World Disasters Report 2018

No One Leaving ~~Millions~~ Behind

The international humanitarian sector must do more to respond to the needs of the world's most vulnerable people

International Federation
of Red Cross and Red Crescent Societies

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Tonga, 2018

Solesi Kofalava looks on as Red Cross volunteers deliver relief items to his family after his home was destoyed by Tropical Cyclone Gita. Red Cross has provided them with a shelter toolkit, hygiene kits, mosquito nets and coils, a kitchen set and solar lights.

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Mexico, 2018

Elia Quiros and her son, Roberto Reynoso Quiros (age 2), inside their home, which was damaged by a 7.1 magnitude earthquake. The earthquake claimed more than 350 lives in the states of Puebla, Morelos, and the greater Mexico City area. Many people in Enriqueta's village lost their homes and are now living with neighbours and family members. The area is typically prone to wildfires and landslides, but families were not prepared an earthquake.

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Foreword

Statistics may not lie, but they do not always tell the whole truth.

What, in reality, does it mean when we are told by the UN Office for the Coordination of Humanitarian Affairs that 134 million people worldwide will need humanitarian help in 2018, and that the international humanitarian sector will try to reach 97 million of them?

And when we look further at the figures, based on countries where we know the number of people actually reached under the UN-coordinated appeals, we see that less than 50% of people in need are actually reached. While this does not include all of humanitarian assistance, given the significant work of many actors – including those of the International Red Cross and Red Crescent Movement, and many local and national actors – it remains clear that collectively we as humanitarians are leaving millions of people behind. For all the good we undoubtedly do, we are not doing anything like enough, for anything like enough people.

We should pay heed to the statistics – but we should also pay heed to the stories behind the statistics. Who are these millions of people left behind? Every human being has a name, a story – and a beating heart – but names and stories are so often subsumed by the words we use to try to present the challenges of our times. The missing millions become 'crisis-affected populations', 'migrants', 'refugees', 'beneficiaries' – or just the neglected, the dispossessed, the dead.

Watching largely African migrants arrive on the Aquarius in the port of Valencia, Spain in June 2018, I found myself thinking about their individual stories, and the thousands before them and the thousands who will follow them – people who arrived and made a new life; people who

arrived and failed to fulfil their dreams; people who never arrived, and who lie in a watery grave; and people still to come. And the migrants who come to Europe who are of course just a tiny proportion of the millions of people worldwide for whom home is no longer safe, and who have fled places like Afghanistan, Eritrea, Myanmar, Somalia, Sudan, Syria and many others.

Many more of the millions of people left behind are still 'at home' – but still left behind. Each person has a name and a story.

When we ask ourselves what it means to be left behind, we conjure the image that someone, somehow – due to others' negligence or others' intention – has not gone forward, when others have. I am reminded of the story of the shepherd who sets out from among his flock of 99 sheep to find the one sheep who is lost. The 99 are incomplete without the one. Our shared humanity – the alpha and omega of all principled humanitarian action – decrees that none are safe until all are safe, and that none are well until all are well.

The *World Disasters Report* stresses that too often it is the most vulnerable people and the people most in need who fall through the cracks. It also calls on us to start taking seriously how people affected by crisis define their own needs. In the International Red Cross and Red Crescent Movement, we are working hard to do a better job of listening in this way, including through agreeing minimum standards for community engagement and accountability throughout our programming.

Most importantly, perhaps, the *World Disasters Report* offers solutions. Most of these revolve around the fact that it's hard to leave people behind if you are actually there in the community with them in the first place. That is why the report makes the case for local action, to be carried out by the local humanitarians who live and work among the communities they serve, who are from those communities, and who are there before, during and after a crisis. It means 'walking the last mile' – to the most vulnerable people, and the hardest to reach – and making that last mile our first mile. These are the people who we need to reach first, not last. They should be the forethought, not the afterthought.

So, on top of looking at understanding who is in need and what those needs are, the *World Disasters Report* examines how to remove the barriers to assisting the people who are hardest to reach, how to implement the programmes that meet the unmet needs, how to work with and support a diverse range of local actors, and how to build a more effective system that examines how its funding is made available, and how it is spent.

Thank you to all those who have contributed not just to this publication, but also to a global debate of profound importance. We start together; we finish together. We are changing how we work to stop leaving millions of people behind.



Mr Elhadj As Sy
IFRC Secretary General



Turkana, Kenya, 2017

Mr. Lokinyi Ngiminae, from Nabwelnyag village in Northern Kenya, is worried about the future: "If the rains won't come, I believe that even my last four camels won't survive". The drought swept across Kenya's arid and semi-arid regions in the north and north-east following two consecutive failed seasonal rains in 2016, leading to food insecurity and alarming malnutrition rates.

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Acronyms

ACAPS	Assessment Capacities Project
ASEAN	Association of Southeast Asian Nations
CAR	Central African Republic
CDAC	Communicating with Disaster Affected Communities Network
CERF	Central Emergency Response Fund
CHF	Swiss francs
DAC	Development Assistance Committee (OECD)
DFID	Department for International Development (UK government)
DHS	Demographic and Health Surveys
DPO	Disabled people's organization
DPRK	Democratic People's Republic of Korea
DRC	Democratic Republic of the Congo
DREF	Disaster Emergency Response Fund (IFRC)
DRR	Disaster risk reduction
ECHO	European Civil Protection and Humanitarian Aid Operations
EM-DAT	Emergency Events Database
EU	European Union
FAO	Food and Agriculture Organization of the UN
FbF	Forecast-based financing
FCA	Forgotten Crisis Assessment
FDRS	Federation-Wide Databank and Reporting System
FTS	Financial Tracking Service
GHD	Good Humanitarian Donorship
HHI	Harvard Humanitarian Initiative
HRP	Humanitarian response plan
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDMC	Internal Displacement Monitoring Centre
IDP	Internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
IDRL	International Disaster Response Law
IHSA	International Humanitarian Studies Association
INGO	International Non-Governmental Organisation
INSO	International NGO Safety Organization
IOM	International Organization for Migration
ITU	International Telecommunication Union
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MSF	Médecins Sans Frontières
NGO	Non-governmental organization

NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
ODA	Official development assistance
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the UN High Commissioner for Human Rights
OPO	Older people's organization
RMMS	Regional Mixed Migration Secretariat (Danish Refugee Council)
RRP	Regional response plan
SDG	Sustainable Development Goal
SGBV	Sexual and gender-based violence
UFE	Underfunded emergency
UK	United Kingdom
UN	United Nations
UNDESA	UN Department of Economic and Social Affairs
UNDP	UN Development Programme
UNGA	UN General Assembly
UNHCR	UN High Commissioner for Refugees
UNISDR	UN Office for Disaster Risk Reduction
UNODC	UN Office on Drugs and Crime
UNSG	UN Secretary-General
US	United States
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization (UN)
WHS	World Humanitarian Summit

Executive summary

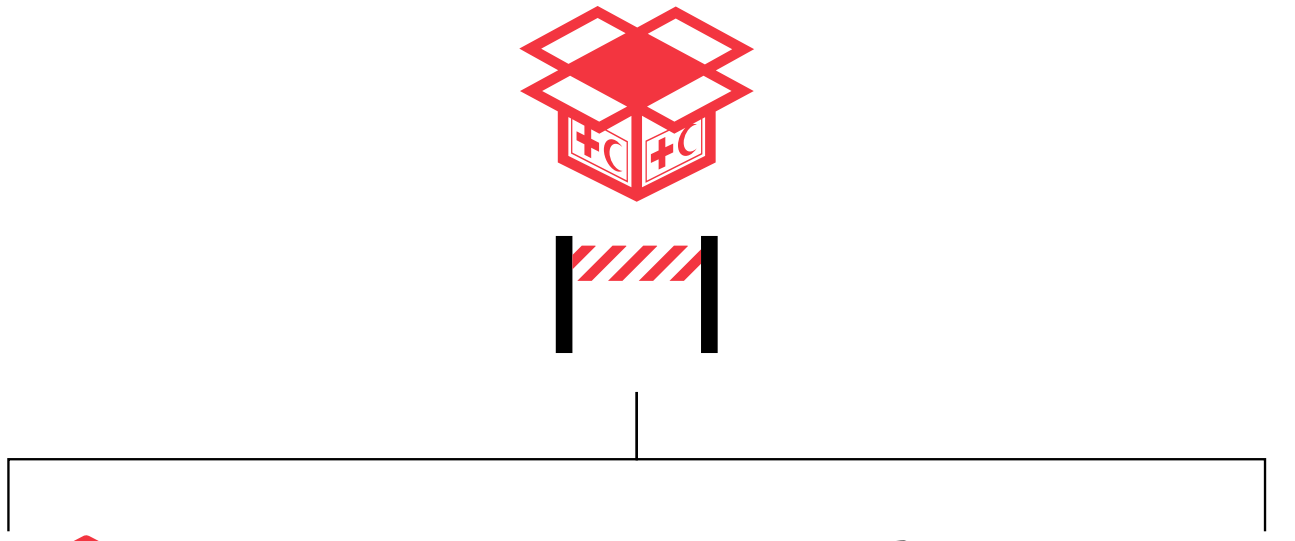
In 2015, the world pledged to 'leave no one behind' as part of the 2030 Agenda for Sustainable Development. But millions of people are left behind in humanitarian crises.

Precise figures remain elusive (given measuring need is an inexact art), but the UN Office for the Coordination of Humanitarian Affairs' Global Humanitarian Overview (OCHA, 2018a) estimates that some 134 million people will require humanitarian assistance worldwide in 2018. It further estimates that around 97.4 million people would be selected for international assistance under the joint humanitarian response plans, leaving a 27% gap which would only be partially met by domestic authorities or other organiyations including the International Red Cross and Red Crescent Movement. Looking at several major operations from 2017, in some cases fewer than half of the people estimated to be in need were actually known to be reached by internationally supported humanitarian assistance.

There are many ways in which people with significant humanitarian needs are left behind by the humanitarian sector (including humanitarian agencies and their donors). While the groups passed over, and the reasons they are missed, sometimes change, there are clear common routes to exclusion.

The 2018 *World Disasters Report* asks challenging questions of affected states, admittedly overburdened donors, and local and international humanitarian organizations. It includes a strong call for more, for better and for more equitable, funding and action to meet the rising needs. It also calls for a more conscious and transparent approach to ensuring the people in greatest need are placed first in line for assistance.

The report identifies five fatal flaws that are allowing so many people to fall through the cracks: too many affected people are 1) *out of sight*, 2) *out of reach*, 3) *left out of the loop*, or find themselves in crises that are 4) *out of money*, or deemed to be 5) *out of scope* because they are suffering in ways that are not seen as the responsibility of the humanitarian sector.



Out of sight: the people we fail to see

The humanitarian sector cannot help people if it fails to see them. Sometimes this takes a significant effort. For example, people whose births are not registered or who lack proof of identity are often effectively out of sight when it comes to receiving the assistance they need.

This lack of visibility also extends to problems no one wants to talk about, such as sexual and gender-based violence – which is systematically underestimated in disaster settings – and it also frequently includes the issues faced by marginalized groups. The consequences for minorities affected by crises – such as sexual and ethnic minorities and migrants – are often the most unseen.

Many communities and settlements are also overlooked for reasons of inaccessibility, poverty and marginalization. Areas that are changing and expanding at a rapid rate, such as urban slums, are often largely unmapped. This can have the effect of excluding those people living there from disaster planning and restrict their access to resources and support.

Out of reach: the people we can't get to

Some communities are hard to reach for geographical or political reasons, because of conflict and insecurity, or bureaucratic and legal bottlenecks created by affected states and donors alike. These can all pose serious challenges to humanitarian access.

There are a range of physical, logistical and technological barriers to humanitarian access that are linked to challenging terrain and limited infrastructure and exacerbated by conflict or natural hazards. It is significantly more expensive and time-consuming to provide services in remote areas with a widely dispersed population, for example, or in areas with extremes of climate and topography. There are also security challenges in many contexts that make certain populations difficult for humanitarian service providers to reach.

Humanitarian action is also hindered or prevented by legal, political and administrative factors. International organizations in particular often need to consider not only the risks to staff and programmes in a given context, but also the risk of potential future complications, for example where there are tensions in providing impartial humanitarian assistance in a manner that also complies with laws and policies of national governments and donors.

Any humanitarian operation that involves risk – such as to the safety and security of staff, to a programme continuing, to an organization's ability to operate elsewhere or to its commitment to high standards of accountability – will involve a far higher financial cost than one that does not.

This highlights one of the fundamental humanitarian dilemmas: how far should humanitarian action stretch to reach populations where the access will be very difficult, and thereby costly and risky?

Left out of the loop: the people we unintentionally exclude

A lack of insight on the part of humanitarian organizations can leave people and communities at risk even when support is being provided – because it is not the right kind of support or is being offered in ways that the target population cannot understand or access.

Generic programming approaches often fail to meet the specific needs of particular groups. For example, they often use language and communication tools that work for humanitarians but are not understood by the people in need, or assistance may be provided in a way that is easiest for humanitarians but cannot be physically accessed due to physical, cultural, social or political limitations affecting the target population.

People most at risk do not always receive the assistance and information they need in a manner that meets their needs. In particular, too many relief programmes are not adequately tailored to specific needs. These failings are most systematic and alarming when it comes to older people and persons with disabilities. The sector too often leaves these people out of its disaster planning and fails to take their particular needs and capacities into account.

Out of money: the people we don't prioritize

The massive and growing gap between the funds required and the funds available for humanitarian response is a major factor behind the exclusion of the world's most vulnerable people. Humanitarians – local or international – may know the needs, but not have the funds and other capacities to meet them (in 2017, for example, only 56% of UN-coordinated appeal coverage was met). This gap is widening and has been for many years.

This is not a new financing gap – humanitarian funding has been increasingly outpaced by need for well over a decade. But now, as the volumes of known international humanitarian assistance have reached record levels, so have the demands made on it. The data suggests that while aid levels may be reaching their peak, the level of need has not yet reached its peak.

The *World Disasters Report* asks which responses are 'out of money', what are the causes, what are the consequences and what solutions can be found? It focuses on three types of underfunded crisis – small rapid-onset disasters, larger slow-onset disasters and long-term complex emergencies.

Many small-scale disasters cause severe damage and trauma in affected populations but do not trigger international appeals or generate major headlines. The cost of response and recovery can nevertheless be beyond the means of national responders, and international funding may be too stretched, inflexible or slow to react.

Larger slow-onset disasters seldom meet with a strong response from donors, with appeals-based calls for funding being notoriously unreliable. Even with clear early warning of a disaster, calls for support are overlooked or not prioritized when viewed alongside more urgent requests for acute needs.

Meanwhile, long-term complex emergencies are prone to funding fatigue, where high levels of short-term humanitarian financing cannot be sustained in the face of chronic needs and long-term development donors are unable to invest or constrained by perceived financial risks.

In these cases, people are at high risk of being left behind by humanitarian response.

Out of scope: the people who 'aren't our problem'

Many of the world's most vulnerable people do not receive support from the humanitarian sector because their needs or crises do not fit into traditional areas of concern of the humanitarian sector. This is often true, for example, of the specific and differentiated needs of people trapped in protracted crises – or who are not aided to become resilient in advance of crisis – as they fall between the cracks in the perceived 'turf' of development and humanitarian actors and funding streams.

However, there are also some groups of people suffering widespread, acute crisis very similar to 'traditional' humanitarian crises whose suffering has not attracted major support from the humanitarian sector.

Two vivid and shocking examples of this are the situations of (non-refugee) irregular migrants and people facing major situations of urban violence. In both cases, the response of the international humanitarian sector has been minimal despite suffering akin to catastrophes that might otherwise lead to major international appeals and widespread media coverage.

Their situations raise the question – is the humanitarian sector choosing to respond on the basis of objective criteria or the force of habit? As the nature and contexts of human suffering continue to change, how can the humanitarian sector continue to evolve and offer support wherever it is needed most?

Recommendations

The *World Disasters Report* sets out recommendations in six main areas, and addresses specific calls to action in each area to governments, international humanitarian organizations and donors.

1. Getting the incentives right

We recommend that donors define 'value for money' in light of the goal of leaving no one behind, and reaching the people most in need – even if doing so is more expensive. This means prioritizing the people who are hardest to reach and incentivizing their assistance through proactive and tailored strategies and tools. These include allocating funds specifically for the under-supported and hardest-to-reach groups, and removing disincentives to working in hard-to-reach areas, including approaches that shift risk down the implementation chain rather than sharing and jointly mitigating the risks. We recommend that humanitarian organizations systematically integrate steps to support the people hardest

to reach into their appeals and response plans, including, where necessary, prioritizing mitigation of security risks (both for themselves and their local partners).

The International Federation of Red Cross and Red Crescent Societies (IFRC) commits to prioritizing support to the people most in need in its own operations, regardless of the difficulty in reaching them.

2. Recognizing and supporting the role of local humanitarian action

We recommend that donors invest in local responders, in particular their long-term institutional capacities, including providing support to develop and implement policies and procedures around capacity development for managing international funds, fraud, accountability and safeguarding as well as to ensure safety of staff.

We recommend that governments invest their own resources in local response capacities, including those of civil society, at the domestic level, to reduce their reliance on international funding. This should include developing the necessary laws and procedures to facilitate and regulate international assistance. And we recommend that humanitarian organizations strengthen their partnerships with local responders, with a conscious goal of devolving decision-making and nurturing long-term capacity, and find ways to better integrate local knowledge (in particular about cultural issues, hidden vulnerability and local capacities) into needs assessments, in particular through investing in pre-disaster mapping exercises with local partners in disaster-prone states.

The IFRC commits to continue to strengthen its investment in the operational and functional capacity of National Red Cross and Red Crescent Societies as frontline responders to support their delivery of relevant services.

3. Adopting a community-centred, participatory approach

We recommend that humanitarian organizations prioritize the integration of community participation in all areas of programming, ideally before, but at least from the very beginning of a crisis – and share feedback more effectively across aid organizations. This should include paying particular attention to the people likely to be passed over, such as women, older people and persons with disabilities. It is important to ensure that needs-assessment methods and approaches seek out and find marginalized groups and the people most in need, even if they are not in 'traditional categories', and actively seek relevant information in the preparedness phase before disasters strike. We also recommend that donors prioritize resources for community engagement activities and ensure flexibility in how funds are allocated to programmes throughout a crisis so that course correction based on feedback from communities can occur.

The IFRC commits to strengthening its community engagement and accountability, and to ensuring greater use of the outcomes of vulnerability and capacity assessments in response programming.

4. Taking up our shared responsibility for resilience

We recommend that all governments (including donors) and humanitarian organizations invest much more heavily in community resilience and local response capacities before disasters and other crises. This means scaling up the use of anticipatory funding for predictable and recurrent hazards in international and domestic response systems, and promoting legal and policy frameworks for disaster risk management that focus on the needs of the most vulnerable people. We recommend that donors ensure that funding structures for development, climate and humanitarian assistance promote resilience, local capacity and preparedness. And we recommend that humanitarian organizations systematically include resilience strengthening in their interventions, unless they lack the relevant competence or capacity or such activity would undermine their compliance with humanitarian principles.

The IFRC commits to continuing its support for resilience building, including, where possible, through incorporating relevant activities into emergency operations, supporting National Societies to strengthen community resilience, and supporting the development of legislative and policy frameworks for climate-smart disaster risk management.

5. Improving appropriate use of data and technology

We recommend that all governments (including donors) and humanitarian organizations invest in stronger data gathering and analysis capacities across the humanitarian sector and at the national level. This should focus on finding people and needs that might be out of sight – in particular older people and persons with disabilities. They should ensure that there is agreement on basic data standards and methodology to ensure comparability and interoperability, as well as adherence to a strong 'do-no-harm' approach to data protection and sharing. At the same time, gathering data must not become an end in itself; it must not replace action.

The IFRC commits to continuing to invest in its own and its members' capacity to gather and analyse relevant data designed to identify the people most in need and detect anyone who might be left behind. This will include building our own data literacy, improving our gathering of sex, age and disability disaggregated data, increasing participation in open source approaches to data sharing in the sector, and developing and implementing appropriate data protection and privacy policies.

6. Addressing the critical cases

We recommend that all governments (including donors) and humanitarian organizations guard against blind spots when it comes to assistance for people lacking government-issued identification, without formal title to their homes, whose communities are not mapped, and who silently endure hidden crises, such as sexual and gender-based violence.

It is important to ensure that humanitarian budgets, plans and financing incorporate specific allocations and programmes to groups with particular needs, including older people and persons with disabilities, working with dedicated local organizations, where they exist. Meeting the needs of irregular migrants and of people experiencing urban violence should

also be prioritized, bearing in mind that local responders will likely continue to be best placed to undertake most response initiatives, but will require additional resources to do so.

The IFRC commits to continue its work with National Societies to support vulnerable groups regardless of where they are. This includes work to reduce, prepare for and respond to sexual and gender-based violence in disaster settings and specific initiatives with and for older people and persons with disabilities. It will continue to support National Societies in strengthening services for migrants and to build understanding with their authorities about their role and contributions. The IFRC further commits to supporting National Societies to develop activities to promote non-violence and to meet the psychosocial needs of victims of urban violence.

Conclusions

Humanitarian action has never been able to come close to ending all suffering caused by conflicts, disasters and other crises. Difficult choices are commonplace in the worst situations and this will continue to be the case. The *World Disasters Report* nevertheless argues that the humanitarian sector can – and must – make a stronger effort to meet the most urgent needs.

The report explores how humanitarians – acting alone or in partnership with others – can improve their practices to leave fewer people behind. It challenges all those engaged in humanitarian action – the donors, the multilateral, international, national and local service providers – to constantly seek to identify the people most in need and hardest to reach, to identify people who may be excluded for all of the reasons outlined here and more, and to make these people the top priority.

1. Introduction

The first six chapters of the *World Disasters Report 2018* focus on the theme of leaving no one behind in humanitarian response. Consultations with National Red Cross and Red Crescent Societies around the world supported the selection of issues, guided by the examples most frequently cited when asked to identify people left behind. While this is not intended to be a comprehensive or systematic review of all the gaps, it reflects the experience and concerns of the global International Federation of Red Cross and Red Crescent Societies (IFRC) network and of the community-based volunteers at its core.

The seventh chapter, *Disaster trends and IFRC insights* revives an earlier World Disasters Report tradition of a dedicated section of the report outside the thematic focus, looking at trends in disasters and disaster management from the point of view of the IFRC.

Leaving no one behind in humanitarian response

With the adoption of the Sustainable Development Goals (SDGs) in 2015, the ambition to 'leave no one behind' has effectively become the mission statement of the international development agenda. While not necessarily phrased the same way, similarly large ambitions have long driven humanitarian action as well.

The International Red Cross and Red Crescent Movement's articulation of the Fundamental Principle of Humanity commits it to "prevent and alleviate human suffering wherever it may be found". Likewise, the (more than 700) organizational signatories to the Code of Conduct of the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief "recognize our obligation to provide humanitarian assistance wherever it is needed".

But humanitarians have also long worried that they are falling far short of their ambitions. In 2006, the *World Disasters Report* focused on the issue of neglected crises, asking "[w]hich communities languish in the shadows of emergency response and prevention – neglected by the media, aid organizations, donors, even by their own governments?" and found multiple causes for neglect, ranging from media fickleness to inconsistent needs assessment practices and geopolitics.

These concerns have become particularly urgent recently, as the gap between identified humanitarian needs and available resources has reached new heights – in excess of 10 billion US dollars in 2017 for the UN-coordinated appeals alone (OCHA, 2018a). This is despite the size of the international humanitarian sector, and the levels of donor contributions, also reaching historical peaks (High Level Panel, 2016). At the same time, pressure to truly address long-acknowledged blind spots of the humanitarian community – such as those concerning gender, internal displacement and disability – has also grown evident in the World Humanitarian Summit (WHS) process, which made strong use of the leaving no one behind slogan.

Leaving no one behind as an impetus for humanitarian reform

It is now widely agreed that the humanitarian sector is "stretched to its limits" (ALNAP, 2015a) and that many trends (such as ever-more protracted crises, climate change, uncontrolled urbanization, population growth and the globalization-fuelled circulation of contagious disease), are only likely to make its job dramatically harder – resulting in even more people in need being left behind. This shared diagnosis has, ironically, led both to proposals to expand and to constrict the scope of international humanitarian action.

The WHS itself fell mainly in the former category. Then-UN Secretary-General Ban Ki-Moon called for humanitarians to step out of mandate-driven silos and work more closely together with development, peacekeeping and other partners in the areas of "ending need" (both through peacebuilding and risk reduction), developing long-term solutions for people trapped in protracted crises (particularly internally displaced persons), and addressing climate change, among others (UNSG, 2016a, 2016b).

On the other hand, a growing chorus of critics has instead called on the international humanitarian sector to "let go" of many of the roles it has gradually taken on and "get back to basics" (Bennett et al, 2016a; Donini, 2012; Dubois, 2018). They urge it to reassign extraneous tasks to others, in particular, development agencies and local responders (both governmental and non-governmental), to concentrate on a more focused approach.

While the WHS did not immediately lead to sector-wide transformation, change is nevertheless in the air – in 'silo-busting' changes at the UN driven by the current Secretary-General; in a drive for efficiency in humanitarian action as evidenced by the 2016 'Grand Bargain' between donors and agencies; and in efforts to listen to previously unheard stakeholders (particularly affected people and local responders), officially consulted for the first time as part of the run-up to the WHS. Other 'system disrupters' that may drive action for reform include the growing engagement and assertiveness of affected states and regional bodies, the much stronger engagement of the World Bank in protracted crises, and the cumulative impact of technological changes that are reducing entry barriers to new and different kinds of humanitarian responders – stretching definitions of the 'system' (see Box 1.1).

Box 1.1 The humanitarian 'system', 'sector' or 'ecosystem'

Global reports (and indeed the *World Disasters Report* itself in the past) have generally referred to the 'humanitarian system'. This term has its advantages, in particular its ability to take into account not only humanitarian organizations but also the international financing that underlies their work. On the other hand, it also implies a sort of global machine, with various cogs functioning in an integrated, top-down manner. This is neither accurate as a description of the current reality (Borton, 2009, Bennett, 2018) nor a particularly desirable ideal to aspire to.

The recently ascendant term 'humanitarian ecosystem' might be an alternative, with its suggestion that various actors all have different parts to play in a complementary manner. This term also lacks a single definition – but given the comprehensive connotation that the term ecosystem inspires, it should be seen fully to incorporate not only international actors, funding and mechanisms, but also national and local ones (e.g. Maietta, 2017). No ecosystem would make sense without this full picture.

Unfortunately, available data on how humanitarianism is carried out at the local level in the absence of international funding and actors is quite fragmented, making it difficult to come to global conclusions. In light of these limitations, the analysis in this report mainly focuses on action by international actors or carried out with support from international finance (unless otherwise indicated).

Consistent with this narrower focus, this edition of the *World Disasters Report* uses the term 'humanitarian sector' to refer to international humanitarian organizations and donors.

Similarly, there is currently no single, commonly agreed, definition of 'humanitarian action'. It has generally been considered a time-limited endeavour, bounded in space and content, with a narrow, principled focus on saving lives and alleviating suffering in times of extremis, and undertaken by a limited number of actors (GHD, 2003). As discussed in this chapter, this notion is under some strain as the practices and expectations of the humanitarian sector evolve, but will nonetheless inform discussions in this report (precisely to allow for this evolution to be more clearly understood).

The development roots of 'leaving no one behind'

But what does leaving no one behind really mean? Given that its use in the development agenda has firmly placed it on the map of recent international dialogue, its origins there are an obvious starting point.

In 2015, the then UN Secretary-General hailed the Millennium Development Goals (MDGs) as "the most successful anti-poverty movement in history" and there was certainly impressive progress. Since their adoption in 2000, the number of people living in extreme poverty and the global rate of under-five mortality were both more than halved, maternal

mortality fell by 45%, primary school enrolment in developing countries rose to 91% and the proportion of malnourished people was almost halved (UN, 2015a).

Yet the benefits of these advances were not evenly felt. The UN reported that "millions of people are being left behind, especially the poorest and those disadvantaged because of their sex, age, disability, ethnicity or geographic location". Enormous disparities continued between rich and poor countries, between the poorest and richest households and between women and men, among others.

Leaving no one behind therefore became the top-level objective of the successor to the MDGs, the SDGs. States pledged that no one will be left behind: "[r]ecognizing that the dignity of the human person is fundamental, we wish to see the goals and targets met for all nations and peoples, for all segments of society. And we will endeavour to reach the furthest behind first" (UN, 2015b).

Many of the individual goals reflect this ambition either by setting equality as their only purpose (e.g. Goal 5: achieve gender equality and empower all women and girls, Goal 10: reduce inequality within and among countries) or by emphasizing that they can only be reached if everyone benefits (e.g. Goal 1: end poverty in all its forms everywhere, Goal 3: ensure healthy lives and promote well-being for all at all ages). The agenda further requires that data gathering and review processes are designed to make good on this pledge. Particularly in light of the commitment to 'reach the furthest behind first', it has been noted that the SDGs' agenda goes well beyond avoiding discrimination, requiring "prioritisation and fast-tracking of actions for the poorest and most marginalised people" as well as efforts purposely designed to develop baselines and measure progress (Stuart and Samman, 2017).

Implications for the humanitarian agenda

What does all this mean for humanitarian sector, with its particular principles, mandates and limitations? In theory, it means a much greater involvement of development actors and financing to address the underlying causes and long-term consequences of crises. This is supported by the express inclusion of language about disaster risks in the SDGs, which, for example, calls for "build[ing] the resilience of the poor and those in vulnerable situations and reduc[ing] their exposure and vulnerability to climate related extreme events and other economic, social and environmental shocks and disasters" and aims to "significantly reduce the number of deaths and the number of people affected… by disasters… with a focus on protecting the poor and people in vulnerable situations".

The reality, however, is that the humanitarian sector is itself increasingly expected to contribute to development-oriented goals, notwithstanding its limited mandate and resources. In the run-up to the WHS, the UN Office for the Coordination of Humanitarian Affairs (OCHA) published a report arguing not only that people affected by humanitarian crises are likely to end up "left behind" from development gains but also specifically calling on humanitarians to "contribute to the vision" of the SDGs, arguing that "meeting basic needs in crisis will remain critical, but it is no longer enough" (OCHA, 2016c).

The WHS also pressed participants to make a "core commitment", to "transcend humanitarian–development divides: work together, toward collective outcomes that ensure humanitarian needs are met, while at the same time reducing risk and vulnerability over multiple years and based on the comparative advantage of a diverse range of actors" (WHS, 2016). While not directly requiring humanitarians to deviate from their core role, however, working toward 'collective outcomes' with development actors clearly must have some impact on the focus of humanitarians.

This suggestion had its critics. Médecins sans Frontières, for example, pulled out of the WHS, in large part because of its efforts to break down walls between development and humanitarian action (MSF, 2016). It has likewise been suggested that the term 'development' inherently requires support for strengthening state institutions, which may be impossible to reconcile with the principle of independence and the need for humanitarian space in conflict settings (Guinote, 2018). On the other hand, it is also true that the large majority of self-described 'humanitarian' organizations, in particular local organizations, have considered themselves 'double-hatted' with many 'development-like' activities for a very long time. For example, most humanitarian organizations have embraced the idea that they should be contributing to risk reduction efforts well before disasters strike, including strengthening community resilience.[1] Likewise, humanitarian responders have reached increasingly far into the recovery arena, for example through shelter activities, which increasingly go well beyond 'tarpaulins and tents' to provide more permanent solutions, as well as through some livelihoods approaches.

Do these aspirations, which look well beyond immediate life-saving, also expand the responsibility of the humanitarian sector, in terms of whom it is expected to serve and when? For instance, is it leaving people behind if it does not engage, with vigor proportionate to probable long-term harm, in areas experiencing food insecurity at pre-crisis levels (e.g. Integrated Food Security Phase Classification levels below 3)? Does it fail in its duties when it 'transitions out' humanitarian aid for people facing chronic poverty? Can it be satisfied it has discharged its role when thousands of people affected by disasters remain in 'temporary' shelter years after the triggering event?

Is it sufficient to say that the disconnect between needs and resources decreasingly allows humanitarians even to fulfil their 'traditional' role? Or that the Principle of Impartiality points them to 'the most urgent cases of distress', rendering the long-term well-being of people it serves 'somebody else's problem'?

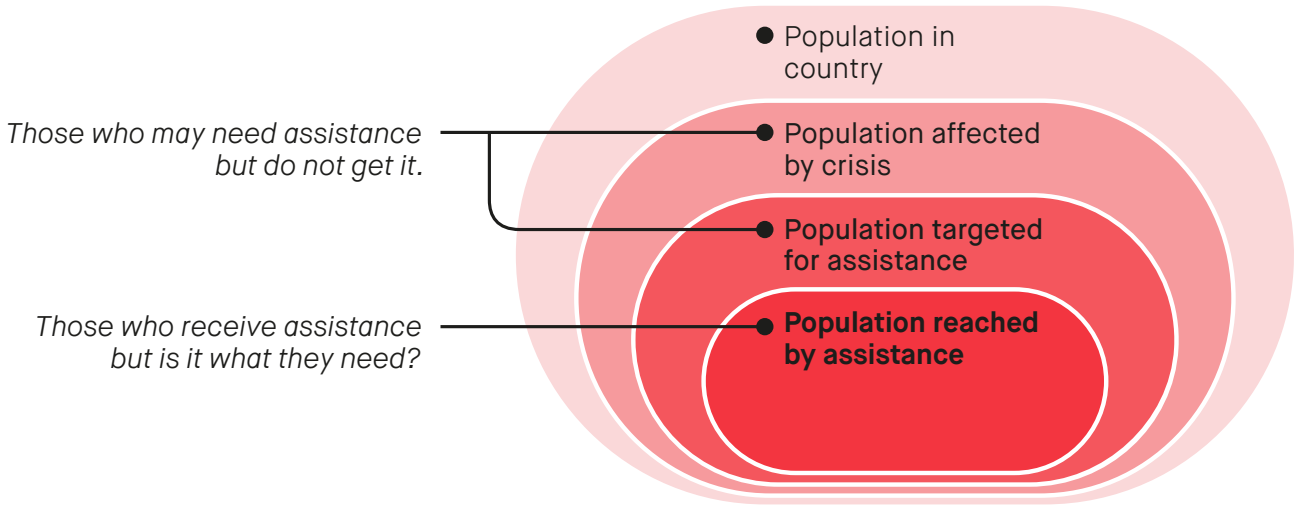
In his commentary on the Principle of Impartiality, Jean Pictet saw the quandary about urgent cases as "comparable to that of a raft which will sink if any more castaways cling to it. Can one, in all conscience, use an oar and rap the knuckles of human beings, children perhaps, whose misfortune it is to have not arrived first?" Pictet himself could not answer this question, concluding that it "represents a matter of conscience, as it is called, because the decision must be left to the individual responsible … Who, after all, can claim to hold the scales of perfect justice?" (Pictet, 1979).

1. For the International Red Cross and Red Crescent Movement, this was strongly signalled in the Agenda for Humanitarian Action adopted at the 28th International Conference of the Red Cross and Red Crescent in 2003 (ICRC and IFRC, 2003), where Movement components and the state parties to the Geneva Conventions pledged together to "protect human dignity, lives and livelihoods from the devastating impact of disasters, by fully integrating disaster risk reduction into national and international planning and policy instruments and implementing appropriate operational measures to reduce risks".

People left behind by the humanitarian sector

As suggested by Pictet, the question of whether short-term humanitarianism impermissibly leaves people with long-term needs behind may need more philosophy than analysis to answer. However, even looking only within more traditional confines of the expected coverage of humanitarian action, it may still be asked if people are being left behind, and if the people furthest behind can proactively be reached first. This report focuses its analysis in this more limited space.

Fig. 1.1 Humanitarian population 'onion' model



Source: Based on (ACAPS 2015b)

Drawing on the humanitarian population 'onion' model (Figure 1.1), the report focuses on people affected by a disaster or crisis and therefore needing assistance. Those left behind in this schema may include people who are not targeted for assistance, people who are targeted but not reached, and people who are reached but not really assisted (ACAPS cited in ALNAP, 2015a). Obviously, individual contexts differ, but there are also numerous examples of systemic gaps.

Many people who need humanitarian assistance are not even targeted for support. Precise figures remain elusive (measuring need is an inexact art), but in 2017 OCHA predicted that some 129 million people would require humanitarian assistance worldwide but indicated that (regardless of the financing that might be made available) only 93 million would be targeted for international aid, a 28% gap (OCHA, 2017a). In 2018, the gap was even larger, with an estimate of 134 million people expected to require assistance and just under 96 million people actually to be targeted (OCHA, 2018a). OCHA explains that this gap is partially attributed to "what national actors can cover" but also to the fact that affected country governments and other actors target a portion of those in need, but also

to "prioritization and assessment of capacities and access" of international humanitarian organizations (OCHA, 2017a).

In terms of people actually reached with assistance, global figures are not available, and country figures are imprecise but some indications about the magnitude of the people being left behind might be inferred from individual countries where data has been gathered. Taking the illustrative list of countries indicated in Figure 1.2 (derived from UN figures from 2017 – and not including operations of the International Red Cross and Red Crescent Movement and some other organizations), there is a huge range in targeting: from 82% of people identified in need in South Sudan to less than half of people in need in Afghanistan. Similarly, in terms of the proportions reached, there is a huge difference between countries – from 71% in South Sudan to 28% in Ukraine. In the latter case, it is no coincidence that the donor response to the humanitarian appeal is also very low.

People left out of sight, out of reach, out of the loop, out of money and out of scope

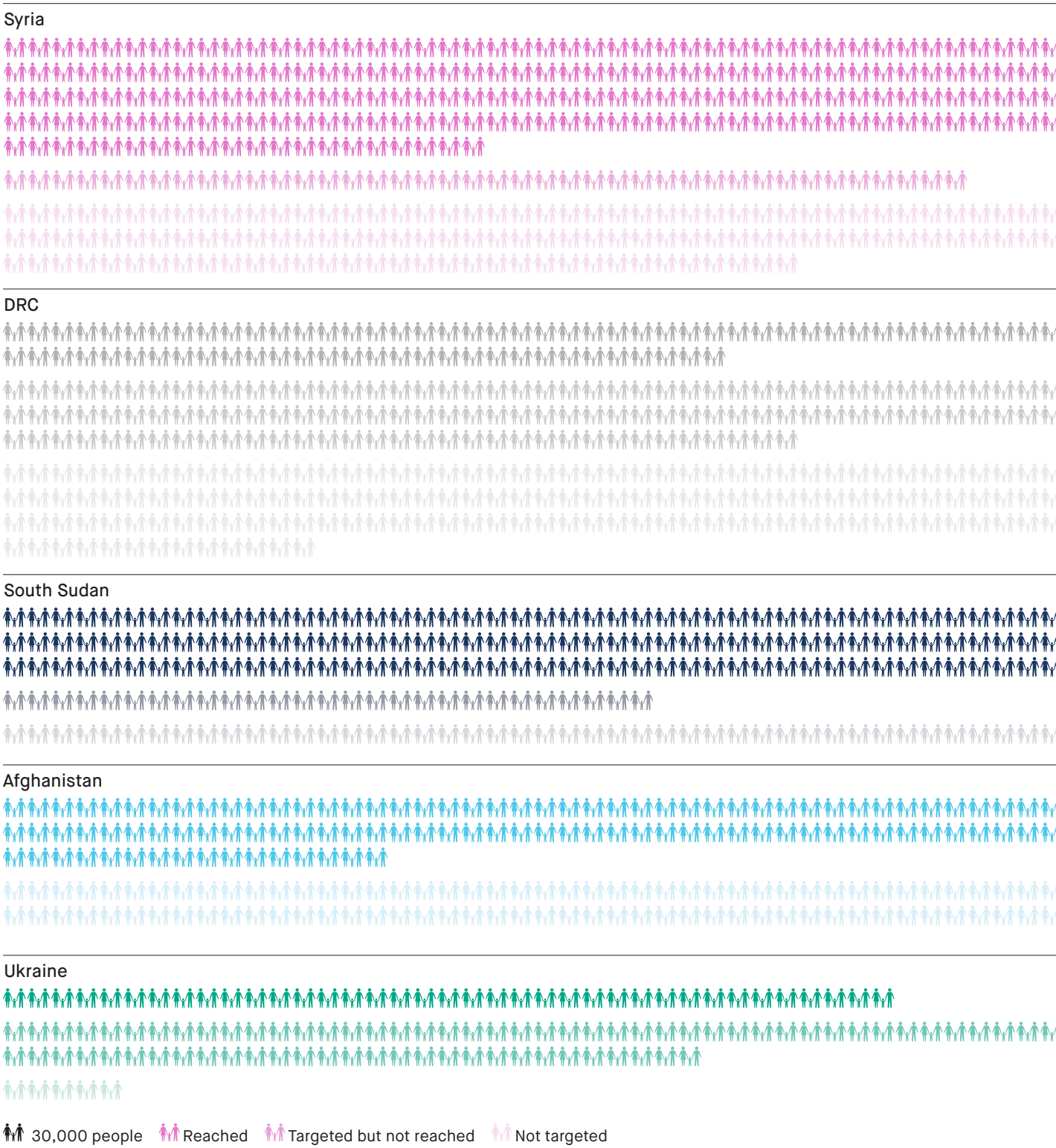
Even these rough figures, however, may understate the numbers of people in need. As described in Chapter 2, some people are 'out of sight' for the humanitarian sector. This chapter focuses on the 'hidden people' who lack the basic documentation needed to qualify for assistance; the 'hidden problem' of under-reported sexual and gender based violence, and the 'hidden places' where crisis-affected communities are unmapped.

Even if humanitarians are aware of people in need, they are sometimes 'out of reach', as described in Chapter 3. In many cases, disasters or conflicts themselves artificially create remoteness, by destroying airports, seaports or roads – or by rendering the areas where people live too risky to approach. But disasters and crisis also often affect people far from convenient urban centres, whether in mountain villages or isolated islands. Insecurity, bureaucratic impediments and sometimes donor laws and policies can further hamper the ability of humanitarians to reach people in need, and for people in need to reach the assistance they need.

Moving one step closer in the concentric circles in Figure 1.1 are people who are 'left out of the loop'; people both 'in sight' and 'in reach' but who still cannot make use of humanitarian assistance because of the way it is designed or offered. While there are many examples, Chapter 4 focuses on two such populations most often cited by National Red Cross and Red Crescent Societies – older people and persons with disabilities. These groups represent large and growing proportions of the population in crisis-affected contexts – research shows the disproportionate impact that crises can have on them as well as their repeated marginalization in responses to emergencies. The chapter examines the barriers older people and persons with disabilities face and highlights existing good practice to ensure that typically marginalized groups are able to fully participate in, contribute to and benefit from inclusive humanitarian action.

While the problems identified in these three chapters may never be perfectly addressed, they could be greatly reduced. Doing so would require greater attention to the blind spots in the mechanics of humanitarian action, beginning with humanitarians' approach to assessing needs and identifying the people most in need and most vulnerable. If humanitarians

Fig. 1.2 People in need, targeted and reached under 5 UN-led humanitarian response plans (HRPs) (2017)





13,600,000 people in need
9,000,000 people targeted
7,800,000 people reached

67% of people in need targeted
58% of people in need reached
51% of HRP requirements funded



13,100,000 people in need
7,300,000 people targeted
2,700,000 people reached

56% of people in need targeted
21% of people in need reached
59% of HRP requirements funded



7,600,000 people in need
6,200,000 people targeted
5,400,000 people reached

82% of people in need targeted
71% of people in need reached
72% of HRP requirements funded



7,400,000 people in need
3,600,000 people targeted
4,100,000 people reached

49% of people in need targeted
55% of people in need reached
77% of HRP requirements funded



4,000,000 people in need
2,400,000 people targeted
1,100,000 people reached

60% of people in need targeted
27% of people in need reached
37% of HRP requirements funded

Sources: 2017 humanitarian response plans year-end reports for Democratic Republic of the Congo (DRC), South Sudan, Ukraine, Syrian Arab Republic (Syria) and Afghanistan; OCHA Financial Tracking Service funding for 2017

do not look for people who are not most visible, who are not in easy reach, or who require specific inclusion efforts, they certainly will not find them.

However, any technical improvements along these lines would also need resources. Filling in missing poverty data, mapping missing communities, reaching communities in distant places and ensuring the expertise and approaches necessary to address communities who are 'left out of the loop' all require investment. Directing investments requires trade-offs about whose needs to prioritize with limited resources. The Principles of Impartiality and Humanity can guide but cannot definitively resolve the daily dilemmas of triage between and within crises.

Chapter 5 therefore addresses this fundamental resourcing issue – the 'out-of-money' problem. The financing gap between humanitarian needs and funding is not new, but it does appear to be growing. Limited resources lead both to deliberate and unconscious choices about where, how and for whom finite funding is spent – and who is left behind. The chapter focuses on three types of crises that often experience underfunding – small rapid-onset disasters, larger slow-onset disasters and long-term complex emergencies. It explores how, in a world where resources will always be stretched, crises can be financed differently – to mitigate inequities of distribution and to diminish the need for international humanitarian action.

Chapter 6 takes on a final question – whether certain crises are 'out of scope' for the humanitarian sector merely because they do not fit mainstream expectations for humanitarian action. This chapter focuses on two such crises most frequently cited by National Societies: the plight of irregular migrants and people suffering extreme urban violence. In both cases, affected people receive very limited protection from their own or other governments and are experiencing suffering at the scale and severity of a humanitarian crisis. These situations raise the question of whether the humanitarian sector is governed more by habit and tradition than by principled analysis, and whether it can adapt to the changing realities of human suffering.

Disaster trends and insights

Chapter 7 departs from the thematic analysis of the previous chapters to review data and trends on disasters around the world and share insights from the IFRC on recent innovations in disaster risk management.

This chapter first provides an integrated analysis of the frequency of various disaster types, their geographical locations and their impacts, comparing them with trends in the IFRC's own international deployments, appeals and programming over the last ten years. It then explores some of the limits and dangers of making decisions based on these existing data sets, in light of their many hidden omissions and biases.

