable
  - Too far
  - Do not know
22. Who usually goes to distribution sites to collect aid in your family? (Select one)
- Men (above 18)
  - Women (above 18)
  - Boys (under 18)
  - Girls (under 18)
23. In your opinion, what is the biggest challenge to people receiving aid in your area: (select one)
- Insecurity/violence
  - Corruption
  - Insufficient quantity
  - Transportation difficulty



## Annex 5: Template provided to country-based researchers for the synthesis of aid actor interviews

*Note: These templates were adapted slightly for each country. The example below is the template used for Syria.*

### Secure Access in Volatile Environments (SAVE)

#### Component 2: Synthesis 1 of the first round of aid actor interviews for Syria

- Approx limit of 20-25 pages (no more than 15,000 words), in a Microsoft Word document
- This report should be in full sentence form, *not* bullet points.
- The questions in bullet points below are meant for guidance. It is not necessary to systematically answer each question one-by-one, but generally do try to cover all areas described by the questions (or indicate where evidence is not sufficient to do so).
- The synthesis should cover all interviews with aid organisations, private sector companies, government / authorities and other stakeholders, interviewed both inside and outside Syria or by phone/Skype. It is separate to the 'affected populations' synthesis report.
- When making statements, put in brackets which organisations this applies to, like this:
  - 'Several organisations indicated they had never heard of humanitarian principles [org name, org name]'
  - 'Most INGOs interviewed had invested in building the capacity of their Syrian NGO partners [org name, org name, org name, org name, org name, org name] but a few said that this was not a priority for them [org name, org name]'(We will remove all identifying information when publishing anything, but it's very important for now that we know how to assess the strength of the evidence collected.)
- Questions should generally be answered with regards to current practice, but differences can be drawn out between now and the early days of the response, where relevant
- Questions should mainly be answered based on interview material, taking care to note where other sources (e.g. the researchers' own knowledge, or other studies etc.) are being drawn upon

### 1. Introduction

#### 1.1 Objectives of assignment [NB. The text below is drawn from Proximity's TOR]

Humanitarian Outcomes and partners are undertaking a programme of primary and applied research that seeks to contribute to practical solutions for maintaining effective humanitarian response amid high levels of insecurity. The research programme consists of three phased components:

- 1) **Access:** quantifying and mapping humanitarian coverage in relation to security conditions.
- 2) **Quality:** identifying the key determinants for enabling access and quality aid interventions.
- 3) **Accountability and learning:** providing practical lessons and guidance for improved monitoring and evaluation.

The four case study contexts are Afghanistan, Somalia, South Sudan and Syria. Proximity is working on the second component of the study ('enabling humanitarian access and aid quality') in relation to Syria. It is also conducted the affected population consultations, which will inform all three components. The research focuses on the humanitarian response inside Syria, and not the wider sub-regional (refugee) response.

The objective of the present assignment is to conduct 130 face-to-face, semi-structured interviews with relevant personnel from aid agencies, government and donors, as well as other relevant actors. These were separated into two rounds: the first round (with a target of 50 interviews), covered by the present summary, and the second round (covering all 130 interviews).

Researchers from Humanitarian Outcomes and Proximity sought to systematically construct a sample of different types of actors to be interviewed. Priority was given to actors not typically well consulted during research of this nature (e.g. Islamic charities and other non-Western entities, private sector contractors, community councils, relief committees, small NGOs, small businesses involved in aid delivery etc.). Emphasis was on ensuring representation of interviewees among national staff in areas close to affected communities. The focus was on aid projects involving food assistance, protection, health, and/or projects where cash and vouchers are used or could have been used.

A breakdown of the approximate target interview sample is as follows.