The chapter concludes with several IFRC insights 'beyond the numbers', reviewing progress in three areas of critical evolution of the global approach to disaster risk management: achieving early action when there are early warnings for climate-driven disasters and budding pandemics, strengthening and promoting the place of local actors in the international humanitarian ecosystem, and building modern and effective legal and policy frameworks for disaster risk management at national level.



Philippines, 2018

75-year-old Maulana Malunay is one of elders from the village of Panganan. She was only able to salvage this necklace and a few items clothing when Typhoon Tembin hit. She is from the Matigsalug tribe, one of the many indigenous groups from Mindanao. The Matigsalug had always lived beside the Salug river, but in 2017 when the river inundated their fields and washed away their homes during the typhoon they were forced to relocate to a more area inland.

©MJ Evalarosa/IFRC

Somaliland, 2017

The Somali Red Crescent mobile team provides medical outreach services to nomadic families like this in a remote hillside in Sahil region, Somaliland.

©IFRC/Corrie Butler



2. Out of sight: hidden people, hidden problems, hidden places

Principled humanitarian action should seek to alleviate humanitarian suffering without discrimination.[1] However, people must first be *visible* to be identified as in need of humanitarian assistance and to qualify as eligible. People are seen and deemed eligible because, among other things, their births are registered, they have proof of identity, they are acknowledged and accepted by key institutions, their geographic location is known and understood, and the extent and severity of the problems they face in crisis situations are recognized. Without these things, places, people and the problems they face are effectively 'out of sight' for humanitarian response.

There are hidden people and groups in every community. In some cases, people are inadvertently out of sight, because of where or how they live and their access or otherwise to information. Others live in the margins of society, for example some irregular migrants who fear detection and the possibility of forced return or other sanctions. There are also many examples of people and areas that are deliberately and strategically neglected or marginalized for political or economic reasons, or because they are stigmatized in society.

Ensuring the most vulnerable people to the impact of crises are in sight and appropriately supported is linked to who is doing the seeing and recording. Local people and local organizations rooted in the communities they serve are often best placed to know who is hidden, what problems they face and how they can be overcome. The staffing of the institutions and organizations operating in humanitarian contexts – local, national and international – and the extent to which they themselves are genuinely inclusive and free from discrimination, can also have a direct impact on the visibility of vulnerable groups and the likelihood of them receiving assistance.

Baseline data and analysis derived from humanitarian needs assessments should highlight who is most in need, where they are and the priority areas of intervention. However, many millions of people are missing from the baseline data used to inform decision-making. And humanitarian needs assessments – at least the rapid and top-level assessments

1. Non-discrimination, on the basis of nationality, race, religious, political beliefs or any other difference is a core part of the Geneva Conventions and is expressed in various legislation on human rights (see ICRC, 1979).

designed to provide a quick situational overview – are blunt instruments in terms of highlighting less visible groups in need of assistance.

Despite the increased availability of data on people affected by crises, greater emphasis on the role of local actors in humanitarian action, as well as efforts to build more inclusive humanitarian organizations, many people in emergency situations are still overlooked and/or considered ineligible for support. This chapter looks at:

— **Hidden people** – focusing on people without the necessary documents to qualify as eligible for assistance, for example basic proof of identification, school certificates or proof of tenure.

— **Hidden problems** – considering under-reported issues in disaster settings, such as sexual and gender-based violence. This section considers how a lack of awareness of the extent of such abuses and how they impact on groups that are particularly out of sight hinders adequate and effective responses.

— **Hidden places** – with an emphasis on crisis-prone areas that are unmapped, or places developing so quickly that the data and maps used by humanitarian responders fail to adequately reflect the reality of the communities living there.

If people, the contexts in which they live and the problems that they face continue to be out of sight, there is a danger these people will be left behind. This chapter looks at some of the reasons behind this, the impacts on people's lives, and the efforts underway to bring greater visibility and overcome the obstacles that prevent these many unseen people from accessing assistance.

2.1 How can people, places and problems be out of sight?

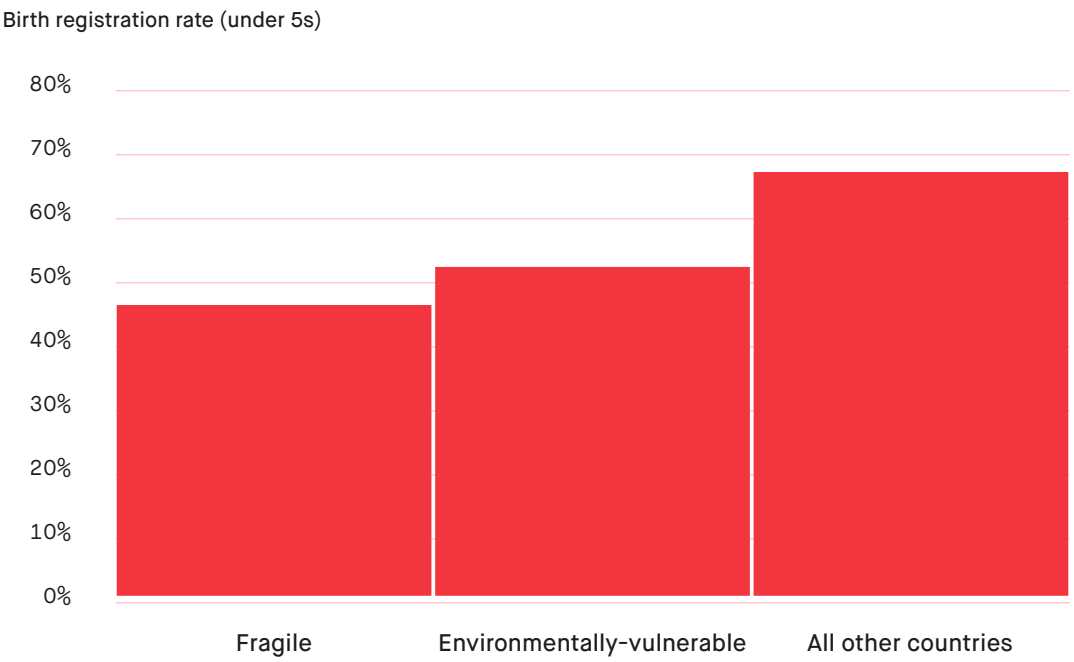
People affected by crises, and their surrounding environments, are potentially more visible than ever before – and the problems they face can be better identified, analysed and monitored. We are in the midst of a data revolution. A veritable explosion in the volume, variety, veracity, source and speed of available data creates ever-increasing opportunities to understand the world and respond more effectively to development challenges (Data Revolution Group, 2014). But there are major data gaps, including in civil registration and vital statistics systems (CRVS), poverty data and humanitarian assessments, and whole populations can be rendered invisible as a result. According to one estimate, as many as 350 million people are likely to be absent from the data used to measure development progress (Carr-Hill, 2013), many of whom are in countries affected by humanitarian crises (Development Initiatives, 2017b).

2.1.1 Civil registration and vital statistics systems

The population data derived from CRVS systems – recording key moments in peoples' lives, including births, deaths and marriages (Development Initiatives, 2016) – is essential for monitoring progress towards development and crisis resilience (University of Melbourne, 2016). However, as of 2013, the births of nearly 230 million children under the age of five are thought to be unrecorded – around a third of the global population of these children. Undoubtedly, the births of certain children are less likely to be registered than others. Poorer children, for example, are less often registered, as are children from rural compared with urban areas, and from particular ethnic and religious groups (UNICEF, 2013).

Perhaps not surprisingly, there are the disparities in the rates of birth registration, as well as other civil registration services, for countries that are crisis-prone compared with those that are not. As Figure 2.1 shows, in countries classified as either environmentally vulnerable and/or politically fragile, only around 50% of births are registered, compared with nearly 70% for all other countries.

Fig. 2.1 Birth registration rates in countries classified as environmentally vulnerable and/or politically fragile compared with all other countries



Notes: Fragile and environmentally vulnerable countries are respectively defined using OECD's *States of Fragility 2016* and the INFORM index for Risk Management 2018 data set. See Data notes for further details.

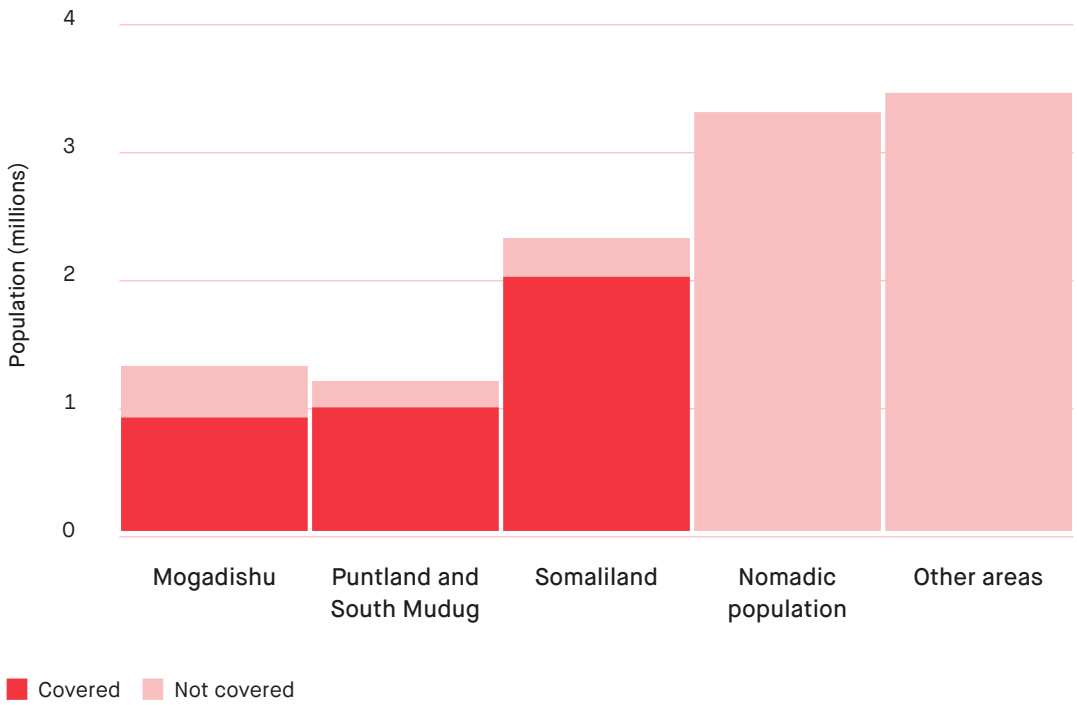
Sources: Based on selected Demographic Data and Health Surveys (DHS), Multiple Indicator Cluster Survey (MICS), OECD *States of Fragility 2016* and INFORM index 2018

2.1.2 Poverty data

Inclusive and reliable data on poverty can inform longer-term responses to the needs of vulnerable populations. However, many of the people missing from poverty data, whether gathered through household surveys or other means, are likely to be living in crisis contexts (Chattopadhyay, 2016). Data on poverty is weakest – most out of date and sometimes completely lacking – in crisis-affected and crisis-prone places. Of the 63 countries classified as the most environmentally vulnerable and/or most politically fragile, only 49% (30 countries) have collected poverty survey data in the last five years (since 2013), and 13% (8 countries) are missing poverty data from the last decade.

Even where recent poverty surveys have been completed, disaggregation of data at subnational level is often patchy, making it hard to compare needs between communities or generalize about progress of the country as a whole (Data Revolution Group, 2014). In Somalia, for example, the most recent national poverty survey was conducted in 2016 (World Bank, 2017b). But as Figure 2.2 shows, large parts of the country were missed, notably inaccessible conflict-affected areas, and whole population groups were excluded, including nomadic communities.

Fig. 2.2 Coverage of national poverty survey data in Somalia, 2016



Source: Based on World Bank (2017b) Somalia Poverty Profile 2016

Information gathered through household surveys, censuses and other means is only likely to be accurate for populations that are settled, accessible and regularly using services. People who fall outside of these categories – arguably the most vulnerable people to begin with – are invisible and at risk of being left behind.

2.1.3 Humanitarian needs assessments

A lack of comprehensive baseline data makes it more difficult for humanitarian responders to understand what the vulnerabilities of the population were before a crisis hit and identify who is worst affected thereafter. Moreover, crises themselves can lead to a loss of important data and institutional memory. The Haiti earthquake in 2010, for example, destroyed most of Haiti's government offices, damaging vital records and killing around 17% of the government workforce (Schuller, 2010).

Humanitarian needs assessments are necessary to understand the urgent and changing needs of crisis-affected populations. However, particularly in the case of sudden-onset emergencies, they are usually carried out under extreme pressure to inform immediate strategic and programmatic decisions. Tight timeframes can lead to a tendency to 'mine' information as quickly as possible from easily accessible representatives of the affected community, rather than allowing affected communities to genuinely participate in a process that identifies the people most in need, including typically neglected population groups and/or regions (CDAC Network, 2017). The different mandates and priorities of humanitarian organizations, as well as political interests, can also influence assessment and analysis processes and render different population groups more or less visible (ACAPS, 2016b). In other words, assessments can be supply-driven: coloured by what agencies are able to provide, and what is considered politically acceptable to governments, rather than presenting what people really need (Darcy et al, 2013; Konyndyk, 2018).

As a result, decisions are based on information and analysis that is just "good enough", with more attention paid to areas, population groups and sectors where the most information already exists, or where there are easy wins or particular gains to be made (Darcy et al, 2013). Moreover, decisions to act and allocate resources are rarely based on humanitarian need alone. Who, what and where is seen, and decisions to prioritize certain groups, areas and sectors over others, are driven by factors beyond humanitarian need alone (see inter alia Darcy et al, 2013; de Geoffroy, et al, 2015; Campbell and Knox Clarke, 2018; Currion, 2013).

2.2 Hidden people: the documentation problem

Many people are at risk of remaining hidden or invisible to those attempting to assist in the event of crises. As outlined in section 2.1, these people are less accessible to enumerators conducting censuses, surveys and assessments. Among other groups, they might include stateless persons, homeless people, out-of-school children, unregistered slum dwellers, indigenous populations, nomadic and pastoral communities (see inter alia Carr-Hill, 2013; UNESCO, 2018 Data Revolution Group, 2014), persons with disabilities and irregular migrants. This report does not aim to say which of these population groups is *most* out sight and consequently left behind – that depends on the context, the criteria used for out of sight, and 'who is doing the seeing'. Rather, the chapter looks in-depth at one aspect of why people are out of sight for the humanitarian sector: a lack of documentation.

2.2.1 Basic identity documentation

Even if people are represented in baseline data and identified as vulnerable by humanitarian assessments, they could be excluded from assistance and the means to facilitate their own recovery if they lack basic identity documents (IDs). A lack of identity papers creates challenges for people seeking to obtain even the most basic humanitarian assistance. Governments, private sector organizations and national and international humanitarian organizations often require proof of identification as a prerequisite for registration and eligibility to receive assistance. This is necessary in many cases to verify and authenticate the recipients of humanitarian assistance and prevent duplication or fraud. At the same time, however, it can exclude large numbers of vulnerable people from accessing much needed assistance, constrain their freedom of movement and expose them to additional protection risks.

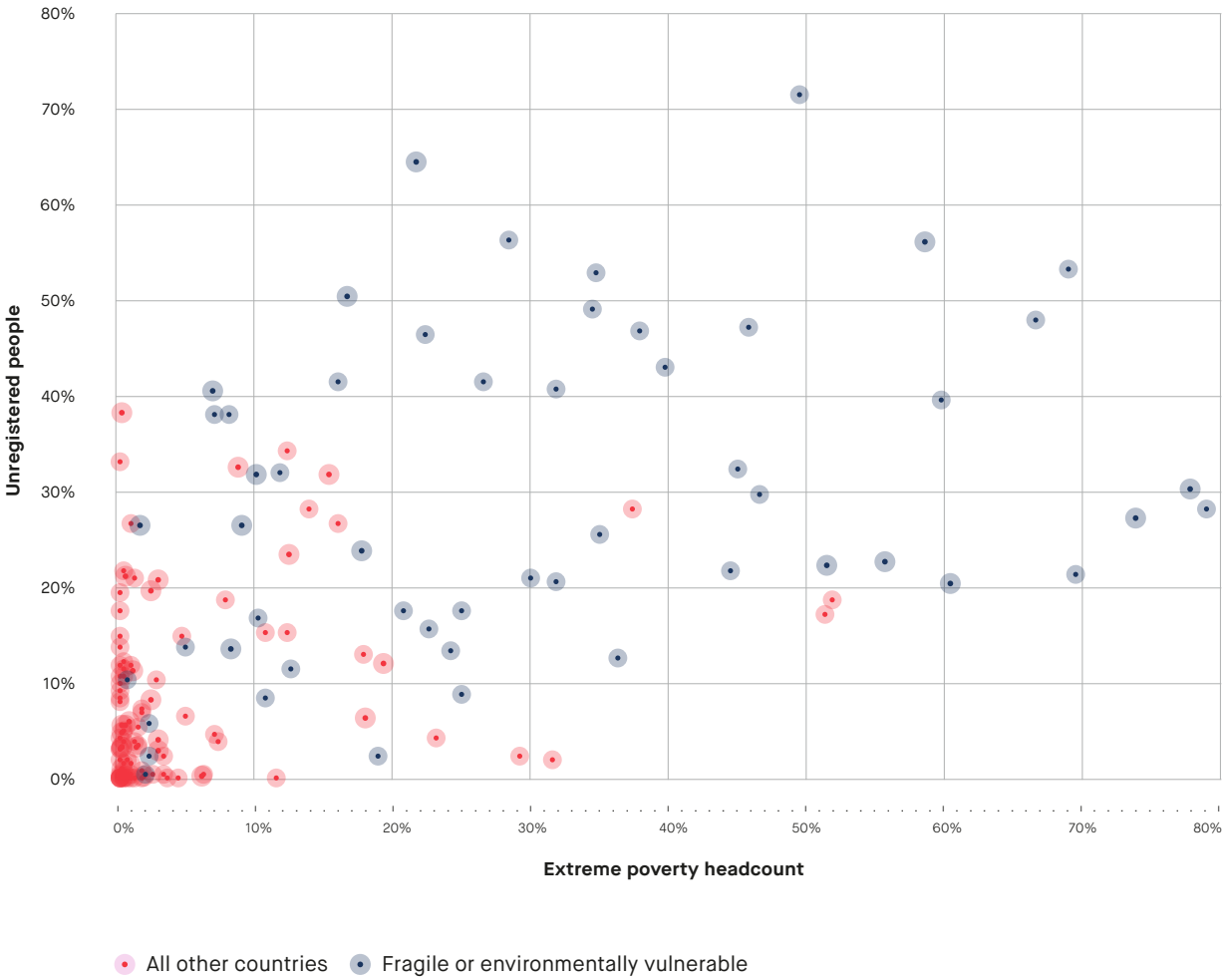
2.2.2 How prevalent is the problem?

There are various forms of documentation that enable citizens to effectively engage in today's world. They include basic identity papers, educational certificates and proof of land ownership or tenure. Without them, people are at risk of being left behind – excluded and denied basic opportunities, rights, access to services and humanitarian aid, and the ability to share in progress (World Bank Group and CGD, 2017).

Identity papers are the most basic form of documentation and are vital in allowing someone to prove who they are and access a whole range of services. Yet an estimated 1 billion people globally lack basic identification (World Bank, 2018). This limits their ability to participate in social, economic and political life – in many cases preventing them from receiving social benefits, legally working, attending school, accessing health services, securing housing, opening a bank account or even purchasing a SIM card to access mobile services (see inter alia Korkmaz, 2018; Desai, 2018; UNHCR, 2018; ITU, 2017; World Bank Group and CGD, 2017; Development Initiatives, 2016; GSMA, 2018b). For people who are already marginalized, it can also heighten their vulnerability and exposure to protection risks such as harassment, detention and human trafficking (NRC, 2017b; ITU, 2017).

Legal identity is clearly an important aspect of inclusive development. Indeed, the Sustainable Development Goals (SDGs) include a target to "provide legal identity for all including birth registration" (SDG target 16.9). Not only are the poorest people more likely to be without proof of identity, as Figure 2.3 shows, but the proportion of people without identification living in contexts classified as environmentally vulnerable, and particularly as politically fragile, is generally higher than elsewhere. In some countries the proportion of people lacking recognized proof of identity is strikingly high. In Somalia, for example, 77% of the population are estimated to lack documents proving who they are, and in Nigeria the proportion is 72%.

Fig. 2.3 Unregistered people and extreme poverty in environmentally vulnerable and/or politically fragile countries



Sources: Based on World Bank ID4D, World Bank PovcalNet, OECD States of Fragility 2016 and INFORM index 2018. Extreme poverty data relates to 2013. See Data notes for further details.

There is a clear gender gap in ID ownership (GSMA, 2018a). Women and girls are often discriminated against in registration procedures for the issuance of new, renewed or modified IDs. For example, a female head of household may find it difficult to renew IDs for her children without also showing the father's IDs – creating a sometimes-insurmountable barrier if the woman is divorced, widowed or otherwise separated from her husband (Hassin and Al-Juboori, 2016). Other groups who often have disproportionate difficulties obtaining and renewing IDs include indigenous people and ethnic, linguistic or sexual minorities (ITU, 2017).

Significant numbers of people in displaced communities lack critical IDs and the impact of their displacement is undoubtedly aggravated as a result. Rapid-onset emergencies,

whether caused by natural hazards or man-made, often cause people to flee without essential belongings, including proof of identity and other documentation. Data from internally displaced populations in north-west Syrian Arab Republic (Syria) in early 2017 indicates that almost three-quarters of the displaced population surveyed (74%) said that people in their community lacked civil status documents, such as IDs, passports or family booklets (Syria Protection Cluster (Turkey), 2017). Most of these people left their documentation behind when fleeing. Others either lost documentation during their displacement, had never had IDs, or their documents were stolen, confiscated or already expired. Similarly, in Iraq in 2015, a report by the UN Special Rapporteur on the human rights of internally displaced persons (IDPs), indicated that at least one family member of around half of all displaced families lacked basic identity documentation (UNSG, 2016b).

Missing documentation creates immediate problems for crisis-affected populations but it can also have longer-term ramifications, marginalizing people from longer-term recovery processes even after the crisis has subsided and/or displacement has ended. Missing IDs or lack/non-recognition of certification is a common barrier to access to education for young refugees and IDPs, making it difficult for them to continue their education and receive proof of their learning during their displacement (see inter alia Kirk, 2009; INEE, 2010; Mendenhall et al, 2017; NRC, 2018a; Steele, 2016). This marginalization often continues during protracted displacement and even after return if these young people are unable to produce a recognized learning certificate that allows them to reintegrate into school or enter the local labour market (Kirk, 2009).

Box 2.1 Alternative identification: Increasing access to mobile services for displaced persons

As of June 2017, over 5 billion people – more than two-thirds of the global population – were connected to a mobile service (GSMA, 2017a). For people affected by the impact of crises, access to mobile phones and mobile services can be a vital lifeline – enabling people to stay connected, locate family members, access information on available assistance and receive financial transfers, including remittances (GSMA, 2017b). There are also advantages for host governments and humanitarian organizations, including the enhanced ability to communicate with and assist the population affected by the emergency.

Although widespread, access to mobile services is still far from universal. Barriers such as affordability and low levels of digital literacy continue to prevent access for many people. Certain groups are often disproportionately affected by these barriers, further limiting their access – for example, women are around 10% less likely to own a mobile phone than men in low- and middle-income countries (GSMA, 2018a).

For forcibly displaced populations, one of the most prevalent barriers preventing people from purchasing a SIM card in their own name is a lack of formal identification. Research by GSMA, a global association representing the interests of over 800 mobile operators worldwide, found that:

> ***"mobile users in at least 147 countries are required to prove their identity in order to register and/or activate their prepaid SIM cards. Furthermore, in order to open a mobile money account, people need to meet 'Know Your Customer' (KYC) requirements, which typically require the presentation of a formal proof of-identity"***
>
> *(GSMA, 2018b, pg.15).*

GSMA has proposed a series of recommendations for host-country governments and regulators to address the barrier of IDs and improve access to mobile services for forcibly displaced populations. They include actions to adopt more flexible proof-of-identity and know-your-customer requirements in emergency contexts, allow refugees to use their UN High Commissioner for Refugees (UNHCR)-issued identification to open mobile money accounts, and explore new digital identity technologies (GSMA, 2018b). GSMA and UNHCR are also embarking on joint research to better understand the barriers to accessing mobile services in refugee contexts and formulate practical policy recommendations to overcome them.

What are the potential solutions?

There are various approaches to overcoming the problem of lack of identification. Many governments, together with humanitarian organizations and private sector partners, are taking steps to increase access to humanitarian assistance, including for people without identification, while simultaneously enhancing transparency and accountability. UNHCR's new Population Registration and Identity Management EcoSystem (PRIMES), for example, uses biometrics to provide digital identities for displaced people and aims to be interoperable with systems used by governments and other partners. As well as solving the proof of identity problem, it may also act as an enabler for broader digital inclusion in the context of forced displacement and statelessness (UNHCR, 2018).

Other efforts include national programmes to increase identification coverage, improve civil registries and enhance integrated population databases (World Bank and CGD, 2017). New technologies provide opportunities for digital identification that go beyond paper-based systems, such as cloud computing, biometrics and smartcards (ibid; UNHCR, 2018). As with all efforts to improve identification and greater digital inclusion, however, there are risks as well as opportunities. This is particularly so where rigorous data protection regulations and practices are lacking – putting vulnerable groups at even greater risk of harm – and where efforts to improve identification systems deliberately or inadvertently exclude already-marginalized groups (World Bank and CGD, 2017; the Engine Room and Oxfam, 2018).

Blockchain technology – the use of a secured distributed ledger – has been piloted by humanitarian organizations in several settings to increase the effectiveness of cash transfer programming. It has the potential to link with digital means of identification to facilitate direct access to assistance for people affected by crises, including those who lack basic IDs, while simultaneously maintaining programmatic transparency and accountability (Korkmaz, 2018).

Box 2.2 Using blockchain technology to increase access to cash assistance

Successive below-average rains and poor back-to-back harvests led the Government of Kenya to declare the drought a national emergency in February 2017 (ACAPS, 2018a). Throughout Kenya, an estimated 2.6 million people faced food insecurity, and 3 million people lacked access to clean water (OCHA, 2017b).

In response, the Kenya Red Cross Society launched an unconditional and unrestricted cash transfer programme using M-Pesa, covering 13 counties affected by drought. The programme's caseload without government IDs was estimated at around 25%. Since proof of identity is a requirement for access to the M-Pesa system, as it is for other national banking services, people without government-recognized identification are unable to receive assistance directly and have to do so instead through a designated third-party, proxy recipient.

The IFRC and the Kenya Red Cross Society are finding innovative ways to address this challenge. In May 2018, a pilot project was conducted in Isiolo County using tools developed by the private-sector partner RedRose. This included a beneficiary data management system linked to blockchain to record cash distribution transactions. The pilot, while focused initially on government ID holders, explored the use of digital IDs to further expand of the project to people without official IDs.

The learning from these initiatives will contribute to longer-term application of blockchain technology. The aim is to maintain high levels of transparency and protection against fraud, while broadening the reach of cash programming, including for people previously excluded or unable to access assistance directly because of a lack of IDs.

2.2.3 Housing, land and property-related documentation

Land and housing, likely to be among people's most valuable assets, may be destroyed, or damaged, reassigned or misappropriated during disaster and conflict. Proof of home or land ownership may also be lost, taken or destroyed. In some cases, where customary rights are frequently more dominant than statutory rights, formal proof of ownership or occupation might be rare to begin with (see inter alia NRC and IFRC, 2014; NRC and IFRC, 2016; IFRC and NRC, 2018; IFRC, 2015d). UN-HABITAT estimates that only 30% of global land is registered through statutory systems (UN-HABITAT, no date).

As well as the evident loss of shelter and associated immediate and longer-term ramifications, the lack of legal documentation can create serious difficulties for people – including during periods of displacement and when seeking to rebuild and restart their livelihoods after the crisis has subsided. Many shelter recovery programmes require people to demonstrate security of tenure through legal proof of ownership, for example. Such a restrictive approach to eligibility for assistance excludes large numbers of people, particularly the people who are most vulnerable and arguably the most in need, including renters and people living in informal settlements (IFRC and NRC, 2018).

Who is most affected?

There is a strong gender dimension to tenure insecurity. Women are less likely than men to inherit land or property; they less frequently hold documentation in their own names; and in cases where their rights are denied, their options for redress are more limited (see inter alia NRC, 2014). They are also often disproportionately excluded from receiving land and property-related assistance in the event of an emergency. For example, when assistance is allocated predominantly to male heads of household, or proof of ownership is a prerequisite for eligibility, women miss out on shelter-oriented initiatives and gender inequities are perpetuated.

Box 2.3 Mapping of housing, land and property laws in Asia and the Pacific

The Australian Red Cross and the IFRC together with Allens, a private law firm, are conducting a country-level mapping of housing, land and property law in 12 countries across Asia and the Pacific. The work aims to provide a better understanding of the tenure landscape in these countries before and in the event of emergencies, focusing on informing stronger, more equitable shelter responses and assistance in post-disaster situations. Country-specific factsheets give details of key laws and actors, common types of tenure, issues around security of tenure for vulnerable groups, and risks of eviction, expropriation and relocation in the event of an emergency.

The initial mapping was almost completed in mid-2018 and the next phase involves operationalizing and continuing to update the findings. National Societies in the countries covered by the project are working with government authorities and shelter cluster partners to share lessons learned from the project to pre-identify particularly vulnerable groups who may be at risk of exclusion from assistance due to lack of tenure or a lack of understanding of their rights. The work has also been put to the test in the case of actual disaster response situations. In Tonga, for example, following Tropical Cyclone Gita in February 2018, the factsheets were used as part of the vulnerability analysis guidance shared by the local Shelter Cluster to help partners prioritize the most vulnerable groups in affected communities and identify the people potentially at risk of being left behind in shelter responses.

What are the potential solutions?

Even in relatively stable contexts, local and national tenure-related environments can be difficult to understand and navigate; this is more so in cases of conflict and/or disaster, where those complexities are often exacerbated (IFRC and NRC, 2018). To intervene in a way that gives visibility to and benefits the most vulnerable people, including those without proof of ownership or tenure, humanitarian responders need to first understand the basic cultural, legal and regulatory context in which they are operating. This can be extremely challenging, particularly in the midst of an emergency, demonstrating the need for better preparedness and improved information sharing between fellow responders.

A lack of understanding of local contexts, and a failure to adequately consult with local actors, risks not only failing to resolve problems but actually exacerbating conflicts,

disputes and exclusion. For people living in informal settlements, the solutions to problems relating to housing, land and property are often similarly informal. As well as understanding the formal legal and regulatory landscape, it is equally important to appreciate customary knowledge, systems and norms. Community leaders, for example, may have valuable information on who has rights over a particular property or plot in an informal sense. Understanding how disputes are resolved, including through customary mechanisms, is just as important too, requiring a mix of both legal expertise and detailed local knowledge (NRC, 2014).

There are no easy answers to making people more visible and overcoming the eligibility barriers they may face. Innovative solutions are underway – be it through the use of new technology such as blockchain platforms; partnerships, including with mobile phone operators and national telecom regulators; or efforts to better understand and operate in complex local environments, such as housing, land and property mapping. More fundamentally, a constant questioning by humanitarian organizations of their own willingness and ability to identify the most vulnerable people is needed, including those who are not immediately visible, and overcome the barriers preventing them from accessing assistance.

Box 2.4 Recognizing land rights after the Ecuador earthquake

In April 2016, a large earthquake struck the coastal zone of Ecuador, leaving around 385,000 people in need of humanitarian assistance and destroying around 70,000 homes. Reconstruction programmes were quickly initiated by the government, but targeted only at formally recognized landowners.

Informal land holdings are common in Ecuador – around 70% of the population lack the necessary documentation to prove they own the land they live on. Land is often inherited but not properly registered with authorities, and in cases where records were in place at the time of the earthquake, many were lost or destroyed by the disaster.

After the earthquake, the Shelter and Protection clusters, with support from the Ecuadorian Red Cross, set up a collaborative housing, land and property group. Together they successfully advocated with national authorities to protect group rights in the response and reconstruction process, and to grant a three-month grace period for bona fide landowners to prove their rights to the land. They also worked with communities to help them understand their rights and fulfil the administrative procedures required to attain formal land titles within the timeframe. As a result, many previously ineligible people, and in some cases entire communities, were able to access assistance from government and civil society. The 242 most vulnerable families in the community of Coaque, Manabi province, received their property papers thanks to funding from the Ecuadorian Red Cross in collaboration with government actors.



Jordan, 2017

Ahmad Theeb Abu Shefeh and his daughter Amani, age 5, outside their rented accommodation in Amman, Jordan. Ahmad holds his Syrian ID card, the only possession he has from Syria. Proof of identity is an essential requirement to be able to claim assistance in many contexts around the world.

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2.3 Hidden problems: sexual and gender-based violence

People face certain problems in crisis situations that remain largely out of sight for humanitarian responders. The questions asked by those responding to the emergency, and the way those questions are asked, can lead to particular issues being overlooked or underestimated in emergency contexts. This particularly relates to sensitive topics, such as sexual and gender-based violence (SGBV), and the various forms of abuse that fall under this, including (but not limited to) sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution, and sexual exploitation and abuse (ICRC and IFRC, 2015). This includes sexual exploitation and abuse by humanitarian workers and other actors charged with protecting and assisting people affected by crisis. While this area has come under scrutiny recently following scandals in the sector and the #MeToo campaign, much more needs to be done to protect vulnerable populations and prevent further abuses of authority (see inter alia IASC, 2018).

At the level of international discourse, particularly around human rights and in the international humanitarian sector, SGBV cannot be entirely characterized as a hidden problem. Various international instruments and conventions that enshrine universal human rights clearly describe the ways in which SGBV violates those rights (IASC, 2015). Global commitments to combat SGBV have continued to gain momentum, as evidenced by the plethora of joint and organization-specific initiatives, policies, frameworks, protocols and toolkits for preventing and responding to incidents of SGBV (UNSG, 2014).[2]

Yet at the operational country level, attention to SGBV is less consistent and the extent to which governments and humanitarian agencies invest in preventing and combatting SGBV varies. Especially in the contexts of disasters caused by natural hazards, considerably less attention is given to the risk and reality of SGBV than in conflict and situations of conflict-induced displacement.

WHO estimates that over a third (35%) of women worldwide have experienced some form of physical or sexual violence in their lifetime (WHO, 2013). However, data is known to be unreliable. Injuries resulting from incidents of SGBV, whether physical or psychological, may be less visible than those caused by other forms of violence (ICRC and IFRC, 2015). Where SGBV is reported, the quality of data is not consistent, not all groups affected by SGBV are consulted or represented, and the findings are rarely comparable (Data Revolution Group, 2014). Under-reporting, however, is perhaps the main reason for gaps in the data on SGBV. Research indicates that less than 40% of all women who experience violence seek any kind of help (UN Statistics Division, 2015).

2. In the Red Cross and Red Crescent Movement, Resolution 3 "Sexual and gender-based violence: Joint action on prevention and response" was adopted at the 32nd International Conference of the Red Cross and Red Crescent in December 2015.

Box 2.5 Unaccompanied migrant girls in 'brothels' in Niger's Agadez region

Migrants from West Africa cross Niger's desolate Agadez region on their journey to other locations in Africa or Europe. Among these migrants are countless unaccompanied and separated children who often choose to be undetected and stay out of sight. A serious risk for unaccompanied girls is being trafficked, coerced, or being made so desperate as to be put into local 'brothels' by smugglers. This includes girls as young as 13 years being trafficked to Europe where "the market is requesting younger and younger girls".

The Niger Red Cross estimates there are 96 'brothels' in Agadez's Arlit Department and 53 'brothels' in its Bilma Department, together housing some 300 women and girls. The 'brothels' are not accessible and are hidden from most government and humanitarian agencies, therefore the needs of women and girls in these conditions are highly under-reported. Conditions in the 'brothels' are particularly unhealthy and precarious. There is a lack of hygiene, there are risks related to health, and more particularly to sexually transmitted infections due to lack of protection and lack of awareness, and there is the need for psychological support for girls who find themselves in these conditions and who are sometimes targets of SGBV from their 'clients'.

Because of their hidden and secretive nature, as they are illegal, and because smugglers do not want attention on the 'brothels' the Niger Red Cross is the only humanitarian agency able to access them and provide humanitarian services to the women and girls.

Services include providing basic health care on-site, distributing condoms and hygiene kits, giving psychosocial support, restoring family links, and raising awareness on safe migration practices. Humanitarian responders can face many barriers to reaching places where sex is exchanged for money. However, these are places where needs can be high and urgent. They need to be included in humanitarian assessments and surveillance to ensure vulnerable people do not stay out of sight.

2.3.1 Overcoming taboos

The stigma and shame of SGBV crimes, as well as fears of retribution, often prevent survivors from coming forward (ICRC and IFRC, 2015). This innate invisibility of SGBV can make it difficult for those charged with preventing further crimes and supporting survivors.

Box 2.6 Reaching women affected by SGBV in South Sudan

Numerous reports indicate an alarming prevalence of SGBV in South Sudan. Research in 2017 indicated that as many as 65% of women and girls in these zones have experienced physical and/or sexual violence, and many women and girls experience multiple incidents of SGBV in their lifetimes (WhatWorks to Prevent Violence, 2015).

The South Sudan Red Cross is working with the Netherlands Red Cross, relevant ministries of the Government of South Sudan and other partners to reduce the risk of SGBV and improve the wellbeing of SGBV survivors in Terekeka and Juba. Initially the project was designed to focus on incidences of sexual violence against women. However, the taboo of talking about rape and sexual violence in South Sudan means that many survivors do not report crimes or seek help afterwards. The South Sudan Red Cross has therefore adjusted the outward focus of its work to domestic violence and broader economic empowerment for women.

The initiatives on domestic violence and women's livelihoods are valid in and of themselves. Domestic violence by intimate partners is accepted as a part of daily life in South Sudan, and a lack of economic alternatives in a heavily male-dominated society means that women and girls often have no choice but to remain in abusive relationships (WhatWorks to Prevent Violence, 2015). The services provided by the South Sudan Red Cross, therefore, provide vital opportunities for women and girls to seek immediate help and build their own resilience to economic shocks, potentially reducing their exposure to different forms of violence. The relationships established and sustained throughout the project also allow issues of sexual violence to be covered in a less overt, more culturally sensitive manner – creating an environment in which all stakeholders, including men, are able to talk about and engage in the fight to end SGBV.

The first step in overcoming the taboos surrounding SGBV is working with South Sudan Red Cross staff and volunteers. The project therefore includes comprehensive awareness-raising and training for staff and volunteers of the South Sudan Red Cross on discriminatory cultural norms and practices that can lead to incidents of SGBV and inhibit survivors from coming forward.

Underestimating sexual and gender-based violence prevalence in disaster settings

While the risk and impact of SGBV is increasingly understood in conflict settings, its pervasiveness in disasters caused by natural hazards is less well appreciated. Yet the same factors that contribute to an underestimation of the number of incidents also apply – including under-reporting due to stigma and shame, displacement, a collapse of social networks, and disruption of reporting and law enforcement systems. However, a study by the IFRC on SGBV in disasters concluded that, "Those responding to disasters are not aware that GBV may increase in disasters, and are neither looking nor preparing for it" (IFRC, 2015e, p.8). This lack of awareness means that basic measures to prevent further incidents of SGBV, and efforts to provide protection, assistance and services to survivors, are not adequately prioritized and implemented in disaster settings.

More evidence of how SGBV affects people in disaster settings and the adequacy or otherwise of humanitarian response can begin to highlight the need for a recalibrated response. Recent research in Asia, focusing on Indonesia, Lao People's Democratic Republic and the Philippines, for example, has emphasized the need for safe evacuation centres for people affected by disasters, including separate spaces for women and men (IFRC, 2018e). Studies have also reiterated the importance of well-designed livelihoods programmes in disaster contexts to reduce the risk of SGBV and build longer-term community resilience (IFRC, 2015b; ODI, 2010). Additional research on effective law and policy for addressing gender inequality and SGBV in disasters points to the need for more harmonized regulations on

SGBV and disaster risk management (see Chapter 7, section 7.3.3,'Getting the rules right: developments in disaster law').

2.3.2 Multiple stigma

Studies indicate that certain groups may be more out of sight for people affected by SGBV – both in conflict and disaster settings. Persons with disabilities, for example, may be more at risk of SGBV than persons without disabilities (Women's Refugee Commission, 2015), and have more difficulty accessing protection and assistance in the event of an attack. Men and boys are also at risk of SGBV, and the norms that discourage women and girls from reporting sexual assaults can be even more of a deterrent to coming forward in their case (IASC, 2015). Moreover, many countries do not recognize sexual violence against men as a crime and in some cases the survivors of such attacks are even criminalized (ibid.).

People belonging to a sexual and gender minority are frequently discriminated against around the world and their vulnerability to abuse is often exacerbated during times of crisis (International Alert, 2017). In countries where same sex activity is illegal – around 77 countries (UN OHCHR, 2018) – homophobia and transphobia not only contribute to violence but also inhibit lesbian, gay, bisexual, transgender, queer and intersex survivors of SGBV from filing complaints or seeking help (IASC, 2015; International Alert, 2017). And their visibility to humanitarian responders, or at least their prioritization as a particularly at risk group for SGBV, is difficult to judge given the lack of documentation on the topic, though there are isolated examples of good practice.

Box 2.7 Working with lesbian, gay, bisexual and transgender people after the Nepal earthquakes

In 2015, the Nepal earthquakes destroyed over 600,000 homes, damaged around 280,000 more and displaced around 188,900 people (OCHA, 2015), many of whom sheltered in temporary camps. However, those sites catered to family groups and people identifying with a third gender were largely excluded. Even accessing toilets was difficult for the same reason (Froberg, 2015). Ultimately, this lack of dedicated space made it difficult for transgender people to access adequate assistance and left them vulnerable to increased risk of SGBV.

The Blue Diamond Society improves the sexual health, human rights and well-being of sexual and gender minorities in Nepal. In the aftermath of the earthquake, it established an emergency shelter for lesbian, gay, bisexual and transgender people to seek refuge in a relatively safe and secure environment. The Nepal Red Cross Society also contributed by providing tarpaulins, blankets and oral rehydration solutions to be used at the shelter and distributed to other Blue Diamond members. The organizations worked together to ensure the services promoted dignity, access, participation and safety for all. They have continued to collaborate since the earthquake response with training and awareness-raising about the needs of minority groups for Nepal Red Cross staff and volunteers in 75 districts across the country.

2.3.3 Learning and insights

Understanding who is most at risk of SGBV, and taking the necessary steps to address both the risks and consequences of violence and abuse in situations of crisis, requires a willingness and ability to question and confront social taboos. To do that, those working to support people affected by crisis, and the organizations they work with, must understand and adhere to the humanitarian principle of impartiality – as a value, and operationally in considering how assistance is provided and to whom (British Red Cross, 2012). Where this is not the case, training may be needed (for example, on issues such as marital rape in South Sudan), or at least exposure and awareness-raising about the experiences of minority groups (on the experience of transgender people in Nepal, for example). The very composition of humanitarian institutions – their staff and volunteers – is also crucial. Their commitment to the principle of unity and being 'open to all' can have a direct impact on their ability to identify and support the most neglected and marginalized people (IFRC, 2010a; Nayee, 2017).

Caution and pragmatism are necessary in any call for more and better data on SGBV. Better data on its risk and prevalence could certainly highlight the scale of the problem and underscore the need for more support and funding for SGBV prevention and assistance, particularly in disaster settings (IFRC, 2015b). However, few prevalence surveys are conducted due to security concerns for survivors and researchers, and a lack of available response services (IASC, 2015). Moreover, there is already enough anecdotal and qualitative evidence to warrant a more extensive, robust and targeted response by humanitarian organizations, including in disaster settings.

2.4 Hidden places: the significance of mapping

While people and their problems can be hidden from humanitarian responders, so too can the places where they live. Just as there are blind spots in poverty-related data (see section 2.1, poverty data), there are also gaps in maps. Places with poor birth registration rates or a lack of poverty data are also often relatively 'unmapped' (The Economist, 2014).

For example, there is a paucity of data about slum settlements in major urban areas, and the people living in them (Data Revolution Group, 2014). These areas, which are changing and expanding at a rapid rate, are often largely absent from official maps, and/or maps are failing to keep pace with the speed of their development or degradation. This can exclude people living there from influencing governing structures and restrict their access to resources and support (UN-HABITAT, 2003). At the same time, these are often the areas most affected in a disaster (such as an earthquake or landslide) due to lack of adherence to building codes.

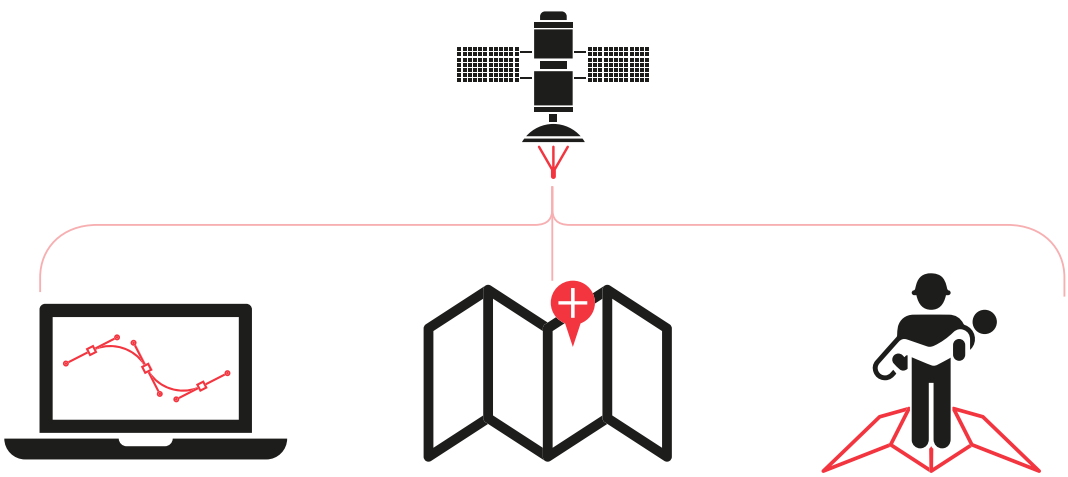
Where there are maps, they frequently lack the key information and reference points needed to inform decision-making. Essential, community-level and time-sensitive details

to inform detailed planning may be missing, such as the position of water points, the location of damaged or collapsed buildings, or the exact whereabouts of washed out roads and bridges. These details can help get the right aid to people faster and more effectively. More importantly, such information can empower people to locate services themselves and evaluate their own risks, for example, in assessing their own proximity to hazards (Sumadiwiria, 2015).