<b>Area</b>	<b>Humanitarian aid agencies</b> (e.g. UN, INGO, Syrian NGOs, Islamic charities etc.)	<b>Government / local governance</b> (e.g. relevant GoS ministries, local governance structures involved in aid decisions, local councils, Turkish authorities)	<b>Other actors</b> (e.g. relief committees, community-based orgs, private sector entities)	<b>Total</b>
Turkey	20 INGOs or UN 20 Syrian/Islamic/ Gulf orgs	3 (Turkish Authority/Govt, Turkish RC)	5	48
Hama	9	2 (Local councils)	5	16
Idlib	7	2 (Local councils)	3	12
Aleppo	7	2 (Local councils)	2	11
Deir Ezzour	5	--	3	8
Al Hassekah	9	2	5	16
Damascus	6 INGO or UN 10 Syrian NGO / Red Crescent	3 (Relevant GoS ministries)	--	19
<b>Total</b>	<b>93</b>	<b>14</b>	<b>23</b>	<b>130</b>

Interviews were conducted based on an interview guide developed for SAVE Component 2.

## 1.2 Methodology

- Annex 1: List of individuals interviewed. Please include name, title, organization, who interviewed them, the date interviewed, whether it was by Skype or in person, location where the interview took place, and what type of organization it was (using the categories in Table 1)
- Table 1: Number of interviews conducted, broken down by aid actor type and location
- How does this sample of interviews compare to the overall spread of humanitarian aid actors working inside Syria? What can this sample tell us and what can it not tell us, i.e. what are the limitations and biases of this range of sources and opinions?
- How were individuals and organisations selected to be interviewed (i.e. sampling method)? Why was this approach used and what biases / limitations might it have had?
- What issues / challenges were faced in terms of organisations and people being willing or able to talk freely, how these were addressed, and what biases or limitations remained?
- Any other issues / challenges faced – describe in brief any disruptions to fieldwork, and how this may affect the results presented
- Reflections on the benefits / drawbacks of in-person versus Skype interviews
- Reflections on gender, including the extent to which female Syrian aid actors were reached and if the gender of the interviewer influenced this

**Table 1: Aid actor interviews – by location and type**

<b>Area</b>	<b>Humanitarian aid agencies</b> (e.g. UN, INGO, Syrian NGOs, Islamic charities etc.)	<b>Government / local governance</b> (e.g. relevant GoS ministries, local governance structures involved in aid decisions, local councils, Turkish authorities)	<b>Other actors</b> (e.g. relief committees, community-based orgs, private sector entities)	<b>Total</b>
Turkey	[# INGOs, # UN, # of Syrian NGOs, # of Islamic / Gulf / other orgs]	[# Turkish Authority/Govt, Turkish RC]		
Hama		[Local councils?]		
Idlib		[Local councils?]		
Aleppo		[Local councils?]		
Deir Ezzour				
Al Hassekah				
Damascus	[# INGOs, # UN, # of Syrian NGOs, # SARC, # of Islamic / Gulf / other orgs]	[Relevant GoS ministries]		

<b>Total</b>				
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**Table 2: Aid actor interviews - by gender**

Male	
Female	
Unknown	
<b>Total</b>	

**Table 3: Aid actor interviews - by nationality (Syrian versus other - where known)**

Syrian	
Other	
Unknown	
<b>Total</b>	

**Table 4: Aid actor interviews - by programme type / role**

General / multi sector (including senior management)	
Food security	
Protection (including GBV, education, child protection)	
Health	
Security advisers	
Logistics	
Other sector (aid org)	
Others (non aid org)	
<b>Total</b>	

**Table 5: Aid actor interviews - by method**

In-person	
Skype	
<b>Total</b>	

## 2. Delivery mechanisms / programme approaches

Question 3: What is the overall programming approach (i.e. how are needs assessed and how are goods and services implemented)? What aspects of this have been influenced by security conditions?

### 2.1 Health sector

- Describe some of the range of programming approaches used, including how goods are delivered from point A to point B, how services are delivered, and how organisations have

adapted their approaches in recent months / years as conditions have changed. Provide specific examples of interesting / innovative / noteworthy practices.

## 2.2 Food and nutrition sector

- As above

## 2.3 Protection (child protection, GBV)

- As above
- Note that because of the difficulty of doing protection programming in the Syria context, education may also be looked at as a way to address child protection and possibly other protection issues.

## 2.4 Other humanitarian sectors (e.g. shelter, WASH, etc.)

## 2.5 Cash / vouchers

- Describe the extent to which cash and vouchers are used as a transfer modality, and how this is changing and why. What are the considerations for organisations when deciding what transfer modality to use? (in-kind versus cash versus vouchers) Provide specific examples of interesting / noteworthy practices.