2.4.1 Innovative mapping

Initiatives are underway to address the problem of missing, out-of-date or incomplete maps. One example is the Missing Maps projects, established in 2014 by the Humanitarian OpenStreetMap Team, Médecins sans Frontières (MSF), the American Red Cross and the British Red Cross. Several more organizations have joined since, including the IFRC. The project intends to put vulnerable people on the map by combining the efforts of remote volunteers, community volunteers and humanitarian organizations (see Figure 2.4). Missing Maps aims to cover the places where 200 million people live by 2021 and focuses on those contexts less likely to attract significant media or donor attention. At the time of writing, the collaboration has added over 301 million houses to OpenStreetMap in crisis-prone parts of the world and 825,000km of roads

Fig. 2.4 The Missing Maps process



Step 1
Remote volunteers trace satellite imagery into OpenStreetMap.

Step 2
Community members assist in adding local data to the map.

Step 3
Mapped information is used to plan risk reduction and disaster response activities.

Source: Missing Maps

Technology is an important aspect of the mapping work. But of perhaps even-greater value are the local–international partnerships generated by mapping initiatives, and the opportunity they create for local communities to put themselves on the map. Promoting the participation of people affected by crisis is key to making communities more resilient and aid more accountable (see inter alia UNSG, 2016b; Grand Bargain signatories, 2017; ALNAP, 2003), provided the use of the data clearly focuses on informing tangible, local-level outcomes. Moreover, participatory mapping exercises show the importance of seeking out and documenting alternative sources of data creation – linking official and unofficial data sources – and engaging local residents in mapping their own neighbourhoods in useful and empowering ways.

Beyond Dar Ramani Huria (see Box 2.8), there are several other examples of community-level mapping in crisis-prone contexts. In Bangladesh, an initiative led by MSF under the auspices of the Missing Maps project began by mapping the environmental health of Dhaka's slum areas in 2015. After the project was completed, the initial group of local mappers continued and expanded, growing from 20 to 200 people. Since then they have conducted other mapping exercises, including in the Cox's Bazaar area, providing detailed maps of camp and non-camp areas to inform the response to the urgent needs of Rohingya refugees.

Box 2.8 Community mapping in Dar es Salaam

Dar Ramani Huria (Swahili for 'Dar Open Map') is a community-based mapping project based in Dar es Salaam, Tanzania – a highly flood-prone city that is rapidly expanding, particularly in terms of unplanned and informal settlements.[3] Urban planners are struggling to keep up with the explosive growth and changing nature of the city. Its flood management infrastructure is largely ineffective, traditional maps fail to reflect the realities of the changing city, institutional responsibilities are unclear, and urban plans are often outdated. All of these combine to put people at greater risk of the impact of floods and other natural hazards.

The project brings together teams of university students and community representatives and trains them to use OpenStreetMap. Volunteers use free software on locally available android phones to map points of interest in the most flood-prone areas of the city. These include minor streets, buildings, floodplains, build-ups of waste and drains, including blocked drains in need of maintenance. In so doing they create a real-time reflection of the city and its inhabitants. In collaboration with Humanitarian OpenStreetMap Team, 500 students (on summer internships), local community members, and Red Cross volunteers are visiting all wards of the city to create asset and threat maps that feed into updated urban planning documents and interventions.

Dar Ramani Huria goes beyond simply creating maps and emphasizes the importance of getting people to actually use them to bring about positive change. Users of the maps include the National Bureau of Statistics, town planners and others within

3. Project coordinated by Humanitarian OpenStreetMap and supported by the Global Facility for Disaster Reduction and Recovery (GFDRR)

subnational government offices, as well as civil society organizations and community members themselves. The maps inform decisions around which areas of the city to prioritize for maintenance and upgrading of drainage infrastructure, better flood protection, and organization of community-level clean-up initiatives. The maps are also used as for broader urban planning, including upgrading public transport, and improving coverage and understanding of catchment areas of health facilities and hospitals within the city.

Fig. 2.5 Before and after shots of Mbuyuni sub-ward, Kigogo ward, Dar es Salaam



Source: Dar Ramani Huria

2.4.2 Sensitive data

The increased availability of data and the rapid use of new technologies raise new questions and concerns about the gathering and use of sensitive data, the rights of people who are the subjects of data, and the responsibilities of data producers and users. The digital humanitarian sector is aware of the boundaries and the risks, though more discussion is undoubtedly needed on issues of consent and the ethics of making previously hidden people and places visible (Sumadiwiria, 2015). Initiatives such as the Signal Code (Signal Program on Human Security and Technology, Harvard Humanitarian Initiative, 2018) and the UN Secretary-General's High Level Panel on Digital Cooperation (UN, 2018a) could provide such platforms.

There are obvious dangers of mapping certain facilities such as hospitals and medical centres, as well as communities, as both can be targeted and deliberately harmed (see inter

alia ICRC, 2011a, UNSG, 2016).[4] Maps and other data sets are not devoid of politics; they are powerful storytelling devices that can be used against people as much as they are a potential force for good. Indeed, residents do occasionally voice concerns about making themselves visible to town planners and other government officials, for reasons including fear of relocation or demolition of homes. These concerns are usually overcome once the purpose of the exercise is clearly explained. However, the dangers must not be underestimated and protecting vulnerable people and the neighbourhoods in which they live must continue to be paramount in any effort to put vulnerable communities on the map.

While the data collected now is essential, the work will never be completed; it is a never-ending and ever-evolving task. Cities expand, the world's climate is changing, conflicts continue, and people move and adapt as a result. In response, the dynamics of data production, visualization and use are also rapidly evolving. Humanitarian actors are starting to see themselves not only as data consumers but data producers. Moreover, the availability and accessibility of affordable hardware and software means affected by crises can be directly involved. For the first time, they are able to make themselves and their own neighbourhoods visible, thereby gaining some measure of control over their own level of risk in the event of an emergency.

2.5 Into view: conclusions and recommendations

Understanding there are people, places and problems that are not seen is a fundamental part of the sense-making process in crisis situations. Whether invisibility is inadvertent or by design, being counted in national and global statistics and being on the map is important. Ensuring that populations, the places where they live and the problems they face are seen is critical to ensuring people's needs are understood and they are able to access assistance.

The visibility of populations is partially determined by who is doing the seeing. Independent and impartial needs assessments and analysis – conducted, or at least validated, by non-operational stakeholders without a vested interest in the outcome – can provide the basis for a more neutral and principled response (Konyndyk, 2018; ACAPS, 2016b).

Some of the most inspiring and creative examples of ongoing work to make people who are not seen or acknowledged more visible are thanks to local communities, local organizations and their expert contextual knowledge. Community mapping exercises are shedding light on new and rapidly developing crisis-prone environments. Resident experts are advising on the customary and statutory complexities of missing documentation in post-crisis situations and how these can be overcome. Local staff and volunteers of humanitarian and development organizations are working with governments and communities to

4. This does not contradict the standard practice of informing warring parties where hospitals are so they are not targeted.

overcome cultural taboos and biases that normalize SGBV abuses and prevent survivors from coming forward to seek help.

Citizen-generated data is beginning to help fill some of the gaps left by official data sources in development contexts, for example in monitoring progress against the SDGs (Rogers, 2015). In the humanitarian sector however, community-mapping exercises and community-feedback mechanisms aside, the general tendency is still to 'extract' data from people affected by crises and externally analyse information to make sense of priority needs (CDAC Network, 2017; IFRC and Ground Truth Solutions, 2018).

Advances in technology can also help to fill some of the data gaps and overcome eligibility challenges for people affected by crises. More can and is being done remotely by organizations, machines (such as drones) and 'digital humanitarians' to increase the visibility of people in humanitarian contexts. And digital technologies and systems such as blockchain are opening up new opportunities to overcome the challenges that prevent people from accessing assistance because of a lack of identity documentation.

But data is not enough. Humanitarian organizations need to be genuinely inclusive in their approach to ensuring equitable access to services, and advocate for peer organizations to do likewise. The extent to which they succeed largely depends on their own composition and the extent to which they reflect the diversity of the populations they serve (Interviews; IFRC, 2010).

This chapter has covered an array of topics and challenges relating to hidden people, problems and places, focusing on people without the necessary documentation to qualify as eligible for assistance; people affected by the consequences of under-reported issues in disaster settings, such as SGBV; and people living in crisis areas that are unmapped. The following actions are recommended:

2.5.1 Locally grounded response: leadership, participation and inclusiveness

— **Local actors – governments, private sector, non/governmental organizations (NGOs) and communities – should be supported to design and lead more inclusive and effective crisis responses.** Their local presence and local knowledge is key to addressing the challenges caused by lack of information about hidden people, problems and places. They can not only make people more visible, but also develop creative programming solutions despite the lack of documentation and other issues.

— **Organizations involved in the delivery of humanitarian assistance need to ensure their own policies and practices are sufficiently inclusive.** Access to hidden and marginalized communities is greatly facilitated when these groups are represented by staff and volunteers. This may require a willingness to tackle the different cultural barriers, discriminations and taboos that keep some people, and the problems they face, out of sight in humanitarian action. In the case of SGBV for example, understanding who is most at risk, and taking the necessary steps to address both the risks and consequences of violence and abuse in situations of crisis, requires a willingness and ability to question and confront social taboos. This is an essential component of

impartiality –as a value, but also operationally in considering how assistance is provided and to whom (British Red Cross, 2012).

2.5.2 Enhanced information: ethics, guidelines and sensitivities

— **Humanitarian organizations should review and consider the tools, practices and data used to assess and analyse needs with a view to generating more and better insights.** This chapter has highlighted the challenges and consequences associated with missing baseline data and the assessment and analysis of needs in often chaotic and sometimes insecure environments. New technologies enable and demand new ways of working, seeing and evidencing that can be used to the advantage of people inadvertently or deliberately left behind. The chapter has also shown how participatory, ground-truthed and inclusive approaches to knowing and understanding where there may be needs can help ensure that people are not inadvertently or deliberately left unseen. This could be carried out with a view to collaboratively correcting a lack of 'seeing' by governments, parties to a conflict or communities who may deliberately marginalize or ignore certain population groups.

— **Ethical considerations of consent, privacy and security should be prioritized and put at the forefront** if technology initiatives are to enable people to access impartial, needs-based assistance without discrimination and at scale. While various humanitarian agencies have policies and guidelines relating to data protection, better provision should be made for the rights to information, protection from harm, data agency, redress and rectification as well as technical standards (HHI, 2018). Initiatives such as the Signal Code (Signal Program on Human Security and Technology, Harvard Humanitarian Initiative) and the UN Secretary General's High-Level Panel on Digital Cooperation aim to advance discourse, insight and action on such (shared) ethical obligations and standards.

— Those financing and managing programmes and organizations should be open to investing in, using and assessing a wider range of data, analysis and evidence – qualitative as well as quantitative, citizen-generated and anecdotal as well as official – sharing and co-developing where possible and appropriate.

2.5.3 Effective response, regardless of availability of quantitative data

— **Humanitarian organizations need to find ways to provide services to marginalized groups, even when they do not appear in the data and on the maps.** This means being aware of the groups of people that may be both literally and on paper hidden from view and deliberately seeking them out. It also means investing resources in preventing and responding to under-reported problems, such as SGBV in disasters, recognizing that reporting is not always a feasible solution and valuing anecdotal information.

2.5.4 Responsible innovation: alternative documentation and means to access services

— **Organizations should continue to try to overcome service barriers for people lacking official documentation and identification** – the ramifications of which often go way beyond crisis periods. Current efforts include national programmes to increase identification coverage, improve civil registries and enhance integrated population databases (World Bank and CGD, 2017); and digital identification such as cloud computing, biometrics and smartcards (World Bank and CGD, 2017; UNHCR, 2018c). The use of new technology needs to be coupled with stringent attention to data protection and to ensure vulnerable groups are not at even greater risk of harm.



Croatia, 2018

The end of winter is seeing 'rare but not unprecedented' weather conditions, with the extended cold spell in much of Europe alongside unusually high temperatures in the Arctic. Red Cross teams reach isolated elderly cut off by snow.

©IFRC



Uganda, 2017

A child in Uganda's Rhino Refugee camp collects water trucked in from a Red Cross treatment plant. The camp is located in the remote north west of the country. Refugees often have to walk long distances to reach key facilities, in particular for health care.

©Tommy Trenchard/IFRC

3. Out of reach: remote and hard-to-access populations

Ensuring people can access principled impartial assistance based solely on need[1] can be extremely difficult in areas where humanitarian presence and access are limited (Haver, 2016). While it is challenging to provide assistance without presence, presence does not tell the whole story. Some assistance can be provided remotely (food drops being one common example), although quality and extent of the assistance and level of targeting may suffer. Alternately, organizations may be physically present but not have the necessary level of access or sustained access to meet the needs of the population.

This chapter therefore focuses on people who are not receiving essential humanitarian assistance because humanitarian actors (local, national or international) are not adequately present or able to provide adequate assistance to the places where they are located. These communities may be considered 'out of reach' or 'hard to reach'.

Factors that render people hard to reach range from physical realities of the natural and built environment to man-made factors, such as insecurity, and regulatory barriers (see Figure 3.1). Each of these factors not only renders humanitarian presence and access more difficult and expensive, but can also pose serious challenges to providing principled humanitarian assistance impartially based on need. Access is therefore often hard-won and involves trade-offs, compromises and tough choices (Haver, 2016; Bennett et al, 2016a).

This chapter examines these factors and the steps being taken in the humanitarian sector to address them. It concludes with ideas on how the humanitarian sector can adapt in the face of the dilemmas and challenges to ensure as much as possible that people's needs are being met, even in the hardest-to-reach communities.

1. Non-discrimination, on the basis of nationality, race, religious or political beliefs or any other difference, is a core part of the Geneva Conventions and is expressed in various legislation on human rights (see ICRC, 1979).

Fig. 3.1 Factors inhibiting presence of internationally funded humanitarian assistance



A: PHYSICAL

- physical environment – terrain, climate and lack of infrastructure



B: CONFLICT AND INSECURITY

- military operations and ongoing hostilities
- presence of mines and unexploded ordnance
- violence against humanitarian workers/assets/facilities
- obstruction of access to assistance by affected populations



C: POLITICAL AND ADMINISTRATIVE PRACTICES AND LAWS OF THE GOVERNMENT OF THE AFFECTED OR DONOR COUNTRIES:

- denial of existence of humanitarian needs
- restriction of entry of humanitarian goods or staff into country (including an absence of functional systems to facilitate the necessary processes)
- restrictions on movement within country
- interference in humanitarian activities, including influencing beneficiary and staff selection
- restrictive operational requirements, such as requiring the presence of international staff for monitoring
- restrictive and complicated legal obligations, such as counter-terrorism requirements

3.1 Remote and physically challenging locations

There is no formally accepted definition of what might be considered a 'remote location' in humanitarian settings but the term is generally used to indicate those places from which it would be hardest or take the longest for someone to access basic humanitarian services. Relevant factors therefore include low population density, significant distance from population centres and relevant services (such as health clinics and hospitals), lack of functioning transport links and infrastructure, as well as terrain difficulty.

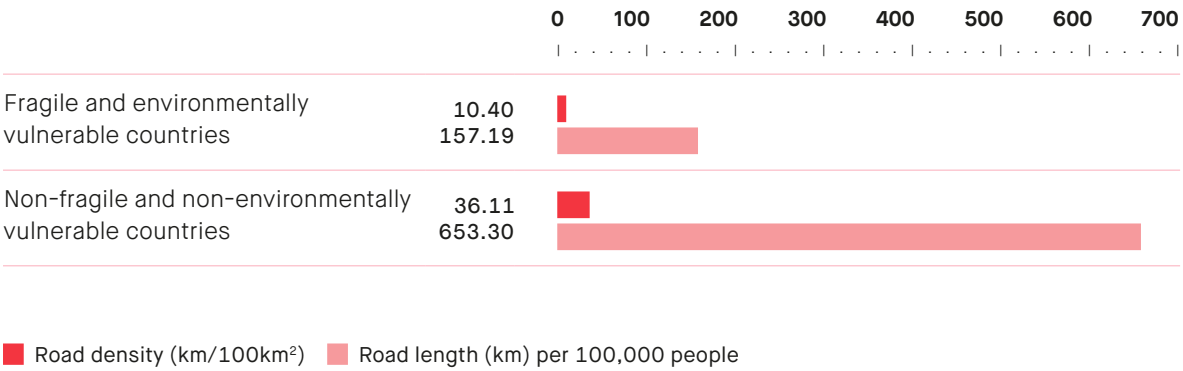
These challenges often overlap with poverty, conflict and natural hazards: infrastructure may be destroyed by protracted conflict or by events such as landslides, floods and earthquakes. Furthermore, in fragile and conflict-affected states, there may be less investment from government or donors in repairing or developing services and other infrastructure. In South Sudan, for example, heavy rains make limited road access even more difficult (South Sudan Logistics Cluster, 2018) and the lack of a functioning airstrip in certain locations can be directly linked to ongoing active conflict where investments risk being destroyed (see Figure 3.1). Similarly, humanitarians are often reluctant to preposition stocks or rebuild offices due to fear of looting and destruction (Stoddard and Jillani, 2016).

3.1.1 Challenges and impacts

Lack of infrastructure and services in remote locations

A combination of distance, challenging terrain and lack of transport can have a life-and-death impact when speed of response is critical. This is particularly so in fragile and vulnerable countries as these generally have poorer transportation infrastructure than others, with an average road length of 157km per 100,000 people; which is less than four times the average road length (653km) in countries that are not fragile or vulnerable (CIA, 2018).

Fig. 3.2 Comparing road infrastructure



Notes: Fragile and environmentally vulnerable countries are respectively defined using OECD's *States of Fragility 2016* and the INFORM *Index for Risk Management* 2018 data set. See Data notes for further details.

Sources: Based on OECD *States of Fragility 2016*; INFORM Index (2018); *World Bank Population data* (2018); *CIA World Factbook* (2018)

Similarly, communications infrastructure – from cell phone coverage to established communications and alert systems – is often lacking in remote areas and in fragile countries. In remote areas of South Sudan for example, the telecommunications infrastructure is among the least developed in the world, and traditional forms of communication, including

cattle horn blowing, drum beating, smoke signals and sending runners to neighbouring villages, remain important (REACH, 2017).

Box 3.1 Tsunami in the remote Arctic

In June 2017, a huge landslide in a fjord in Nugaatsiaq, on the west coast of Greenland, caused a 90-metre tsunami. The tsunami washed away 11 houses, caused 4 deaths and led to 3 villages being evacuated. The remoteness of the location (some 3,000km from the capital, Nuuk), sparse population and local resources, very limited road connections and difficult access for boats all rendered the response operation extremely challenging. The municipality in question has one of the largest geographical areas in the world, but very few people or resources in the area. Transport is also extremely limited, with no road connections and difficult access for boats. The Greenlandic Red Cross was following the situation from Nuuk, 3,000 km away, which posed challenges to the information flow. A timely response to the remote area was essential to save lives.

Remote communities in mountainous regions

Mountainous regions often have particularly limited infrastructure, such as in Pakistan where people may need to trek through snow to reach a road and then still travel for many hours to reach a hospital. For people living in certain mountain villages in Nepal it may be day's walk from the nearest roadhead, airstrip or major town, sometimes across 2,000 to 3,000-metre-high mountain passes. Both government and humanitarian responders struggle to provide adequate services in such remote locations. In Nepal 25% of households in the mountainous areas have to travel more than an hour to reach a health facility, while many have to travel far further. In urban areas of Nepal around 70% of births are attended by a skilled birth attendant, dropping to around 40% in rural areas (WHO, 2017b), and infant and post neonatal mortality are significantly higher in the mountainous zones (Nepal Ministry of Health, 2016).

In the aftermath of a disaster the challenge of accessing health services is exacerbated. The lack of road infrastructure and the mountainous terrain caused considerable challenges in providing assistance to earthquake-affected populations in Nepal following the 2015 earthquake (see Box 3.2).

Box 3.2 Nepal earthquake response

On 25 April 2015, a 7.9 magnitude earthquake struck Nepal between Kathmandu and Pokhara. Initial reports indicated mass casualties and extensive destruction of infrastructure and livelihoods. The Government of Nepal declared a state of emergency and called for humanitarian assistance. Some 230,000 people in areas affected by the earthquake were estimated to live in areas inaccessible by road (Logistics Cluster, 2016).

Canadian Red Cross, in partnership with Philippine Red Cross, and including delegates from Mexican Red Cross and Hong Kong Red Cross immediately deployed basic healthcare emergency response units including surgical, obstetrics and community outreach capacity, to various locations. The most remote was the northern district of Rasuwa, which reported devastation of its district hospital in Dhunche (at 2,030 metres). The roads were too dangerous to use due to landslides caused by the earthquake.

The emergency response unit kit (which is large and bulky) was therefore brought to the location via helicopter shuttles in multiple rounds and then the materials were transported from the landing site to the emergency response unit site via local labour. Its tents were in use as the service outlet of the district hospital for 32 months, until January 2018.

Remote island communities

Countries consisting of multiple remote island communities often have to deal with great distances, irregular transport and limited communications infrastructure. Kiribati for example consists of 33 atolls and islands and a total land area of around 800 square kilometres but dispersed over 5.2 million square kilometres of ocean. The outer islands are serviced by semi-regular weekly flights (often booked out weeks in advance) and an irregular boat service, making emergency visits difficult. Transport between the islands is costly and only semi-reliable: an International Federation of Red Cross and Red Crescent Societies (IFRC) emergency response team was once stranded on Arorae atoll for three weeks.

The need to rely on air transport to provide assistance in remote locations dramatically increases operating costs, and often slows the response, due to the time needed to negotiate for space on available aircraft alongside many other factors. In the aftermath of Hurricane Irma in September 2017, it took several days to make the runway on the heavily affected island of St Maarten operational again, thereby enabling some goods and aid workers to be flown in. At the same time, the air bridge organized by the Ministry of Defence was oversubscribed, as its expanded troop base limited the amount of space for relief goods. A further challenge was distributing relief supplies once they reached the island as many trucks and cars had been destroyed and everything had to be imported, including fuel.

Communication for early warning is particularly important for small island communities. The capacities of Climate Services and ability to forecast certain weather events at a regional and national level in the Pacific have significantly improved over the last decade. However, adequate communication systems are not uniformly in place to ensure the warning reaches all households and communities to enable them to take early action, particularly those that are small, remote and on small islands, though there are efforts to change this (see Box 3.3).

Remote indigenous communities

Marginalized groups, including indigenous communities and minority ethnic groups, often live in remote locations where physical isolation and social exclusion can reinforce

each other. Moreover, people who have been left behind in development terms are more likely to be left behind when there is a humanitarian crisis, even in developed countries.

For example, indigenous communities in the Canadian Arctic suffer multiple inequities, including inadequate housing (52% of Inuit live in overcrowded homes compared with 9% of the rest of the Canadian population) and food insecurity (70% of Inuit are food insecure, compared with 8% of the rest of the population). These communities also have significantly less access to health services with 30 physicians per 10,000 population in Nunavut versus 119 on average in urban areas (Inuit Tapirit Kanatami, 2017). This can lead to health crises, such as the re-emergence of tuberculosis, which spiked in 2017 in the Inuit Nunangat territories. In early 2018 Qikiqtarjuaq, a hamlet on the eastern coast of Baffin Island, Nunavut, had the highest rate of tuberculosis in the territory, with almost 10% of the population infected.

3.1.2 Emerging solutions: attempts to overcome logistical challenges in remote locations

The principal impacts on remote communities of these logistical challenges are the absence of any long-term presence to invest in infrastructure for preparedness and resilience, and a significantly reduced speed of response. Responses in physically remote locations are also much costlier given the heavy reliance on air transport and the increased human resources needed to provide timely services to multiple remote locations. Inadequate funding (as outlined in Chapter 5, Out of money) can therefore have an even greater impact on the extent and quality of the response and force difficult decisions about where and where not to respond. Humanitarian actors have taken steps to address these challenges.

Supporting local capacities so communities can support themselves

An obvious first step is to invest in community resilience so these distant communities can support themselves to the fullest extent possible. Well-organized and resourced local responders can make an enormous difference, even in the face of the most challenging hazards. For example, experienced local Uganda Red Cross Society community health workers quickly identified the presence of Marburg haemorrhagic fever (similar to Ebola) in a remote Ugandan community near the border with Kenya in 2017, raising the alert so that the handful of cases were responded to quickly and did not escalate into a major outbreak. Likewise, National Red Cross Societies in the Arctic region train volunteers for search and rescue in avalanches, glacier and water rescue and have invested in local resources, such as trailer systems for storing emergency shelter and relief equipment and a first aid programme designed for Arctic conditions.

Where the presence or capacity of local organizations to deal with crises is limited, investment in developing them is key. Remote communities can benefit from enhancing local preparedness and early warning systems as well as planning for changing health risks and livelihoods. Humanitarian actors are increasingly investing in supporting local capacities. For example, the Colombian Red Cross has been working with Wayuu indigenous communities living in the Guajira desert region in the far the north of Colombia near the Venezuelan border. Given the inadequate health facilities in the region, they focused on

developing a trained 'emergency group' of community volunteers to ensure first aid was available for their communities.

Box 3.3 Managing challenging access in South Sudan through supporting local capacities

The remoteness of villages in Gogrial coupled with poor road conditions (particularly in the rainy season) mean the healthcare provided there is severely limited. People have to walk for between two and three hours to reach a medical point. Given the limited health facilities, South Sudan Red Cross medical outreach teams (supported by Canadian Red Cross) use motorbikes to carry, essential equipment and supplies, and to carry out outreach activities in areas where there is no health facilities.

A key strategy to providing sustainable healthcare services is to train community members. This training includes how to identify and treat children under five for malaria, pneumonia and diarrhoea and to screen malnutrition cases and refer them to the nearest health facility. They are provided with supplies, incentives and supervised to ensure integrated community case management.

Early warning in remote communities is often essential to survival, and a key challenge is to make weather and climate information accessible and relevant to the needs of diverse users, particularly people who are socially, physically or economically isolated. To be effective, systems have to be developed with and by the community and work with the available communications infrastructure, and there have been a number of initiatives to develop appropriate early warning systems with communities, such as in the Pacific (see Box 3.4).

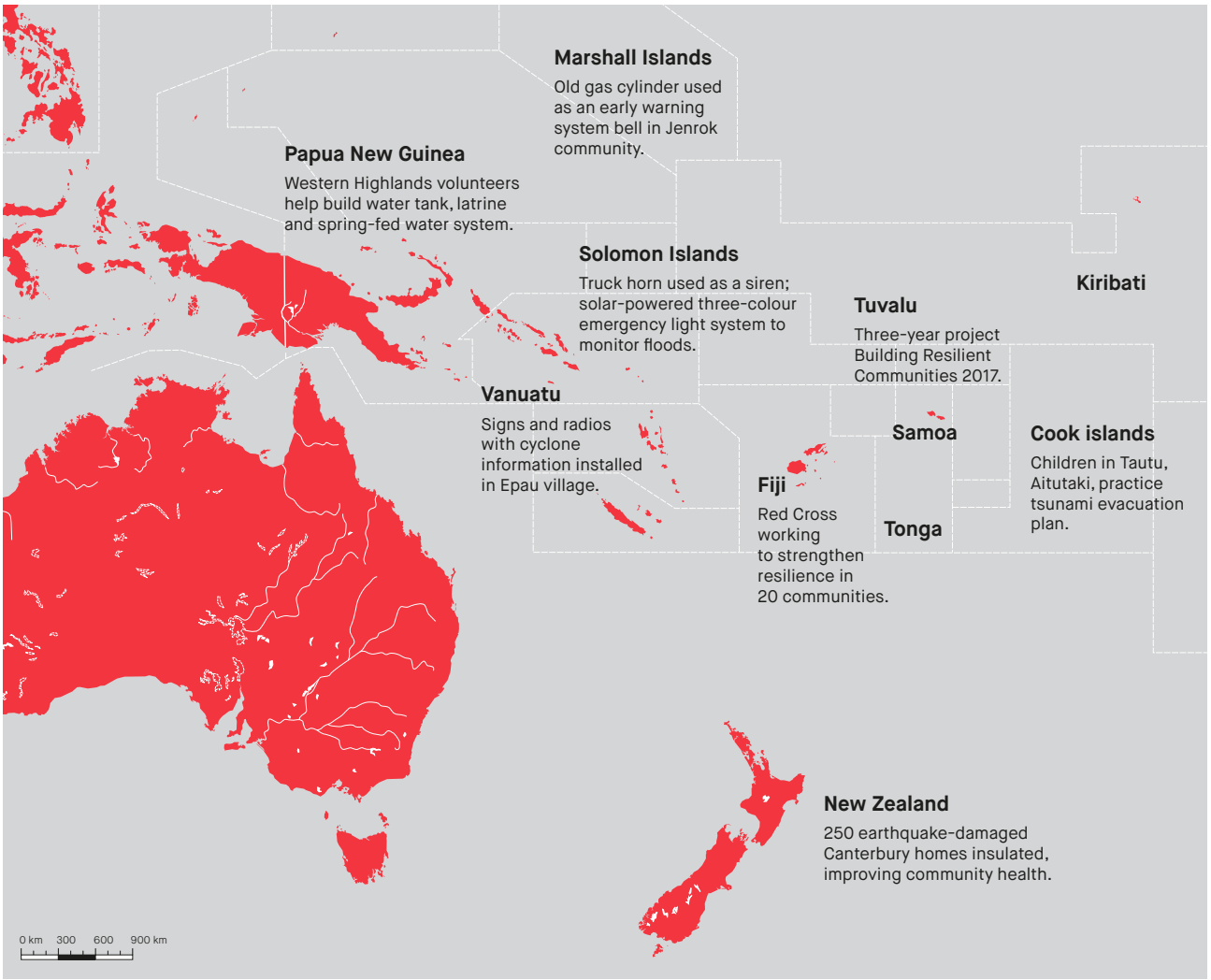
Box 3.4 Early warning systems in Pacific Island countries

Under the Finnish-Pacific Project to Reduce Vulnerability of the Pacific Island Countries' livelihoods to the effects of climate change (FINPAC Project), National Red Cross Societies in the Pacific, with National Meteorological Services and National Disaster Management Organizations, have been listening to communities and villages in Pacific Island countries and learning how they receive, understand and interpret weather and climate information. This has formed the foundation for developing early warning systems together. Community members are playing a key role in monitoring daily weather information largely provided on local radio and social media so weather and climate information can be delivered to users – fishers, farmers and villagers on main and outer islands – who depend on weather and climate for their lives and livelihoods.

In the Solomon Islands, an archipelago of 992 islands stretching some 725,000 kilometres, participatory consultations led to a community-based early warning system that uses a truck horn as a siren and a solar-powered three-colour emergency light system to monitor floods.

Jenrok, a seaside neighbourhood on the main island of Majuro, in the Marshall Islands, is exposed to the impacts of climate change and weather related events, with king tides, floods, storm surges and a rising sea affecting many communities. Preparedness is therefore essential, and people know when they hear three rings of the bell to get their essential items together quickly and to evacuate to the high school, which is the highest and strongest building in the community.

Fig. 3.3 Map of some Pacific Island early warning systems



Investing in logistics and transport

When local capacities are overwhelmed and international support is needed, local transportation capacities are usually also insufficient. In some disaster response, national

militaries are the first line of emergency transport and logistical surge capacity. Regional mechanisms can also provide support to national response: the Association of Southeast Asian Nations (ASEAN) Committee on Disaster Management seeks to improve coordination and logistics in disaster response, developing registers of standby assets and capacities, including air and sea transport (ASEAN, 2017).

However, in conflict-affected settings these logistical challenges of reaching remote locations present more complicated problems and demand different solutions. International humanitarian responders often rely on UN agencies for logistical support, but where the UN has a lower risk threshold or is perceived as a non-neutral actor, this may not be practical (Haver, 2016). The responders most able to work in remote locations with minimal infrastructure are often people with their own aeroplanes or helicopters. This is an approach often used by ICRC and Médecins Sans Frontières (MSF) for example, which means they are able to get to more remote areas and faster while preserving their neutrality. But this is not realistic for most organizations, for which it may be more feasible to invest in shared assets with others with similar operational approaches and risk thresholds (Haver, 2016), or to develop partnerships with others with air assets. For example, the IFRC worked with Airbus Foundation to transport a mass sanitation emergency response unit provided by British Red cross to thousands of people living in a refugee camp on the border between Uganda and South Sudan (Airbus, 2017).

3.2 Insecure environments

Insecurity is the major barrier in many contexts, making certain populations extremely difficult for humanitarian service providers to reach. As noted by the UN Secretary-General: "(b)esides active hostilities, the most severe constraints included attacks against humanitarian personnel or assets and bureaucratic impediments, including movement restrictions" (UN, 2017). Armed groups may restrict populations' access to assistance, or restrict organizations from reaching people in need and may seek to control where assistance is provided and to who. Obtaining access to insecure and conflict-affected areas often requires difficult trade-offs in terms of humanitarian principles and can undermine the quality of humanitarian response.

3.2.1 Challenges and impacts

Restrictions on presence and movement by conflicting parties

Conflicting parties preventing assistance from being provided to communities is unfortunately widespread (UN, 2018b). It is of course not a new challenge – international humanitarian law obliges parties to a conflict to ensure "rapid and unimpeded passage of all relief consignments, equipment and personnel" (Art 70 Additional Protocol 1 to the Geneva Conventions) and consent may not be arbitrarily withheld (ICRC, 2016).

Humanitarian access restrictions have severely hampered the humanitarian response in crisis contexts ranging from the blockade of ports in Yemen to the prohibition on aid convoys entering opposition held areas of Syria. The UN reported that in 2016 assistance could be delivered to just 20% of people in besieged areas in Syria due to constraints imposed by parties to the conflict (UNSG, 2017) while in 2017 it was provided to only 820,000 of the 3.32 million people living in besieged and hard-to-reach areas (UNSG, 2018).

Speed of assistance is also slowed by requirements for permits to travel to different parts of the countries in crisis, which is the case in many conflict contexts (Jackson and Zyck 2017, UNSG, 2018). Armed opposition groups may also prevent humanitarian organizations' access to provide assistance to affected populations. It is not uncommon for governments, non-state armed groups and other local actors to demand aid in specific communities in return for access, or within an area to seek to influence who is provided with aid.

Access negotiations with warring parties and indeed with any actors controlling territory and communities' access to assistance tends to involve complex negotiations, compromises and trade-offs. Governments, armed actors and community leaders will often demand aid be provided to certain communities and not to others, or may push for targeting of certain people in a community over others (Haver, 2016). There are many examples of organizations providing assistance in one area and not another or complying with specific demands to maintain their access and continue providing assistance to at least some of the people in need.

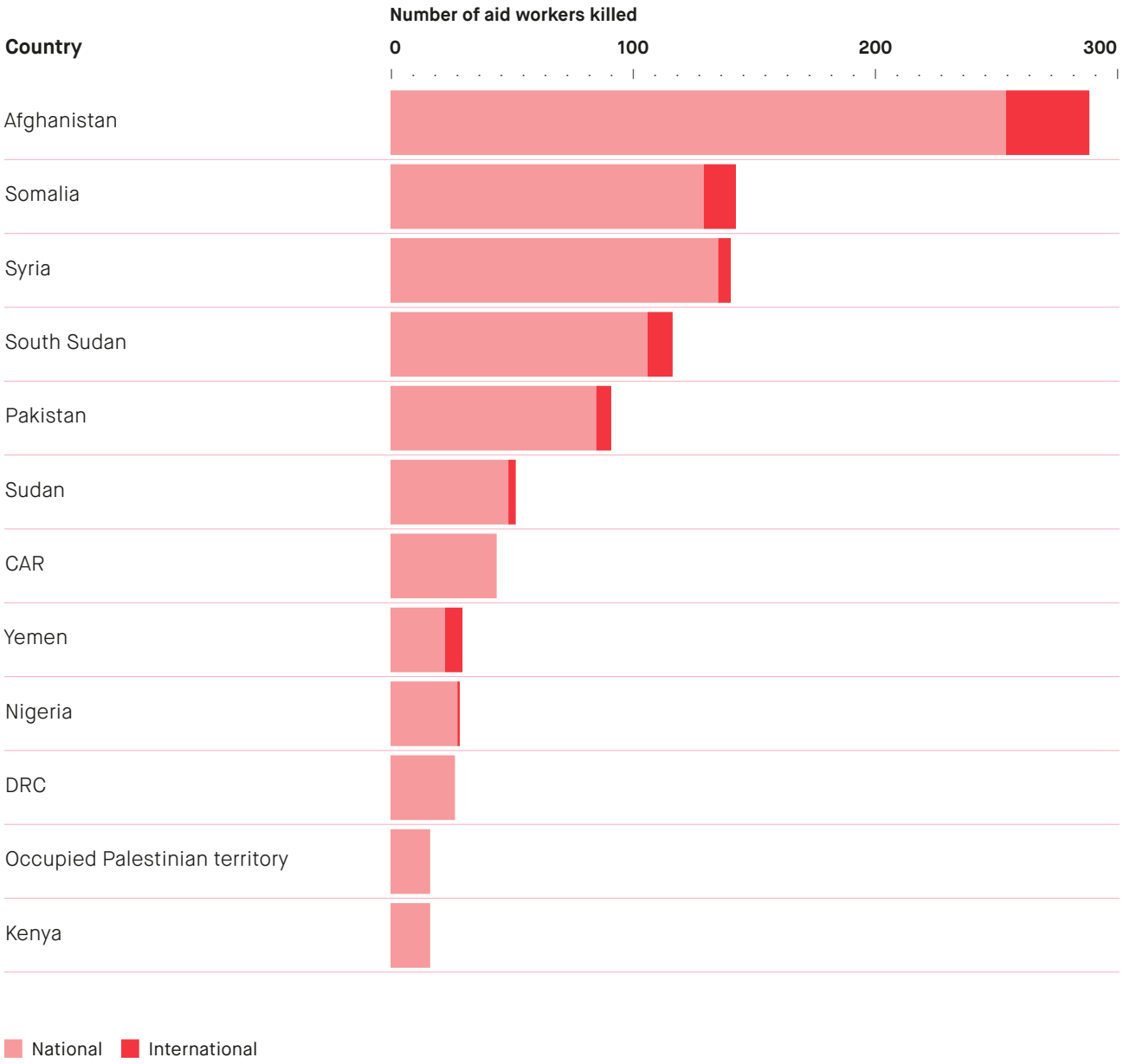
Aid worker attacks and humanitarian presence: global patterns

Conflict and insecurity evidently affect the civilian populations caught up in them at a far greater scale than they do the humanitarian workers who seek to assist them. However, in many insecure environments, aid workers are deliberately targeted or caught in the crossfire, which further constrains organizations' presence. Research looking at the period 2011 to 2014 found that countries that had no attacks on aid workers had four times the number of responding agencies than those where there had been attacks (Stoddard and Jilliani, 2016).

Fatal attacks on aid workers are on the rise. In 2017, there were 119 deaths of humanitarian workers, a 17% increase from the previous year. In the ten years before this 1,072 aid were workers killed, almost double the 557 killed the decade before (Humanitarian Outcomes, 2018). In 2017 33 National Red Cross or Red Crescent Society staff and volunteers were killed by violence in the line of duty, the highest number of staff and volunteers killed in a given year since systematic recording of such incidents began in 1994 (IFRC Security Unit, 2018, interviews).

In the last ten years, the most dangerous places for aid workers have been Afghanistan, Somalia, Syria, South Sudan, Pakistan and Sudan (Figure 3.3). Afghanistan has seen significantly more aid workers killed than any other country (Humanitarian Outcomes, 2017).

Fig. 3.4 Number of national and international aid workers killed in the 12 countries with the most incidents, 2008–2017

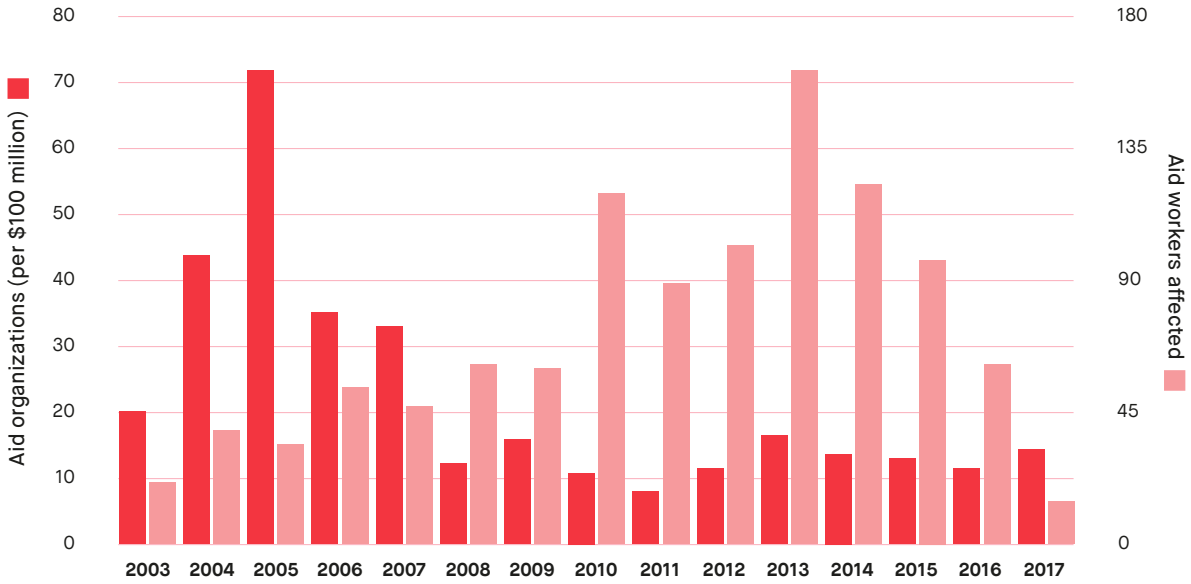


Notes: CAR: Central African Republic; DRC: Democratic Republic of the Congo.

Source: Based on Humanitarian Outcomes 2018 Aid Worker Security Database

The impact of attacks on aid workers on organizational presence at a country level is clear when mapped over time for a single country with multiple attacks. In Afghanistan as attacks on aid workers increased and became volatile, aid worker presence reduced; as attacks went down, presence increased (Figure 3.5).

Fig. 3.5 Aid organizations present and attacks on aid workers in Afghanistan 2003–2017



Sources: Based on Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and Humanitarian Outcomes 2018 Aid Worker Security Database

Impact of insecurity on presence at the local level

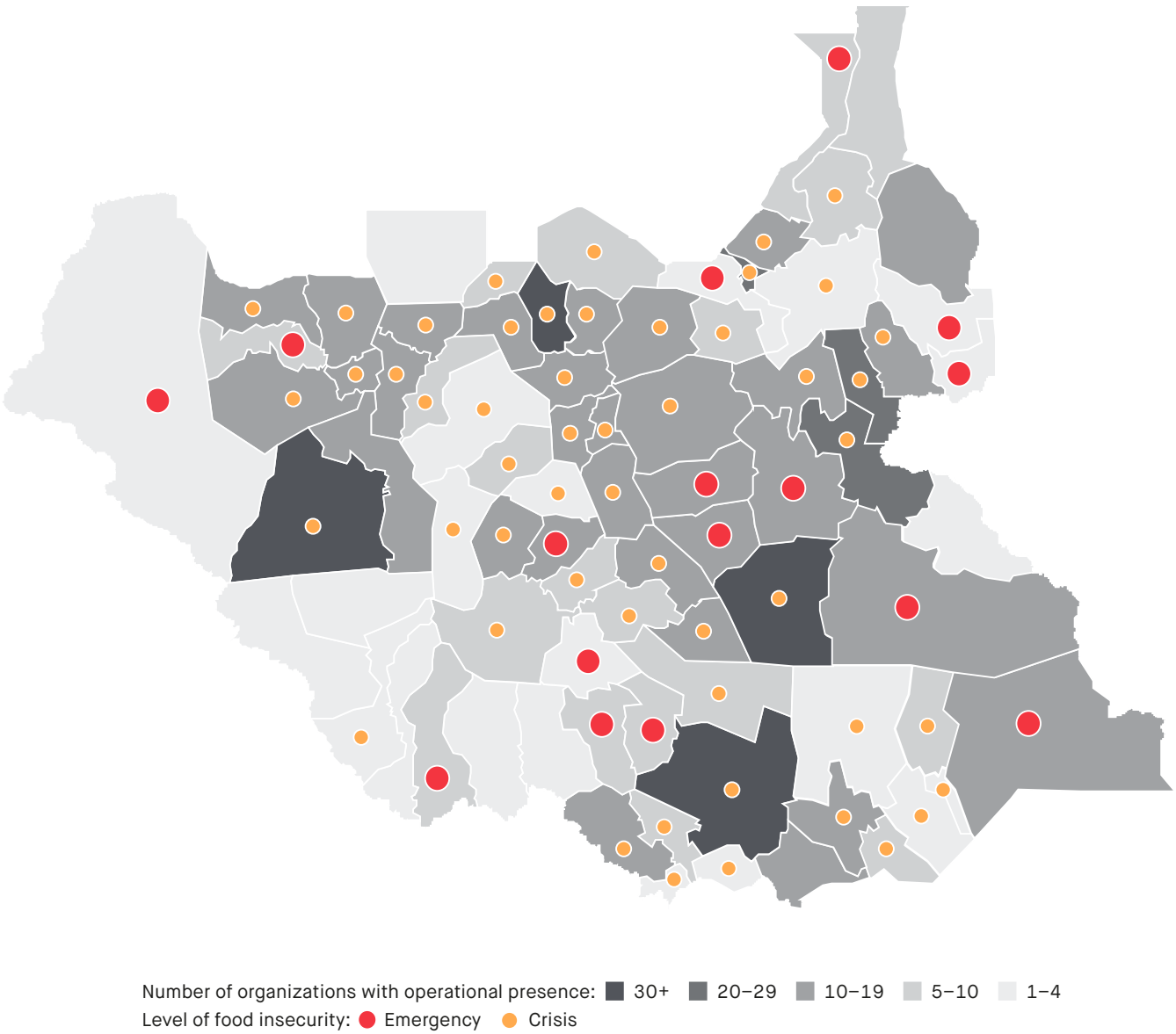
Insecurity for aid workers drives down presence of international organizations in a country, prompting difficult compromises between staff safety, maintaining operations and meeting the needs of the most vulnerable people. Organizations rarely pull out of a country entirely, but may reduce their presence and provide assistance in safer, easier-to-access areas (Svoboda and Haddad, 2017; Haver, 2016; Stoddard and Jillani, 2016). For example, there are very few countries entirely classified as red on the IFRC scale (the highest level of security risk and no permanent presence of international staff), instead there are usually red areas in a country. The IFRC also draws a clear distinction between dangerous locations where staff and volunteers can and have been hurt and killed, and locations where they have been intentionally targeted.