## 3. Quality

Question 9: How satisfied are you with the level of aid quality achieved in areas of high insecurity? What indicators are used to gauge the quality of aid delivered? Is there a trade-off between quality and the scale of assistance? Do you involve the affected communities in assessments of quality? How do you manage underperforming projects?

### 3.1 Level of quality

- Generally, are aid orgs becoming more or less satisfied with the quality of their programming in Syria?
- How does the level of satisfaction with quality differ across different sectors, especially health, protection and food assistance? How does it differ across different types of activities, within the focus sectors (e.g. primary health care versus trauma care, food distributions versus flour deliveries, etc.)
- How does the level of satisfaction differ between different agency types? (ICRC / SARC, INGOs, Syrian / diaspora NGOs, Islamic charities, Gulf actors, UN)
- Are there differences between organisations' self-perceptions of the quality of their programming others' perceptions of this?

### 3.2 Indicators for quality

- What were some of the indicators used to assess quality? Did it change depending on the extent to which the programme was remotely managed? Is there consensus around the type of indicators, or does it vary depending on the programme / organisation?
- How does managing *quality* relate to managing fiduciary (corruption, diversion) or security risks?
- Positive examples of where affected people were involved in assessments of quality?
- Examples of managing under-performing projects / programmes?

### **3.3. Quality and scale**

- Did agencies report a trade-off between quality and scale? How did they navigate this? What role did donors play?

### **3.4 What works**

- What works for enabling quality programming?
- Where some level of quality is thought to have been achieved, what were the reasons for this?

### **3.5 Areas to explore further**

- Do we need more information? How could we get this?

## **4. Staff profiles**

Question 4: What profiles / types of staff (national, diaspora, international etc.) are able to work in different areas of operation?

Other dynamics that could be considered: gender of staff, ethnicity, religious sect, nationality, education level, work history, affiliations with armed actors / authorities, etc.

### **4.1 Overview**

- What profiles / types of staff are used by different organisations? How is this impacted by which authorities or groups are in control in that area, or by other security considerations?

### **4.2 Comparing different types of actors**

- How have different types of aid organisations (Syrian NGOs, ICRC and Syrian Arab Red Crescent, UN, Western INGOs, Islamic INGOs / donors, etc.) approached decisions on which type of staff to hire and deploy in different areas?
- Is there a difference in the profile of staff of private sector contractors / transporters and that of aid organisations?
- To what degree are hiring decisions and staff profile carefully considered?
- Other human resources or hiring issues?

### **4.3 What works?**

- How much does staff profile impact access? (relative to other factors)
- How much does staff profile impact quality? (relative to other factors)
- What types of staff profiles contribute to enabling access, and in what combinations (i.e. when does this factor make a difference)?
- Examples of good or bad practice?

### **4.4. Areas to explore further**

- What information is missing to be able to answer the 'what works' question? How could we get this?

## **5. Partnerships**

Question 5: If implementing through local partners or sub-contractors, what types of entities are engaged? How were they selected? What have been some of the key experiences or learning points, including good practices, around these relationships?

### **5.1 Partnerships/contracts with Syrian NGOs**

- Approximate proportion of INGOs interviewed that programme directly versus (at least in part) through Syrian NGOs? Why did they choose to partner or not?
- Has this changed recently and if so how, where and why?
- Do Islamic or Gulf charities (INGOs) partner with Syrian NGOs? How does their practice in partnerships differ from other INGOs?

### **5.2 Partnerships/contracts with private sector contractors**

- What types of private contractors do INGOs or UN agencies use to deliver cross-border aid from Turkey?
- What sectors / types / activities of programming or operations are these being used for?
- How are these contractors selected and vetted? Does this differ by type of contractor or contracted entities? (Do private sector companies get vetted more or less, or differently, than Syrian NGOs? Do UN agencies vet differently than INGOs? Any differences between Islamic charities and other INGOs?)

### **5.3 Approaches to risk with partners**

- How do INGOs discuss different types of risk – fiduciary, programme, security – with their Syrian NGO partners? Are risks shared or not?
- How does this differ by different types of contracting or contracted entities?