Insecurity can have a long-term impact on presence, as organizations "tend to remain in locations and programming modalities where they feel comfortable, and have strong disincentives to expand into the unfamiliar" (Stoddard and Jillani, 2016).

The result is often an absence of humanitarian response in the most in-need areas. A snapshot of humanitarian response in South Sudan in February 2018 (Figure 3.6) for example, shows the absence of internationally supported humanitarian actors (the number of organizations present shown by degree of shading) despite evidence of high levels of emergency needs (shown by icons, larger being more food insecure) (OCHA South Sudan, 2018). Some of the areas with lowest presence, such as Western Bahr el Ghazal in the far west of the country and Longuchok and Maiwut in the east are classified as having

emergency levels of acute food insecurity (the next phase being famine) yet have the lowest presence of aid actors.

Fig. 3.6 Needs and operational presence in South Sudan, February 2018



Notes: Food security levels based on Integrated Phase Classification of the Famine Early Warning Systems Network (FEWS NET), with famine as the most serious phase, followed by emergency, crisis, stressed and then minimal. All areas on the map not marked as crisis or emergency are categorized as 'stressed'.

Source: Based on OCHA South Sudan 3Ws and OCHA South Sudan Humanitarian Snapshot

Some organizations manage to keep providing assistance by using various tactics that differ by context. In Syria, assistance in non-government-controlled areas is mostly provided through cross-border deliveries by local and Syrian diaspora organizations. In South Sudan, the focus is on air-drops and other rapid-response mobile deliveries of assistance. In Afghanistan the approach is generally low profile and highly localized (Stoddard and Jilliani, 2016).

Where organizations do manage to maintain a presence (albeit a reduced one) in insecure areas, the range and quality of assistance may suffer as organizations are less able to deliver technically complex programming or to ensure targeted assistance to the most vulnerable people. There is a tendency to focus on types of assistance requiring limited presence (such as one-off distributions) and aid workers raise concerns of 'dump and run' distributions, where teams do not remain on the ground to manage a distribution – which can result in violence and vulnerable households not receiving the items they need, and can serve as a pull factor for armed groups. Organizations also tend to neglect human-resource intensive and politically sensitive activities, such as protection (Jackson and Zyck, 2017).

Some agencies are more likely than others to remain in insecure environments. These include national organizations, certain members of the International Red Cross and Red Crescent Movement (generally ICRC and the National Red Cross or Red Crescent Society of the given country), and a small number of international non-governmental organizations (INGOs) (often MSF), with a limited UN presence – usually a purely coordination role (Stoddard and Jillani, 2016). Those who stay may have a different risk tolerance, or more effective procedures for managing risk (Tiller and Healy, 2014).

International agencies will often choose first to relocate international staff, leaving local staff or partners to run operations. Meanwhile, National Societies and other local actors do not leave because they are part of local communities, indeed they often will scale up as others depart.

3.2.2 Limited progress and difficult trade-offs

Security management

Humanitarian security risk management has become significantly more professionalized in recent years with improved global guidelines and enlarged security teams in high-risk environments (Jackson and Zyck, 2017). Collaboration has also increased – the UN Department of Safety and Security provides support on security analysis and coordination as part of the Saving Lives Together initiative, although some responders are reluctant to rely on the UN, given concerns about its conservative approach to risk.

The increased focus on security risk management has also been accompanied in many contexts by an increased investment in 'passive' security measures: high walls, armoured cars, sand bags, barbed wire. While equipment that facilitates safe transportation, identification of humanitarians as humanitarians and enables communications is important, there are concerns that increased "bunkerization" (Svoboda et al, 2018) can undermine initiatives to ensure acceptance.

The 2011 study *Stay and Deliver* noted some of these concerns and challenged organizations not to ask "when do we have to leave?" due to danger and insecurity, but "how do we stay when there are people in need?" (OCHA, 2011b). There appear to be some improvements since then as "UN agencies and NGOs are deployed or maintaining a sizable field presence in some highly insecure contexts… [where they] would not have done so five or ten years ago" (Jackson and Zyck, 2017).

Investment in shared information collation, analysis and advocacy

Coordination, information-sharing and collaborative analysis around security threats, incidents and access barriers have often proved challenging. In some environments, informal access working groups have been established (such as Nigeria), and in others Office of the Coordination of Humanitarian Affairs (OCHA)-managed access units have been set up (including in occupied Palestinian territory, Iraq, Syria, Somalia, Yemen and South Sudan) to collate information around security threats and bureaucratic impediments and to support collective advocacy.

The access monitoring unit in occupied Palestinian territory, supported by the UN Office for Project Services (UNOPS), UN Development Programme and OCHA, has a hotline providing real-time assistance when challenges arise, as well as facilitating visa processing and other permits. As a result, it has quite comprehensive data that can be used to support evidence-based advocacy. The team has dedicated staff with strong relations with key government and military structures, able to address issues as they arise. But this model of a well-resourced team operating in a relatively small geographic area is resource intensive and therefore challenging to replicate.

The success and longevity of these units has varied, due to levels of funding, as well as levels of trust and buy-in from humanitarian actors. Some organizations found their work very useful while others pointed to an over-reliance on others to solve access issues, instead of organizations developing their own acceptance strategies and contacts.

INGOs have developed and partnered with NGO security platforms, such as the International NGO Safety Organization (INSO), which operates in a number of humanitarian contexts, to undertake security analysis and train staff. Some collaborative national NGO initiatives have also localized research and analysis at a subnational level. Syrian NGO platforms undertaking such work include the Syrian NGO Alliance and the Syrian Relief Network (Svoboda et al, 2018), and more geographically focused collaborative research is being done by local organizations to "build a local understanding of the conflict dynamics and their humanitarian impact" (Adleh and Favier, 2017).

Working with national partners versus "remote programming"

It is common in insecure settings for programming to be delivered by local and national staff of international organizations or by local or national organizations as partners, although this varies between contexts. There has been some progress around use of third-party monitors, communication with communities directly via phone or internet and other technological solutions to enhance accountability (Jackson and Zyck, 2017).

The shift to working through local implementing partners is not solely about managing insecurity. In most humanitarian contexts international organizations work with and through implementing partners and it is important to recognize that local, national and diaspora organizations can and do often provide effective coverage, meeting humanitarian needs in challenging contexts such as Syria and Somalia.

Approaches vary widely: in some circumstances decisions are made entirely away from the field location (classic 'remote programming'), while in others more decision-making is delegated to local staff or partners (Svoboda et al, 2018). However, the extent of aid provision by local partners increases dramatically in insecure situations and the degree of oversight becomes substantially more limited.

Box 3.5 Accessing hard-to-reach areas in Afghanistan – the role of the Afghan Red Crescent Society

The Afghan Red Crescent Society has better access in the hard-to-reach areas of Afghanistan than many other responders, with wide acceptance and presence in almost every province.

According to the humanitarian response plan, "[t]he Red Crescent and Red Cross Societies are critical enablers in providing humanitarian assistance in large parts of the country which no other partners can access" (OCHA Afghanistan, 2018). While it reaches places no one else can, it too has access barriers in certain districts controlled by armed opposition groups. The society, like any organization, does not want to put its staff and volunteers in danger.

Afghan Red Crescent Society takes a community-based approach to obtain access. Its approach to polio vaccination campaigns, for example, is to recruit local women as nurses and midwives so that women and children will be comfortable (and permitted) to go to health centres. At the same time there is significant attention to security – a security coordinator dedicated to the routine immunization area and a dedicated security person as part of the polio project.

The society has a memorandum of understanding with the Afghanistan Ministry of Public Health to provide healthcare in areas where government cannot provide or guarantee the services. In the areas where government access is shrinking, others rely increasingly on the society to fill the gap. Afghan Red Crescent Society often experiences pressure from UN agencies and the government to be the implementing partner in underserved areas. As one member of field staff said: "everyone expects [the Afghan Red Crescent Society] to be the delivery agent in hard-to-reach areas as there is a perception that they can go where others aren't".

Transferring risk to national actors

When security risks are transferred to local staff and volunteers and local organizations it is assumed they are less at risk than their international counterparts (Thomas et al, 2018).

Local organizations, including those active in Central African Republic, Afghanistan and Syria have noted that "international actors routinely discounted their security needs and that, reliant on international support, these local organizations were reluctant to press the issue and demand greater funding for security" (Jackson and Zyck 2017).

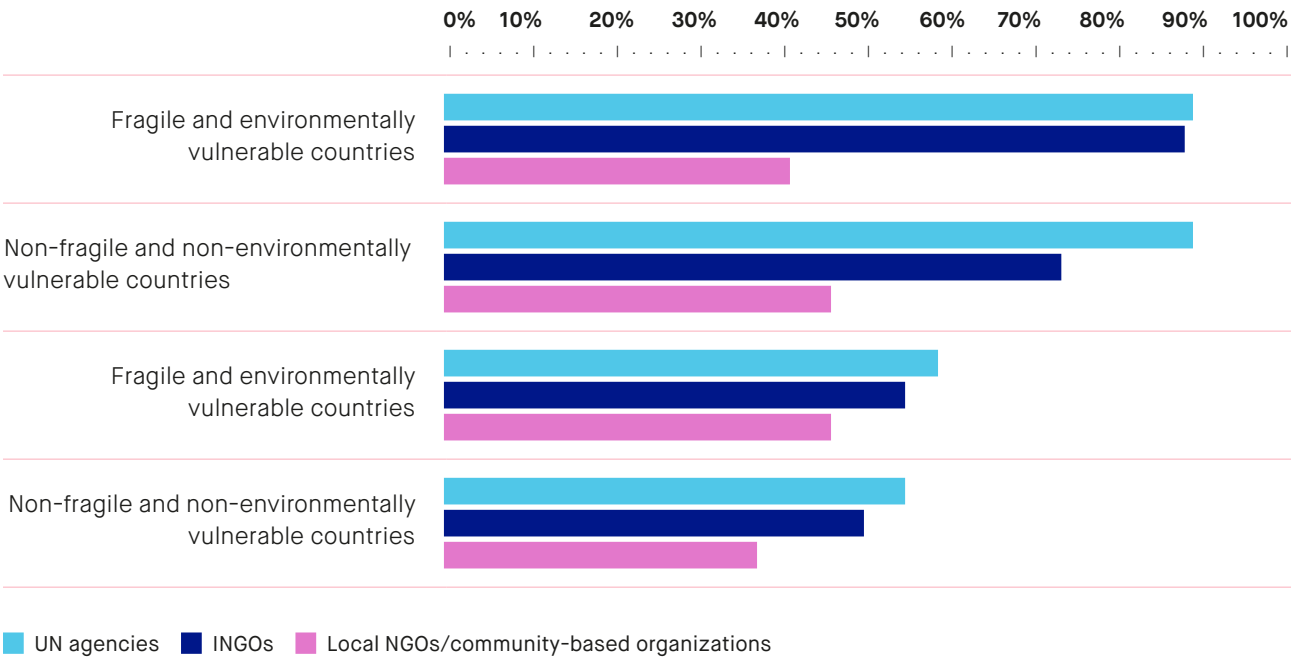
The approach of working through national staff and national organizations simply transfers the risk down the chain – from UN to INGO, from INGO international staff to INGO national staff, from INGO to national NGO (Haver, 2016). In fact, while kidnapping attempts often target internationals (largely due to the ability to raise greater money from ransoms), far more nationals are kidnapped every year and the vast majority of aid worker deaths are nationals – almost 90% (Humanitarian Outcomes, 2018). But this transfer of risk is not always accompanied by a transfer of the capacities to manage that risk (Reilly, 2018).

There is evidence of continued gaps in risk mitigation measures of international organizations for national staff, such as an absence of evacuation procedures, communications equipment, transport out of hours, security at their homes (Stoddard et al, 2017b) and psychosocial care following traumatic experiences (Jackson and Zyck 2017). The disparity is even greater with local organizations that often have less resources to manage security challenges, less training and less access to key security-related hardware, and international organizations consistently fail to provide local partners with "systematic support (financial, security training, insurance, capacity-building)" (Svoboda et al, 2018).

> *"There were no lights at night and none on our boat. We reached near the general's quarters. An order was given to shoot us. They were putting search lights on us and because of the reflection tapes on my uniform, they saw us and stopped the order… So what we need is transportation and communication. Since we don't have any communication devices our lives could be in danger. And since our boat does not have a light, our flag could not be seen."*
>
> EXPERIENCE OF A NATIONAL VOLUNTEER, LOCATION NOT SPECIFIED (AGERHEM AND BAILLIE SMITH, 2017)

In the past, national organizations were not involved and were rarely invited to attend security training exercises offered to UN and INGO staff (OCHA, 2011b). While this is gradually changing, local NGO staff remain the least likely to have received security training from their organizations (Jackson and Zyck 2017). INSO notes that interest from local and national organizations in receiving support to managing security risks is growing, including requests to hold trainings on security management. INSO has provided some of this support and in mid-2018 around 20% of INSO partners were national NGOs (INSO, 2018, interviews). ICRC and the IFRC similarly provide training to National Societies on the Safer Access Framework. Yet training can only have a limited impact without the human resources to implement the necessary systems at an institutional level, which may be more important than the training (Jackson and Zyck, 2017).

Fig. 3.7 Levels of security support to staff, by organization type



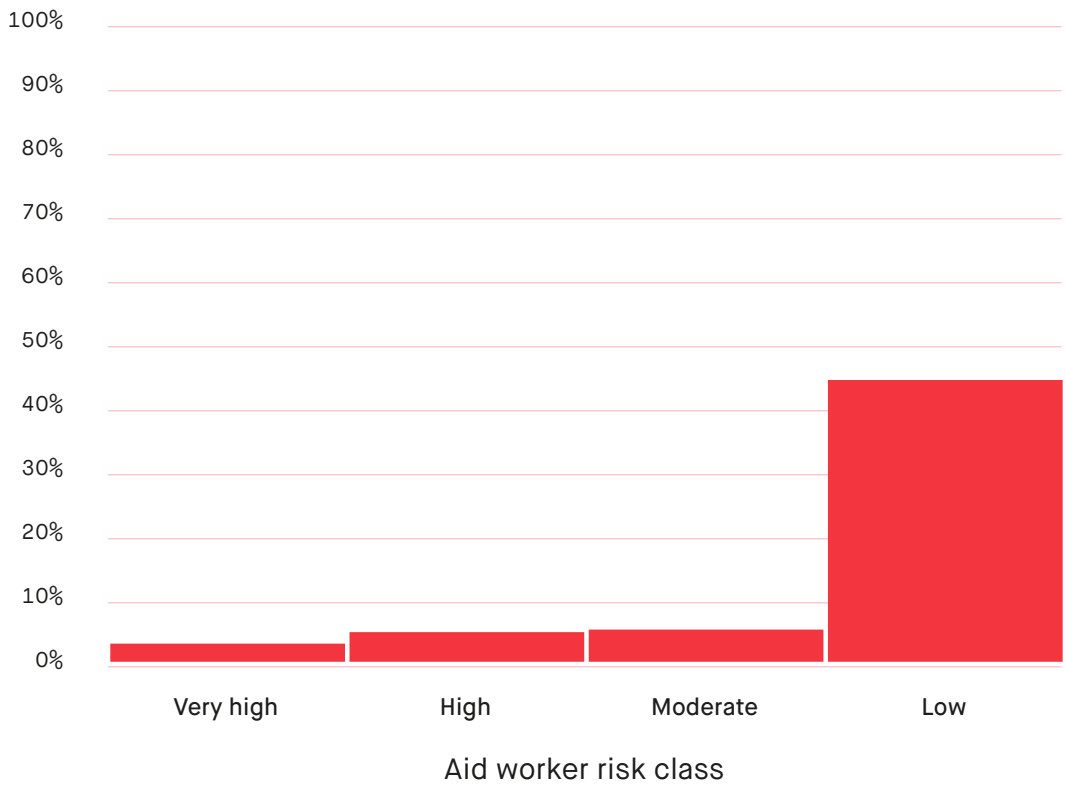
Source: Jackson and Zyck, 2017

Another issue is insurance – the staff of local and national organizations who may be the most likely to be injured or killed while providing humanitarian assistance are also the least likely to be insured. While some local organizations (in particular Syrian local and diaspora NGOs) have advocated for medical insurance for staff and compensation for families of people injured or killed, few partnership agreements with international organizations include insurance or support to cover medical expenses or salaries to families of people killed or unable to work (Jackson and Zyck, 2017). As a result, local organizations often try to cover these from their own funds (Svoboda et al, 2018).

The IFRC recognizes this challenge, and the IFRC Volunteering Policy reinforces the National Society commitment to volunteer protection, including "insuring their volunteers against accidents, and providing them with appropriate psychosocial support when required". To implement this commitment, The IFRC has developed a scheme to provide inexpensive insurance to national society volunteers at a cost of around 1.50 CHF (1.5 US dollars[2]) per volunteer per year, providing basic cover in the case of accident, death or disability.

Despite this, in 2016, National Societies in only 13 out of the 20 most-dangerous countries (65%) reported that they provided accident insurance to at least some of their volunteers (though 4 National Societies in the list did not report). Others had managed to negotiate access to government insurance schemes (such as in Colombia) but these were a minority, demonstrating there is a long way to go.

Fig. 3.8 Insurance rates of volunteers for National Red Cross or Red Crescent Societies in locations with different levels of security risks, 2016



Source: Based on Humanitarian Outcomes 2018 Aid Worker Security Database and IFRC Federation-wide Databank and Reporting System

2. Currency conversion as of 31 July 2018 using xe.com.

This issue of security capacities and insurance raises a fundamental question of ethical, if not legal, duty of care that needs to be addressed (OCHA, 2011b). Investment in the human resources and capacities, systems, hardware and infrastructure and insurance for local and national partners and national staff is essential.

Negotiations and compromises in achieving principled assistance

Achieving truly impartial provision of aid based solely on need is extremely difficult in areas where access is limited due to insecurity (Haver, 2016, Haver and Carter, 2016). Indeed, "humanitarian principles often sit uneasily with the reality of crisis situations and require trade-offs in their use" (Bennett et al 2016a). This is particularly the case where there are significant imbalances in coverage, as noted earlier (Stoddard and Jillani, 2016), and where it is only possible to provide assistance in certain communities and not others. Hence the key questions become what type of compromises are organizations willing to make and where are their red lines? (Svoboda et al, 2017).

There is increased investment in training and professionalization for access negotiations, with organizations developing guidelines and protocols. For example, the Centre of Competence on Humanitarian Negotiations provides training to various humanitarian actors. While training and specialized skills are useful, negotiating access is often a constant part of action at the most local level and therefore involves many more staff than there are trained experts. Similarly, while joint initiatives can be beneficial, most organizations insist on the importance of "direct bilateral contact" (Haver, 2016).

Access negotiations and initiatives can happen at many levels, including bilaterally with governments and senior figures in armed groups, and through the UN Security Council, such as its resolution 2401 (2018) calling for a 30-day cessation of hostilities in Syria to enable deliveries of humanitarian assistance and medical evacuations of the critically sick and wounded. Security Council resolutions are not required for access, given clear obligations under international humanitarian law, but can in theory be a useful tool. However, even where there is higher-level permission, experience shows that without local compliance this will not enable access.

Organizations present in hard-to-reach areas are painfully aware of the compromises needed to stay and deliver assistance and will make deliberate choices that may compromise certain principles in support of the overarching principle of humanity (although they may not always do this well or based on a sound analysis of the implications and trade-offs) (Niland, 2014).

These issues are challenging for both international and local actors: "Essentially, parties to the conflicts... hold the upper hand in deciding, indeed dictating, the rules that will apply to humanitarian access, the consequences of which will have similar effects on organizations regardless of their provenance" (Svoboda et al, 2016). However, local organizations have different strategies to address these challenges (ibid). Tactics may include adding programme areas at the request of different groups to maintain access to the areas with highest need, or otherwise meeting demands so long as they are also able to continue to meet identified needs (Haver and Carter, 2016). Working with a diverse range of local actors with presence at the community level may help in some situations to ensure broader geographical presence.

Prioritizing hard-to-reach areas

It is important to maintain a strong focus on reaching people most in need and delivering assistance accordingly based on needs and vulnerability regardless of access constraints, rather than on delivering operations in the easiest-to-reach areas. And organizations with the most success at getting to the hardest-to-reach people despite insecurity are those that explicitly adopt this strategic approach (ibid).

There have been efforts to incentivize programming in the hardest-to-reach but most in-need locations under the auspices of the OCHA-managed country-based pooled funds. For example, in 2017 the Afghanistan Common Humanitarian Fund allocated funds to carry out assessments in the hardest-to-reach provinces, supported mapping of basic services in these areas and prioritized projects in hard-to-reach districts identified as having urgent humanitarian needs (OCHA Afghanistan, 2017a). According to the Afghanistan Humanitarian Response Plan this has "encouraged partners to operate outside their comfort zones and explore all possible avenues to reaching the most vulnerable people rather than falling back on areas where they already enjoy access and needs exist, but are not the most acute" (OCHA Afghanistan, 2017b).

A similar approach was adopted in Syria with the Syrian Humanitarian Fund committing to allocating 30% of its resources to assisting people in hard-to-reach and besieged areas (OCHA Syria, 2017).

3.3 Political, administrative and legal barriers

Political, administrative and legal factors may limit the presence and effectiveness of humanitarian responders, and their ability to provide principled humanitarian assistance. Organizations often need to consider not only risks to staff and programmes in a given context, but the impacts in other contexts. This is particularly challenging where there may be tensions in providing impartial humanitarian assistance in contexts with onerous national government and/or donor legal requirements.

3.3.1 Challenges and impacts

Bureaucratic hurdles and limited capacities of national governments to coordinate and manage a response

National authorities often face challenges coordinating and managing an international response to major disasters. This was evidenced when thousands of small (and often new) organizations endeavoured to support the response to the 2010 Haiti Earthquake, and in the inundation of inappropriate material to Vanuatu following Tropical Cyclone Pam (see Box 3.6).

There are stories of food supplies going rotten as they wait for customs clearance and weeks of delay for visas for staff to enter the country. In non-conflict settings, bottlenecks may be the unintended result of inflexible legal frameworks and a lack of capacity to manage incoming assistance. Vital international relief is often delayed due to bottlenecks in customs procedures, such as delays in importing relief items such as food, transport and communications equipment or tax of certain items deemed to be luxurious. These challenges may be exacerbated by humanitarian responders who do not coordinate with authorities, may be supply driven rather than needs driven and who do not always comply with (or know about) basic national law or humanitarian standards.

An IFRC survey examined some of the challenges impacting on international relief in the context of disasters. The most common issues raised by survey respondents were about coordination, in particular between international and domestic responders, and among domestic agencies on how to manage international assistance. Survey participants cited other frequent and highest-impact regulatory problems as: difficulty in obtaining customs clearance or exemptions from duties, taxes or costs; delays or restrictions in the entry of relief workers; difficulty in accessing information on customs and other border-crossing procedures; and failure of international responders to adequately consult with affected people about decisions (IFRC, 2015c).

Box 3.6 Vanuatu administrative challenges in disaster response and the need for clear processes and legal frameworks

In March 2015, Vanuatu was hit by one of the most intense cyclone in the Pacific's recorded history – Tropical Cyclone Pam, affecting over half of the population, flattening homes and schools and displacing some 65,000 people.

The government issued its first-ever generalized appeal for international assistance, and scores of international organizations, INGOs and bilateral partners flooded into the country to support the response. Vanuatu received over 70 containers of unsolicited bilateral donations including nearly expired cans of food, high-heeled shoes, heavy blankets, expired medicine, handbags and woollen knitwear and other items inappropriate for the context, overwhelming the government's warehousing and sorting capacity. Coordination proved challenging among the humanitarian sector and with the national authorities and the Vanuatu Government temporarily halted all aid distributions.

In May 2017, the response to Tropical Cyclone Donna went more smoothly as policies and procedures for international assistance had been developed and implemented (IFRC, 2017f). Requests and provisions of international technical assistance were much more specific and coordinated. The government was in direct communication with partners to request specific technical skills. Donors were more closely engaged and responded to needs communicated from the government based on information provided through its coordination mechanisms.

Donor programming and contractual requirements

Especially in the wake of recent scandals, donors are focusing increasingly on humanitarian organizations' accountability, in particular their measures to prevent fraud, corruption, sexual exploitation and abuse. As donor requirements become increasingly specific, expensive and elaborate, small local organizations often struggle to keep pace. Their difficulties in quickly meeting the standards designed for large Western bureaucracies reduce the range of partners with which donors and intermediary organizations can partner. This can prove a problem in locations where there are already very few organizations present and it may therefore not be possible to find principled experienced partners who can undertake the work.

Some INGOs have raised concerns that donors are increasingly transferring risk to them rather than sharing the risks (Stoddard et al, 2016b), including the risks of working with new partners. For example, some donors require monitoring of programme implementation (often by local partners) by international staff, even in situations where this is contrary to security rules and programmes have been cancelled or closed for this reason. Donor field staff tend to recognize the challenges, but are at the same time unable or unwilling to share the risks for non-compliance as such decisions are taken elsewhere (ibid).

Criminalization of assistance and reducing humanitarian space

Deliberate limitations on humanitarian space are not restricted to conflict zones. This is shown by the increased measures restricting provision of assistance to migrants, in particular in Europe. For example, in March 2017, the mayor of Calais banned "repeated, prolonged gatherings" around the site of the former Calais 'Jungle' camp, making food distributions illegal, in a bid to prevent the camp being re-established (Guardian, 2017). Meanwhile the 'Stop Soros Act package' in Hungary criminalizes certain activities aimed at assisting asylum seekers and irregular migrants, including providing legal aid, and levies an additional tax on activities that support migration.

Similar developments include the increasing opposition to humanitarian search and rescue operations in the Mediterranean. There have been incidents with Libyan border control (Zandonini, 2017) and the European border agency Frontex, which accused NGOs of colluding with smugglers and in doing so endangering lives (The Conversation, 2017). The Italian government subsequently proposed a Code of Conduct for those undertaking search and rescue in the Mediterranean, announcing that failing to abide could lead to the refusal to authorize migrants to disembark in Italian ports. This code limits activities in Libyan waters, sparking NGO concerns that it severely hampers their operational effectiveness and impartiality (Cusumano, 2017). UN High Commissioner for Refugees (UNHCR) also raised concerns that the denials of permission to disembark people rescued, such as the incident in June 2018 when Italy turned away the Aquarius (operated by the French NGO SOS Méditerranée), is further reducing the presence of search and rescue capacities (UNHCR, 2018a).

Counter-terrorism laws and dealing with listed groups

Many governments have adopted legislation and associated measures aimed at combatting terrorist activities and seeking to limit the financial support to designated 'terrorist' entities, and implemented sanctions regimes. The relevant prohibitions generally focus on financial or material support to listed groups, extended even to include training on human rights law, as noted in the 2010 US Supreme Court case Holder v Humanitarian Law Project. Paying 'taxes' and diverting assistance risks breaching these laws. It is even more challenging when the group in question is also de facto government of the area, running schools and hospitals, such as in Gaza.

Some donors have also implemented vetting requirements – for staff, partners and sometimes for affected people. These slow response and can undermine the impartiality and perceived neutrality of humanitarian assistance, and further impact on security and access (NRC, 2018b). Organizations that accept funding from donors with such requirements are also often perceived not to be neutral (Burinske and Modirzadeh, 2017). Some donors have advised grant recipients that they should not engage with members of designated groups, and similar requirements are specified in some national laws. Some humanitarians have therefore curtailed their direct contact with listed groups, severely hampering potential access negotiations and acceptance strategies (Mackintosh and Duplat, 2013; NRC, 2018b).

Impacts have ranged from substantial delays in initiating emergency operations (for example, awaiting approval for programmes in high-risk areas, such as Syria, and long vetting processes) to shutting particular programmes. For example US commodity-based sanctions against the Syrian government substantially slowed importation into the country of essential items that facilitate humanitarian assistance, as many need specific clearance from the US Bureau of Industry and Security (NRC, 2018b).

Fears of inadvertent breach of such legal requirements have been reported to have a "chilling effect", discouraging programming in areas under the control of listed groups (Burinske and Modirzadeh, 2017; Mackintosh and Duplat, 2013; Haver, 2016). Some humanitarian organizations have adopted "self-imposed limitations on where they operate… to prevent any potential violations of counter-terrorism laws" (Svoboda and Haddad, 2017). The effects of these regulations have been felt on operations in Afghanistan, Mali, Somalia, Iraq, Syria and occupied Palestinian territory, among others (Jackson and Zyck, 2017). The potential impact of this if sufficiently widespread, is that communities living in areas controlled by listed groups will not have access to the assistance that they need (NRC, 2018b).

Bank de-risking

Use of banking systems is particularly challenging in contexts with listed terrorist groups. International banks have blocked or delayed fund transfers or closed accounts from international humanitarian organizations, impacting on humanitarian relief operations. For example, research in Yemen, Syria, Somalia and occupied Palestinian territory has shown that bank de-risking (closing bank accounts or preventing transfers to customers deemed to have a high risk of funding terrorism or money laundering) has not only caused problems for the business sector, impacting generally on the economy and undermining the potential for post-conflict reconstruction. But it has also significantly delayed and prevented transfers from European and US-based humanitarian organizations to Yemeni

organizations involved in providing vital humanitarian assistance to populations in need. This not only delays provision of assistance and payment of staff salaries but also limits availability of cash assistance as a key tool in a context with high insecurity and access challenges (El Taraboulsi-McCarthy and Cimatti, 2018).

Humanitarian organizations are therefore forced to use alternative, less secure methods, such as carrying significant amounts of cash across borders (Burinske and Modarizadeh, 2017; NRC, 2018b). This increases the risks of working in certain areas, raises concerns around transparency and accountability and can lead to significant delays to programming. The Norwegian Refugee Council (NRC) notes that "unless a solution to this issue is found, banks will dictate where humanitarian organisations can work" (NRC, 2018b).

3.3.2 Emerging solutions: attempts to address administrative and legal barriers

Clearer regulatory frameworks

From a more systemic and preventative angle, efforts to put in place domestic laws that comply with the Guidelines for the domestic facilitation and regulation of international disaster response and initial recovery assistance (the International Disaster Response Law (IDRL) guidelines) can go some way to mitigating potential bureaucratic impediments, and promoting a more coordinated and efficient response. Since the IDRL guidelines were internationally adopted in 2007, more than 30 countries have adopted new national laws, rules and procedures to avoid regulatory problems in disasters and to facilitate international assistance being providers following disasters (IFRC, 2017b).

For example, during the 2017 earthquake in Ecuador, work by the Ecuadorian Red Cross and national authorities to assess and ensure the country's preparedness around IDRL enabled the granting of priority landing to flights carrying humanitarian aid by the Director of Civil Aviation. It also enabled the swift adoption of a regulation allowing selected international humanitarian NGOs that were not previously registered in Ecuador to operate and provide humanitarian assistance during the response (IFRC, 2017b).

In terms of maintaining space for providing assistance impartially, there have been some limited advocacy successes. One example is the Global Compact on Safe, Regular and Orderly Migration, still in draft form at the time of writing, which includes (non-binding) state commitments to ensure that principled humanitarian assistance is not criminalized.

Organizational risk management and donor partnership requirements

Organizations that can afford it are investing significantly in ensuring accountability and managing legal and other risks through hiring legal and audit compliance staff, training staff regularly, and developing and implementing new policies. Of course, as noted already, this can be more challenging for smaller organizations and local actors with low coverage for overhead and core costs.

Harmonized requirements across donors can help make this task much easier. Some Inter-Agency Standing Committee members have therefore proposed that donors adopt (or adapt collectively) common policies around integrity and accountability issues, rather than each developing their own policy requirements. An example is provisions on prevention of sexual exploitation and abuse outlined in the Core Humanitarian Standard.

There are also initiatives to mitigate blockages around sharing risk across the levels of the humanitarian financing chain. The Start Fund has developed a model to address this issue with a national NGO pass-through window, which aims to incentivize Start Network members to "provide a risk management service on behalf of local NGOs, with the option for mentoring and support services at the discretion of the local NGO... Members underwrite risk through subcontracting agreements. A significant percentage of pre-existing relationships have enough experience and trust that no additional due diligence would be required by the INGO" (Patel and Van Brabant, 2017).

Promoting an approach to counter-terrorism that does not undermine principled humanitarian assistance

There are various efforts underway to engage donors around the more problematic impacts of various donor policies where they undermine impartial provision of assistance, in particular those related to counter-terrorism, with mixed success.

For example, the concept of 'humanitarian exemptions' to terrorist-financing regulations and sanctions regimes is often raised. Language has been included in UN Security Council resolutions on sanctions, such as in the Somali and Eritrea sanctions regime established by resolution 1916 (2010) whereby "the payment of funds, other financial assets or economic resources necessary to ensure the timely delivery of urgently needed humanitarian assistance in Somalia… will not result in an asset freeze". Similarly, the EU directive on combating terrorism exempts from its scope "humanitarian activities provided by impartial humanitarian organizations recognized by international law" (UNSG, 2018).

At the national level, advocacy initiatives have pushed for new laws elaborating a 'humanitarian exemption' in US counter-terrorism laws, beyond the current limited exemption for medicine and religious materials (King et al, 2016).

There has also been ongoing engagement with donors to clarify the obligations for humanitarian actors and increased support for organizations to understand and manage these legal obligations, including the NRC's Risk Management Toolkit in relation to Counterterrorism Measures.

3.4 Within reach: conclusions and recommendations

The logistical challenges described in this chapter – from remoteness to transport gaps and extreme environments – are, and will continue to be, daunting for an overstretched humanitarian sector. If anything, the man-made barriers, ranging from deliberate violence against aid workers, to inadequate investment in infrastructure in marginalized and impoverished communities, to restrictive regulatory environments, can be even more challenging to address. These challenges are often symptomatic of wider political failings – from failed conflict resolution, to restrictions on civil society space, to inadequate investment in infrastructure in marginalized and impoverished communities.

While bringing everyone within reach and removing such obstacles entirely may not be possible without political solutions to build peace and social inclusion, humanitarian organizations and donors can take some practical steps towards improving access. These include: investing in local capacities; addressing administrative barriers; removing donor disincentives and barriers to working in hard-to-reach areas; and prioritizing and incentivizing improved coverage in hardest-to-reach communities.

Many concerted and creative efforts are underway and guidelines and agreements exist. States and components of the ICRC agreed in 2011 to "remove administrative barriers to the rapid delivery of humanitarian assistance for victims of armed conflicts", including through enacting domestic legislation (ICRC, 2011b). There have been significant developments in laws and policies to implement the IDRL guidelines, but more remains to be done.

3.4.1 Investing to support reaching the most vulnerable people

— **Donors and international humanitarian organizations should review financing policies and practices which can act as disincentives to accessing the people who are hardest to reach.**

Earmarking and results-based frameworks can restrict agile responses to evolving needs and priorities on the ground. Initiatives that support presence in difficult environments – such as investing in security management, transport, communications and visibility capabilities and staff insurance – should be considered core to project budgets, not dispensable overheads, and funded flexibly.

Reporting frameworks should also not disincentivize or penalize attempts to access hard-to-reach populations – recognizing, for example, that fewer people may be reached per dollar in such contexts and adopting realistic and adaptable performance indicators.

At the same time, humanitarian organizations need to be more vocal and straightforward about the impacts of donor laws and policies and more forthcoming in working together to develop solutions that meet donors' underlying concerns.

— **Donors should consider funding that promotes programming that reaches the people most in need, even if they are the hardest to reach**, such as that delivered under the auspices of certain pooled funds. For example, in 2017, Afghanistan's Common Humanitarian Fund – the OCHA-managed country based pooled fund –allocated resources to assessing, and basic service mapping in, the hardest-to-reach provinces, and then provided assistance in the districts identified as having the most urgent humanitarian needs. Such initiatives support the humanitarian principle of delivering based on need, wherever it is found, rather than targeting people in less risky, easier-to-reach areas.

3.4.2 Ensuring regulations promote rather than impede access

— **Governments and financial institutions should re-examine current counter-terrorism laws and their application in situations facing humanitarian crises.** Various efforts are underway to mitigate the problematic impacts of policies that undermine impartial provision of assistance, in particular those related to counter-terrorism, and these must continue. For example, the EU directive on combating terrorism exempts "humanitarian activities provided by impartial humanitarian organizations recognized by international law" from its scope (UNSG, 2018). Financial institutions, humanitarian actors and relevant government departments need to work together to identify ways to limit the impacts of bank de-risking policies in situations facing humanitarian crises.

— **National governments should review legal and administrative frameworks to remove the types of barriers that impede service delivery in hard-to-reach areas.** Well-designed national legal and administrative frameworks can simultaneously reduce unnecessary barriers to incoming relief and ensure that domestic officials are leading the overall coordination of aid. Positive experiences in countries such as Indonesia, Philippines and Ecuador are positively influencing other countries to take the necessary steps toward reform. National Red Cross or Red Crescent Societies have been active in over 100 countries to support their authorities in this way. However, achieving such reforms in all countries will require time, patience and consistent encouragement from the humanitarian sector.

3.4.3 Prioritizing programming and presence according to need

— **Humanitarian organizations need to work together to ensure up-to date accurate information on presence and capacities, coverage of needs and gaps and specific access constraints.** Analysis should include inputs from communities as to the presence of functioning assistance providers and whether their needs are being met. Identifying local community capacities should also be part of this process, not only those responders supported by international funding.

— **Humanitarian organizations and donors need to prioritize filling gaps in assistance to the communities that are most neglected and hardest to reach.** This requires

setting objectives around reaching the people who are hardest to reach and constantly reassessing programming in hard-to-reach areas, as well as a transparent analysis of needs and gaps.

— **International organizations need to invest in the people most able to be present and to provide services in the hardest-to-reach areas, including local actors and communities themselves.** Major donors and humanitarian agencies have already committed to substantially increasing their investment in local capacities, most notably in the 2016 Grand Bargain. Making good on this commitment will be critical for extending relief in hard-to-reach areas, particularly in times of crisis. This means mapping the capacities that exist, investing early in sustainable local capacities and providing better support to national partners with a local presence before crises hit. Local responders, like all humanitarians, can and should be expected to have adequate safeguarding and accountability procedures in place, but these requirements should be realistic and calibrated to real (as opposed to perceived) risks. Supporting local organizations to be able to meet donor requirements, and where possible to be pre-approved as partners, also means they can receive funding and scale up much more quickly in a crisis.

— **International organizations should see their responsibilities as extending beyond their own staff to their local and national partners.** This requires investment in areas identified by local partners including specialist negotiation training; security management; the implementation of security systems and procedures; transport, communications and visibility equipment; and staff insurance. Solutions must be found, either through a more generous approach to overheads or dedicated funding for security measures.



Bangladesh, 2018

An early walk in the campfire haze at Kutupalong camp, Cox's Bazar, Bangladesh. People with disabilities face huge challenges in the camps.

©Antony Balmain/Australian Red Cross

4. Left out of the loop: older people and persons with disabilities

Humanity – the very essence of humanitarian action and the first humanitarian principle – dictates that human suffering must be prevented and alleviated wherever it is found.[1] Moreover, the principle of impartiality prioritizes humanitarian assistance according to need, regardless of other factors such as nationality, race, political affiliation or class. Neglecting to make humanitarian assistance available and accessible to the people in most acute need not only fails to abide by humanitarian principles but also increases their vulnerability – leaving them even poorer, more at risk in the face of future shocks, and even further behind.

People most at risk of experiencing the impact of crises do not always receive the assistance and information they need in a manner that meets their needs. In some cases, people may be unable to access assistance because of the sheer complexity of humanitarian action and the chaotic operating environments of disasters and conflicts. Beyond that, there are technical reasons that prevent certain people from receiving adequate humanitarian assistance. For example, a lack of quality baseline data on the differing needs and capacities of people affected by an emergency, or limited staff/volunteer awareness and capacity to respond to the needs of particular groups.

Even the most basic information about what humanitarian assistance is available and how it can be accessed may fail to reach the very people who need it most when communications are poorly adapted to the needs of different groups. These may include linguistic minorities, people with low literacy and people who have less access to differing forms of communication or who may be less tech savvy. People less likely to leave their homes – persons with disabilities, older people, people with family responsibilities, women who may not leave their home unaccompanied for cultural reasons – will need information and assistance to be provided in different ways.

There are many other groups who could potentially fall into this 'left out of the loop' category, including people with no or low literacy, people who do not speak the predominant

1. Humanitarian principles are derived from the Fundamental Principles of the International Red Cross and Red Crescent Movement, proclaimed in Vienna in 1965 by the 20th International Conference of the Red Cross and Red Crescent Movement (see ICRC, 1979).

language, and people without access to different forms of media, internet or familiarity with new technologies. To illustrate some of the barriers to inclusive humanitarian action, as well as efforts underway to overcome them, this chapter looks in particular at two groups of people who are frequently left out of the loop during crisis planning, response and recovery: older people and persons with disabilities. These two groups represent a large and growing proportion of the population in crisis-affected contexts; and research highlights the disproportionate impact that crises can have on them; as well as their repeated marginalization in responses to emergencies.

Covering the two groups together does not infer that they are one and the same however. While there is some overlap between the two, they are also distinct in various ways. Neither are they in themselves homogenous categories – as well as individual and contextual differences, there are different types and severities of disability for example, and significant differences between sub-groups within the over-60 population.

While focusing on older people and persons with disabilities for the purposes of illustration, this chapter seeks to draw broader conclusions about what progress, if any, has been made in terms of furthering access to aid for people left out of the loop. It examines whether the barriers to making humanitarian response more inclusive to people with particular needs remain, and what good practice there is to ensure that typically marginalized groups are able to fully participate in and benefit from inclusive humanitarian action.

4.1 How are older people and persons with disabilities affected by disasters?

Older people and persons with disabilities are not inherently vulnerable to disasters. In both categories there are a range of levels of vulnerability as well as capabilities. Indeed, there is considerable evidence of older people and persons with disabilities acting as an important resource for their families and communities, particularly during times of crisis (IFRC, 2007; WHO, 2008; Wells, 2005; Williams, 2011). There are, however, factors associated with ageing and disability that can increase vulnerability to the impact of disasters and other crises. Reduced mobility, diminished employment opportunities, chronic health conditions, discrimination and other factors may put older people and persons with disabilities more at risk during times of crisis.

Box 4.1 Definitions

The UN defines an older person as someone above 60 years of age, and 'oldest-old' generally refers to people over 80 (Wells, 2005). The same definition is used here, while also recognizing that there are sociocultural aspects to ageing that strict definitions tend to ignore, such as status in the family, physical appearance and health.

The most widely accepted and commonly used definition of disability can be found in the UN Convention on the Rights of Persons with Disabilities (UN, 2006).[2] In relation to humanitarian action, the Charter on the Inclusion of Persons with Disabilities, launched at the World Humanitarian Summit in 2016, uses much the same definition. It states "persons with disabilities include those who have long-term physical, psychosocial, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in, and access to, humanitarian programmes". This definition emphasizes that disability is not solely a personal attribute but rather the interaction between a person and their environment, which can create barriers to their participation and inclusion. References to persons with disabilities in this chapter are based on this definition.

4.1.1 How many people are affected?

The number of older people in the world is rapidly increasing. In 2017, there were around 600 million people aged over 60 – around 8% of the world's population. By 2100, this is expected to increase to 2.5 billion people, or 22% of the projected world population.

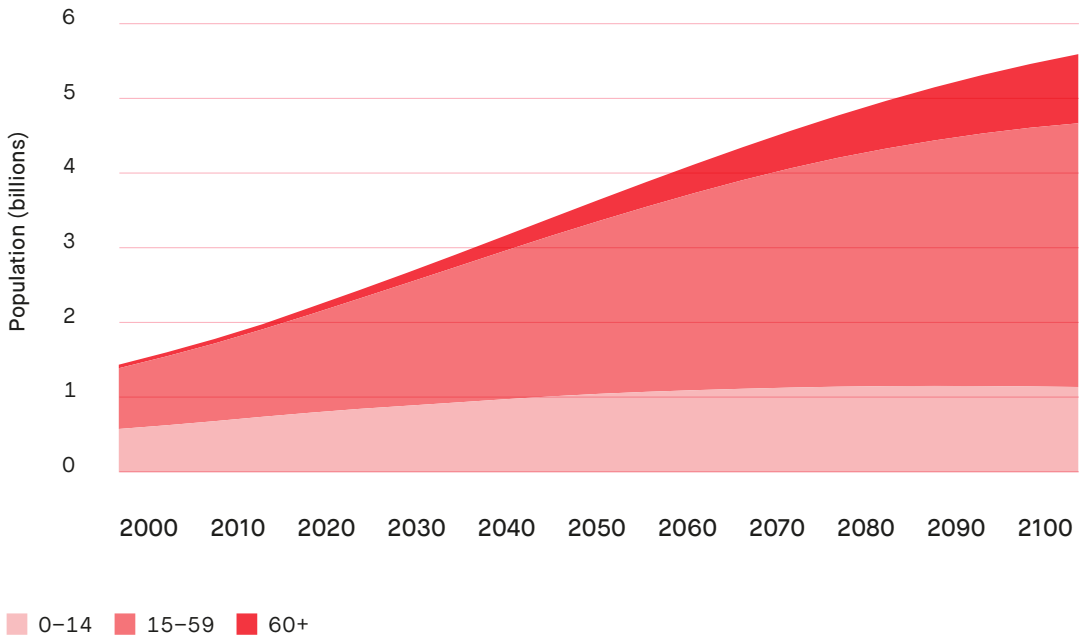
According to available data, the proportion of people over 60 is lower in environmentally vulnerable and politically fragile countries than the rest of the world.[3] Projections show that the gap is set to narrow. In 2015, there were an estimated 68 million people aged over 60 in environmentally vulnerable and politically fragile countries, representing 3.5% of the total population. This figure is expected to rise to 917 million by 2100, by which time people aged over 60 are expected to represent 16.5% of the total population in those countries (see Figure 4.1).