### **5.4 What works?**

- How much does approach to partnerships impact access? (relative to other factors)
- How much does approach to partnerships impact quality? (relative to other factors)
- What types of approaches to partnership contribute to enabling access and quality?
- Examples of good or bad practice?

### **5.5 Areas to explore further**

- What information is missing to be able to answer the ‘what works’ question in this area? How could we get this?

## **6. Risks**

Question 6: How often and how formally does your organisation assess risks (security, fiduciary, programme, etc.)? How would you describe the level of risk tolerance of the country programme? How are risks factored in relation to the urgency / lifesaving nature of the intervention(s)?

### **6.1 Approaches to risk**

- How do different types of organisations differ in the ways they assess risks, including the level of formality / tools and approaches used? Are formal risks assessments seen as relevant and useful?

- Is the urgency / lifesaving nature of the intervention compared to risk levels when making decisions about where or what (sector/activity/transfer modality, i.e. cash or in-kind) agencies deliver?
- What factors contribute to an organization having a better understanding of threats and risks (i.e. being able to make informed decisions)?
- What factors contribute to an organization being willing or able to take on relatively high levels of risk (and programme in difficult areas)? What role do donors play in this? Organisational culture or history? Other factors?

## 6.2 What works?

- How much do approaches to risk impact access? (relative to other factors)
- How much do approaches to risk impact quality? (relative to other factors)
  - What are the differences between *quality* programming and programming safely and without diversion?
- What types of approaches to risk seem to contribute to enabling access?
- Examples of good or bad practice?

## 6.3 Areas to explore further

- What information is missing to be able to answer the ‘what works’ question in this area? How could we get this?

## 7. Outreach / negotiations

Question 7: How does your organisation engage in outreach or negotiations in order to enable humanitarian access? Or do you partner with (or rely on) others to do so? Do you have examples of good practice in negotiations?

### 7.1 Trends in outreach / negotiation

- Broadly, what are the main approaches used to negotiate and reach out to armed actors (as required to enable access)?
- To what extent do aid organisations use an ‘acceptance’ strategy to ensure access? How exactly is this used?
- How has this changed in different areas (Aleppo, Hassekah, etc.) as the conflict has evolved?

### 7.2 Approaches to outreach / negotiation

- How do different types of organisations differ in the ways they understand conflict dynamics?
- How do they differ in how they reach out / negotiate with armed actors, communities, local authorities and Government actors? (especially comparing UN to INGO to Syrian NGO to Islamic charities and Gulf actors)
- To what extent does the UN engage with non-state armed actors so as to enable access? What are the reasons for this? (i.e. role of formal policies versus perceptions / beliefs, or other factors)
- Are there any examples of joint (inter-agency) approaches to outreach and negotiations, either from Damascus or within the cross-border operation from Turkey? What lessons were drawn from this?



- What factors are seen as contributing to an organization being able to engage in successful outreach / negotiation? (staff, organizational culture, sector of of programme (e.g. are there certain sectors of programming where access is easier to negotiate?), transfer modality (cash versus in-kind) etc.)

### **7.3 Government / authorities' views on negotiations and aid quality**

- What did the Government actors and other authorities (including local councils) interviewed think about aid agencies' presence, quality programming and impact? What does this suggest about how well negotiations or outreach may or may not be working?

### **7.4 What works?**

- How much does ability to engage in outreach/negotiation impact access? (relative to other factors)
- How much does ability to engage in outreach/negotiation impact programme quality? (relative to other factors)
- Examples of good or bad practice?

### **7.5 Areas to explore further**

- What information is missing to be able to answer the 'what works' question in this area? How could we get this?

## **8. Principles**

Question 8: What role do humanitarian principles (independence, neutrality, impartiality) play in your organisation's contact and discussions on enabling access?

### **8.1 Reference to and use of principles**

- Do aid organisations report referring to or using humanitarian principles during discussions on enabling access? How exactly? Any specific examples?
- How did answers to this question vary by organization type? (ICRC / SARC, INGOs, Syrian / diaspora NGOs, Islamic charities, Gulf actors, UN)
- What are the views of ICRC and SARC on the degree to which humanitarian principles have played a role in their access overall?
- Did the Islamic charities make reference to any other types of principles (solidarity etc.)?
- Did Syrian orgs make reference to any other types of principles? Or have comments on the relevance of humanitarian principles?
- Did interviewees make reference to joint operating protocols (JOPs) or other statements of principles at all? Positive or negative experiences?
- To what extent is a principled approach stressed by donors (e.g. donors funding organisations to engage in humanitarian as well as stabilisation activities?)?

### **8.2 What works?**

- How much does acting in a principled way or being seen as a principled humanitarian actor impact access? (relative to other factors)
- How much does acting in a principled way or being seen as a principled humanitarian actor impact quality? (relative to other factors)

### 8.3 Areas to explore further

- Do we need more information? How could we get this?

## 9. Corruption and misuse

Question 10: Does your organisation have a way of assessing how its assistance may be subject to corruption or other abuses of power (e.g. local gatekeepers taxing / seeking rents)? What are they key challenges around managing conflict dynamics and the potential for aid to do harm?

### 9.1 Level of corruption and misuse

- Generally, how do aid orgs perceive the level of corruption and misuse?
- What different kinds of this are thought to be most prevalent?
- Do aid orgs perceive their (and others') programming in Syria to becoming more or less corrupt / prone to diversion? If so, why?
- Are certain sectors / types of programming seen as more prone to diversion than others, including cash/vouchers?

### 9.2 Ways of assessing and preventing corruption and misuse

- What were some of the ways that organisations are seeking to detect and prevent corruption / misuse / diversion? How have these evolved recently?
  - Differences between different types of orgs?
  - Role of donors?
- What views were expressed about the extent to which affected people themselves are *misusing aid*, e.g. selling items they've received or using cash to buy 'unnecessary' items etc.?

### 9.3 Ways of assessing and preventing the possibility for aid to do harm and exacerbate conflict

- What examples were given around managing the potential for aid to do harm (e.g. exploitation, supporting war economy) or to exacerbate conflict or local power dynamics?
- Any examples of managing this well?

### 9.4 What works

- What approaches are perceived as working well to detect, prevent and address corruption and misuse?

### 9.5 Areas to explore further

- Do we need more information? How could we get this?

## 10. Preliminary analysis

- What role does insecurity play relative to other factors in determining where agencies programme?
- Are there organisations or programmes that have achieved better access (either in terms of scale, sustained presence, or to the neediest), and what do you think are the reasons for this?
  - If this is too difficult to judge, why? What information do we need?
- Are there organisations or programmes that have achieved better quality? How do they define this and what do you think are the reasons for this?
  - If this is too difficult to judge, why? What information do we need?
- Do some organisations have good access but not good quality, or vice versa, or do the two tend to go hand-in-hand?
- Are there certain approaches that could be used to get better access or quality but aren't being used? If not, why not? What could be done to enable these?

**Annex**

See description above

## Annex 6: Template provided to country-based researchers for the synthesis of the affected population consultations

### Component 2 Synthesis of affected population consultations, Syria

- Approx limit of 20-25 pages (no more than 15,000 words), in a Microsoft Word document
- The report should be in full sentence form, not bullet points.
- All of the bullet point questions should be removed and the report should be readable as a stand-alone document that would be understandable to an external, well-informed audience
- The questions in bullet points below are meant for guidance. It is not necessary to systematically answer each question one-by-one, but generally do try to cover all areas described by the questions (or indicate where evidence is not sufficient to do so). The sub-sections are for suggestion only – feel free to add or remove sub-sections as needed. Also feel free to answer / pursue interesting questions that are *not* asked here!
- The synthesis should focus on interviews conducted so far with affected people. This can also bring in themes from the aid actor interviews (especially local ones), as necessary to better understand the key themes emerging from the affected population.
- Where it's not possible to answer a question, just note this and describe what type of research might need to be done to answer this.
- When making statements, put in brackets which areas this applies to, like this: [example from South Sudan]
  - “Women in a few locations indicated they had to wait more than half a day in the sun to receive food distributions [Leer Town, Akobo Town center]”