It is not immediately clear why this gap is narrowing. One factor is likely to be the increasing incidence of crises in middle-income countries where life expectancy tends to be higher (HelpAge International, 2016). No matter the cause, the projected trend has significant implications for those planning for and responding to crises, particularly given that the frequency of disasters caused by natural hazards is projected to increase and taking into account the ongoing protracted nature of the world's conflicts.

2. In the convention, persons with disabilities are defined as persons "who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

3. A list of countries considered particularly environmentally vulnerable is used throughout this report's analysis. These are defined using the INFORM Index for Risk Management data set, and are those scoring above a certain threshold according to two criteria: 1) lack of coping capacity (medium, high or very high); and 2) natural hazard score (high or very high). Politically fragile countries are defined as 'fragile states and economies' in the OECD report, *States of Fragility 2016*.

Fig. 4.1 Projected ages of people living in environmentally vulnerable and politically fragile countries, 2000–2100



Notes: Medium demographic projections are used.

Sources: Based on UN Department of Economic and Social Affairs (UNDESA) Population Division, INFORM Index for Risk Management 2018 and OECD *States of Fragility*.

The data suggests there are 1 billion people in the world with some form of disability – just under 14% of the global population.[4] Within this total there are of course significant variations in type and severity of disability. The proportion of people living with disability is higher in environmentally vulnerable countries, with an estimated prevalence rate of just under 17% (177 million people).

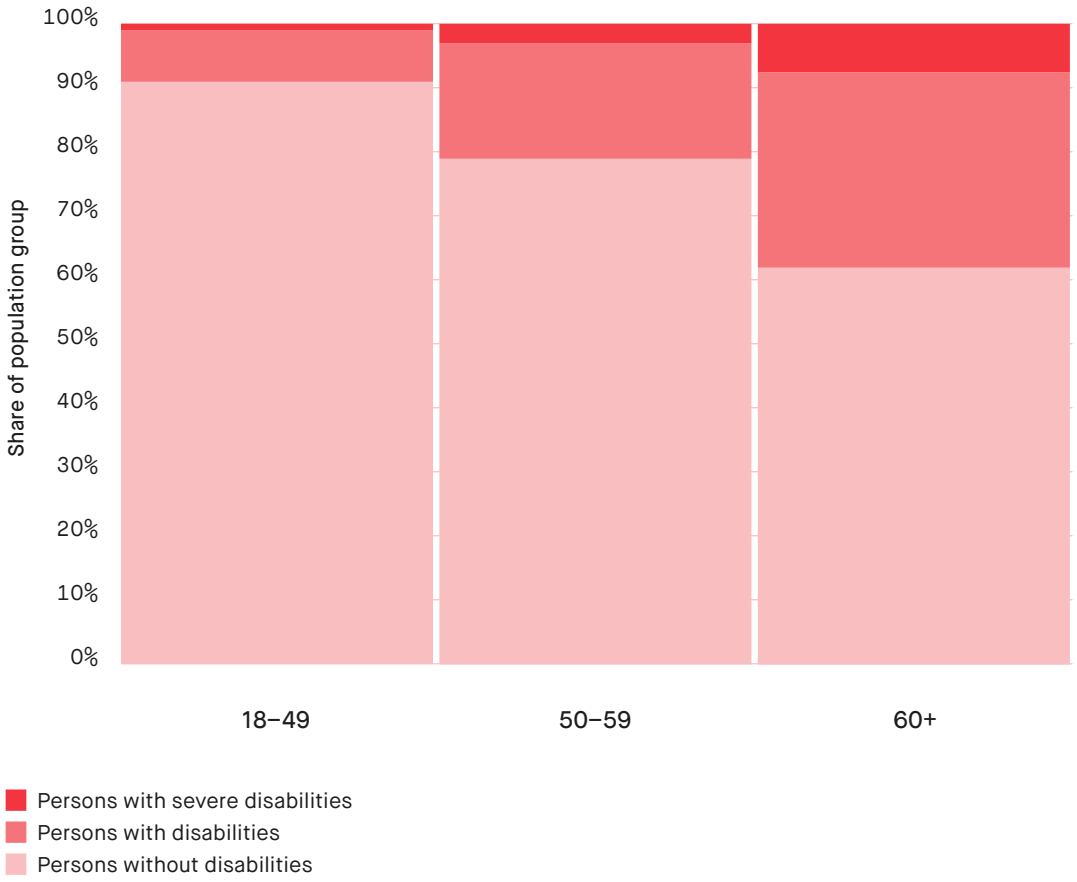
However, there are significant gaps in the data, and the number and proportion of persons with disabilities are likely to be much higher, both in terms of counting persons with pre-existing disabilities and new disabilities caused by the crisis. In countries that have conducted disability surveys, data exists but may be outdated and the numbers are hard to compare due to the different definitions and methodologies used. A cursory look at disability survey data, however, shows its value compared with more general national data collection exercises. Data for 31 countries using national census data (for various years) shows an estimated disability prevalence of 3%. The prevalence rate for those same countries

4. Figures are based on a range of national and international sources including: UN Economic and Social Commission for Asia and the Pacific Disability at a Glance (2017), WHO *World Disability Report 2011*, Demographic and Health Surveys repository, Eurostat European Health Interview Survey, Barbados 2010 Population and Housing Census, Brazil 2010 Population Census, 2012 Canadian Survey on Disability, Guatemala National Disability Study 2016, US Census Bureau Disability Statistics 2017, Zambia Living Conditions Monitoring Survey 2006 and UN Department of Economic and Social Affairs Population Division. Different sources may include different types and extents of disability.

combined rises to over 21% using data from the World Health Survey 2002–2004, gathered using a more specific and detailed set of questions on disability (WHO, 2004).

Many people categorized as having a disability are also older people. As the population of older people continues to grow, age-related health problems affecting sight, hearing, mobility and mental functioning will undoubtedly have a significant effect on the prevalence of disability. Figure 4.2 shows the already-high proportion of persons with disabilities (including severe disabilities)[5] in the older age group compared with younger age groups.

Fig. 4.2 Intersection between older people and persons with disabilities, 2002–2004



Notes: Disability and severe disability are defined by an item response theory score of 40+ and 50+ respectively.

Source: WHO (2011) Technical Appendix

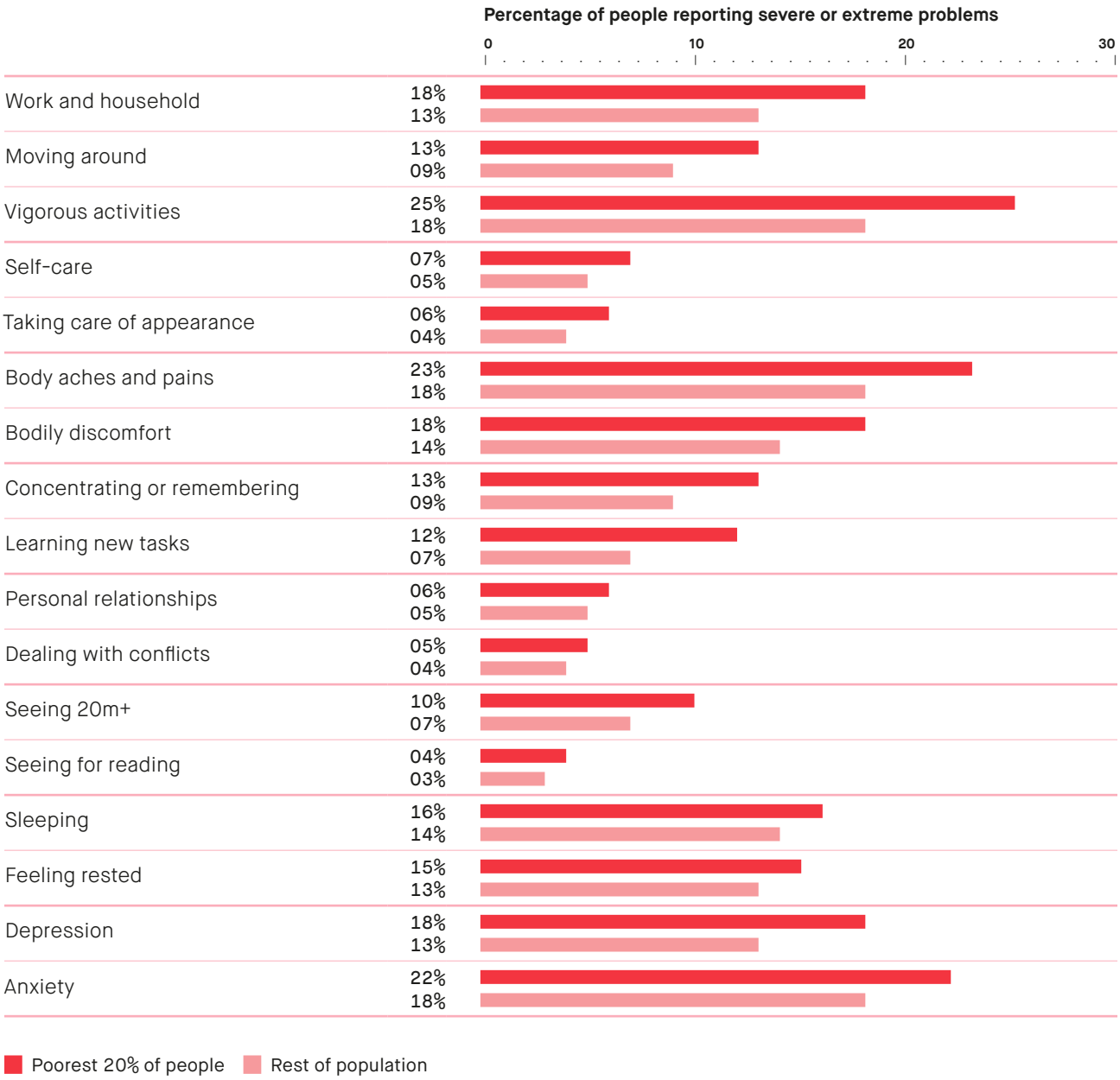
5. The definition of 'severe disability' from WHO *World Report on Disability 2011* references the Global Burden of Disease Study and specifies it is the equivalent of disability inferred for conditions such as quadriplegia, severe depression or blindness.

4.1.2 How are people vulnerable to and affected by disasters?

Neither old age nor disability are stand-alone determinants of vulnerability. Vulnerability in emergencies can come from the combination of age or disability with other factors, such as gender, ethnicity or social exclusion. Poverty is a key factor in determining vulnerability to the impact of crises. Research indicates that older people and persons with disabilities are more likely than their younger and non-disabled peers to experience poverty. This can be due to their particular needs, for example healthcare needs and expenses (HelpAge International, 2018), as well as barriers in their environment that prevent them from accessing key services and opportunities, such as education, healthcare, employment, justice and social support (DFID, 2015; HelpAge International and Handicap International, 2012; Rohwerder, 2015). This reinforces and increases the vulnerability of older people and persons with disabilities during times of crisis, leaving them with fewer resources to withstand and recover from shocks and pushing them further into poverty. In Bangladesh, the data shows a correlation between poverty and disability in a context of high vulnerability to natural hazards, including floods, tropical cyclones, storm surges and droughts. These hazards combined with an extremely dense population leave many people in Bangladesh vulnerable to the impact of disasters caused by natural hazards. The Internal Displacement Monitoring Centre estimates that over 4.7 million people were newly displaced by rapid-onset, weather-related disasters in Bangladesh between 2008 and 2014 (IDMC, 2015). People reporting severe or extreme problems in a range of different categories associated with disability are considerably higher for the poorest 20% of the country's population (see Figure 4.3).[6]

6. The methodology used in the WHO *World Report on Disability 2011* differs from that used by the Washington Group on Disability Statistics. WHO uses an item response theory score model based on individual disability surveys which use a range of questions similar, but not identical, to the Washington Group Short Set of Disability Questions.

Fig. 4.3 Poverty and disability in Bangladesh



Notes: See WHO *World Report on Disability 2011* for detailed descriptions of the different categories associated with disability.

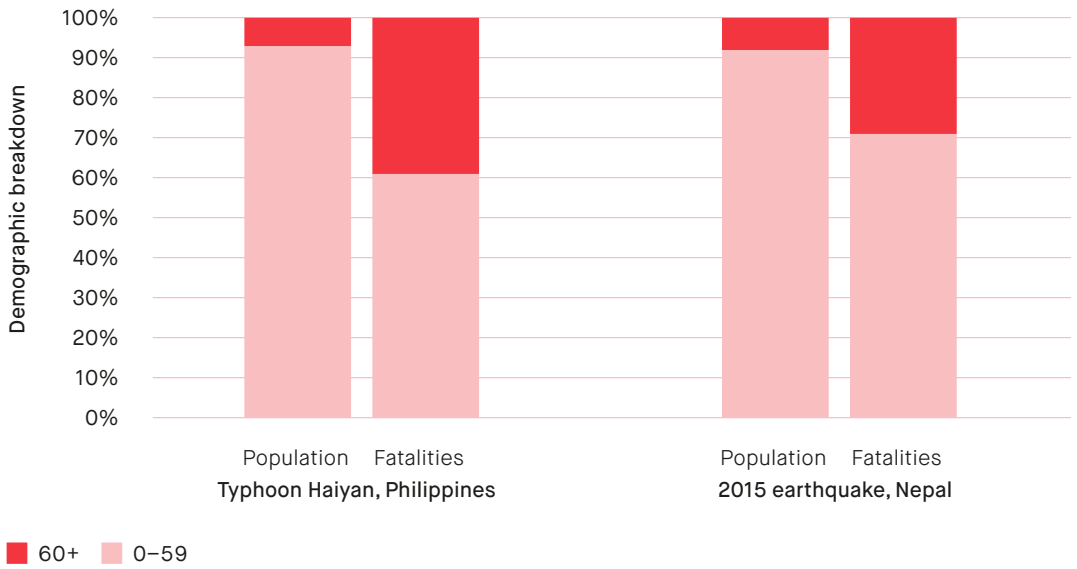
Source: Based on WHO *World Report on Disability 2011*

Crises can have a disproportionate impact on older people and persons with disabilities. A study by the Office of the UN High Commissioner for Human Rights in 2015 uses data from Japan to suggest that persons with disabilities are four times more likely to die when a disaster strikes (OHCHR, 2015). In Vanuatu, research indicates that persons with disabilities were more than twice as likely to have been injured during Tropical Cyclone Pam in 2015 (CBM, 2017).

In the Philippines in 2013, people over 60 represented approximately 7% of the population, but accounted for 38% of the fatalities caused by Typhoon Haiyan that same year (see Figure 4.4). Similarly in Nepal, 29% of people who died in the earthquake in 2015 were aged over 60, yet older people represented only 8% of the population.

Limited mobility, making it difficult to flee, is likely to be the primary reason for the disproportionate impact of crises on older people and persons with disabilities. However, there are other reasons specific to each context that help to explain the data. In some cases, people may have nowhere to go and prefer to stay close to home despite the risks. Others may underestimate the impact of crises based on their previous experiences. Research also suggests that older persons with disabilities disproportionately experience poor housing conditions (HelpAge International, 2018), which may put these people more at risk in the event of disasters caused by natural hazards.

Fig. 4.4 Age breakdown of people affected by disasters in the Philippines and Nepal



Source: Based on UNDESA Population Division and HelpAge International (2016, 2013)

Beyond fatalities, disasters can and do impact on older people and persons with disabilities in particular ways. These include the infliction of new injuries and subsequent loss of mobility; reduced access to medical services for chronic non-communicable diseases, such as cardiovascular disease, stroke, diabetes and dementia; increased risk from infectious diseases; nutritional deterioration; distress, depression and anxiety; and loss of livelihoods.

One of the most commonly cited impacts of disasters on older people and persons with disabilities is the breakdown of family and community support structures, leading to potentially increased protection risks such as rape and sexual abuse, abuse more broadly, and strong feelings of isolation and exclusion (Burns and Oswald, 2014; UNHCR, 2017c).

Box 4.2 Isolation of older people in Mongolia

For centuries, people in Mongolia have lived as nomadic herders, moving their animals regularly to get the best of the summer grass. This traditional lifestyle has begun to change, however, with increasing migration to urban areas, leaving many older people who stay behind to take care of livestock separated from traditional support systems and isolated from family members.

Mongolia experiences frequent *dzuds* – a phenomenon whereby extreme temperatures in both summer and winter leave many animals short of food and expose herders to food shortages, lack of fuel and deterioration of their health. An extreme dzud in the winter of 2016/2017 affected many herders. This included a significant proportion of older people who had become isolated due to younger members of the family moving to urban areas in search of work. Losses of livestock led to intense stress for many people as well as feelings of shame and failure. Ultimately, the disaster is estimated to have affected around 225,000 people and killed over one million animals.

The humanitarian response to the *dzud*, both from national and international institutions and organizations, largely focused on providing food, fuel, fodder and veterinary medications. Few organizations focused on the particular needs of older people and persons with disabilities. The Mongolian Red Cross through its Social Inclusion and Development Programme did, however, explicitly identify older people and persons with disabilities as vulnerable groups in need of specifically tailored support. Their assistance included helping people to carry out household chores, access state benefits and arrange medical visits continue healthcare for chronic illness and disease.

Social contact to respond to feelings of isolation was also a strong element of the Mongolian Red Cross response. It took various forms, including reading to older people and persons with disabilities, informing them of news from outside, and offering someone to talk to and a source of advice and comfort during the crisis. This enabled people who may otherwise have been excluded from the response to benefit – not only by receiving physical assistance, but also in countering feelings of loneliness and the negative impact of social exclusion.

The disproportionate impact of crises on older people and persons with disabilities can be caused by various factors, including limited mobility, dependence on family and community members, stigmatization and inaccessibility of early warning messaging and evacuation facilities. Disasters and conflicts can also increase the number of people living with disabilities, due to new injuries as well as deterioration of existing conditions. For people with both new and existing disabilities, the negative impact of disasters may be compounded by loss or damage to assistive devices in the midst of an emergency, limited

access to healthcare and rehabilitation, psychological stress and anxiety, abandonment, and a breakdown of support structures and preventative healthcare.

Certain risk factors can contribute to the impact of disasters on people, many of them related and overlapping. For example, disability combined with other factors can increase levels of risk and vulnerability. A study by Humanity & Inclusion found that 27% of persons with disabilities consulted had experienced secondary trauma as a result of being psychologically, physically or sexually abused after the disaster (Humanity & Inclusion, 2015).

Women and girls with disabilities may be particularly vulnerable to abuse in post-crisis contexts. Global data indicates that women and girls with disabilities are almost ten times more likely to experience sexual violence than persons without disabilities (Humanity & Inclusion). A study by the Women's Refugee Commission found that women and girls with mental and intellectual disabilities were perceived to be most at risk of sexual violence in crisis environments (Women's Refugee Commission, 2015). Consultations with refugee populations showed that men and boys with disabilities, while not as at risk as women and girls, are also targeted for sexual violence (Women's Refugee Commission, 2016). A breakdown of social and protective networks, isolation, family stress, a lack of safe housing, overcrowded living conditions and changes in gender roles brought about by an emergency can all combine to increase the vulnerability of women, girls, men and boys with disabilities in crisis situations, as well as their caregivers (Women's Refugee Commission, 2015, 2016) (see Chapter 2, section 2.3).

4.1.3 Capacities and contributions during disaster response

As well as the needs, the capacities of older people and persons with disabilities are frequently overlooked in emergency contexts. The two groups are typically characterized as helpless or weak during times of crisis. Indeed, while some older people and persons with disabilities may face additional risks in the event of a disaster, they also often have valuable contributions to make and are keen to regain control of their lives and stabilize the lives of their families and wider communities.

For example, many older people, including persons with disabilities, take on additional childcare responsibilities in times of crisis – women in particular (Wells, 2005). Migration can make this the norm in some contexts, where younger people seek employment elsewhere, leaving older people to take care of grandchildren. The phenomenon of 'skipped generation families' is also a feature in places heavily affected by HIV and AIDS and other epidemics (Williams, 2011). Indeed, even outside of situations of crisis, grandparents and older children – especially women and girls – often provide unpaid childcare in countries with insufficient and unaffordable formal childcare provision (ODI, 2016).

Box 4.3 Older people as agents of change

Afghanistan has been in a state of protracted conflict for decades and many parts of the country are at high risk of natural hazards. This combined with geographical barriers has left many millions of people with limited or no access to essential health

services. The maternal mortality ratio for Afghan women is among the highest in the world. Cultural norms in Afghanistan dictate that a woman must be seen by a female health professional, and women cannot travel alone to seek medical attention without an accompanying male family member. As a result, home births are still the norm with 86% of deliveries taking place at home.

The Afghan Red Crescent Society runs specially designed community-based health programmes (CBHP) across Afghanistan. These bring critical healthcare to vulnerable communities by providing services, health awareness and promotion, improved access to safe drinking water and improved sanitation facilities, and more diverse foods.

The CBHP has adopted an innovative way of convincing pregnant women – and their husbands, fathers and other male relatives – to seek health services and undergo medical treatment in the nearest health facility. Grandmothers are often considered as influential figures not only in their own families, but also in wider rural communities. Therefore, local committees of grandmothers were formed and trained to play a key role in advocating for women (and particularly pregnant women) to seek better healthcare and for men in the community to support and enable them to do so.

The CBHP in Balkh set up ten committees in 2016 with a membership of around 200 women. An evaluation of the project in 2017 found that the grandmothers' committees had a strong positive effect on raising awareness of improved maternal health practices. During the CBHP, there was a significant increase in deliveries attended by a skilled health worker: in pilot areas, from 4% in 2008 to 25% in 2010, and in all project areas from 30% in 2008 to 66% by 2016. The improvements cannot be attributed solely to the grandmothers' committees, but they are credited with making a significant contribution to changing mindsets and encouraging healthy practices.

Overall, the project succeeded in identifying and harnessing the unique capabilities of older people – and older women in particular – as volunteers in their communities, and did so in a creative and dignified way to bring about positive change. The wider implementation of integrating the Afghan Red Crescent Societies' CBHP, mobile health services and maternal, neonatal and child health clinical services all aim to widen service reach with holistic, curative, preventive and promotional healthcare to targeted vulnerable communities. Engaging communities in health service implementation and community acceptance aims to ensure safe access and assurance of protection for staff and volunteers operating in insecure areas. Continuous support to build the capacity of communities and volunteers leads to greater community resilience in coping with health and disaster risks.

Not only do crisis risk management activities frequently ignore disability, but persons with disabilities and their caregivers are rarely given the chance to contribute to early warning systems and other disaster preparedness-related initiatives. There are examples, however, of people using their own insights on disability to make valuable contributions to risk reduction efforts.

Box 4.4 Contributions from persons with disabilities to disaster management planning

The Dumaguete Effata Association of the Deaf (DEAF) in the Philippines is implementing a programme to increase access to hearing-oriented disaster risk reduction, disaster management and emergency response programmes. It recognizes that spoken and written materials, and sound-based early warning systems such as sirens or alarms, generally fail to alert persons who are deaf to the dangers of oncoming disasters. DEAF is working with the public sector to produce a Filipino Sign Language lexicon for climate, disaster and related signs for inclusion in visual early warning materials. The organization is also developing hazard maps of persons who are deaf in environmentally vulnerable areas, along with corresponding disaster response protocols, and facilitating collaboration and training for stronger community participation to institutionalize disability-informed policies and practices.

The DEAF team have mobilized networks for deaf person's organizations and are working with local government units responsible for disaster risk management and disaster preparedness programmes. As such, the outputs from the project not only respond to the needs and capacities of persons who are deaf, but the initiative allows them to take up active roles in advocating for more attention to persons with disabilities in disaster management processes.

4.1.4 What can be done to facilitate access to, and participation in, humanitarian response?

A range of barriers prevent older people and persons with disabilities, as well as other population groups, from equitably accessing humanitarian assistance and actively participating in the response. These differ from the technical and operational (see sections 4.2–4.5) to the more systemic and underlying challenges and constraints. First and foremost is the failure to fully implement the various standards, frameworks, policies and guidelines that already exist to protect and promote the rights of groups who are particularly at risk, including older people and persons with disabilities.

Overarching commitments in the Sustainable Development Goals (SDGs(include implicit and explicit references to prioritize outcomes for marginalized groups. Similarly, the Sendai Framework for Disaster Risk Reduction 2015–2030 refers to older people in its list of relevant stakeholders for working together on preventative approaches to disasters, and commits to establishing persons with disabilities as key stakeholders in planning for and implementing risk reduction strategies.

There are also several important international frameworks and commitments focused on persons with disabilities and older people that guide the efforts of governments, organizations and people. The UN Convention on the Rights of Persons with Disabilities is a cornerstone for recognizing the human rights of persons with disabilities and also promoting a rights-bases approach during humanitarian emergencies. The more recent Charter

on the Inclusion of Persons with Disabilities in Humanitarian Action sets out clear commitments to lift the barriers that keep persons with disabilities from accessing humanitarian services.[7]

The 2002 Madrid International Plan of Action on Ageing aims to strengthen respect for the rights of older people. While normative rather than binding, the plan covers a wide range of issues associated with ageing populations, including emergency situations, and has been adopted by 159 governments.

It is undoubtedly positive that these global frameworks and commitments exist. However, the track record of humanitarian actors – international and national – in putting them into practice, and ensuring the availability of funding to do so, is questionable.

Some countries have made progress in mainstreaming the rights of older people and persons with disabilities into national policy frameworks. Current research by the International Federation of Red Cross and Red Crescent Societies (IFRC) in Asia and the Pacific shows that vulnerable groups, including older people and persons with disabilities, are often prioritized in disaster risk management legislation. However, overall national disaster laws and systems are generally weak on protection and inclusion issues and tend to include general provisions about engagement and inclusion without specific mandates, details and commensurate resources to bring about tangible action and benefits. Moreover, the focus tends to be on addressing needs rather than ensuring the active participation of older people and persons with disabilities in decision-making processes.

Humanitarian organizations and donors have also developed their own policies and tools for better including older people and persons with disabilities in their portfolios and programmes. The Humanitarian inclusion standards for older people and persons with disabilities *(*Age and Disability Consortium, 2018) is a particularly important new initiative designed to strengthen collective organizational capacity on behalf of older people and persons with disabilities in situations of crisis.[8] And the forthcoming Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action are expected to assist humanitarian responders, governments and affected communities to coordinate, plan and implement the effective participation and inclusion of persons with disabilities in humanitarian contexts.

Consultations with mainstream humanitarian and development organizations, however, raise questions about the extent to which such tools and guidelines are being used. Some organizations have voiced concerns about their capacity to mainstream a long list of cross-cutting issues and absorb a growing set of tools and guidance materials. Others question the prioritization of older people and persons with disability alongside other vulnerable groups; while others still are willing in principle to take on the challenges of age and disability inclusion, but fear a lack of specialist expertise and dedicated resources

7. See WHO (2018b) for more detail on its work on improving access to assistive technology for people in need.

8. The Minimum Standards for Age and Disability Inclusion in Humanitarian Action were developed as part of the Age and Disability Capacity Building (ADCAP) programme, led by HelpAge International as part of a portfolio of capacity strengthening projects under the Start Network. The Age and Disability Capacity Building (ADCAP) programme is an initiative of the Age and Disability Consortium, a group of seven agencies working to promote age and disability inclusive humanitarian assistance: CBM, DisasterReady.org, Handicap International, HelpAge International, IFRC, Oxford Brookes University and RedR UK.

in their organizations will prevent them from doing so effectively (WaterAid et al, 2016). Some organizations are visibly committed to improving age and disability inclusion at headquarters, but find that practice at country level is lagging behind. In other cases the opposite is true, with good practice ongoing in crisis contexts but a lack of headquarters support to systematically scale up effective age- and disability-inclusive approaches.

The following sections focus on some of the more technical challenges that continue to act as barriers to including vulnerable groups in humanitarian response, focusing on older people and persons with disabilities.

4.2 Data and situational information

Exclusion of older people and persons with disabilities from humanitarian action begins with a lack of data and situational information. The poor state of secondary data, pressures to respond quickly in emergency situations, and an inability to tailor programmes to the needs of specific groups all act as barriers to the effective collection, analysis and use of data on older people and persons with disabilities.

If people designing and conducting needs assessments do not consciously collect age- and disability-disaggregated data, or seek and use pre-existing data, then older people and persons with disabilities are less physically visible as populations in need. Those responding to the emergency are thereafter less driven to design age- and disability-appropriate programmes and services, and less accountable to do so if the needs of older people and persons with disabilities remain largely unknown.

Where data on older people is gathered, the over-60s age group is often treated as homogenous, failing to recognize the often-significant differences between sub-groups: 60–69 years, 70–79 years and so on (HelpAge International and IDMC, 2012). Cut-offs and age limits in surveys also restrict comprehensive data gathering on the needs of older people. There is very little economic and income-related data on older people, for example, partly due to the assumption that older people are dependent rather than working (Development Initiatives, 2017a). Similarly, older people are rarely a target group for surveys related to nutrition – commonly focused exclusively on children under five, or HIV prevalence – which tend to focus on people of reproductive age (HelpAge International and IDMC, 2012).

When older people are asked about their situation and their responsibilities, the results can be surprising. In Bangladesh in 2017, a rapid-needs assessment of older people forcibly displaced from Myanmar found that 72% of the older people interviewed had responsibilities to care for an average of 3.2 dependants in the household (HelpAge International, 2017). This information challenged the assumption that older people are automatically dependants in the family. In this instance it also helped to inform the design of programmes that not only provided appropriate support to older refugees, but worked with older people as conduits for ensuring adequate healthcare, protection and other essential services to children in the refugee population.

Collection, analysis and use of disability-disaggregated data in humanitarian settings are even rarer. In some countries – including those affected by disasters caused by natural hazards, conflict and both – there is little to no data and the actual number and situation of persons with disabilities is largely unknown. A lack of data on disability can lead to underestimates of disability prevalence, making it easy for governments and humanitarian policy-makers and practitioners to overlook the needs and rights of persons with disabilities (DFID, 2015).

Box 4.5 Improving data on persons with disabilities

When humanitarian responders do collect disability data on the populations they serve, it generally derives from the use of binary 'yes/no' questions in assessments and surveys, such as "do you have a disability or medical condition?" This can lead to significant under-reporting.

Recognizing these data gaps and weaknesses, Humanity & Inclusion (formerly Handicap International) is working to improve the availability of quality data on persons with disabilities and increase its use by humanitarian organizations. Its project, *Disability Statistics in Humanitarian Action,* is piloting collecting better and more reliable data on persons with disabilities in three countries: Jordan, the Democratic Republic of Congo and the Philippines. Thirty organizations – UN, international non-governmental organizations (NGOs) and local NGOs – are participating in the pilot.

The project promotes the use of the Washington Group Short Set of Disability Questions in humanitarian contexts (Washington Group on Disability Statistics, 2018). The questions were originally designed for national censuses, and to allow for international comparability of disability statistics. They enable data collectors to gather information on the level of difficulty people report in carrying out activities is six basic areas: seeing, hearing, mobility, remembering, self-care and communicating.

Washington Group Short Set of Disability Questions



Do you have difficulty **seeing**, even if **wearing glasses**?



Do you have difficulty **hearing**, even using a **hearing aid**?



Do you have difficulty **walking** or **climbing steps**?



Do you have difficulty **remembering** or **concentrating**?



Do you have difficulty (with **self-care** such as) **washing all over** or **dressing**?



Using your usual language, do you have difficulty **communicating**, for example **understanding** or **being understood**?

The pilot is in its first year but already generating interesting results. In Jordan, for example, UN High Commissioner for Refugees (UNHCR) asked a small group of people the questions during registration. Data from the exercise indicated a significantly higher prevalence of disability in the refugee population than previously thought. Of the sample group, 27.6% of refugees had some form of disability according to responses given to the Washington questions, compared with a disability prevalence rate of only 2.4% using UNHCR's own registration processes.

Experience from the project so far indicates that there is significant demand for a tool to identify persons with disabilities. However, adapting backend information management systems to host the data can be slow and complex, especially in larger organizations. Data sharing is also an issue, and organizations need reassurance of data protection and confidentiality. Use of the data is another area that needs more attention – considering how the data can be used to inform more inclusive programming – rather than gathering data as a tick box exercise, perhaps to satisfy donor requirements, then continuing to design programmes in the same way as before.

Given the obvious intersectionalities in human identity – the differences between individuals and groups and how they combine to shape different experiences of access, power and oppression (Slim, 2018) – there is a clear need to bring different workstreams together and combine efforts on various cross-cutting issues, including gender, age and disability. That said, data on different people's facets is rarely combined to create a more holistic picture of the situation and needs of particular groups. While the logic for collecting data disaggregated by sex, age and disability is by now well understood and accepted, its implementation is less consistent (Age and Disability Consortium, 2015).

4.3 Tailoring assistance

Without a sound evidence base and justification for including older people and persons with disabilities in programmes and approaches, institutions and organizations responding to disasters often unwittingly exclude these groups from accessing assistance. Deliberate choices to prioritize certain groups over others – driven by mandates, biases and assumptions, or resource constraints and other factors – also limit the extent to which older people and persons with disabilities are included in broader programmatic responses or prioritized for tailored assistance.

Examples of exclusion include distribution plans for relief items that fail to take into account the strength and stamina of older people or the mobility of persons with disabilities. Similarly, food items distributed following disasters are not always appropriate for the diets and nutritional status of older people, and medications for non-communicable diseases are rarely prioritized. Livelihoods is another area that largely excludes older people in crisis and post-crisis settings, based on the assumption that people over the age of 60 are 'too old' to work and are not expected to contribute to the household income. This is often not the case, particularly given the significant proportion of older people in

the world today – just over half and rising – who have no access to pensions (UNDESA, 2017). Moreover, many older people continue to act as key decision-makers in their families and communities, particularly during times of crisis – something that is not often recognized and capitalized on by people responding to emergencies.

Data from a survey conducted by Humanity & Inclusion in 2015 reveals startling levels of exclusion from humanitarian assistance and services for persons with disabilities. Of respondents to the survey, all of whom had some form of disability, 70% indicated that health services were a priority for them in the event of a crisis; yet only 33% said the services were available during a crisis. The results were similar for other sectors, such as water, shelter and food; and other sources indicate that access to mental health services is a particular gap. In addition, services targeted at the needs of persons with disabilities, such as rehabilitation and assistive devices, were only available to between 24 and 31% of survey respondents (Mirza, 2011). Data from WHO, while not specific to humanitarian contexts, also indicates that only one in ten people globally has access to assistive technology, such as hearing aids, wheelchairs, communication aids, spectacles or prostheses.[9]

Box 4.6 Ensuring accessibility of assistance and services to older people during disasters

Kenya was affected by severe drought in 2017, triggering a national emergency. Prolonged dry spells resulted in poor crop performance and even crop failure in some regions, threatening local food security and causing health problems.

Data from a needs assessment for the drought response by the Kenya Red Cross Society revealed that a significant proportion of older people and persons with disabilities were not reaching food distribution and medical outreach sites to access much-needed services. Further analysis showed that many older people had been left behind without carers when families had moved in search of pasture and clean water. This left them without access to services and at risk of malnutrition, particularly people with mobility challenges who were unable to travel long distances.

The Kenya Red Cross Society worked through community health volunteers and disabled person's organizations (DPOs) in Turkana county to map and identify households with older people and persons with disabilities. This strategic targeting allowed the team to identify an accessible venue, provide services and ensure the logistical requirements allowed access to the medical camp facilities for people with mobility challenges. As a result, out of the just over 5,500 people reached, around 1,760 were classified as older people and 649 as persons with disabilities.

The experience in Turkana county was made possible thanks to a clear disability and social inclusion policy, and a determined effort by the Kenya Red Cross Society to gather and analyse sex, age and disability-disaggregated data using well-trained

9. The Charter was launched at the World Humanitarian Summit in 2016 and has since been endorsed by a number of states, UN agencies, civil society organizations and networks. According to a recent update, over 150 stakeholders representing over 1,000 organizations have endorsed it (Handicap International, 2017).

staff. It was also enhanced through close collaboration with local DPOs, which helped identify vulnerable groups who could then actively participate.

4.4 Effective communication

Lack of information on available services can be a major barrier to inclusion and accessibility. Participatory research by HelpAge International in Lebanon, South Sudan and Ukraine in 2015 found that more than two-thirds of older people felt that they did not have enough information about the humanitarian assistance available to them (HelpAge International, 2016).

Information on available services in disaster situations can fail to reach older people and persons with disabilities for various reasons. The two groups may not be seen as priority targets for assistance; therefore, those responding do not necessarily reach out with the necessary information. Communication methods and channels may also inadvertently exclude older people and persons with disabilities. For example, written communications or SMS messages may not be suitable ways of communicating with older people with high levels of illiteracy and/or minimal use of mobile phones. People with vision, hearing and mobility limitations may have additional difficulties receiving and processing critical information about eligibility and procedures for accessing assistance. Overlooking even the most basic of considerations, such as the height and location of information boards to ensure that they are wheelchair-accessible, can limit access to vital information for persons with disabilities (IFRC, 2015).

Communication is not a one-way process: a two-way flow of information is important to ensure people affected by crises are able to provide feedback or complain about the way assistance is being provided. This includes considering how older people and persons with disabilities who are housebound can provide feedback, for example through home visits or by telephone (IFRC, 2015a).

Innovation and technology use are helping to increase inclusion and support enablement and transform humanitarian action. However, new ways of working and communicating can risk exacerbating feelings of exclusion for some older people and persons with disabilities. In the case of cash transfer programming, for example, and particularly programmes that deliver cash through electronic transfers, it is critical that all recipients receive adequate and appropriate information about the distribution mechanism, including people with restricted literacy or limited familiarity with banking systems and associated technology (Age and Disability Consortium, 2018).

Language barriers can leave people left out of the loop. Older people and persons with disabilities who are also migrants or from linguistic minorities may nor speak the official national language(s). Women in particular often have fewer educational opportunities and therefore might be less likely to speak or read a second language. Furthermore, people tend to revert to speaking in their mother tongue in old age (Kees de Bot, 2005; Pew Research Centre, 2015; Bleakley, 2010). Despite this, the humanitarian sector consistently

underestimates the language factor, further hampering the ability of minority language speakers to receive information from and communicate with humanitarian responders.

Speakers of minority languages who are not fluent in the official national language(s) are at a structural disadvantage in many countries. They often belong to less prosperous and powerful geographical regions or ethnic groups and, as a result, are more vulnerable when a crisis hits.

However linguistically diverse the affected population, humanitarian responses are usually coordinated in international lingua francas and delivered in a narrow range of national languages. Basic data on the languages and literacy levels of the affected population is not systematically collected and shared in the way that other fundamental characteristics such as gender and age might be. As a result, evidence-based multilingual communication strategies are rarely developed. The small pool of trained translators and interpreters in many underserved languages is also a limiting factor. Without data, humanitarians tend to assume a lingua franca will be universally understood. Without resources, they call on untrained members of the affected population who speak the language used by responders to plug the gap, frequently unresourced and unsupported.

A shortage of trained female interpreters with the right language skills is a particular problem. Without the ability to talk to someone of the preferred gender in their preferred language, survivors of violence and abuse, including sexual and gender-based violence, are far less likely to report incidents. People affected by disasters and service providers from Italy and Turkey to Nigeria have repeatedly described how this shortage prevents women and others who have experienced abuse getting the support they need (TWB, 2017a).

Concerted work is underway to address this problem. In the refugee response in Cox's Bazar, Bangladesh, for example, BBC Media Action, Internews and Translators without Borders are working together to build a library of resource materials and tools to support humanitarian organizations' community engagement. Everything from needs assessment surveys to community feedback mechanisms can be more inclusive when they are in the right languages and formats to include the whole of the affected community (CDAC Network, 2017).

Box 4.7 Ebola as a crisis of language

The 2014–2016 Ebola outbreak in West Africa had a disproportionate impact on poor people, older people, people with chronic illnesses and persons with disabilities (Rohwerder, 2014). Language was an obstacle to controlling the spread of the disease. People in the affected countries knew little about Ebola and rumours spread quickly, prompting the destruction of health facilities and reliance on ineffective means of protection and treatment. Understanding what these rumours where and communities' interpretation of the outbreak was also a challenge.

Information campaigns were deployed in the most-affected countries to counter the rumours with facts about how people could keep themselves safe and access effective care. But at first information was available primarily in English in Liberia and Sierra Leone and French in Guinea – although the population in these countries

speaks over 90 languages. Just 13% of women in Sierra Leone speak English (Berger and Tang, 2015). Translators without Borders' research with Ebola-related content in Kenya confirmed the impact of having information in the right language. Participants initially answered only 8% of simple questions on Ebola correctly. When shown an Ebola warning poster in English, understanding of key facts went up to 16%. With information in Swahili, it increased to 92% (TWB, 2015).

Research on the outbreak in Liberia and Sierra Leone indicates that women died in greater numbers than men, at the beginning and peak of the outbreak, in part due to their role as caregivers. They were also less likely to access both telecommunication channels and traditional channels relaying information, and to be included in communication campaigns targeting community or faith leaders (ACAPS, 2015). An early shortage of information material for non-literate audiences and speakers of local languages left significant swathes of the population in deadly ignorance.

The way messages were developed and disseminated evolved with the epidemic. Translating a range of materials, from posters to videos, into seven local languages dramatically expanded their potential reach. Language was clearly very important, but so too was how messages were passed, recognizing the different community-specific perceptions of what was happening. The development of community-led approaches including social mobilizers from the local area was a turning point in tackling Ebola in Sierra Leone (Oxfam, 2015). The local mobilizers spoke the right languages and became a trusted information source. Specialized organizations such as Humanity & Inclusion devised programmes to transmit key information about Ebola to vulnerable people and persons with disabilities (Humanity & Inclusion, 2014). Simple content communicated in local languages helped communities implement effective strategies to support sick people and prevent transmission.

4.5 Local leadership

Successfully putting existing guidelines into practice and scaling up examples of good practice requires close coordination between disability-focused organizations and mainstream humanitarian agencies. Mainstream humanitarian agencies may have good intentions for disability-inclusive planning and programming, but often lack the necessary local knowledge and technical expertise. In some cases they may also inadvertently promote negative stereotypes about disability because of their lack of understanding.

DPOs and older people's organizations (OPOs) working at all levels from grassroots to international have helped to improve the lives of their members and advocate for the inclusion of persons with disabilities and older people. At the most local level, DPOs and OPOs have unique knowledge of some of the most at-risk people and families. Their ability to advocate for full inclusion in the services being provided by mainstream humanitarian organizations in the event of large-scale emergencies, however, is limited by lack of familiarity with the international humanitarian sector and its processes, procedures and

norms, as well as a reluctance on the part of international organizations to cede power to national and local responders. In common with other local NGOs and civil society organizations, they also lack access to international humanitarian financing to effectively engage and scale-up their efforts (Development Initiatives, 2017b). Their knowledge and expertise, therefore, often goes underused.

Beyond their representative organizations, persons with disabilities and older people, as well as their caregivers, are routinely excluded from disaster risk management processes and denied the opportunity to represent themselves in matters that directly affect them. A survey of persons with disabilities conducted by the UN Office for Disaster Risk Reduction in 2015 found that just 17% of respondents were aware of a disaster management plan in their area and only 14% said they had been consulted on it (UNISDR, 2013).

Despite strong evidence of the benefits of including older people, persons with disabilities and other frequently marginalized groups in crisis-related planning, response and recovery, few humanitarian organizations recognize and capitalize on their knowledge, capabilities and resources. This may be because of biased assumptions about these groups and their limitations, or because of a lack of time and resources – either real or perceived – to understand and capitalize on their strengths. However, it is also symptomatic of top-down approaches to humanitarian response more generally, wherein people affected by a crisis are typically characterized as passive recipients of aid rather than active stakeholders in the design and delivery of aid responses (Grünewald and de Geoffroy, 2008).

Box 4.8 Bridging the gap between disability and humanitarian action

In April and May of 2015, two large earthquakes struck Nepal killing around 9,000 people, displacing thousands more, and causing widespread damage to infrastructure, services and livelihoods. In response, the Government of Nepal, together with local, national and international organizations, launched a large-scale relief effort.

As part of the response effort, and based on experiences from the Haiti earthquake in 2010 and Typhoon Haiyan in the Philippines in 2013, the international NGO, CBM, worked with the National Federation of the Disabled Nepal, the national umbrella body of persons with disabilities in Nepal, to establish 'ageing and disability focal points' in three of the worst-affected districts. HelpAge International and partners set up additional focal points in other affected districts.

The focal points operated as specialized hubs, identifying people with particular needs in the affected population and matching them with existing service providers across a range of different sectors, including water, sanitation and hygiene, food, shelter, health, education and livelihoods. The points were staffed directly by persons with disabilities who worked in their communities to ensure assistance reached the people most in need. In certain cases, for example for women with disabilities who faced extra challenges related to discrimination and additional domestic responsibilities, volunteers and social mobilizers conducted home visits to understand their particular needs.

The information gathered on unmet needs of persons with disabilities and older people was also used to advocate for a more inclusive response by other humanitarian agencies at national level. Team members worked closely with mainstream humanitarian organizations to sensitize them on disability issues and equip them with simple tools and approaches to include persons with disability and older people in their programmes.

One of the main lessons from the ageing and disability focal points initiative is to involve persons with disabilities and older people in emergency preparedness initiatives. This can ensure that mainstream humanitarian agencies already have the knowledge and mechanisms to reach these groups when disasters strike, and persons with disabilities and older people, as well as their representative organizations, are equipped with the necessary capacity to actively engage in the response effort from the outset.

Finding a way to bridge the gap – ensuring that mainstream humanitarian organizations are age and disability competent on the one hand, and local disability- or age-focused agencies are adequately resourced and supported to inform and guide the response on the other – will mean departing from currently accepted norms in the humanitarian sector. And, as others have already articulated, it likely necessitates a radical overhaul of the institutions, the power dynamics between them, the way that success is articulated and measured, and the flow of resources to and between responding organizations (ODI, 2016; ALNAP, 2015b; Development Initiatives, 2017b).

4.6 In the loop: conclusions and recommendations

Some progress has been made on including older people and persons with disabilities in humanitarian response. The SDGs have been key in moving the development agenda forward to leave no one behind, and the humanitarian community continues to look for ways to respond to people most in need. A proliferation of guidance, standards and toolkits show that the commitment and the will are there; and, as this chapter has shown, there are many examples of good practice at global and country levels.

The discussion is now not *whether* to make humanitarian action more inclusive, but *how* to make it more inclusive, and how to do so at scale. Humanitarian principles and good practice should automatically lead to the people most at risk and these groups are clearly a priority focus for crisis prevention and response. The various frameworks, commitments and standards that exist are adequate in terms of providing clarity and vision for better inclusion within humanitarian response. But the evidence shows that despite willingness and commitment, those populations are still not being routinely prioritized by mainstream humanitarian agencies. Good practice is ad hoc, not systematic. Too much is expected of specialist institutions and organizations – those focusing on age, disability, gender or

other issues – and not enough is being done by others. As a consequence, older people, persons with disabilities and other potentially vulnerable groups remain at risk of being left out of the loop, and left behind by humanitarian response.

Moreover, focusing on specific aspects of people and groups separately – such as disability, age or gender – fails to consider the multiple and interlinked vulnerabilities, needs and capacities of people affected by crises. Overcoming this mindset is further entrenched by the architecture of the humanitarian sector that navigates by sector (e.g. health) or by entire population groups (e.g. refugees). Divisions between population groups can be further entrenched by a lack of collaboration between age- and disability-specific organizations (HelpAge International, 2018), as well as between specialist agencies focusing on other target groups or cross-cutting issues.

From a practical point of view, the following key recommendations can help push the agenda forward and go the last mile towards better inclusion of older people, persons with disabilities and others who may be left out of the loop in humanitarian action.

4.6.1 Improved understanding: data, information and research

— **Humanitarian actors – international, national and local – should radically improve the data on older people and persons with disabilities to better identify, understand and account for specific needs in humanitarian programming.** This includes not only data collection and analysis but also overcoming the continued risks and resistance to greater *sharing* of data. Lack of data is not the only reason why older people and persons with disabilities are frequently excluded from humanitarian action – but it is a clear contributing factor. People need to be visible and counted for humanitarians to understand their situations and be held accountable for responding appropriately to their needs and capacities.

— Data is particularly lacking on persons with disabilities, and the granularity of both age- and disability-related data falls short. For example, distinguishing between different age groups within the broader heading of 'old age', and identifying different types and severity of disability, as well as upper age limits on humanitarian assessments and surveys which thereafter exclude older people from participating in certain initiatives, including livelihood programmes.

— **Language and literacy levels of everyone** in need should be systematically and routinely captured and questions on language and **communication needs should be included in multi-sector needs assessments**, as proposed by the Inter-Agency Standing Committee (IASC) Task Team on Accountability to Affected People and Protection from Sexual Exploitation and Abuse, and Translators without Borders, in early 2018. Factoring language and other potential barriers to communication into the design and resourcing of participation and accountability mechanisms will help ensure minority language speakers and less literate people are not excluded. Gender is often a key factor influencing language and literacy skills and should not be forgotten.

— Where publishing language data entails risk for the people concerned, safe ways of managing that data and making available only what is needed to inform strategy need to be found.

4.6.2 Inclusive responses: partnerships, staffing and communications

— **Efforts to increase inclusive humanitarian action should be undertaken with the direct participation of older people, persons with disabilities and other marginalized groups wherever possible.** This requires stronger alliances between local DPOs/OPOs, governments and mainstream humanitarian organizations as well as ways of working that genuinely allow for the voices and skills of older people and persons with disabilities, and other potentially marginalized groups (such as minority linguistic groups, migrants and women) to shape humanitarian responses. This begins with reviewing the staffing of humanitarian organizations and considering the extent to which they are age- and disability-inclusive, and how in turn this affects their ability to reach out to potentially marginalized groups.

— Humanitarian responders need to be aware that some people may be stigmatized and hidden from view. As the work of the Kenya Red Cross Society to overcome prejudice towards persons with disabilities shows, sustained community engagement can help better reach people who have been left behind owing to stigma while helping to shift perceptions and attitudes.

— As illustrated by the example of BBC Media Action, Internews and Translators without Borders in the refugee response in Bangladesh, **a collective approach to multilingual communication with affected populations can help make humanitarian action more accountable to, and effective for, people most often left out of the loop**. This would help ensure that key resources are geared to the needs of minority language speakers, non-literate people and people with less access to technology.

— **Programme budgets should include provisions for meeting the specific needs of marginalized groups – and this should include tailored communications.**

4.6.3 Focused investments: supporting local action and participation

— **Donors and sub-granting international organizations should enable and forge better links with local-level action, led by groups that may otherwise be left out of the loop.** The research for this chapter found that some of the best and most effective action with and on behalf of persons with disabilities is happening at the local level, often initiated and led directly by persons with disabilities.

— **Donors should help to raise the bar on inclusion, pushing organizations receiving their funding to do more to include older people, persons with disabilities and other groups at risk of being left out of the loop in their programmes.** As investments in

better quality data, capacity building and inclusive and participatory programming are potentially high, donors can also make a valuable contribution by providing humanitarian organizations with the space, time and resources to interact with people who are affected by crises and develop demand-driven responses that genuinely respond to their needs.



Sulawesi, Indonesia, 2018.

Sahoriya, 73, survived the earthquake and tsunami which struck Sulaweisi. Crises can have a disproportionate impact on older people: 4 people died in the village of Loli Saluran and all were older people.

©Benjamin Suomela/Finnish Red Cross



South Sudan, 2013

A 'returnee' at a camp for those who had fled conflict in Sudan. This community has received vital resources from the South Sudan Red Cross Society, however many challenges remain.

©IFRC/Juozas Cernius

5. Out of money: underfunded emergencies

It takes more than money to ensure that the people most left behind are identified, reached and included. But leaving no one behind demands financial resources, and inadequate financial resources mean people are left behind.

There is a clear gap between humanitarian need and available funding. It is not a new financing gap – it has long been the subject of analysis, advocacy and action. But now, as the volumes of known international humanitarian assistance have reached record levels, so have the demands made on it. The data suggests that while we may be reaching peak aid,[1] we have not reached peak need.

At the heart of the problem is a twin dilemma: how, in a resource-constrained world, to honour the principle of needs-based assistance in reaction to crises? And how at the same time to invest in a progressive model that pre-empts and reduces those very needs? This principle, of responding to needs wherever they are found, and to the greatest needs, that "all persons affected by disasters are entitled to receive assistance, consistent with their needs and priorities" (IFRC, 2013) is entrenched not only in humanitarian principles and the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, but also in the Good Humanitarian Donorship Principles (GHD, 2003) and in the policies of most major donors (Dalrymple and Smith, 2015). Beyond the humanitarian imperative, the UN Secretary-General's Agenda for Humanity (UNGA, 2016) also called on donors to end need and shift the balance from a needs-based model to a risk-based one. Yet limits to funding mean compromise on realizing these principles and ambitions. It means making choices, deliberate and unconscious, about where finite funding is or is not spent, with the result that certain people in certain places do not have certain needs met.

This chapter looks at those situations which are 'out of money' and what this means for leaving no one behind in humanitarian response. It looks at how, in a world where resources will always be stretched, can crises be financed differently – to mitigate inequities and diminish the need for international humanitarian action. It looks through the lens of formal international humanitarian aid, on the premise that this is the resource of last resort for people left behind by domestic and informal resources. But it examines

1. According to the *Global Humanitarian Assistance Report 2018*, growth in international humanitarian assistance has slowed for the last two years (2015–2017) with just a 0.4% rise from government donors (as opposed to private) from 2016–2017.

this in a world where the sources of assistance are changing and the lines between donor and recipient are shifting.

Policy and analysis on humanitarian financing has proliferated recently, particularly following the 2016 World Humanitarian Summit and the agreement of the Grand Bargain on humanitarian financing. There is no shortage of critiques, recommendations and activities, being pursued with varying degrees of political and technical momentum – including innovative instruments, improved efficiencies and investments in localization.

This chapter does not seek to summarize or cover all these live and well-documented issues or examine underfunding to all kinds of crises everywhere. Instead it concentrates on funding for crises with a disaster dimension, including complex emergencies, asking which responses are out of money, what are the causes, what are the consequences for affected populations, and what solutions can be found? It focuses on three types of crises that often experience underfunding: small rapid-onset disasters, larger slow-onset disasters and long-term complex emergencies. As with all humanitarian typologies, the categories are neater than the realities and there is overlap and concurrence – but there are also distinctions in the problems and solutions.

5.1 Which responses are underfunded and why?

There is clear consensus that funding gaps and uneven allocation means that certain crises are particularly 'out of favour' or 'out of money' – and yet there is no clear yardstick against which to measure neglect or underfunding. There are no comparable and comprehensive measures of humanitarian need or the financial cost of response, nor indeed of the domestic and international resources that go to meet these (High Level Panel, 2016). Crises have been identified as 'forgotten', 'neglected' and 'underfunded' since the 1990s and the methodologies for doing so have become increasingly sophisticated – but being designed for certain decision-making or advocacy purposes they have different methods and metrics. They are also top down, and evidence suggests that people affected by crises have a very different view of whether funding meets their needs. For example, surveys of affected people in Afghanistan, Haiti and Lebanon reveal negative scores on the relevance and targeting of aid (Ground Truth Solutions, 2017).

Shortfalls against the requirements set out in humanitarian appeals are the most commonly cited indicator of underfunding – though an inherently flawed one. In 2017, UN-coordinated appeals[2] saw only 60% of their total requirements met, leaving a 10.1 billion US dollars funding gap – one which manifests unequally with an 115% funding gap between the best- and least-funded appeals. Yet although these appeals are the largest collective financial

2. 'UN-coordinated appeals' is used here to cover the humanitarian response plans, refugee response plans and flash appeals coordinated by the OCHA-led system, bearing in mind their titles have changed over the past decade.

requests for humanitarian response, their limitations as a comprehensive measure of the 'humanitarian financing gap' are widely recognized. Their purpose is not to represent all needs and there are also persistent questions regarding the basis of the financial requirements that they do present – questions of assessment accuracy, of costing variations and of absorption capacity – which may in part undermine donor trust and exacerbate underfunding (see inter alia Darcy et al 2013, High Level Panel, 2016, Obrecht, 2017).

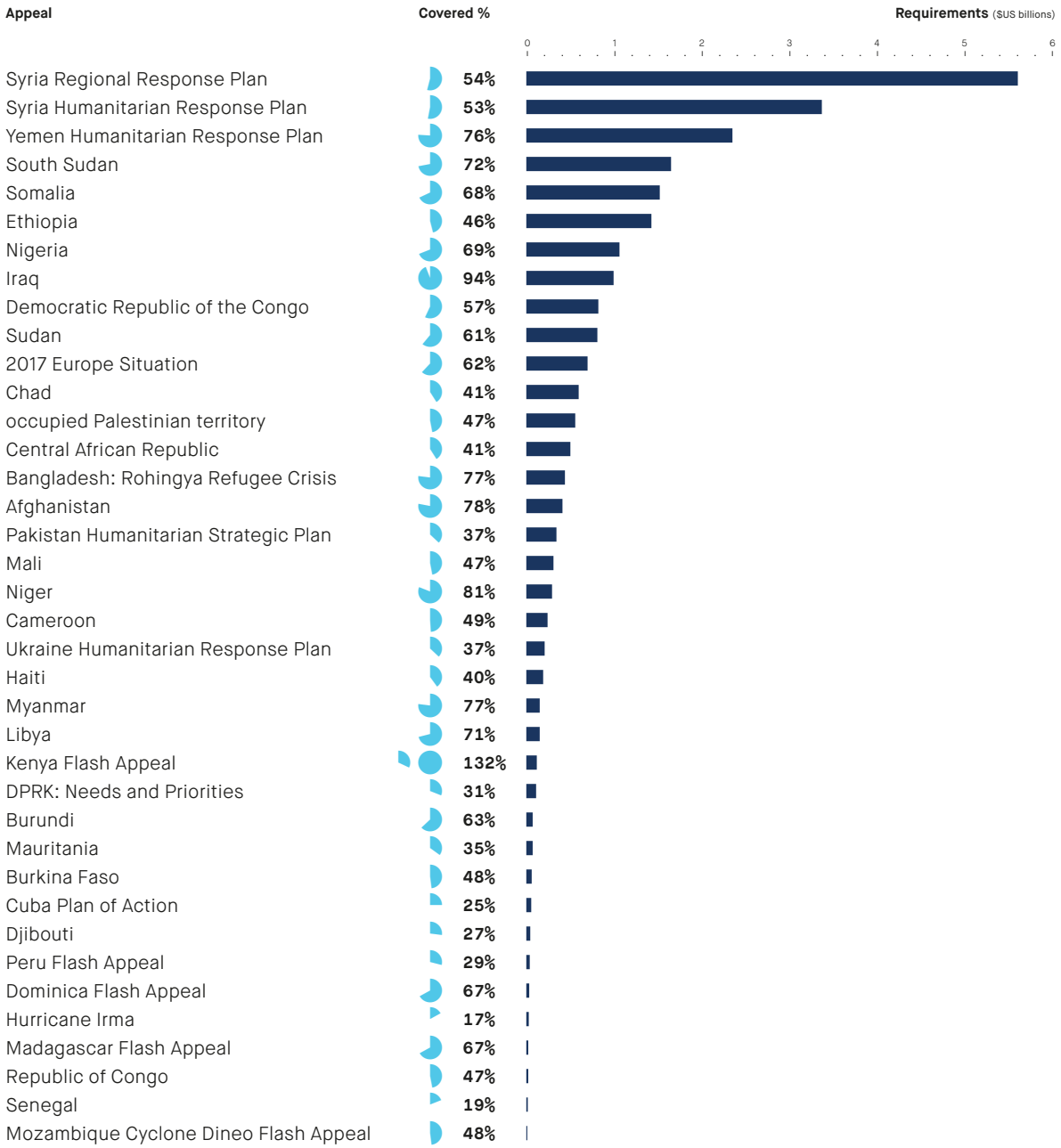
The International Federation of Red Cross and Red Crescent Societies (IFRC) also issues appeals for funding for responses to major emergencies beyond the scope and resources of their National Societies' action plans. As IFRC-only appeals (rather than the multi-agency UN-coordinated appeals), their requirements are on a much smaller scale (just 79 million US dollars in 2017, compared with the 25.2 billion US dollars of the UN-coordinated appeals). Again, though illustrative, the level of underfunding of these appeals is an imperfect indicator of the gap between needs and financial contributions. Unlike the UN-coordinated appeals, the scale of ambition of the response and hence the size of the appeal can be revised downwards when funding prospects are slim, so levels of actual unmet need may indeed be greater.

Bearing in mind their limitations, what do these appeals' shortfalls reveal about which crises are currently and persistently most 'out of money'? All except one of the 40 UN-coordinated appeals in 2017 was to some degree underfunded – but the levels of coverage ranged from 94% (for the Iraq Humanitarian Response Plan (HRP) to just 17% (for Hurricane Irma). Analysis reveals neither a predictable pattern in underfunding nor a clear single determinant of what prompts greater underfunding. Geography, crisis type, duration of need, income of the affected state or the size of requirements do not alone correlate to more or less funding.

There is no consistent correlation between the size of the UN appeal and the level of underfunding: for example, the two largest appeals (the 5.6 billion dollar Syria Regional Response Plan (RRP) and the 3.4 billion dollar Syria HRP) and the smallest appeal (the US 10 million dollar Mozambique flash appeal) were all around 50% funded. But the worst-covered appeals were all among the smallest – suggesting there may be a heuristic at work that equates lower requirements to lower priority: all the UN-coordinated appeals which were less than a third (33%) funded were in the 13 smallest appeals – with requirements of less than 114 million US dollars. Responses to 'flash appeals' for rapid-onset or escalating emergencies were erratic: the 120 million US dollars flash appeal for the 2017 drought in Kenya (a lower middle-income country with strong donor ties) was 131.6% funded, while the flash appeal requesting 39 million US dollars to respond to floods in Peru (an upper middle-income country and a less familiar aid recipient) was less than 29% funded.

Unlike the UN-coordinated appeals, the requirements of 19 IFRC appeals in 2017 were in aggregate nearly three-quarters funded (72%). But, like the UN-coordinated appeals, there was a wide gap between the best and worst-funded appeals. Three appeals – for responses to Hurricane Irma in St Kitts, Antigua and Cuba – were over 100% funded, whereas the appeal to respond to population movement in Sudan was only 6% funded. Only three appeals were less than 50% funded – for population movements in the Democratic Republic of the Congo (DRC) and Sudan and for Tropical Storm Tembin in the Philippines.

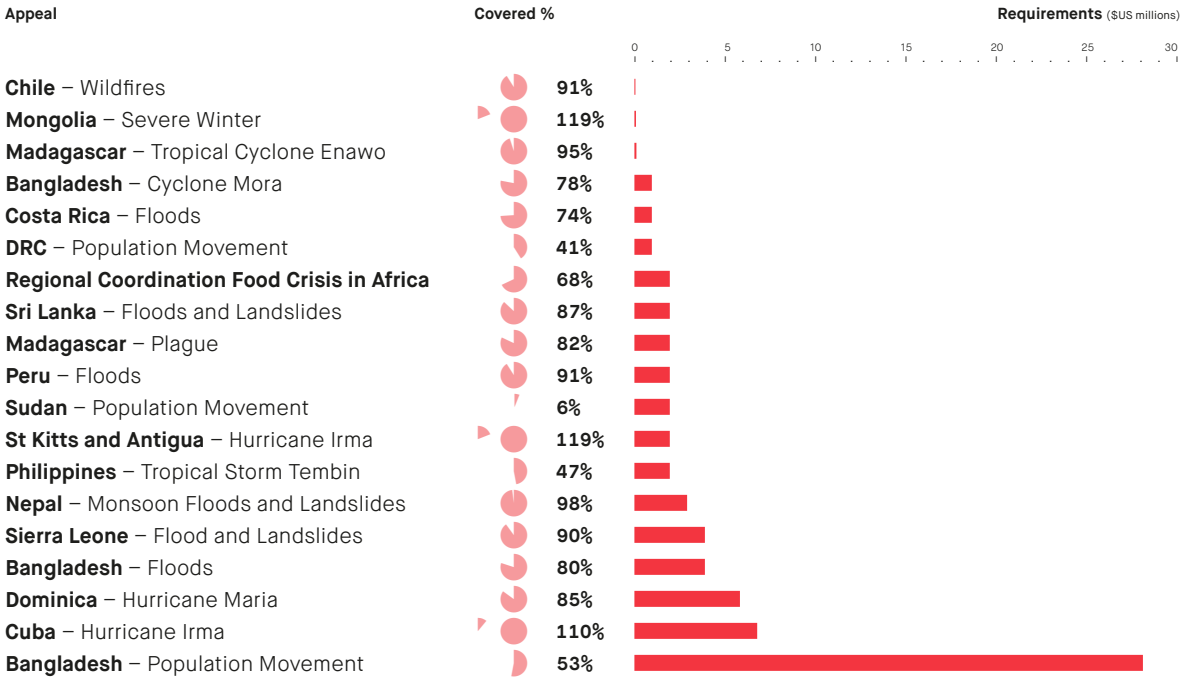
Fig. 5.1 Funding coverage of UN-coordinated appeals, 2017



Notes: Coverage values correct as of 23 May 2018. DPRK: Democratic People's Republic of Korea.

Source: UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service (FTS)

Fig. 5.2 Funding coverage of IFRC appeals, 2017



Notes: Data is in current prices.

Source: IFRC *Emergency Appeals 2017*

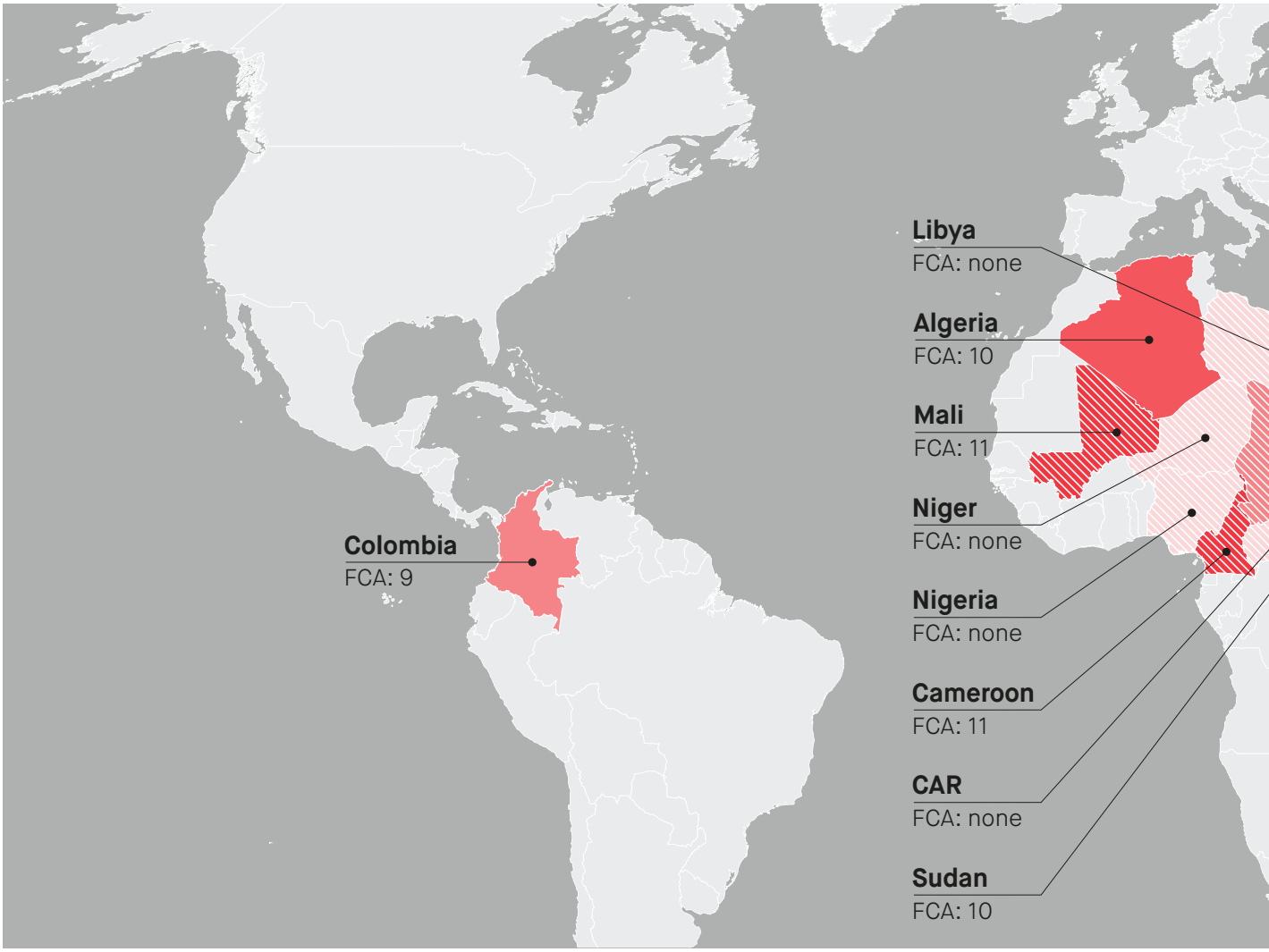
Directorate-General of European Civil Protection and Humanitarian Aid Operations (ECHO) and the UN use more complex measures to inform their efforts to identify and counterbalance the worst incidences of underfunding. ECHO's Forgotten Crisis Assessment (FCA) uses a composite methodology including field assessments, levels of humanitarian and development aid, vulnerability scores and media coverage, to develop a list which guides, though does not prescribe, the annual allocation of 15–20% of ECHO funding to 'forgotten' crises (ECHO, 2008). Underfunding of UN-coordinated appeals is not a criterion and indeed half the countries listed as experiencing the most forgotten crises in 2017/2018, including several in South and Central America, did not have such an appeal. This 2017/2018 list was the longest since the FCA began – identifying 20 forgotten crises.

The UN-administered Central Emergency Response Fund (CERF) identifies a list of crises for grant allocations from its underfunded emergency (UFE) window twice a year. Its approach "addresses critical humanitarian need and helps draw attention to funding gaps and to places where donor interest may have waned" and is based on a sophisticated process which includes weighted scores in the composite CERF Index for Risk and Vulnerability, and in levels of underfunded requirements (CERF, 2018).

Five countries appear on both the FCA and UFE lists in 2017 – three of which were affected by the Sahel regional crisis: Chad, Niger and Mali. Together with Sudan and Cameroon, all five were complex emergencies, experiencing a mix of conflict, and slow and rapid-onset weather-related events creating recurrent and chronic food insecurity and health

emergencies. Although listed by country, both the FCA designations and UFE allocations consider specific subnational crises and manifestations of need. The ECHO assessment guidance to its country representatives explicitly recognises that "forgotten crises affect only small pockets of populations where the overall country information may not demonstrate 'minority' humanitarian needs" (ECHO, 2016).

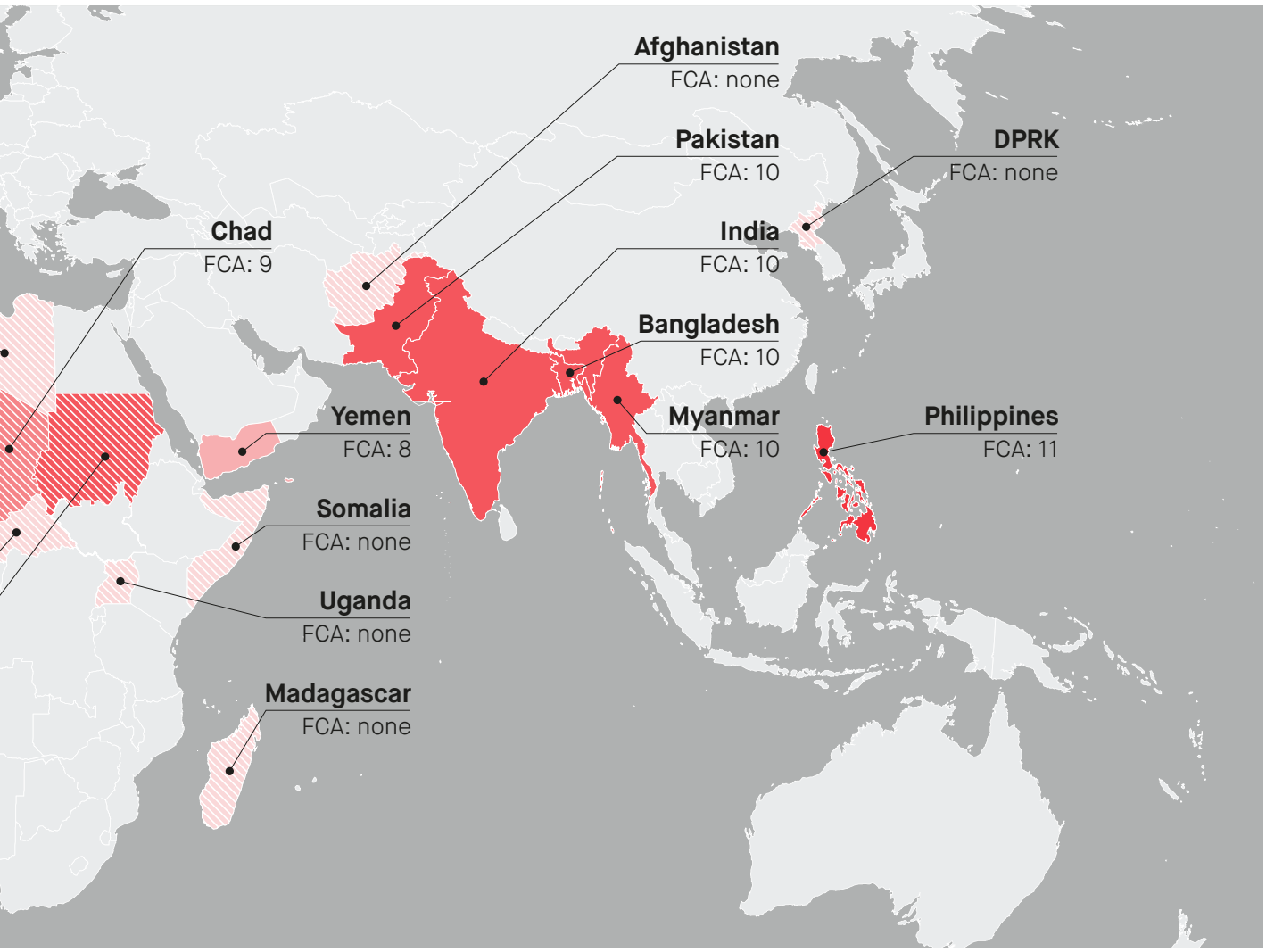
Fig. 5.3 Countries with forgotten or underfunded crises, 2017



Forgotten Crisis Assessment level (FCA) with 'more forgotten' given a higher mark, 2016/2017:

none 8 9 10 11

CERF underfunded emergency allocations, 2017



Notes: Chart shows only crises covered by ECHO FCA or CERF UFE allocations in 2017, not those experiencing 'neglect' or underfunding by other criteria. ECHO's Forgotten Crisis Assessment index (FCA) is based on a composite score derived from several indicators. Those scoring 8 and above appear in its annual list of forgotten crises. The higher the score, the more 'forgotten' the crisis.

Sources: ECHO Forgotten Crisis Assessment 2017–2018, CERF Underfunded Emergency Window allocations, 2017.

5.1.1 What are the impacts for affected people?

How this 'forgottenness' or underfunding translates into unmet needs, who is consequently left and how, is inevitably hard to know. As other chapters show, there is often an evidence gap around the consequences of what humanitarian agencies *do not* do. If an agency is unable to resource an operation, it will be unlikely to resource evaluating the full impact of its absence on affected people. Programmes tend to be evaluated 'on their own terms' against their objectives, in other words in terms of what they delivered, rather than what they did not and "as a result, the implications of underfunding – an issue of continuing and growing significance – are poorly reflected" (Darcy, 2016). Arguably, the humanitarian sector is used to reporting on outputs but ill equipped to "define outcomes clearly, quantify and measure them". So, if understanding the outcomes of *funded* work is a challenge for the sector, understanding the consequences of *unfunded* work is all the more so.

There is however, some reporting of what humanitarian agencies are unable to deliver when funds are stretched, and some agencies and appeal reviews document the consequences of underfunding for meeting target population numbers (see inter alia UNHCR, 2017b). A review of funding by sector for the appeals also gives some indication of which kinds of needs are deprioritized when funding is tight. Only food security, nutrition and the smaller mine action and coordination sectors have been consistently more than 50% funded over the past three years. Early recovery and emergency shelter tend to be least funded (averaging less than a third funded) along with agriculture, education and protection.

Sector coverage varies between different underfunded contexts. For example, in 2017, in the Democratic People's Republic of Korea (DPRK), nutrition was 67% funded while health and food security were 12% and 11% respectively; in Haiti, food security was 73% funded while health just 6%. Such percentages belie further variations in what each dollar can buy – the costs of operations and food and non-food items depend on many factors including markets, access and variations in agencies' costing models. Underfunding can itself also mean that operations can become more expensive: without economies of scale the unit cost of provision goes up (Stoddard et al, 2017a). The lower the funding, the fewer people each dollar can reach – and the more people left behind.

Box 5.1 Implications of underfunding in the forgotten crisis in Ukraine[3]

The continued hostilities in Eastern Ukraine are affecting an estimated 4.4 million people. Despite continued need, the UN-coordinated appeal for Ukraine was only 35% funded in 2017 (OCHA FTS),[4] scored extremely low on CERF's Index for Risk and Vulnerability analysis (CERF, 2017), and was, for the first time, designated a 'forgotten crisis' by ECHO. Agencies responding in Ukraine attribute this underfunding and 'donor fatigue' to several factors including: diminished international attention as the intensity of the violence has reduced, restricted access to the non-government-controlled areas, a donor emphasis on institutional reforms rather than humanitarian

3. Based on interviews with Ukraine representatives for IFRC, ICRC, ECHO and People in Need, May 2018.

4. The IFRC and ICRC appeals were better funded, at 89% and 70% respectively, potentially due to their much lower requirements and ability to access affected populations.

needs, and – until recently – limited advocacy to raise awareness. Other analysis has pointed to lack of agency presence, high legal barriers and perceptions of aid diversion (Barbelet, 2017).

The lack of funding combined with persistent insecurity meant that less than half (47%) of the total population targeted for assistance in Ukraine was reached – and less than a quarter of people targeted in the non-government-controlled areas. Levels of moderate and severe food insecurity have doubled while the Food Security and Livelihoods sector was only 28% funded. Underfunding to the shelter/non-food items sector (9% funded in 2017) now raises concerns for preparedness for Ukraine's harsh winter. Ukraine has high rates of HIV and tuberculosis, and cuts in state provision combined with international aid shortfalls have affected the health infrastructure, meaning lack of treatment and a rise in infectious diseases including polio.

Responding agencies cite the importance of coordination to prioritize and optimize the use of limited funds to bridge gaps and meet needs. ICRC is able to make use of its own reserves to funds its operations, and the IFRC draws on a localized response that uses Ukrainian Red Cross Society branches and volunteers to maintain services for the people most in need. At the same time, for the government-controlled areas, some humanitarian agencies are engaging with development donors to resource early recovery activities and promote sustainable investments in basic infrastructure for the most vulnerable people.

5.1.2 Why is this happening?

At a time when there is more international humanitarian funding (Development Initiatives, 2018) and more access to timely information than ever before, why are we seeing more underfunded appeals and more forgotten crises? This is of course one side of the story, elsewhere we are seeing greater investments from domestic governments and regional organizations in addressing crises without recourse to appeals for aid and a rise in South–South cooperation including in the Association of Southeast Asian Nations (ASEAN) and the African Union. But from the viewpoint of the international humanitarian sector, it appears that the finite funding available from bilateral government donors, from whom the bulk of international humanitarian aid traditionally comes, is pulled in too many directions and dominated by a few major donors and crises (Development Initiatives, 2018). *Neglect* or underfunding is therefore a consequence of *select* (IFRC, 2006) – the prioritization decisions of donors and responders. It is the inevitable inequity that comes from a post hoc international funding model with limited financial and political capital (Binder et al, 2013).

Behavioural economics and political economy studies have revealed how even the most straightforward decision-making is far from a rational, linear translation of evidence into action. For donors, the difficulties of prioritization decisions, often made in the heat of crisis and the glare of political scrutiny, are influenced and compounded by other factors, incentives and biases (see inter alia Obrecht, 2017; de Geoffroy, et al 2015; Darcy et al, 2013). While these may differ for philanthropists and private sector donors, where other social, reputational and commercial factors are at play, for the major bilateral donors they

include tensions between the principled approach of meeting the most severe needs and the utilitarian approach of reaching the most people as well as the following factors:

— **Out of the headlines:** the level of international media profile has a bearing on levels of funding, providing a public incentive for action – the so-called CNN effect – an understanding that drives advocacy and fundraising efforts. Over a decade ago the *World Disasters Report* showed a close correlation between media exposure, appeal coverage and aid per person (IFRC, 2006). It is still a critical factor that drives the way appeals seek media attention and is reflected by ECHO's FCA (ECHO, 2008) and other forgotten crisis indices (see for example NRC (2017a) and CARE International (2018)) using measures of below average media coverage in their analyses.

— **Out of favour:** many donors choose a strategic set of countries to focus their sustained interventions and these are often informed by historical ties, geopolitics and national interest, bureaucratic capacity as well as need (see inter alia Drummond et al, 2017; Dalrymple and Smith, 2015). Countries including DPRK and Ukraine may thus fall 'out of favour' outside these. Proximity also plays a part – evident in funding from European donors to the European migration crisis (IFRC, 2015b), and the tendency of Gulf donors to fund within the region (Development Initiatives, 2017b). Counter-terrorism and security concerns can be both a motivation for directing increased aid and a constraint in delivering it. The political relationship with the authorities of the crisis-affected country can also be key in creating an enabling environment for timely assistance, on the donor side influenced by trust and ties, and on the recipient government side, in declaring an emergency and calling for international assistance (Bailey, 2012).

— **Out of information:** informed decision-making needs current, comparable and granular information about risks and needs, analytical capacity to discern priorities, and financial clarity to assess costs. Smaller donors with limited field presence and analytical capacity to generate, seek or process the available information may take their cue from larger donors, causing a "herding" effect around certain crises (Binder et al, 2013). Even for the larger donors, gaps in available assessments of need, and a lack of trust in the stated requirements (Darcy et al, 2013) can deter funding allocations and perpetuate preferential funding pathways. And as seen in the 'out of sight' and 'out of scope' chapters, forgotten crises tend to focus only on the known needs – there may be other crises where responders are not even seeking funding.

— **Out of sync:** in the absence of a global forum for information-sharing, funding coordination and donor 'division of labour' (Poole, 2015), individual donors' selective decisions accumulate into global-level inequities. A multilateral system predicated on bilateral decisions by international donors, whose political incentives are oriented to retaining control and profile of what they fund (Clarke and Dercon, 2016, Hillier 2017, Mowjee et al 2018) is bound to result in fragmentation. There is also a certain Western donor centricity – a lack of awareness, information and coordination with other sources of funding beyond those from international humanitarian donors and their growing roles in preparing and responding to crises typified in the Ebola outbreak and Typhoon Haiyan responses. This includes investments by national governments of countries affected by disasters, as well as from private sources and development financing.

The persistent inequities that the current funding model causes have not gone unnoticed and unaddressed by donors or agencies. Many donors have policy commitments to funding neglected emergencies (Dalrymple and Smith, 2015), most notably ECHO's forgotten crisis commitments. Some seek to protect the impartiality of their allocation decisions with matrices informed by measures of risk, vulnerability and severity, as well as investing in unearmarked, pooled funds to enable agencies to flexibly respond to needs. As well as bilateral funding to identified emergencies, other counterbalances have been built into the international humanitarian funding system to even up the financing picture. UN agencies, the IFRC and international non-governmental organizations (INGOs) have all developed funds tailored to addressing underfunded or off-the-radar crises.

Critical as these are, they are short-term contingency measures to fill selected gaps, rather than a systemic rebalancing of the way that humanitarian crises are financed. After all, allocations from the IFRC's Disaster Relief Emergency Fund (DREF), the INGO-run Start Fund and the CERF UFE together amounted to 174 million US dollars in 2017 – minimal compared with the UN-coordinated appeals shortfall of 10.9 billion US dollars. This systemic rebalancing demands not just a different way of approaching humanitarian allocations 'ex-post' (after a crisis happens) in response to needs, but a greater commitment from others to invest 'ex-ante' (before a crisis) in reducing risks and vulnerabilities. There is a growing body of evidence and a growing toolkit of domestic, regional and international financing that form part of the solution. This chapter examines how these do, and could, apply to avoid and address the out-of-money problem in three types of crisis: small rapid-onset, slow-onset and chronic complex emergencies.

5.2 Off the radar, rapid-onset crises

Major rapid-onset disasters tend to succeed at attracting significant international humanitarian funding as the responses to the Indian Ocean tsunami, Nepal earthquake and Typhoon Haiyan attest. There are exceptions and volume clearly does not equate to timeliness and effectiveness (Hanley et al, 2014) But what of small-scale disasters – which have severe impacts for affected populations but do not trigger international appeals or generate major headlines?

Responses to these disasters may be out of money for multiple reasons – because they are beyond the means or reach of domestic resources and because international funding is too stretched, too inflexible or too slow to react. Poor timing is often the critical problem, not only being too slow to respond to needs after the event (ex-post) as is the frequent criticism of humanitarian funding, but also failing to adequately invest ahead of time (ex-ante) to build resilience, reduce risk and prevent predictable impacts of often predictable events.

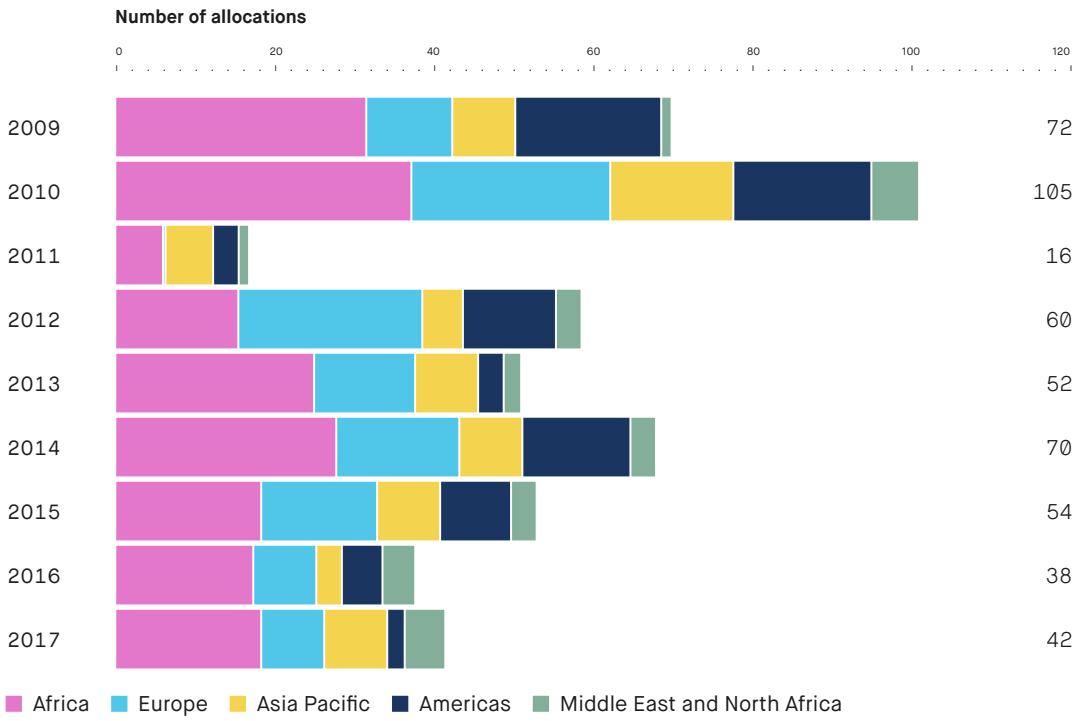
5.2.1 Which small rapid-onset crises are out of money and what are the impacts?

In a changing climate, the frequency and intensity of small-scale weather-related disasters is increasing. Many of these floods, landslides and storms occur in places where adequate risk reduction, preparedness and response infrastructures from national and local governments are in place and a disaster does not become a crisis. The Hyogo and Sendai Frameworks clearly locate this responsibility with domestic governments and many, particularly in Asia and the Americas have upped the scale and architecture of their investments, necessitating a change in the role and nature of international support.

But in many contexts, changing patterns of events exceed the coping capacities of households and of authorities. Mapping these underfunded localized crises and quantifying their funding gaps is difficult – being "off the radar" they lack even an appeal yardstick. The IFRC and the Start Network of INGOs therefore rely on the in-country presence of their National Societies or members to raise the alert for small to medium emergencies for which time-critical assistance is lacking. The allocations from their rapid response funds can give an indicative picture of where some of these funding gaps occur and for what emergencies, albeit one framed by the scale of the funds and presence of their delivery organizations.

Since 2009, the IFRC's DREF fund has responded with grant allocations to over 500 sudden-onset disasters and emergencies that are not covered by an international IFRC appeal or for which support from other national or international actors is not foreseen (IFRC, 2012). More than half of these allocations were for hydro-meteorological disasters, dominated by floods – with 44% of DREF allocations, the most common trigger of IFRC operations overall. Responses to emergencies in Africa dominated, while those to the Americas were not only the smallest but also declined – reflecting the relative needs (mainly for small and medium-scale disasters) as well as growing domestic capacity in many countries in the region. DREF allocations also appear to fill gaps that are off the radar for the UN-coordinated appeal system and where there is no appeal. Of the 36 countries receiving DREF allocations in 2017, only 8 had UN-coordinated appeals, and of these 3 were less than 50% funded.

Fig. 5.4 Allocations from the IFRC's DREF by region, 2009–2017



Notes: Countries are grouped by IFRC regions.

Sources: IFRC GO

The impacts on affected populations of lack of funding for those off-the-radar rapid-onset disasters are often invisible to international agencies – where there is no international support, the impact of its absence is not evaluated. As the DREF and Start Fund operate as grants rather than appeals, there are no shortfalls to record. The experience of underfunded appeals for similarly sudden-onset, but larger-scale, disasters may give some clues. In the UN-coordinated 'flash appeals' for disasters, early recovery and protection tend to be underfunded. When IFRC appeals face significant underfunding, the ambitions of programmes can be scaled back, and requirements revised downwards. In the appeal for the Peru floods in 2017, for example, this meant scaling back the number of provinces in the operation and reducing people targeted for assistance by 15,000.

Box 5.2 Underfunded shelter needs in Bangladesh[5]

2017/18 has been a very busy year for Bangladesh Red Crescent Society, responding to three ongoing humanitarian responses, including the Population Movement

5. Information shared by the Global Shelter Cluster.

Operation precipitated by the influx of displaced populations from Rakhine State, Myanmar. Before this, in the 2017 floods in Bangladesh, repeated experience of underfunding prompted the Humanitarian Country Team to issue a request for funding that was lower than real needs and focus the requirements according to the scale of anticipated funding. The emergency shelter request for the Bangladesh floods was therefore only 3 million US dollars – an amount that did not cover all needs (estimated to be in the region of 5 million US dollars) but was still only two-thirds met. As shelter underpins other sectors, such as water, sanitation and hygiene, health, livelihoods and protection, its underfunding had implications for the wider humanitarian response as well as threatening to reverse gains in development and disaster risk reduction. Particularly 'left behind' were the *char* communities – people living on the shifting islands in the country's major river systems. These are some of the poorest and most marginalized communities in the country for whom specialized support in shelter and settlements could have made a substantial difference, but who were not effectively reached due to lack of funding.