#### 1. Introduction

##### 1.1 Objectives of assignment [from TOR]

##### 1.2 Methodology

- How / why the areas of focus (Aleppo rural, Aleppo City, Hasakeh City, Hama, Damascus, Deir Ezzour) were selected. Why this balance? What bias / limitations does this sample leave us with?
- Total number of consultations conducted, broken down by consultation type, gender and location (see below)
- How were people selected to participate in the interviews (KIIs) and focus group discussions (FGDs), i.e. the sampling method? Why this approach was chosen, how were potential obstacles to having a representative sample addressed, and what biases / limitations may still remain (e.g. due to security/gatekeeper/logistical considerations, networks of the individual(s) arranging the focus groups, etc.)
- What issues / challenges were faced in people being able to talk freely, how these were addressed, and what biases or limitations remained?
- Reflections on the appropriateness / usefulness of the questions: Were they understandable? Were they all asked or was it necessary to omit or adjust them? Were there other questions that should have or could have been asked?
- Any other issues / challenges faced
- Reflections on gender and the use of a mixed gender team

**Table 1: Number of FGDs – by location and type**

	FGDs men	FGDs women	FGDs IDPs	FGDs host families / host communities	FGDs local councils / relief committees
Aleppo rural area (western Aleppo)	[Total # here]				
Aleppo City					
Hassekah City					
Hama (opposition-controlled)					
Damascus City					
<b>Total</b>					

**Table 2: Number of men and women in each focus group**

#	Name of focus group	# of men in this focus group	# of women in this focus group	Total # of people
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
<b>Total</b>				

**Table 3: Number of KIIs – by location and type**

	KIIs men	KIIs women	KIIs IDPs	KIIs host families / host communities	KIIs local councils / relief committees
Aleppo rural area (western Aleppo)	[Total # here]				
Aleppo City					
Hassekah City					
Hama (opposition-					

controlled)					
Damascus City					
Deir Ezzour					
<b>Total</b>					

## 2. Aid overview

*Note: All question numbers in the boxes below refer to the questions in the “FGD and KII guide 1 – male female IDPs host”, except those in italics, which draw from the “FGD and KII guide 2 – relief committees, local councils”.*

Question 1: Have you, your family, or neighbors received international or local aid in the past three years?

Question 3: Did any of the following provide aid in your area? Please indicate all that apply:

- a. Government authorities
- b. Opposition forces
- c. Local aid organizations
- d. The national Red Crescent Society
- e. The ICRC – the International Committee for the Red Cross
- f. The UN (including UNICEF, WFP, UNHCR, WHO)
- g. International NGOs
- h. Community groups
- i. Local businesses
- j. Independent donor
- k. Syrian groups from abroad

*Question 4 (Guide 2): Could you please describe the role you have played in providing aid in this community? (e.g. local council, relief committee, etc.)*

Question 4: In the past year, would you say that there is more or less aid coming to the area compared with previous years? Why?

### 2.1 Aid received Hasakeh

- What types of aid (sectors or cash/vouchers) did people report receiving in this area?
- Do people perceive the amount of aid as increasing or decreasing or staying about the same, in recent months?
- What types of actors are providing this aid? (see list in question 3 above)
- Do people report receiving any assistance from outside the country? (If so, which type of people?)
- What role do the local councils and relief committees play in this area?
- What changes, if any, do people perceive in the types of entities that are providing assistance, in the past year?
- Is there any evidence of Government providing assistance directly? If so, what kinds?
- Is there any evidence of private sector businesses providing assistance directly? If so, what kinds?

- Are there any differences in the types of aid and types of actors that women report receiving aid from versus men?
- Do the interviews with aid actors (or other evidence) suggest that there are differences between what assistance people *perceive* as being provided (by whom) and what actually is?
- Was there a difference in what IDPs said they'd received versus what host community or other groups said they'd received? What about between IDPs living in camps/sites versus hosted?

## **2.2 Aid received Aleppo rural**

See questions above

## **2.3 Aid received Aleppo city**

See questions above

## **2.4 Aid received Hama**

See questions above

## **2.5 Aid received Damascus**

See questions above

## **2.6 Aid received Deir Ezzour**

See questions above

## **2.7 Other areas**

- Recognising that people from other areas were not consulted and that available information is incomplete on this question, how might the above picture be different if we had consulted people in all conflict-affected areas of Syria? I.e. what are the major differences in the types of aid being provided in these three areas versus elsewhere, including rural areas other urban areas? (links to methodology discussion above) [can refer to other sources here as necessary; additional research is not necessary – just answer to the extent possible based on existing knowledge]

## **3. Security considerations**

Question 5: Is it dangerous for aid organisations to operate in your area? Why?

Question 6: Is it dangerous for local people to try to receive aid in your area? If yes, what type of dangers do they face? (Prompt: physical safety, reputational damage/safety, gender issues, far travel, etc.) Why?

Question 7: [If it is dangerous] Is it more dangerous or difficult for men or for women? What specific dangers do men and women face when trying to receive aid?

Question 8: [If it is dangerous] What do people in your area do to try to access aid more safely?

### **3.1. Overall security for affected people**

- How safe do people feel generally in receiving aid, and how did this differ by geographic area or population type?

- If they feel unsafe, what are the specific problems, i.e. who do they feel threatened by and how / why?
- Are there any differences in the threats / difficulties posed to men and women trying to receive assistance? How did this differ by geographic area?
- Are there certain types of aid orgs that people do not want to receive aid from, or be seen as receiving aid from?
- If people do not report feel unsafe, what are the reasons for this? Do the answers change when the questions are asked again or in different ways?
- What do people do to try to access aid more safely / effectively, and how did this differ by geographic area?
- Did people have ideas for how they could receive assistance more safely or easily?
- Did the views of local councils and relief committees differ from those of other affected people on this question?

### **3.2 Security for aid organisations**

- How do affected people view the security of aid organisations, staff and programming, and how did this differ by area?
- What do they see as the major threats faced to aid orgs / staff?
- Do affected people think that different types of aid orgs (SARC, UN, Syrian NGOs, Gulf-funded actors, Western INGOs etc.) can operate more or less safely than others? If so, why?
- Is this echoed by the aid orgs themselves, or are there differences there? If there are differences, why?
- Did the views of local councils and relief committees differ from those of other affected people on this question?

### **4. Quality (relevance/appropriateness, timeliness, targeting, corruption/diversion)**

Question 2: At the times when you most needed help over the past few years, were aid organisations there to help you?

Question 9: In general, do you feel that certain groups or individuals are favoured over others in receiving aid? When is this usually the case? How or why do you think they are being favoured?

Question 10: How common is it for people to sell the aid they receive? (About what percentage of people do this? Roughly how much of the aid that they receive is sold? Are certain types of aid more often sold than others? Why?)

Question 11: Have any aid agencies asked you for your opinion about the aid projects? If yes, what mechanism can you use? (Prompt: hotline, suggestion box, meetings, feedback committees, email, through personal networks / friends / family, local councils, etc.)

Question 12: In your opinion, which of these mechanisms is most / least useful? Which one would you like to use in the future?

Question 13: Do you believe that the feedback that you give to aid organisations makes a difference? If not, why not? (Prompt: Give an example of how you know this.)

Question 14: What information should aid organizations working in your area know or understand that they don't know or understand right now?



Question 15: Do you have any further comments? Any questions for us?

#### **4.1 Relevance / appropriateness**

- What type of aid did people report was most important to them? Why? Any differences by geographic area or population type (urban versus rural, IDP versus others, men versus women)?
- Were there certain types of aid that were provided that people reported were *not* relevant or appropriate, or were less so? If so, why?
- Were there differences by org type in terms of the relevance of the aid provided?
- Did people feel the aid provided was of a good quality?
- Did people report selling any items they received? Approximately how pervasive is this (or is this perceived to be)? (volume and % of recipients) If so, which types of items and why?
- Were there any difference in people's impressions about the quality and relevance of assistance provided by different types of groups (Syrian NGOs, SARC, Gulf actors, Western INGOs, UN, local aid groups / local councils / relief committees etc.)?
- Did the views of local councils and relief committees differ from those of other affected people on issues of relevance / appropriateness or timeliness?

#### **4.2 Timeliness**

- Did people feel that the aid provided was timely or not?
- Was certain types of aid, or certain sectors of aid, seen as more timely than others?