5.2.2 What are the solutions?

Ensuring swift and appropriate assistance to small and rapid-onset disasters should be the low-hanging fruit of fixing crisis financing – at least compared with protracted complex emergencies. These are often predictable and recurrent events, and the case is clear (see inter alia Clarke and Dercon, 2016) for a systemic shift of approach: a shift from trying to fundraise after the event to ensuring that the resources are in place before to deal with the risk, prepare for and face the immediate impacts of a disaster. This is supported by commitments in the Sendai Framework for Disaster Risk Reduction, the Sustainable Development Goals (SDGs), and from the World Humanitarian Summit. The shift from ex-post to ex-ante goes hand in hand with a shift in perspective from international to local ownership, and from humanitarian aid to development and climate cooperation. It involves smarter investments in pre-financing as well as more agile reactive financing wherever this is still needed.

Investing in pre-financing

Managing risk and being financially well prepared to face it involves a 'layered' approach with different mechanisms in place according to the probability and scale of impact of the event (see Poole, 2014; Hillier, 2018). These high-frequency, smaller-scale crises should be primarily managed through emergency reserves or contingency funds held by national governments where possible and supported by international donors only where necessary. In the Philippines, for example, local authorities are required by law to invest 5% of their revenues into a disaster management fund, of which 30% goes into a Quick Response Fund to react to the urgent impact of disasters, and the rest into risk reduction and preparedness. In many crisis-affected countries where incomes are rising, the role of international donors is shifting from humanitarian provider to technical supporter.

International investment in disaster risk reduction (DRR) is still critical to support many environmentally vulnerable countries with lower incomes but is also woefully out of money. Funding for DRR is not well tracked with the limited portion reported by OECD Development Assistance Committee (DAC) donors accounting for just 525 million US dollars in 2016, or 0.5% of official development assistance (ODA). Increasing DRR funding and spending it appropriately and effectively demands partnerships from local, national, regional and international providers, both public and private.

Box 5.3 Private investment for collaborative approaches to DRR

The Zurich Flood Resilience Alliance is a long-term collaboration that brings together IFRC, NGO, academic and private sector experts in risk and resilience, working initially in nine countries (Mexico, Peru, Haiti, Afghanistan, Bangladesh, Nepal, Indonesia, Timor-Leste and the US) and reaching more than 200,000 people. The first phase of the programme (2013–2017), supported with around CHF 37 million (37.4 million US dollars[6]) in funding from the Z Zurich Foundation (Zurich Insurance Group's community investment foundation), has used the collective skills and experience of the members to develop a new approach to DRR programming – encouraging funding of the process, not just the predetermined interventions. The programme has subsequently been extended to a second phase (2018–2023) with a further CHF 20 million (20.2 million US dollars) investment that aims to use community experience and research capability to encourage more and smarter investments in pre-event flood resilience building. By acting collectively, the alliance has developed a practical approach that can be adopted by others and encourages this to happen.

For weather-related events that may outstrip risk reduction and resilience efforts in environmentally vulnerable communities, forecasting can be used as a trigger to release pre-agreed funds before, rather than compete for attention after, an event – saving lives, time and money. A clear action plan can be tied to this, so decisions about roles and responsibilities – of local, national and international implementers – are formally agreed ahead of time, increasing efficiency and effectiveness. This is the premise of the forecast-based financing models developed and tested over the past decade. The art, science and politics of forecasting are difficult and developing but this bias to action is generating learning and improvements. It has been successfully implemented by the IFRC including in Bangladesh, Peru and Mozambique and is being supported by a new DREF funding mechanism for forecast-based action.

Improving ex-post financing

Where small-scale disasters hit people who are not covered by these ex-ante arrangements, agile reactive humanitarian assistance may still be needed. In rapid-onset crises, timing is critical – funding that is too late to meet immediate needs and prevent their escalation can be as ineffectual as no funding at all. Slow funding is a common refrain

6. Currency conversion (here and later in paragraph) as of 31 July 2018 using xe.com.

in evaluations of disaster response (see inter alia ALNAP, 2015b). Although many donors have rapid response mechanisms, as one study notes, "the primary modes of funding have not yet proved efficient for rapid response" (Stoddard et al, 2017b). The efficiency commitments set out in the Grand Bargain including reducing the level of earmarking of funds and channelling more funding directly to local responders should support change. So too will continuing to speed up the pass-through of funds between agencies, which prevents funding arriving in time to meet urgent needs (Stoddard et al, 2017a). Progress on these fronts, however, is slow (Metcalfe-Hough et al, 2018).

Specific global humanitarian funds to respond to the problem of slow and inadequate funding for these crisis, in particular the DREF and the Start Fund[7] therefore continue to provide an important corrective and an efficient way for donors to channel funds to subnational crises which would be below the threshold for crisis-specific bilateral grants or thresholds for ex-ante pay-outs. But these are designed for rapid response to the most urgent needs and jump-start the response, so are limited in scale and duration to meet most acute needs, fill immediate gaps, and jump-start a response. Without sufficient follow-on funding from international bilateral and pooled funds, or domestic investments, recovery may be curtailed and resilience may not be built for future events.

5.3 Slow-onset disasters

Unlike sudden storms or earthquakes, droughts, famines and some health-related crises unfold gradually, as slow-onset emergencies (OCHA, 2011a). In theory this should give donors plenty of advance warning to intervene early and head off the worst impacts. In practice however, a failure to notice or to heed the signs means underfunding at the critical moment for intervention, and thus avoidable unmet needs.

Mobilizing sufficient funding before the impacts of a crisis become catastrophic is problematic in a needs-based, appeals-based funding model. Funding to respond to early warning signs can compete with funding for acute needs as donors prioritize between current severity and future severity (Stoddard et al, 2017a). The balance of political and accountability incentives tends to be weighted towards inaction rather than early action (see inter alia Bailey, 2013 ; Clarke and Dercon, 2016; Hillier, 2017).

5.3.1 Which slow-onset crises are/have been out of money and what are the impacts?

Appeals-based calls for funding for slow-onset disasters are notoriously unreliable. Ahead of the 2010–2012 Horn of Africa famine, funding from international donors increased somewhat after the 2010 UN-coordinated appeal flagged early signs, but only substantially scaled

7. DREF and Start Fund are designed to respond to these smaller scale and "off the radar" emergencies.

up after the declaration of famine in 2011. The slow financing in this case was arguably in part due to the appeals failing to anticipate and request enough funding early enough. By contrast, appeals for funding for the Somalia food crisis in 2017, as part of the call for funding for the so-called four famines (Nigeria, South Sudan, Yemen and Somalia), were quick to state the imperative for urgent action but were criticized for perpetuating a simplistic, hyperbolic and post hoc approach to funding complex and predictable crises (Bennett, 2017). By the end of the year, all these high profile appeals still suffered significant shortfalls, but were relatively well funded, with between two-thirds and three-quarters of their requirements met. However, that same year, appeals for funding to food-insecure countries in West Africa were all only between a third and half funded.

The 2015–2016 El Niño and La Niña-related disasters[8] highlighted the inequities in funding patterns. The El Niño pledging conference in Geneva in April 2016 clearly anticipated the impacts and called for funding to enable early action across 13 countries, yet while the levels of funding for responses in East Africa were relatively high and ramped up ahead of the conference, in Southern Africa and the Pacific funding for the responses were much lower and slower (Hillier, 2017; Mowjee et al, 2018).



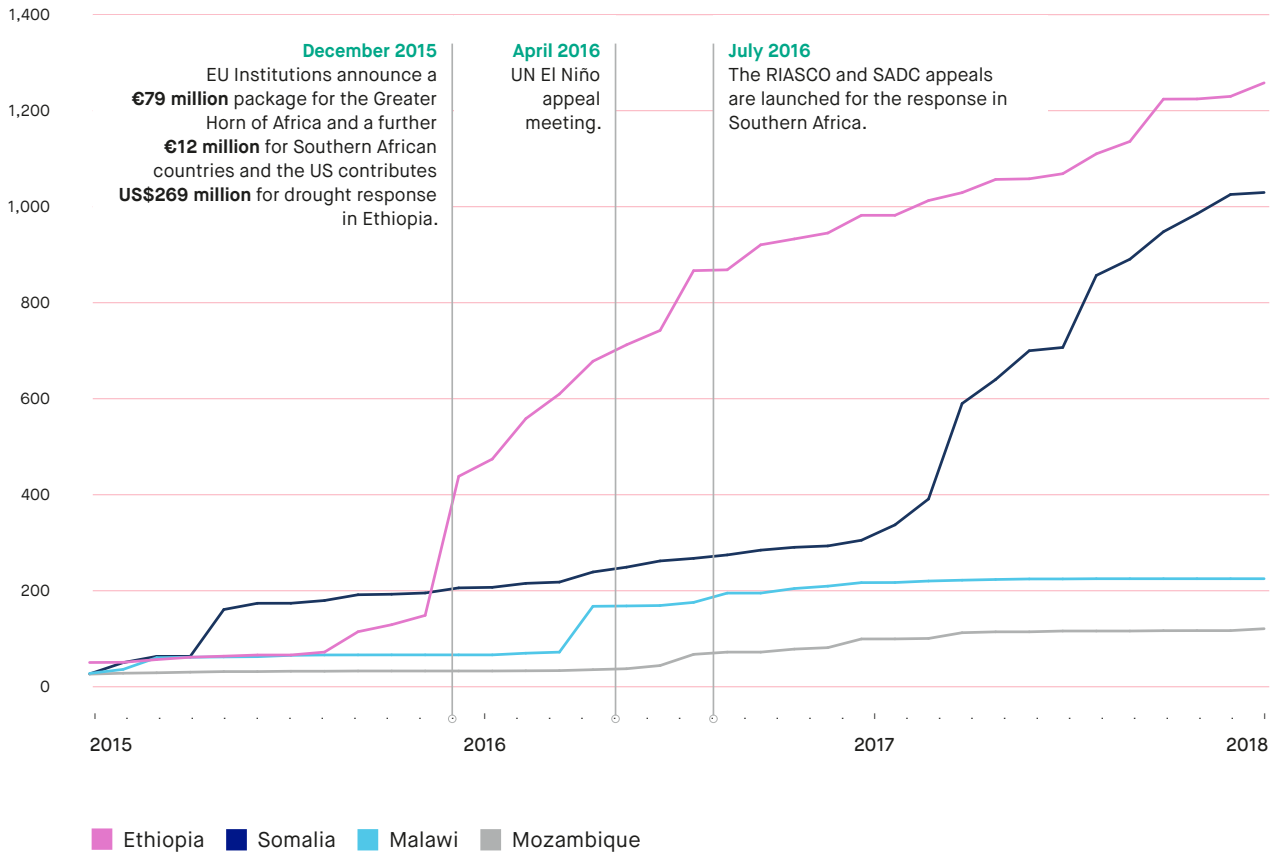
Mauritania, 2018

Droughts and famines unfold gradually, as slow-onset emergencies. Jonaba in Magta Lajar in Southern Mauritania has been affected by severe drought since 2017 with disastrous consequences for agriculture and livestock. This has resulted in serious food insecurity, however calls for funding for slow-onset crises such as this are notoriously unreliable.

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8. The 2014–2016 El Niño event was a warming of parts of the Pacific Ocean that significantly affected weather patterns in many countries – manifesting in droughts, flooding, cyclones and hurricanes including in Africa, Central America, Southeast Asia and the Pacific Islands. The counterpart La Niña event resulted from cooling of parts of the ocean, also altering weather patterns in many countries in Africa, the Americas and Asia. Currency conversion as of 6 August 2018 using xe.com .

Fig. 5.5 Levels of funding to four countries covered by the 2016 El Niño appeals



Notes: FTS derived figures quoted here differ from those in the appeal summary documents (for Regional Inter-agency Standing Committee (RIASCO) and Southern African Development Community (SADC) appeals) to highlight the funding for the response to El Niño. This analysis only includes funding with a decision date between 1 January 2015 and 31 January 2017. Data is in constant 2016 prices. Decision dates sometimes reflect the date reported to FTS so may not be an accurate representation of donor disbursement.

Source: OCHA FTS

The human cost of insufficient or delayed response for such slow-onset disasters is well documented, especially in the wake of the "system-wide failure" (Darcy, 2012) of the 2010–2012 Horn of Africa famine, in which nearly 260,000 people (half of them under five years old) were estimated to have died in Somalia alone due to famine and food insecurity. The sector-wide reflection that followed generated further evaluations and models on how a lack of early action can cost money, livelihoods and lives. A four-country study found that early funding could prevent 15% of household food deficits (Cabot Venton et al, 2012). Early action in Ethiopia ahead of the worst effects of El Niño in 2015–2016 could have saved an estimated 1 billion US dollars (Cabot Venton, 2016).

5.3.2 What are the solutions?

Shifting from late and unreliable crisis-mode financing to early and predictable anticipatory funding for these slow-onset crises is of course not simple. It demands technical sophistication, political will and close attention to what works for affected populations. None of these can be done quickly, but there appears to be movement from all angles. As with sudden-onset emergencies, the answers lie not in ever-greater volumes of humanitarian assistance nor in a single financing model but in a well-timed, layered approach which includes agile early funding, and support for risk management measures of the governments of crisis-affected countries. With this in mind, initiatives including the World Bank's Pandemic Emergency Facility and the Start Fund's Drought Financing Facility seek to combine multiple risk and response tools in a single adaptable package. There are complementary roles for national and local authorities, regional bodies, multilateral development banks, bilateral donors and humanitarian agencies. Timely data on all relevant financing flows through their various instruments will be critical to understanding where the gaps remain.

Agile and early funding

Some donors have modelled good practice in agile and flexible funding to respond to forecasts and early warning signs of droughts. The US and Sweden used crisis modifiers[9] to redirect development grants for the Ethiopia drought response in 2016 (Stoddard et al, 2017a). And flexible funding allowed agencies including the World Food Programme to procure and pre-position supplies in Somalia and Kenya on a 'no regrets' basis, and then repurpose these when flooding was not as severe as anticipated (Tozier de la Potiere, 2018).

Pooled funds have also created anticipation windows to enable agile use of contingency funds. Leading the way in this was the Start Fund's, which is linked to a multi-stakeholder initiative to improve forecasting (FOREWARN). As already seen, the DREF now has a Forecast-based Action Window for weather-related events, and the CERF fund is now actively exploring options for an anticipation window, catalysed by a review of its role in the 2015–2016 El Niño response (Mowjee et al, 2018).

International funding should complement and support domestic investments. Shock responsive social protection systems are critical. Again, the response to the early warning signs of 2015–2016 El Niño is telling. While Kenya successfully scaled up its Hunger Safety Net Programme to increase pay-outs to vulnerable groups, the schemes in Malawi, Zambia and Ethiopia were unable to do so, despite donor interest (Tozier de la Potiere, 2017). Longer-term technical and financial investments from domestic authorities, supported where required by regional and international development donors, are needed to enable adaptability and ensure inclusiveness.

9. A crisis modifier is a mechanism that allows a portion of funding for a development programming to be accessed to anticipate or respond to signs of humanitarian crisis. Some donors including DFID, USAID and Sida have developed and deployed variations of crisis modifiers.

Box 5.4 Beyond charity – the transformative power of zakat in humanitarian crises

The IFRC's Innovative Finance portfolio includes working with National Societies to explore Islamic social financing instruments to fill both humanitarian and development financing gaps. A Kenya Red Cross pilot project in one of the poorest districts in Kenya has demonstrated how zakat[10] can support people according to need – regardless of their faith and geographic location.

At its peak, the 2017 drought in Kenya left around 2.7 million people in need of international assistance. In early 2017, facing the prospect of growing funding difficulties for appeals, IFRC approached the Zakat Council of the Malaysian State of Perlis, an organization with a track record of using Islamic social financing instruments.

The council contributed 1.2 million US dollars of zakat which the IFRC allocated to the county of Kitui, highlighted by Red Cross forecasting to be one of the most severely drought-affected areas in Kenya. The funding supported a Kenya Red Cross programme that simultaneously tackled needs for water access and cash crops – including repair and installation of pumps and boreholes, and seed distribution. As a result, over 1 million people gained sustainable access to clean water and crops, which in turn created health, livelihoods and education opportunities. The harvest of the 'green grams' crops yielded 20 million US dollars in returns for the Kitui households – critically, this enabled them to pay back the costs of the seeds they had received so the funds could then be reinvested in neighbouring Garissa county.

This pilot was transformative in three ways: it showcased the potential not only for zakat to meet people's needs directly but also to empower recipients to 'pay it forward' to others in need, it supported longer-term resilience and sustainable impact as well as emergency response, and it showed the effective application of forecast-based financing, with models predicting the most vulnerable counties and the most appropriate crops to grow there. Valuable learning has been gained from the pilot, to continue to improve and sustain the outcome for the Kitui households and develop similar approaches in other contexts.

Source: IFRC, 2018a

Transferring risk

Weather index insurance is receiving significant attention and investment and can, for certain risks, be a useful tool in the ex-ante financing kit. Options range from the micro (household level) to the meso (community level) and the macro (state and regional), each appropriate to meet particular kinds of risks for certain groups of people. The G20 InsuResilience Global Partnership builds on a G7 initiative that aimed to see 400 million people benefitting from insurance by 2020. Germany and the World Bank are directing

10. Zakat is an annual donation traditionally set at 2.5% of a Muslim's wealth, and seen as a religious obligation or tax under Islam. Some Islamic countries have centralized, state-sponsored collections, while many allow varying degrees of compulsion and discretion in collecting and organizing zakat funds.

substantial resources to insurance, as is the UK where the Department for International Development (DFID) is establishing a new Centre for Global Disaster Prevention, a multi-sector multidisciplinary insurance-focused hub to provide investments and offer technical support to risk-prone developing countries to navigate the actuarial small print of insurance options.

The momentum is building around these products and approaches, but experts also sound a note of constructive caution. The "peak hype" (Hillier, 2018) on technical insurance product models needs to translate into informed decisions for the most effective set of approaches for communities facing specific risks. New initiatives must be applied with care, integrated well into wider risk planning and monitored with rigour to ensure people are not left behind. Many risks are uninsurable, or insurable at premiums that may be unaffordable or divert scarce resources away from saving into contingency funds. The probabilistic and often privately owned risk modelling on which ex-ante products are based also needs to be open and to relate to the lived experience of the people most vulnerable to the impacts of disasters, especially in some of the world's most fragile situations.

5.4 Chronic and complex emergencies

Rapid and slow-onset disasters do not occur in isolation, and risks do not become humanitarian crises without critical underlying vulnerabilities and political failings. A lack of rainfall may be a weather event, but food insecurity and famine are not. Analysis shows that disasters hit the poorest people hardest (Hallegate et al, 2017) and that poverty, environmental vulnerability and political fragility significantly overlap (Development Initiatives, 2017b).

Many countries experience ongoing food insecurity, recurrent disasters and epidemics in the context of long-term complex emergencies including conflict and displacement – but these situations are often prone to funding fatigue. These are classic out-of-the-headlines and forgotten crises, where high levels of short-term humanitarian financing cannot be sustained in the face of chronic needs, where long-term development donors are ill-adapted to invest and where both are constrained by perceived financial risks.

5.4.1 Which large disaster-affected chronic crises are out of money and what are the impacts?

Most humanitarian assistance flows to countries that are medium to long-term recipients (Development Initiatives, 2017b) and most appeals are issued repeatedly for the same countries, rather than as one-offs. Six countries have had UN-coordinated appeals every year for at least the past decade: the Central African Republic (CAR), Chad, DRC, occupied Palestinian territory, Somalia and Sudan. Of course, as seen already, the appeals are an imperfect proxy of chronic need and other countries may have experienced decade-long protracted or recurrent widespread or subnational pockets of humanitarian crisis, but for political reasons have not been the subjects of appeals (Ethiopia, DPRK). However, for

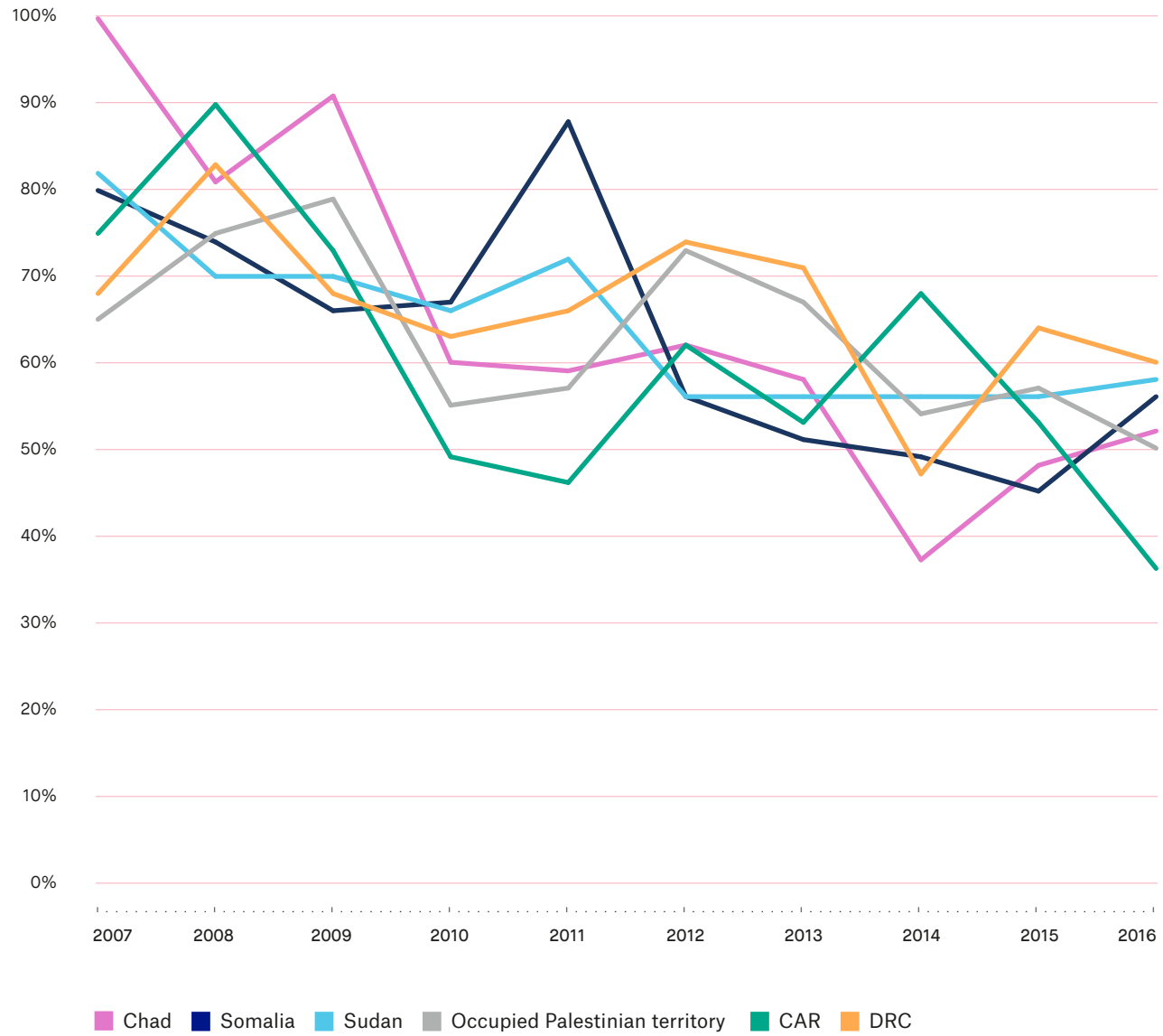
these six countries, the patterns in underfunding are instructive and support the concerns of humanitarian funding fatigue for long-term complex crises.

All six of these countries have seen a decline in their funding levels over the past decade. Although there may have been fluctuations in response to spikes in needs and awareness, all had a bigger funding gap for their appeals in 2017 than in 2007 (see Figure 5.6). For Chad and CAR, this fluctuation was dramatic, with funding levels approximately halving. In 2017, all except occupied Palestinian territory were included in the list of CERF UFE allocations or short-listed countries and had been repeatedly so in recent years.

While a narrative of a protracted crisis may suggest a homogenous country-wide situation, in reality although underlying issues and insecurities may be protracted, these could be seen as a series of dynamic, rapidly changing and acute subnational crises: a 'dynamic gridlock' (Obrecht, 2018). So as new escalations of conflict, new waves of displacement or new weather events occur on top of chronic vulnerability, there will be pockets of underfunded needs in the emergency where stretched and projectized funds are not able to respond. This is reflected in the fact that the five UFE recipients also received grants from the CERF's rapid response window – designed to support time-critical needs in sudden-onset and rapidly deteriorating situations.

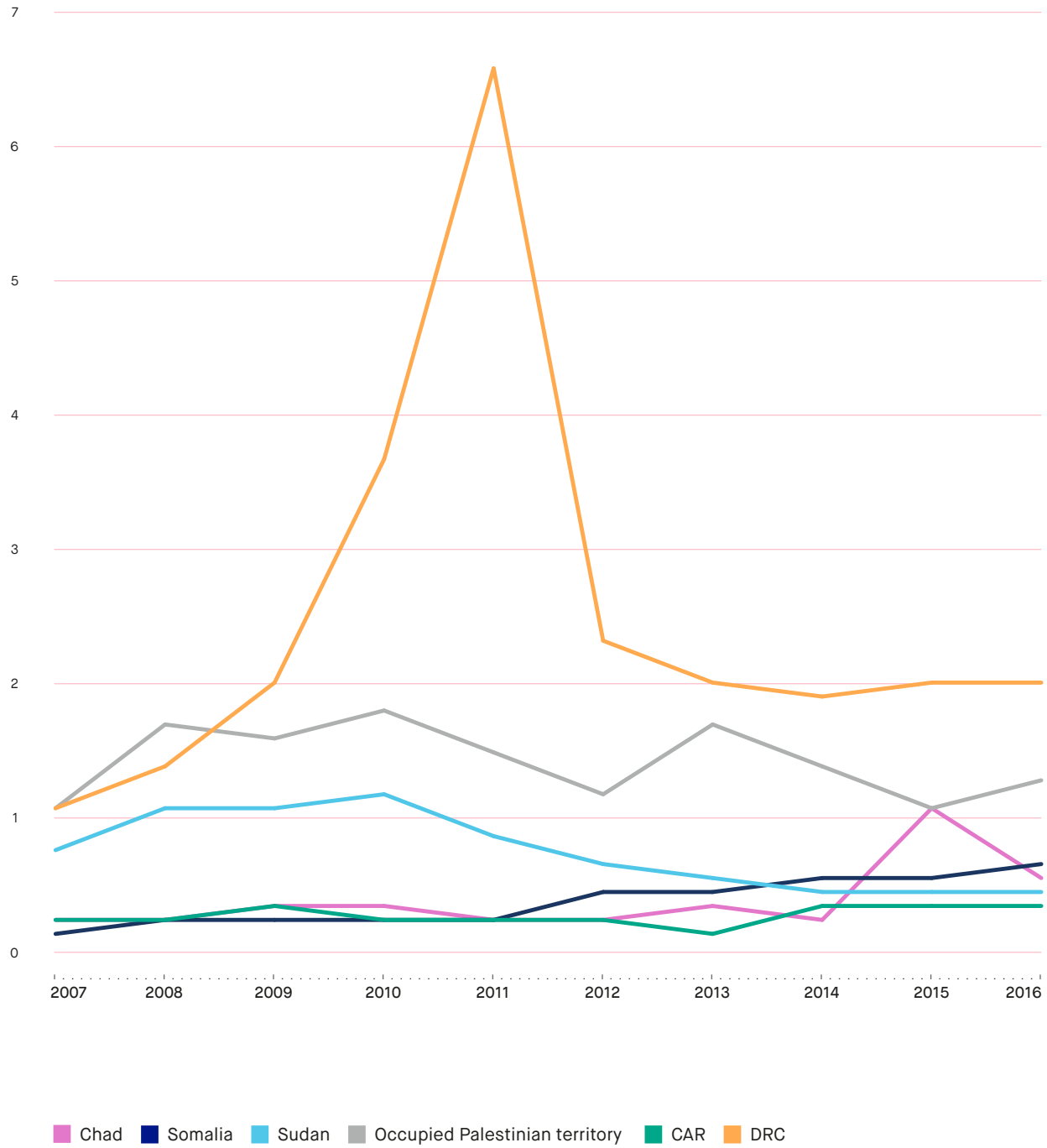
Five of the six countries are in sub-Saharan Africa and had very low levels of human development, according to UN Development Programme's Human Development Index, as well as high levels of fragility and susceptibility to floods and droughts. All these necessitate longer-term investments – in development, peacebuilding and climate funding. Yet, while humanitarian coverage declined, international development assistance did not rise to the challenge of supporting longer-term solutions (see Figure 5.7). Except for DRC, all experienced very modest and volatile increases (apart from Sudan's decrease which may be explained by South Sudan's independence in 2011). The humanitarian financing gap is, in many ways, a symptom of a development financing gap.

Fig. 5.6 Levels of requirements met in countries with appeals every year, 2007–2016



Source: OCHA FTS

Fig. 5.7 Non-humanitarian ODA to countries with appeals every year, 2007–2016



Notes: ODA data in constant 2016 prices. Peak in ODA for DRC in 2010–2011 was due to debt relief; if only 'transferred' ODA were shown, then DRC would remain under 2 billion US dollars.

Source: OECD DAC

Lack of development financing manifests in stubborn indicators of low human development and persistent calls for humanitarian funding to meet both chronic and acute needs. The human consequences of shortfalls of humanitarian funding – how many people are being left behind by emergency assistance – are evident in some of the reviews of the UN-coordinated humanitarian response plans. In CAR, for example, by mid-2017 it meant that less than a third of the over 30,000 children identified in the response plan received assistance for severe malnutrition, and less than half of the 750,000 people targeted for emergency water provision were reached. It also meant that agencies had limited ability to reach all affected areas or respond to new events (OCHA, 2017d).

The low volumes and short time frames of funding may mean not only unmet needs, but also inappropriately met needs. Piecemeal funding can lead to a focus on basic programming, and limit scope for the complex and adaptive programming needed to respond to multifaceted and changing needs. This is especially true in highly insecure settings (Stoddard et al, 2017b). The result, in some settings, can be an entrenchment of assistance provision which affected people feel is not relevant to their real needs (Ground Truth Solutions, 2017).

Box 5.5 Consequences of underfunding in the Sahel

The Sahel region is chronically affected by overlapping hazards including recurrent droughts, floods and epidemics, as well as political fragility, armed conflict and protracted and new waves of displacement. An estimated 24 million people are considered in need of humanitarian assistance in 2018. Combined, the UN-coordinated appeals for the eight countries in the region[11] requested 2.7 billion US dollars for 2018, but current progress and past record suggest there will be significant shortfalls (OCHA, 2017g).

Mauritania is facing its worst food insecurity situation in five years, due to drought – by mid-2018 an estimated 14% of the population were projected to be facing severe food insecurity (phase 3 or 4) raising fears of a food crisis comparable to that of 2011–2012. Mauritania also hosts many Malian refugees. Funding has not been of a level to meet the scale of current and imminent needs. The 2017 UN-coordinated appeal for Mauritania was nearly two-thirds underfunded (65% of requirements not met) and by mid-July 2018 the 2018 appeal was 58% underfunded. Humanitarian agencies have adapted their response to the limited means through an extreme and detailed prioritization process to identify the most acute needs at the most local level.

Chad also faces a combination of crises including food insecurity worsened by floods and droughts, as well as displacement and economic downturn. An estimated 30% of Chad's population were in need of humanitarian assistance in 2018 (OCHA, 2018b). The high food insecurity levels were expected to double over the lean season, with severe acute and global acute malnutrition levels already well beyond the emergency threshold. High poverty levels worsened by a severe economic downturn limit communities' access to basic services and ability to support displaced people,

11. The eight countries included in the 2018 Sahel appeal are Burkina Faso, Chad, Cameroon, Mali, Mauritania, Niger, Nigeria and Senegal.

including the largest population movements seen in the past five years, arriving from CAR. The 59% underfunding of the 2017 appeal meant that food rations were halved, food assistance was interrupted for several months, and children with moderate acute malnutrition were untreated and risked severe malnutrition. Capacity to assist new refugees from CAR in 2018 was also compromised. Allocations from the CERF Rapid Response window and the DREF helped to meet the most urgent needs while longer-term solutions were pursued.

What are the solutions?

These chronic multidimensional crises need a sustained multidimensional financing response – one which sees smarter use and mobilization of humanitarian funds, better linked to longer-term development and peacebuilding action to address underlying vulnerabilities and ensure no one is left behind.

Smarter humanitarian assistance

In the immediate term, as explored earlier, the ECHO FCA and CERF UFE window have important counter-balancing roles to play in identifying these situations and either encouraging or providing stop-gap funding to meet the most urgent needs. In 2017, the CERF allocated 145 million US dollars from its UFE window and over the past decade two-thirds of its allocations went to crises in sub-Saharan Africa. Country-based pooled funds are also important in directing limited funds to meet the most underfunded pockets of need, or new demands.

Many organizations are seeking alternative ways to mobilize more funding to meet long-term needs, including through private funds. Many National Red Cross and Red Crescent Societies generate income through a range of activities enabling sustainable localized response not just in wealthier countries but also in countries with high levels of poverty and displacement such as Côte D'Ivoire. As demonstrated by the IFRC in Kenya (see Box 5.4) the potential of Islamic social financing, already the source of substantial community-based and national charitable giving, is being actively explored as a complementary source of financing for humanitarian as well as development action. Also, one of a wave of new 'innovative financing' initiatives, ICRC's new Humanitarian Impact Bond aims to use social investment from the private sector to leverage donor funding to establish rehabilitation centres in three conflict-affected countries including DRC. While in its early days and limited in scope, this offers a new economic model of responding to add to the financing toolkit.

Critical as stop-gaps and alternative income may be, multi-year funding has to be the bedrock of humanitarian response in multi-year crises. The need to move away from single-year funding tied to annual calendars has been long stated and reiterated in Grand Bargain commitments. This will not solve the problem of underfunding for chronic crises and indeed needs to be well communicated to donors to ensure that multi-year is not understood as non-urgent. But more sustained, predictable and flexible funding has the potential to enable both savings (Cabot Venton and Sida, 2017) and adaptiveness to meet new dimensions of a crisis (Obrecht, 2018) if accompanied by careful response design and changes to entrenched short-term ways of working at the crisis level (FAO et al, 2017).

A new way of working for humanitarian–development–peacebuilding coherence

Whether it is multi-year and well-funded or not, emergency funding cannot address the poverty and security issues at the heart of these chronic complex crises. Some new initiatives have emerged to address this old problem, including EU pilots to work at the humanitarian–development nexus,[12] the UN–World Bank Humanitarian-Development-Peace Initiative and new compacts and financing instruments to meet the long-term needs of refugee populations and their host communities. Clear as the logic may be, these have evidently raised deep controversies – about humanitarian principles, about coordination practicalities, and about scope for community participation.

Many of these initiatives fall under the banner of the 'New Way of Working' – a multi-stakeholder approach spearheaded by UN agencies and the World Bank following the World Humanitarian Summit. This intends to bring together the aims of humanitarian action with the SDG goals of leaving no one behind, working towards "collective outcomes" over a three-to-five-year period – for example a joint humanitarian–development goal of a measurable increase in access to education. The emphasis is on context specificity, tailoring the outcomes and actions according to close analysis of the situation, and on comparative advantage of the respective national and international agencies. Country and regional plans are emerging, bringing together humanitarian and development country frameworks from the World Bank and UN including for the Sahel region and for Mauritania, Chad and CAR (OCHA, 2017f).

A shift in ways of funding is critical to this shift in ways of working: strategic, operational and financing plans have to be developed hand in hand. Rather than a single blueprint, it will take diversified tools and a layering of short, medium and long-term investments with backing from development donors, World Bank and other multi-lateral development banks (ICVA, 2017). In Sudan, for example, a phased and sequenced approach was recommended, with the first phase for immediate action including better connecting the multiple existing pooled and joint financing instruments under the strategic guidance of a single high-level SDG partnership platform (OECD and UNDP, 2017).

It appears to be too early to tell the extent to which this new momentum for coherent approaches will result in a sustained increase in development funding for these chronic needs: development financing is reported on a slower time frame than humanitarian and the pay-outs from complex mechanisms are notoriously hard to track. Presently, trends show a growth in humanitarian rather than development funding as a share of aid to fragile states (OECD, 2018), but the increased World Bank crisis financing portfolio, and record IDA18 14 billion US dollars for fragility, conflict and violence might give grounds for hope that this trend will be reversed. Long-term, transparent and coherent reporting and analysis of these investments will be crucial to see if funding flows match strategic commitments to collective outcomes. Without such a development scale-up there is risk of over-extending the already-stretched humanitarian mandate and creating "moral hazard" (FAO et al, 2017) of further diverting scarce emergency resources from severe to chronic need.

12. The six countries for EU pilot approaches to operationalizing the humanitarian–development nexus are Chad, Iraq, Myanmar, Nigeria, Somalia and Sudan.

5.5 Towards smart financing: conclusions and recommendations

The money question has always attracted much interest. Since the World Humanitarian Summit, there has been a new surge of interest, innovation and activity. The challenge now is not only to make sure the scale of financing keeps pace, but that these innovations and activities add up to a coherent and equitable approach: that in the focus on specifics, the global overview and unifying idea is not lost – that populations facing crisis are not left behind because they are forgotten, underfunded or out of money.

Individual donors may face a "tragedy of choice" (Berlin cited in Binder et al, 2013) as decisions will inevitably favour some needs over others, but collectively the sector needs to intelligently compensate for this. This has to involve the sector writ large, all those responsible for and involved with financing for risk, response and resilience to crises, starting with local and national capacities, and supported by regional and international technical and financial resources where needed. The solutions lie in recalibrating from a mainly ex-post sector built on "medieval financial principles" of "begging bowls and benefactors" (Clarke and Dercon, 2016) to a predictable model that emphasizes ex-ante financing and can also respond coherently to meeting immediate and longer-term needs. This prescription is not new, and evidently not simple – political incentives may militate against it, but human imperatives demand it.

The global dynamics of humanitarian action are changing. Climate change and conflict are entrenching, intensifying and shifting patterns of risk and need. Volumes of formal international humanitarian aid are stagnating and continuing to come from a small, familiar group of donors. But at the same time, economic power and ownership of solutions is rising elsewhere, including from multi-lateral development banks and in many disaster-affected countries such as Mexico, the Philippines and Indonesia, and in regional bodies such as ASEAN and the African Union. So, for the international humanitarian sector, leaving no one behind also means letting go (Bennett, 2016a) so that it can complement and focus where most needed. In some contexts, it may mean more tightly redrawing the boundaries of international humanitarian assistance, and more clearly supporting and demanding that government and development policies address the risks and needs of the people most vulnerable to crises (Poole, 2015).

As seen in this chapter, the systemic shift needed to tackle the out-of-money problem is built on many specific inputs, which might be grouped under three areas – a human-centred anticipatory model, a cooperative, last-resort needs-based model, and a collective responsibility for resilience. The degree to which they can be successfully operationalized demands not just technical know-how but a concerted realignment of political incentives – something that, in the face of rising populism and declining multilateralism, poses significant challenges.

5.5.1 A human-centred anticipatory model

— Moving towards a human-centred anticipatory model requires an **improved understanding and assessment of risk and investment in tools and programmes** that

not only seek to reduce risk but also ensure ex-ante financial readiness when a disaster hits. As case studies from Kenya to Peru show, a layered approach that supports local and national contingency planning is essential.

— It is **vital that technical models do not inadvertently leave people behind by failing to take local realities, contextual suitability and structural causes into account**. Acquired learning and experience, including from affected communities, should be used to improve these risk, forecast and anticipation-based tools, tailor their application and help evaluate their effectiveness.

5.5.2 A cooperative, last-resort needs-based model

— A cooperative, last-resort needs-based model would mean **increasing the predictability of international humanitarian funding for the crises where an ex-post response is still required**. This includes honouring commitments to flexible, multi-year funding and supporting pooled funds – but can also learn much from ex-ante models, where roles and responsibilities are clear from the outset. An intentional division of labour between donors, based on clarity of priorities, shared decision-making tools and robust common metrics of need, could encourage collaboration rather than fragmentation. As explored in the 'out of scope' recommendations, common tools could help to assess relative needs and priorities between as well as within crises.

— Supporting such informed decision-making involves rebuilding trust in the costing models and better evidencing and communicating the consequences of underfunding. It might also require rethinking the UN-coordinated appeals system, **moving away from a model that unintentionally pitches successive crisis-specific pledging conferences against each other towards one that encourages considered cooperation**.

5.5.3 A collective responsibility for resilience

— A collective responsibility for resilience requires **investing in the long-term to address the poverty and vulnerability that cause and perpetuate crises and mean that people are left behind**. The principles of context-specific, multi-faceted action towards collective outcomes need to be translated into accountable action.

— **As part of this collective responsibility, delineating the role of international humanitarian financing will be important to ensure that the overstretch of scarce resources is eased, rather than exacerbated**. Adequate development, climate and peacebuilding resources must be channelled to crisis-affected settings. All these crisis-financing investments need to be transparently tracked – not just for accountability but to help identify gaps, inform complementarity and underpin monitoring of their relative effectiveness.

Iraq, 2017

Civilians flee west Mosul as fighting between Iraqi forces and ISIS militants intensifies.

©Tommy Trenchard/IFRC



6. Out of scope: irregular migrants and people affected by urban violence

While people may be left behind *during* humanitarian responses, others are left behind because they fall *outside* humanitarian scope. Certain types of crisis give rise to humanitarian need but rarely make it onto the agenda of the mainstream international sector or responders. What then, for people who are – consciously or unconsciously – left 'out of scope'? Humanitarian principles, particularly humanity and impartiality, dictate that human suffering must be addressed wherever it is found, according to need alone. The principle of impartiality demands prioritizing the people most in need. But is the scope of humanitarian action prioritized and configured correctly?

While there is no single definition of humanitarian action, it is generally considered to have some boundaries – to be a time-limited endeavour, undertaken by a limited number of responders (IHSA, 2018), with a narrow, principled focus on saving lives and alleviating extreme suffering. It is largely 'event-driven', responding to large-scale emergencies: events which pose a threat or risk to a large number of people and which are beyond the capacity or willingness of authorities and responders in the affected area.[1] Such major crises often trigger response by national and international actors –understood as the international humanitarian sector. The idea of one humanitarian sector is rooted in UN General Assembly Resolution 46/182 and its subsequent resolutions. This established a coordination framework for the network of international humanitarian responders – including the Inter-Agency Standing Committee (IASC) – guided by the commitment to the guiding principles, humanitarian principles and international law (UNGA, 1991).

There is however, increasing recognition that the international humanitarian sector is only one part of a much wider 'ecosystem' of humanitarian response by a diverse range of actors – including local and national responders and sectors beyond civil society. While some reject the notion of a humanitarian sector (Borton, 2009), others define it as "the network of interconnected institutional and operational entities through which humanitarian assistance is provided when local and national resources are insufficient to meet the

1. Although there is no one agreed definition of a crisis or emergency, most tend to relate to this definition. WHO defines a crisis as "an event or series of events representing a critical threat to the health, safety, security or wellbeing of a community, usually over a wide area. Armed conflicts, epidemics, famine, natural disasters, environmental emergencies and other major harmful events may involve or lead to a humanitarian crisis" (2007).

needs of a population in crisis" (ALNAP, 2015b). Yet the objectives, scope and architecture of humanitarian action continue to be hotly debated, contested and dynamic (Bennett, 2016). Protracted crises, the humanitarian-development nexus, and the localization agenda are all reshaping the scope and boundaries of humanitarianism.

This chapter focuses primarily on people left behind because they are experiencing crises considered beyond the remit of the international humanitarian sector as understood by the UN General Assembly Resolution. While many of these people benefit from local and national assistance, this is often without the surge in international assistance that may occur when these resources are insufficient. In an era that increasingly recognizes a wider humanitarian ecosystem, is there an opportunity for its collective and diverse capacities to be more effectively applied to these types of crises? And when, where and how should the 'traditional' international sector evolve to respond?

There are many people experiencing crises who require such a rethink. These people might fall out of scope for many reasons: because they are dispersed rather than in a defined 'crisis-affected area', or because national authorities may not have requested assistance. They might be perceived as solely a domestic concern – even when local and national responders do not provide sufficient assistance or protection due to capacity constraints or because politics mean that the people are excluded or marginalized. When there is no single major conflict or disaster event, chronic needs might be seen as development concerns, and life-saving assistance and protection may be limited. The existence or scale of suffering might also not be recognized by an international sector that is predicated on pre-determined mandates, missions and models. Limits to aid funding can further compound disengagement.

Groups that might be considered out of scope may include people without citizenship or legal residency, such as stateless people or migrants with an irregular status, whose rights are denied or not fully recognized. Indigenous or minority groups, slum dwellers and people suffering urban violence might also – for reasons of geographic, legal and/or social exclusion – be denied rights and access to basic services, security and social protection – but, despite being in need, may not receive humanitarian attention.

This chapter focuses on irregular migrants and people suffering extreme urban violence: two groups of people identified through an IFRC National Society consultation process as falling out of scope of traditional humanitarian action. At the heart of both cases are people who have limited protection from their own or other governments, and are experiencing suffering arguably at the scale and severity of a humanitarian crisis. The chapter explores the threats and needs these people face, and the ways they fall out of scope of humanitarian response, while highlighting good practice and posing critical challenges.

6.1 Irregular migrants

Managing migration is, in the words of the UN Secretary-General, "one of the most urgent and profound tests of international cooperation" of today (UNGA, 2017). The political implications of migration have pushed it centre stage on the policy agenda. Under the New York Declaration for Refugees and Migrants, adopted in 2016 by the UN General Assembly, states agreed to the development of two non-binding agreements on refugees and migrants. The final draft of the Global Compact for Safe, Orderly and Regular Migration – the first intergovernmental agreement prepared under the aegis of the UN relating to all dimensions of international migration – was agreed in July 2018.[2]

As the following section shows, irregular migrants face increasing threats to their rights and well-being. In light of increased mobility and its attendant risks for people in an irregular status, should the humanitarian implications of irregular migration be considered in scope for humanitarian action?