#### **4.3 Targeting**

- What were people's perceptions about targeting (how it was decided who would be assisted)? Was this seen as fair or unfair?
- Any differences between different org types?
- Any differences in the answers to this question by population type (urban/town center versus rural, IDP versus others, men versus women)?
- Did the views of local councils and relief committees differ from those of other affected people on issues of targeting?

#### **4.4 Corruption / diversion**

- How much of an issue is corruption / diversion, overall, for affected people? Do they see this as a bigger or smaller problem than other quality issues (relevance, timeliness, overall quantity etc.)?
- Generally, do people view corruption and diversion of aid as getting worse or better in recent months / years?
- Do people view different types of orgs as more or less susceptible to corruption / diversion (Syrian NGOs, SARC, Gulf actors, Western INGOs, UN, local aid groups / local councils / relief committees etc.)? Certain orgs more corrupt than others? Different types of aid? (by sector as well as cash / voucher) Or due to pressures of different types of authorities (Government, various armed actors)?
- What are the major types of corruption / diversion that people perceive taking place? Can they be categorized by scale, actor and level? What differences might there be between perceptions and reality?
- Did the views of local councils and relief committees differ from those of other affected people on issues of corruption / diversion?

#### **4.5 Areas to explore further**

- What information is missing to be able to have a clear picture of how people view the quality of assistance?

#### **5. Conclusions / 'what works?'**

- Recognizing the limited /sample of views obtained, what is the overall picture of affected populations' views on (1) safety of accessing aid and (2) the quality of aid received?
- What do these suggest about 'what works' for enabling access and quality humanitarian assistance in Syria?

#### **Annexes**

- [include any extra information as annex]

## Annex 7: List of global-level interviews / consultations

	<b>Name</b>	<b>Title</b>	<b>Organisation</b>
1	Sarah Bailey		Independent consultant
2	Joe Belliveau	Senior Program Manager – Humanitarian Access	Conflict Dynamics International (CDI)
3	Stephane Bonamy	Delegate	ICRC (New York)
4	Dominic Bowen	Coordinator (former)	NGO Forum, Syria (Turkey)
5	Aurelien Buffler	Policy and Planning Section, PDSB	OCHA (New York)
6	Paul Cornu	RRM Coordinator, Emergency Response Team	International Rescue Committee (Roaming)
7	Wendy Fenton	HPN Coordinator	Humanitarian Policy Group, Overseas Development Institute (London)
8	Ann Frotscher, Derran Moss		UNAMA (New York)
9	Antonio Galli	Programme Policy Officer Emergencies and Transitions (OSZPH)	World Food Programme (Rome)
10	Marit Glad	Technical Adviser – Access	Norwegian Refugee Council (Oslo)
11	Sean Healy	Humanitarian Adviser	Medecins Sans Frontieres United Kingdom
12	Nic Holmes and Mohammad Fayyazi	EMOPS	UNICEF (New York)
13	Kim Howe	Senior Researcher	Feinstein international Center, Tufts University
14	Dennis Killian	Desk officer for Afghanistan	OCHA (New York)
15	Jeremie Labbe	Head of Project: Principles Guiding Humanitarian Action Multilateral Organisations, Policy and Humanitarian Action division	ICRC (Geneva)
16	Ingrid Macdonald, Anike Doherty	Director Geneva/Humanitarian Policy	Norwegian Refugee Council (Geneva)
17	Dan Maxwell	Team lead for Secure Livelihoods Research Consortium in South Sudan	Feinstein Center, Tufts
18	Bobi Morris	Emergency Preparedness and Response Unit	International Rescue Committee (New York)
19	Naz Modirzadeh	Founding Director	Harvard Law School Program on International Law and Armed Conflict (PILAC)
20	Michael Neuman		Fondation MSF Centre de réflexion sur l'action et les savoirs humanitaires (CRASH) (Paris)
21	Karen Perrin	Policy Advice and Planning Section, PDSB	OCHA

22	Ed Schenkenberg	Director	HERE (Geneva)
23	Domagoj Vrbos, Peter Holtsberg	Performance Management and Monitoring Division (RMP)	World Food Programme (Rome)

# Annex 8: Locations of affected-population consultations