6.1.1 Who are irregular migrants?

There is no universally accepted definition of irregular migration. The International Organization for Migration (IOM) defines it as "movement that takes place outside the regulatory norms of the sending, transit and receiving country". According to IOM, a migrant may be in an irregular situation due to: *entering* a country irregularly, such as with false documents or without crossing at an official border crossing point; *residing* in a country irregularly, for instance, in violation of the terms of an entry visa or following rejection of an asylum claim; or *being employed* in the country irregularly. A person may have been granted residence rights, but not permission to take up paid employment in the country (IOM, 2016).

Migration is driven by a range of political, economic, security and social factors including economic, security and welfare inequalities, poor governance and environmental factors, as well as other incentives and motivations. It therefore defies easy categorization between voluntary and involuntary, and refugee and 'economic' migrant. Asylum seekers and refugees may resort to people smugglers, and may enter a country irregularly due to limited safe and legal channels to seek asylum. People may be recognized as refugees by the UN High Commissioner for Refugees (UNHCR), but if the country in question does not recognize them or is not a signatory to the 1951 Refugee Convention, they may be treated as irregular migrants. Migrant flows are increasingly a mix of refugees, asylum seekers and other migrants, massed in groups and led by smugglers, giving rise to what is increasingly termed 'mixed migration' (Horwood and Reitano 2016). Asylum seekers and refugees do not lose their legal entitlements as a result of being part of a 'mixed flow'.

2. The Global Compact for Safe, Orderly and Regular Migration was under development and negotiation at the time of writing and so is not analysed in depth here (see Global Compact for Migration, 2018).

Fig. 6.1 Known migrant fatalities and missing migrants, 2017





Source: IOM (2018a) Missing Migrants

There is no reliable, commonly accepted global estimate for irregular migrants as numbers are too difficult to discern due to both the changes in status as well as the clandestine nature of movement, although most migration is regular (IOM, 2018b).

Box 6.1 The risks of the journey

Between 2014 and 2017, more than 25,000 migrants were reported as having died or gone missing in countries of transit and destination, along migratory routes across the world (IOM, 2017a). Much of the data and research focuses on journeys to Europe, but as Box 6.2 shows, there is increasing evidence that these risks are common across all migratory routes, including in Africa (RMMS, 2017), migration to the Middle East (IOM, 2018b), from South and Central America into the US (Crisis Group 2016) and within and across Asia (IOM, 2017a). Dangers facing migrants, which are often overlapping and deadly, can include:

- Drowning at sea, due to overcrowded or unseaworthy craft or dangerous weather. This risk is increasing: although fewer migrants crossed the Mediterranean in 2017 than previous years, a higher percentage of people crossing that year (1.8%, over 3,000 people) are recorded to have died or gone missing (IOM, 2017).
- Exposure in the desert: according to UNHCR interviews with people who had travelled through Libya en route to Europe "more people die in the desert, on the way than in the sea" (UNHCR, 2017d).
- Harsh environmental conditions combined with a lack of basic services: data shows that 60% of the casualties of migrants from the Horn of Africa were caused by the harsh living conditions experienced on the journey, including lack of access to healthcare, lack of food or water, inadequate shelter and exposure to harsh weather (RMMS, 2017).
- Killed by traffickers and criminal gangs: for example in the town of Beni Walid in Libya in 2018 some 15 people were killed in one night and another 25 wounded when traffickers shot at them trying to escape (MSF, 2018).

The real number of people who have died is unknown, as people move, and thus die, invisibly. Most deaths are not registered, especially when they occur in poorer and remote regions (ICRC, 2017a).

Risk of death is just part of the picture. Interviews conducted by the Danish Refugee Council's Regional Mixed Migration Secretariat between 2014 and 2017 revealed that 79% of migrants interviewed from the Horn of Africa had either directly witnessed or experienced one or multiple abuses, ranging from physical and sexual violence to kidnapping, torture and death (RMMS, 2017).

Migration risks are affected by gender. Women and children are reported to be more likely to be left behind during journeys (Malakooti, 2015), although older people and

persons with disabilities are likely to be even more at risk. Women are often at higher risk of drowning than men during sea crossings as they frequently travel in cabins (IOM, 2016). Over 30% of women and 17% of men crossing Mexico had been subjected to sexual violence (MSF, 2017), while nearly half of the women interviewed on the Central Mediterranean had suffered sexual violence (UNICEF, 2017a).

Many risks experienced by irregular migrants are magnified for children, who face greater risk of sickness, injury and violence, as well as trafficking and exploitation (IOM, 2018b). Between 2015 and 2016 at least 300,000 unaccompanied and separated children were reported to have moved across borders, a rise of almost 500% compared with children documented in 2010–2011 (UNICEF, 2017b).

Box 6.2 Does more information about risks influence migrants' decision-making?

Migrants rely most on information from close social networks before and throughout their journeys and may be aware of the potential risks involved in migrating irregularly. Migrants often employ different psychological strategies to manage the potential risks including avoidance, discrediting information and harm minimization (IOM, 2018b). Chillingly, women in the Horn of Africa are reported to request contraception before their journeys (RMMS, 2017).

Experience from the IFRC highlights that information on migratory routes is most effective when it is minimal, easy to absorb, available in different languages and uses a range of distribution mechanisms, for example from radio and social media to low-tech methods and peer-to-peer sharing (IFRC, 2016a). Research has shown that despite its proliferation, messaging aimed at deterring migration, such as describing the risks of migrating using particular routes, has limited impact on people's decision to migrate (Hagen Zanker and Mallett, 2016).

Missing migrants

People go missing for various reasons including death, detention or trafficking, while in other cases migrants may cease contact with families to safeguard against detection or due to concerns about the risk of intimidation, retaliation against or extortion of family members (ICRC, 2017a). The non-governmental organiyation (NGO) Mesoamerican Migrant Movement estimates that over 70,000 migrants from Guatemala, Honduras, El Salvador and Nicaragua have gone missing crossing Mexico between 2006 and 2016 (Sanchez Soler, 2016).

While the issue of migrants' deaths at sea is well documented, there is little attention to the issues of people who go missing or disappear along journeys, or on arrival in countries of transit or destination. One notable exception was the discovery of a network of close to 20 detention camps with mass graves along the border between Thailand and Malaysia, which led to high profile court cases, however the identity of the dead remains unknown (Radio Free Asia, 2017).

The lack of information on the whereabouts and fate of many missing migrants results in continued uncertainty, grief and numerous administrative, legal and economic challenges for families left behind. This issue of migrants who go missing and the impact this has on their families receives little attention, despite its rising scale (ICRC, 2017a).

Box 6.3 ICRC and the Senegal Red Cross: support to missing migrants and their families

Working with National Societies, ICRC has decades of experience of working with people missing in conflict, which it is now applying to missing migrants. The search and identification of missing migrants is hampered by a lack of prioritization, resources, forensics capacities as well as centralized, standardized, transnational information collection and management mechanisms. In the Mediterranean, only around 35% of recorded migrant deaths are identified, this is much less in poorer or more remote areas (IOM, 2017a).

The Senegalese Red Cross Society and ICRC began a project to support the families of missing migrants. By 2017, 200 relatives were supported with mental health and psychosocial activities, commemorative events, literacy classes and vocational training. Micro-credit support for income-generating activities was also provided. A strong component involves linking families to governmental support, and educating authorities on the humanitarian needs of migrants and their families (ICRC, 2017a). This work with the families of missing migrants complements long-standing work by the Movement on Restoring Family Links which aims to locate missing people, including migrants, and put them in contact with their relatives.

Trafficked migrants

Around three-quarters of almost 5,000 migrants interviewed in 2017 indicated they were subjected to abuses that may amount to trafficking along the North African and Central Mediterranean route. These include being forced to perform work or activities against their will; doing work without getting the expected payment; being offered arranged marriages; and being held against their will (IOM, 2018a). The links between migration, particularly irregular migration, and human trafficking have been known for some time. The UN Office on Drugs and Crime highlighted in 2016 that 60% of trafficking worldwide detected between 2012 and 2014 related to non-nationals (UNODC, n.d.). The risks occur at all stages of migration, including departure, en route, on arrival and even on return. Despite this, the people affected receive little humanitarian attention.

The systematic and ruthless mass exploitation of migrants was impossible to ignore when Libya's 'slave markets' were broadcast globally on CNN in late 2017 (CNN, 2017). This confirmed earlier reports by humanitarian and human rights organizations on the large-scale kidnapping of migrants for ransom and extortion of their families, forced labour and sexual enslavement and the multiple 'slave markets' where migrants were traded openly for these purposes (IOM 2017b). Migrants have become another 'commodity' to be exploited and numerous detention centres holding thousands of migrants – some intercepted at sea

– are sites of sustained violence, extortion and slavery (Micallef, 2017). This is by no means unique to Libya. As early as 2014, Human Rights Watch highlighted the sale of migrants in Yemen to traffickers who transport them to 'torture camps' where they face abuse and extortion (Human Rights Watch, 2014).

Box 6.4 Trafficking: The hazardous journey from Ethiopia through Yemen to the Kingdom of Saudi Arabia

For decades, migrants from Africa have passed through Yemen, often walking hundreds of kilometres to seek work in Saudi Arabia. More than 117,000 crossed in 2016 alone, and almost 100,000 were recorded in 2017, despite the conflict raging in Yemen and the resulting humanitarian crisis. Reports suggest that a multi-million-dollar trafficking and extortion racket has developed in Yemen based mainly on Ethiopian migrants. One government official indicated that trafficking and smuggling made up 80% of the economy in the border town of Haradh in 2014.

However, despite the scale of abuse and resulting need, humanitarian assistance has been relatively limited (Human Rights Watch, 2014 RMMS, 2017, IOM DTM, 2018). Among the few dedicated resources for migrants are migration response centres operated by Somali and Yemeni governments and their partners, which provide food, non-food items, medical assistance, shelter and psychosocial support. Yet only a minority of migrants access these services, highlighting the challenges in accessing and securing the trust of people moving irregularly.

Detained migrants

Immigration detention is increasingly used as a means of deterring the arrival of irregular migrants or restricting them before deportation. The US alone detains an average of 34,000 migrants daily. This is not a new practice: Hong Kong detained many migrants during the 1980s and 1990s, and Australia's notorious use of off-shore detention only decreased following widespread public and media concern. Criminalizing migration is considered by many as disproportionate, and many international bodies recommend that breaches of migration law be considered an administrative matter, with detention only used as a last resort and limited in time (IOM, no date, hereafter n.d.).

The humanitarian implications of immigration detention are extreme. Even short-term detention can have lasting adverse effects on people's well-being and mental health. In many cases this is compounded by fear, overcrowding, unsanitary conditions and lack of access to adequate food and healthcare. Migrants may be detained with criminals, and children with unrelated adults – increasing the risk of physical and sexual violence. Detention of migrants is largely unmonitored, lacks oversight and regulation, and falls into a legal vacuum. Most migrants have few safeguards or remedies for arbitrary or extended detention, or any abuse suffered while in detention (IOM n.d. a). Children who have been detained exhibit increased mental health and post-traumatic stress symptoms, physical health and behavioural problems, and development delays (ICRC, 2017b). In 2016 alone, ICRC visited places of immigration detention housing nearly 2,500 children across 15 countries (ICRC, 2017b).

Returned and forgotten migrants

The return of irregular migrants, including asylum seekers whose claims have been rejected, is rising sharply (Collyer, 2012; IOM, n.d. b). It is viewed as necessary to migration management, helping to ensure the integrity of asylum and migration systems and to assuage public opinion, as well as acting as a deterrent to future arrivals (Koser, 2005). Return migration is a broad area and includes forced returns, assisted voluntary returns and (unassisted) voluntary returns – although lines between voluntary and forced return are often blurred, as migrants' choices are often limited.

Concerns are rising that migrants increasingly risk being returned to contexts where their safety cannot be assured, in contravention of the principle of *non-refoulement*. For instance, annual rates of return from the US and Mexico to Northern Triangle of Central America countries increased by 82% in the five years between 2011 and 2016 (Crisis Group, 2016). There are major concerns about the protection of returnees and whether expulsions amount to breaches of international law (Crisis Group, 2016).

Returning migrants often enter a 'revolving door' of migration as debt, family commitments and the stigma and shame associated with failed migration compound the original factors driving migration, making re-migration or internal displacement the most likely outcome (Schuster and Majidi, 2014). This is a risk also with voluntary returns: the lack of information and preparedness on the part of both returnees and their families; diminished familial and social support, coupled with the impact of economic stress put at risk voluntary returns unless reintegration is handled differently (Majidi, forthcoming). Reintegration is an area of significant weakness for humanitarian action. The politics of repatriation rather than the needs of returnees often predominate; reintegration support is most often incomplete; and frequently there is inadequate attention to preparedness, land rights and urbanization (Harild et al, 2015). These issues are likely to be worse for irregular migrants and although some humanitarian organizations are scaling up, the focus tends to be on their immediate physical needs.

Box 6.5 A revolving door of migration and deportation: Ethiopian migrants deported from Saudi Arabia

Ethiopians have traditionally migrated to Saudi Arabia for a range of reasons, often in pursuit of better economic opportunities. A five-year ban imposed by Ethiopia on labour emigration following mass, and often brutal, expulsions of some 170,000 Ethiopians from Saudi Arabia in 2013 and 2014 did little to stem the flow.

In March 2017, the Government of Saudi Arabia announced another round of deportations, including of an estimated 500,000 undocumented Ethiopian migrants. As of mid-March 2018, 108,306 returnees were registered by IOM in Addis Ababa. Many of the deported migrants were arrested and detained in Saudi Arabia before being deported with reportedly significant physical and psychological abuse. Women in particular experienced sexual and gender-based violence. Very few of the returnees arrived with money or possessions, some even arrived shoeless. Many carried children, including babies.

The Ethiopian Red Cross Society, with support of the ICRC and the Danish Red Cross, has been delivering humanitarian services to the returning migrants at the first point of arrival at the airport on a 24-hour basis. This includes providing emergency medical support by referring over 1,371 people to hospital by ambulance for further treatment, as well as non-food packages. Since the operation began in June 2017, the society has provided a successful free phone calls service for more than 34,000 returning migrants – around 700 per week – to restore or maintain their family links.

There are significant challenges associated with assisting such large numbers of highly vulnerable people in an airport. This includes handling carefully people affected by trauma and in need of professional psychiatric assistance in the first instance, but also by supporting their reintegration into communities, where they may face stigma. More generally, there are difficulties ensuring that emergency assistance is coordinated well with transport back to communities and the reintegration support people receive there. There is a major gap in working with communities to reduce stigma and to understand the vulnerabilities associated with migration.

A humanitarian crisis?

This section has shown that irregular migrants – who lack state protection and in many cases are deliberately denied their basic rights and assistance – face violence, abuse and exploitation in transit and on arrival. Despite this, the often-deliberate invisibility of irregular migrants, lack of reliable data on their numbers and vulnerabilities, and their dispersal across routes and countries means the scale of need associated with irregular migration relative to other humanitarian crises is difficult to discern. Taken together there is a strong case that the scale of their suffering is at crisis proportions. However, as the next section illustrates, irregular migrants are often left outside of state protection and support, and many of their needs remain left behind by the traditional humanitarian sector.

6.1.2 How are irregular migrants left outside the scope of state protection and support?

Irregular migrants are increasingly denied their rights

Despite the vast majority of rights being guaranteed to migrants and citizens alike, the lack of recognition of many migrants' rights has major consequences for their safety, well-being and dignity. States have broad power under international law to control migration if their actions are based in law and consistent with human rights.[3] But in practice, there is often a tension between migration management and migrants' rights. Many states have expedited a range of different measures aimed at stopping or reducing flows and preventing entry of migrants (Oxfam et al, 2017). These include 'externationalization', such as the deals struck by destination countries and regions with countries of origin and transit.

3. Governments are permitted to impose restrictions on anyone who enters their territory and to determine admission, residence, expulsion and naturalization policies.

These, as well as border controls and 'pushback' and 'pullback' efforts, not only prevent migrants from entering or leaving territory but have implications for the human rights of migrants along migratory trails (UN Human Rights Council, 2018). Detention and deportation are also used increasingly as migration control measures.

Irregular migrants are frequently denied access to essential services

The violence and abuse faced by many irregular migrants is compounded by limited access to services in countries of transit and arrival, as this is often contingent on citizenship or legal residency. The starkest example is the curtailment of access to healthcare, where all but emergency care is often off limits. This flies in the face of commitments to health as a basic human right but is often justified on the grounds of welfare entitlements being restricted to nationals or residents in a country. It is also despite increasing evidence that restrictions on primary healthcare are costlier for states and do not affect migration levels (Ingleby and Petrova-Benedict, 2016).

In the US, up to 70% of the estimated 11 million undocumented migrants do not have health insurance, meaning they only have access to emergency care – a major problem for an increasingly aging undocumented migrant population (Wiltz, 2018). Irregular migrants in the EU are entitled to around 35% of the health services available to nationals, mostly relating to emergency care (Ingleby and Petrova-Benedict, 2016). Although some countries waive restrictions for antenatal care and treatment infectious diseases, these measures are ineffective without access to primary healthcare that would provide continued care or detect these diseases (ibid). In many contexts, all but life-saving assistance requires upfront payment of often-unaffordable fees (Aldridge et al, 2017).

Directly linking immigration control to access to services is increasing. Healthcare providers in five EU countries are legally required to report undocumented migrants to immigration authorities. Confidentiality is only assured in ten countries. In the UK, this is part of a range of measures where landlords and banks are also required to carry out immigration checks. Such environments deter migrants from seeking healthcare and result in alternative strategies such as self-medication, contacting doctors in social networks and borrowing health insurance and identity cards (Vito el al, 2015). In the UK, research has indicated that a third of irregular migrants avoid timely healthcare and a quarter of pregnant migrants without status had not accessed antenatal care at 18 weeks (Bulman, 2017).

6.1.3 How are irregular migrants left outside the scope of humanitarian action?

Action is often only according to 'event-driven' need

The lack of a specific event or crisis to catalyse engagement of traditional humanitarian responders means that the vulnerabilities irregular migrants face along migratory trails and in countries of transit and destination were historically out of scope. This is compounded by political interest being largely weighted towards migration control rather than the vulnerabilities of migrants, and because media and public attention tend to focus on the negative security, sociocultural and economic dimensions of migration (IOM, 2018b). Sudden

crisis events rather than slowly emerging crises, political interest and media attention, along with humanitarian agency presence, are some of the main factors driving engagement in particular crises.

That humanitarians need a specific event or crisis to trigger engagement is illustrated by their support of the relatively high numbers of refugees and migrants who arrived in Europe in 2015 and early 2016, but the limitations of that response also show the degree to which migrants are out of scope. The arrivals "blindsided" humanitarian actors and the response was judged "a failure in many respects" due to the high levels of unmet protection and basic needs (DeLargy, 2016). When it became clear that states were unwilling or unable to address the needs of refugees and migrants, the efforts of humanitarian responders were constrained and delayed largely because the issue was perceived as out of scope. Relevant factors included lack of operational agreements between humanitarian actors and European states, no pre-existing presence in affected countries, limited funding for European operations and, in the context of increased public hostility, little opportunity to mobilize resources (DeLargy, 2016). Although the humanitarian situation for many refugees and migrants in Europe in 2018 remains a major concern (UNICEF, 2018), the issue now relates to the sufficiency of the response, rather than whether the needs of migrants in this context are a humanitarian issue.

The vulnerabilities of migrants and refugees in Europe may have been initially out of scope of the formal international humanitarian sector, but it was not out of scope of humanitarian response more broadly. Gaps in response prompted significant humanitarian action on the part of civil society and volunteers, both individual and groups. A provisional inventory compiled in 2016 noted at least 218 volunteer groups actively responding to the needs of refugees and migrants in Europe, of which at least 180 were established during 2015 or early 2016 (Borton, 2016). National Red Cross and Red Crescent Societies reportedly also "performed heroically in some countries and communities", but were completely absent in others (DeLargy, 2016).

Irregular migrants are often not seen as suffering a crisis and 'out of sight' during crises

Migrants are not considered a population of concern during humanitarian crises and are often 'out of sight' despite disasters and conflict impacting heavily on them (Martin, 2016). Migrants, even those residing legally, are often left out of preparedness and response efforts and face obstacles in accessing information and assistance, due to language barriers, lack of local networks and marginalization (Gaudagno et al, 2017). Recognizing this spurred the development of the Migrants in Countries in Crisis initiative (MICIC, n.d.). In 2016 the non-binding and voluntary Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster (MICIC, 2016) were agreed. The guidelines provide recommendations on irregular migrants but in practice irregular migrants are often overlooked, despite often being at even greater risk due to pre-existing higher levels of poverty, reduced mobility and opportunities to evacuate, and reduced access to assistance (Gaudagno et al, 2017). Most disaster-management approaches, even in areas with high numbers of migrants, fail to integrate migrants into standard operating procedures, guidelines and responses. As Box 6.6 illustrates, in many instances migrants themselves, migrant support groups and national actors play a much stronger role than international actors.

Box 6.6 Migrant social networks' important role in protection during the 2006 Lebanon conflict

During the 2006 war in Lebanon, migrant domestic workers with irregular status faced specific risks and limited access to services. Some workers were unable to escape due to being locked in houses while their sponsors had fled. Irregular migrants wishing to leave Lebanon faced fines as a result of their immigration status. Migrant domestic worker networks played a significant role in reducing some of these risks, including establishing a hotline for workers trapped in houses. Support from civil society actors, such as Caritas Lebanon – which had pre-existing links with this community before the conflict – and IOM, helped ensure irregular workers were assisted with shelter, support and evacuations by embassies (Hendow et al, 2017).

Irregular migrants lack an international convention and institutional engagement

The fact that humanitarians often need an event to catalyse engagement is not the only reason why migrants are often considered out of scope. Policy and institutional limitations also play a major role. The phenomenon of 'mixed migration' has long been recognized in the refugee field. UNHCR first engaged in the 1990s, but it was in a difficult "balancing act" which involved the need to underline the distinctive status of refugees while recognizing the increased complexity of migration in a context where stakeholders increasingly saw mixed flows as part of a single, often unwanted, phenomenon (Crisp, 2008). Mixed migration was viewed through a refugee lens where the rights and needs of migrants who were not refugees were downplayed as part of an effort to safeguard refugee rights, and the focus was largely on measures in countries of arrival or destination (Van Hear, 2011).

This 'balancing act' continues to have implications for irregular and other migrants. While irregular migrants are protected by human rights law generally, they lack the protection and force of a specific international convention – such as the 1951 Refugee Convention that recognizes the rights of refugees and asylum seekers – and a dedicated UN agency to engage state responsibilities.[4] The IOM is viewed as increasingly adopting a rights-based framework to migration, which means it is shifting from a role that has been criticized as largely implementing the migration management policies of governments, to one that increasingly recognizes the suffering of migrants (IRIN, 2017). IOM has also become a 'related organization' of the UN as part of a move the UN Secretary-General hopes will see it integrated into the UN as a specialist migration agency (UNGA, 2017). However, it remains stymied in power and influence without a dedicated legal framework, as well as its relatively limited independence and flexibility compared with some other UN organizations funded through core financial contributions as well as voluntary funding. Other organizations – including international NGOs, the International Red Cross Red Crescent Movement and other UN agencies are also expanding their engagement.

4. The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, which entered into force on 1 July 2003, focuses on the rights of regular migrant workers, but stresses that the fundamental human rights of irregular migrants must be respected. See OCHA (1990).

There is also increasing policy recognition of the need to address "migrants in vulnerable situations", including in the New York Declaration and the Global Compact for Migration. Work by IOM (2017b), UNHCR (2017e) and Office of the UN High Commissioner for Human Rights (OHCHR) has identified the personal and situational conditions that give rise to vulnerability among migrants, and OHCHR has issued draft principles and practical guidance on the protection of the human rights of migrants in vulnerable situations to inform the Global Compact on Migrants (OHCHR, 2018). A set of state-endorsed principles on the vulnerabilities migrants face may provide avenues for greater recognition of and protection of migrants in vulnerable situations. However, despite the recent policy and institutional shifts in support of irregular migrants there remains a long way to go before the rights and needs of irregular migrants are comprehensively recognized and addressed.

Humanitarian dilemmas both limit and increase humanitarian action

The high political stakes, vast sums of funding aimed at migration management, and tensions between humanitarian action and state strategies for migration management, raise significant dilemmas for humanitarian responders, as well as barriers to action. In some contexts, humanitarian activities have been actively criminalized, restricted or discouraged as they intersect with state strategies for migration management. One example is the efforts to criminalize humanitarian search and rescue operations in the Mediterranean Sea (see EU, 2016). Charges of human smuggling were brought against volunteer lifeguards in Greece (Aljazeera, 2016), while media and political accusations have been levelled against NGOs involved in search and rescue missions as 'colluding with smugglers'.

Efforts to criminalize and delegitimize humanitarian activities can not only reduce life-saving assistance, but also validate stronger deterrence measures, including support to the Libyan coast guard to deter migrants from leaving Libya (Nando, 2017). There are significant dilemmas associated with humanitarian action in situations or processes designed to control migration where there is major humanitarian need, but a risk that getting involved could be perceived as legitimizing or perpetuating the migration control measures. These include humanitarian support in places of detention when prospects for improving protection are limited (MSF, 2017), and humanitarian monitoring during forced return or deportation processes (IFRC). Save the Children and others faced difficult decisions when providing services in Australia's offshore detention facilities on Nauru where asylum seekers faced significant human rights abuses. While there are credible reports that Save the Children's work enhanced the welfare of children detained there, this was undertaken in the face of tremendous media, political and public backlash (Ronalds, 2016).

On a larger scale, perhaps, is the use of funding from donors whose overall strategy is to reduce migration. European governments spent at least 17 billion euros outside Europe between 2014 and 2016 in an effort to stem migration (Borton, 2016). The EU Emergency Trust Fund for Africa, which aims to address the root drivers of migration, is worth over 3.4 billion euros. While the increased funding has galvanized the engagement of some humanitarian responders in countries of origin and along migratory trails, others such as Médecins Sans Frontières (MSF) rejected funding from the EU and its member states for any humanitarian operations globally due to concerns about being associated with migration management.

Capacity and complexity

Protection activities are a focus of many humanitarian responders. Much work is aimed at strengthening the legal and policy environment for migrants, for instance through advocating to end the detention of minors for immigration purposes and strengthening mechanisms for support to unaccompanied migrants, people who have been trafficked and other vulnerable migrants. More direct protection activities are also undertaken such as legal support, family tracing activities and psychosocial interventions. As are life-saving activities such as emergency evacuations from life-threatening situations such as detention centres in Libya (UNHCR, 2018b) by IOM and UNHCR.

Humanitarians consulted for this research highlighted a range of constraints around the scale, sufficiency and impact of protection activities for irregular migrants. These concerns include limited influence, the impact of promoting greater respect for rights in a general climate of strong political and public support for robust deterrence measures, and the inadequate reach and scale of protection activities in situations where violence is the norm and there are few avenues for protection. For instance, concerns were raised that even when there is evidence of widespread trafficking, only a minority of cases can be supported due to limited capacity of humanitarian responders, few referral mechanisms and limited national capacities. The response is often repatriation, which often does not resolve the issue. Finally, there are concerns that even when support is made available, there are few opportunities for individualized protection measures or case management approaches even in situations involving highly vulnerable migrants.

Many barriers prevent migrants from seeking assistance and humanitarian agencies from recognizing and responding to them. Although there are many long-term undocumented migrants in many contexts, people on the move are by definition mobile, often travelling in remote, rural areas, and on routes that shift regularly. The rapid movement means there is limited opportunity for assessment, support and referral, and migrants will often forego all but the most urgent assistance. The shifting nature of the movement makes planning, forecasting and staffing of interventions challenging. The irregular, extra-territorial and clandestine nature of irregular migration means that many migrants face many of the barriers outlined so far in this report. These include fear of detection, language, information and administrative barriers, cultural and gender barriers and at times perceived or actual discrimination on the part of front-line staff.

As Box 6.7 illustrates, some organizations have responded by establishing mobile facilities along routes, transport centres and in areas where migrants congregate. These are often focused on medical assistance, basic needs and psychological support, though many organizations report concerns about the reach and coverage of their activities. Local and national individuals and institutions – including community groups, religious institutions and other civil society actors – often play important roles due to their flexible approaches, presence along routes and wide geographical scope.

Box 6.7 Learning from MSF's work to treat migrants in Mexico fleeing, and facing, violence

For years, Mexican civil society organizations, with the support of a few international NGOs, including MSF, have run an extended network of over 100 *albergues* (hostels)

along the migration route through Mexico. Many people on the move are refugees but are unlikely to apply for refugee status. Between 2012 and the end of December 2016, MSF teams carried out 28,020 medical consultations and 5,573 mental health consultations. Another 46,491 people attended psychosocial activities. A quarter of the medical consultations related to physical injuries and trauma. More than half of people attended to by MSF in Mexico had symptoms associated with depression and 12% had post-traumatic stress – close to rates in populations directly affected by conflict (15.4%).

MSF undertakes strategies to support this highly mobile population, partnering with and providing capacity to national organizations. Key learning has involved:

- adapting the location of services based on migrant flows, including setting up mobile clinics near railways and train stations
- integrating services into trusted community service providers where migrants congregate
- including social workers into MSF teams along with a doctor and psychologist to facilitate medical, psychosocial or protection referrals into the Mexican system
- ensuring strong partnerships with local and national organizations, including collaboration with faith-based NGOs and state institutions (Bosch Bonacasa and Estrada Cocina, 2017).

Organizations use a range of approaches to facilitate migrants' access to services and to work with the available services to make them more accessible to migrants. Many organizations, such as the Maldivian Red Crescent (see Box 6.8), hire volunteers and staff from migrant communities to access communities and reduce language and cultural barriers. Specialist migrant services are provided by some organizations that link into state services. IOM in Nairobi runs a migrant-friendly health centre in the Somali-dominated Eastleigh district, where no identity checks are needed. Services are provided free of charge to both migrant and host communities supported by migrant community outreach workers, translators, healthcare providers trained in migrant health, and strong partnerships with community and religious leaders as well as the Kenyan Ministry of Health (IOM Kenya, n.d.). Others, such as Médecins Du Monde in Canada and numerous other contexts, also support migrants in navigating foreign, and sometimes hostile, bureaucracies, sensitizing health practitioners on their rights and advocating for policy change.

Box 6.8 Maldivian Red Crescent's outreach to irregular migrants by migrants

There are an estimated 25,000 irregular migrants in the Maldives, where migrant workers make up around a quarter of the workforce. Access to health services is almost impossible for migrants without documentation.

A national alert was sounded in 2017 due to an outbreak of the H1N1 influenza virus. With a volunteer base including people from Bangladesh, India, Nepal and Sri Lanka

communities, Maldivian Red Crescent targeted both documented and undocumented migrant communities. It developed a communications package that included flyers, posters and videos in nine different languages which were relayed through community outreach activities and door-to-door campaigns to ensure the most vulnerable migrants were informed and able to access basic healthcare. Key to the success of the programme – which reached at least 4,500 migrants – was the Maldivian Red Crescent's strong trust and relationship with its communities, the diversity of volunteers who were drawn from different backgrounds and the use of social media networks and migrant centres and cafes.

6.2 People affected by urban violence

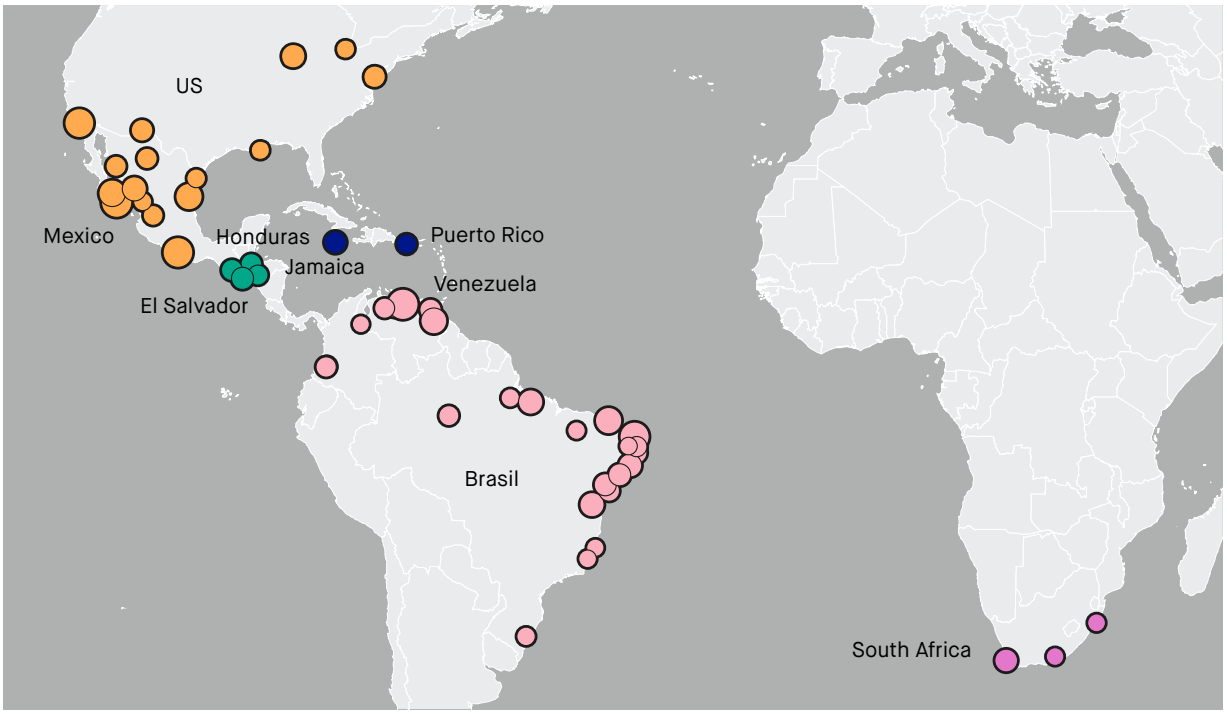
6.2.1 What is the scope and scale of the problem?

The world is urbanizing dramatically and urbanization is accelerating most rapidly in less developed contexts. By 2050, 70% of the world's population will live in urban areas. Rapid and unplanned urbanization is a major development concern and humanitarian responders are increasingly engaged but focus primarily on addressing conflict and disasters occurring *within* cities. Urban violence that does not reach the threshold of an armed conflict is viewed as *an outcome or feature of humanitarian crises*, rather than as a significant *driver of humanitarian concerns in and of itself* (Savage and Muggah, 2012). This is despite the humanitarian impact of organized violence. Contrary to expectations, armed conflict is not the leading cause of violent death globally (OECD, 2016): five of the ten most violent countries in the world are non-conflict countries, and all of these are located in South America or the Caribbean (see Figure 6.2). The phenomenon of organized violence in urban settings remains marginal and out of scope for most humanitarians despite affecting many cities globally. As Figure 6.2 also highlights, a concentration of murder 'hotspots' occur in the Americas, where 47 out of 50 of the world's most violent cities were located in 2017.

Box 6.9 Scale and severity of needs – the Northern Triangle of Central America

Variously described as facing epidemic levels of violence (ACAPS, 2014), a "silent emergency" (ECHO, 2018) and a "forgotten crisis" (Cue and Raimundo, 2017), the three countries forming the so-called Northern Triangle of Central America – El Salvador, Guatemala and Honduras – are seen as at the epicentre of urban violence and suffering some of its most acute humanitarian consequences. After Syria, El Salvador had the highest rate of violent deaths in the world in 2017. All three countries have rates of violence well above WHO's epidemic levels (WHO, n.d.) and each is featured in the world's 50 most violent cities list. Over a third of people surveyed in each country indicating feeling unsafe due to crime, this figure rises to 46% in El Salvador.

Fig. 6.2 World's 50 most violent cities, 2017



Homicide rate: most = ◯ 111 least = ○ 34

North America Central America Caribbean South America Sub-Saharan Africa

Note: Figure 6.2 does not include war-related deaths whereas Figure 6.3 does.

Source: Proyecto de Opinión Pública de Americá Latina (LAPOP) (2014) and Seguridad, Justicia y Paz (2017)

Fig. 6.3 Countries with the highest violent death rates, 2016

Rank	Country	Violent death rate (per 100,000 people)
1	Syria *	158.8
2	El Salvador	99.7
3	Venezuela	82.6
4	Saint Kitts and Nevis	78.4
5	Honduras	67.7
6	Afghanistan *	65.1
7	Jamaica	56.1
8	Iraq *	53.6
9	Libya *	48.6
10	Somalia *	44.1

* Experiencing or emerging from conflict

Source: Small Arms Survey Database on Violent Deaths 2017 drawn from official and non-official data on violent death and homicide rates in 2016.

Organized violence perpetrated by armed groups, gangs, organized criminals, drug traffickers and some members of the state underpin alarming rates of casualties, sexual violence, kidnapping, forced displacement and forced confinement. The collapse of law and order, shattering of social and health services and the implications of the reduced mobility resulting from the violence for access to basic services, markets, livelihoods and social networks are just some of the more indirect consequences (Lucchi, 2014). There are important gender and age dimensions too, with young men in particular at risk of murder, forced recruitment, forced displacement or confinement (IFRC, 2010b). There are also high rates of femicide, and women are subjected to sexual and gender-based violence too (HPN webinar, 2017).

Many features of armed conflict are also evident, including widespread child recruitment, lack of access to life-saving medical care and basic education, and attacks on the medical mission (ACAPS, 2014). The effect on education is just one example: in El Salvador, 50% of educational facilities are located in areas racked by criminality or gang violence resulting in over 15,000 cases of school dropouts, and in Honduras, some 460 educational facilities were closed in 2017 due to extortion and threats (OCHA, 2017c).

6.2.2 Why is there an urban violence 'blind spot' in humanitarian action?

Most urban violence takes place in middle-income countries, not helping perceptions that this is not an issue for donors and humanitarian responders used to providing assistance in lower-income settings (HPN webinar, 2017). This is despite authorities effectively losing control in many of the affected neighbourhoods, where they are either unable or unwilling to provide security and basic services (Savage and Muggah, 2012). Yet affected states have been slow to acknowledge the issue and seek external support. Neither Guatemala nor El Salvador recognize internal displacement per se (Bassau, 2017), although Honduras, with UNHCR support, has become increasingly committed to preventing and addressing internal displacement.

In El Salvador, Guatemala and Honduras ('Northern Triangle of Central America' countries (see Box 6.9)), national actors play a significant role in addressing urban violence, often focusing on reducing risks for vulnerable youth, supporting community policing and upgrading slums, for example (OECD, 2011). People working directly on the humanitarian consequences of violence often do so at major risk and faith-based organizations that are often highly trusted by affected populations are key responders (HPN webinar, 2017). Development actors have engaged too but focus more on violence prevention, security sector and judicial reform, and economic development (Cue and Raimundo, 2017). The subject of urban violence is as yet largely unexplored by humanitarian actors despite commitments to bridge the humanitarian–development–peacebuilding nexus under the Grand Bargain and the 'New Way of Working' (OCHA 2017e), as well as significant opportunities for multi-mandate organizations to use a range of different measures to address this chronic issue.

6.2.3 Collective violence in urban settings is not perceived as a humanitarian concern

As with irregular migration, collective urban violence lacks a discernible event or trigger to catalyse the attention, interest and engagement of humanitarian agencies, their donors and publics. This is a major factor in being perceived as out of scope: even urban experts do not judge collective urban violence as a priority humanitarian issue (Savage and Muggah, 2012). Further, because relevant non-state actors (for example gangs and drug cartels) do not have international obligations – as people party to armed conflict have under international humanitarian law – authorities and others need to be fully informed of the strict humanitarian basis of any dialogue with these non-state actors, where such a dialogue is allowed under domestic law.

Furthermore, unlike in many traditional humanitarian settings, people affected by urban violence are not confined to one geographical location and are instead dispersed within and across cities, making it more difficult to discern and quantify needs. Complacency and culture among humanitarian actors also reportedly play a role. People consulted suggested that the dominance of French and English-speaking humanitarian agencies and staff mean that humanitarian issues in Spanish-speaking contexts attract less attention at the global level. Although some agencies are present, they tend to be oriented to longer-term development and so less likely to see the humanitarian implications.

ICRC's work to frame situations of collective violence below the threshold of an armed conflict, where violent acts committed by one or several large groups of people may have humanitarian consequences, as 'other situations of violence' has been particularly helpful. It has helped broaden recognition beyond ICRC that such contexts warrant greater humanitarian attention and potentially, response, to address their consequences (see Box 6.10).

6.2.4 Urban settings challenge traditional humanitarian response methods and approaches

A further constraint to providing a response to urban violence is the questioning of the relevance and feasibility of humanitarian action in such settings. Urban violence – and indeed responses to humanitarian crises in urban settings more broadly – poses a number of challenges to humanitarian responders including a need for a different approach to needs assessment and programme design. High population density means that high numbers of people may be affected and the diversity of urban populations require differentiated targeting approaches (Lucchi, 2013). The requirement to work across various cross-lines further complicates engagement, as areas may be under the authority of different groups, including criminal gangs, and some of these groups may be listed as terrorist under national legislation.

Donors and agencies committed to providing a humanitarian response to urban violence highlight the consistent internal advocacy needed to shore up relatively small amounts of funding. One major feature of the response by humanitarians thus far has been generating evidence to inform the advocacy undertaken in agencies and across the sector to encourage greater recognition of the issue (HPN webinar, 2017). Perhaps as a consequence, agencies such as ICRC and MSF, with significant amounts of independent funding, have

been central to the response (see Box 6.7 and Box 6.10). More recently, UNHCR, World Food Programme, the Norwegian Refugee Council and others have also scaled up by providing a range of humanitarian and protection support.

Box 6.10 ICRC's response to the humanitarian consequences of urban violence[5]

Over the last decade, the ICRC, together with National Societies, has been increasingly trying to protect and assist people and communities affected by situations of violence that do not reach the threshold of an armed conflict and where international humanitarian law is not applicable.

Gaining acceptance of all relevant national and local stakeholders is vital to ensuring ICRC's access to areas affected. ICRC's neutral, independent and impartial approach, coupled with confidentiality, is crucial in this process of ensuring acceptance. This approach is also essential to building a dialogue with state and non-state armed actors, a dialogue which is aimed not only at reducing the impact of urban violence on the population, but also on the state's ability to provide basic public services and economic opportunities.

Partnerships are key to the enhanced sustainability and relevance of ICRC's responses. These have included partnerships with National Societies, but also with local and national authorities, such as health and education providers. Partnerships with grassroots organizations have also been a strong feature, helping to ensure innovative and durable responses, building on local expertise and reinforcing the resilience of the affected communities by involving them in identifying and mitigating their needs.

6.3 Into scope: conclusions and recommendations

Examining the factors that render human suffering out of scope of the international humanitarian sector raises important issues about how the sector adapts and responds to newly emerging forms of need – and what interests, ethics and events drive change. Humanitarianism is not static. Considered a socio-political construct, it is a continuous negotiation of notions of inhumanity and suffering, as well as fluid concepts of compassion and shared humanity (Gordon and Donini, 2016). The needs of irregular migrants and

5. ICRC's response is based on its Right to Humanitarian Initiative, which is recognized in the Statutes of the International Red Cross and Red Crescent Movement for situations of violence that do not reach the threshold of an armed conflict and where international humanitarian law is not applicable. See article 5, 2d of the Statutes of the International Red Cross and Red Crescent Movement. Work in this area has included certain countries of Latin America, including the Northern Triangle of Central America and the Caribbean but also contexts as diverse as parts of Lebanon, Nigeria, Northern Ireland and Pakistan.

people suffering urban violence are just two illustrative examples of populations or needs that are often considered out of scope but perhaps should not be. With its highly configured architecture and already over-stretched resources and capacities, to what degree should the current sector adapt and respond to these and other new forms of complex needs?

Local and national actors are undertaking some of the most effective action to address crises considered out of scope by the sector. People affected, their networks and wider communities are often the first line of response and defence, as is true in any humanitarian crisis. It is with national actors, including governments, that the main opportunity lies in mounting more effective, enduring responses. Costly, direct implementation by international actors in these long-term situations of vulnerability is unsustainable over the long term; however, it remains important in situations where capacities are overwhelmed, and where a neutral third party is beneficial.

The 'localization' agenda has galvanized greater recognition and engagement that the international humanitarian sector must transform to "reinforce, rather than replace, local and national capacities" (Grand Bargain, 2016). The issues of irregular migration and urban violence serve to illustrate that this agenda is just as relevant to ongoing situations of vulnerability as it is to humanitarian crises already seen as in 'scope' of humanitarian response. With this in mind, the following actions are recommended.

6.3.1 Policy and coordination

— Developing normative and policy frameworks would help focus attention and engagement on the needs and vulnerabilities of people who currently fall out of scope of humanitarian action. The work to develop guidelines on migrants in vulnerable situations, and to conceive 'other situations of violence', demonstrate how such processes can foster wider ownership across humanitarian communities and can be used as a basis for advocating for greater action.

— Given the humanitarian sector's dependence on mandated lead agencies to trigger attention, engagement and action, consideration should be given as to whether there is a need for a lead agency to take a much stronger role in identifying unaddressed need and advocating for more systematic support to local and national responders. The cases of both irregular migrants and people affected by urban violence have illustrated how certain people and types of need fall outside the mould of traditional response (no specific event trigger or lead agency) and therefore fail to trigger the same kind of response afforded to other types of humanitarian crisis.

— In the case of irregular migration, where it is clear that the complexity, global nature and scale of vulnerabilities are reaching or have reached crisis levels, the rights-based role of IOM should be reinforced to ensure a multilateral response.

6.3.2 Response

— Where limited protection drives risk and vulnerability, working with and supporting governments to recalibrate security efforts towards protecting affected populations must be a major priority.

— Connecting with, strengthening and funding the capacity of faith groups, civil society organizations, national NGOs and National Societies is critical given their proximity and the relevance and trust placed in them by at-risk populations.

— Lessons on how to further develop grassroots and civil society networks and reinforce local protection approaches should be captured, supported and shared.

— The role of protection-mandated or protection-oriented humanitarian agencies experienced in conflict is particularly relevant in certain instances – but multi-mandate organizations need to play a much stronger role, triggering a more wide-scale international humanitarian response where necessary owing to the nature and scale of unmet need. In particular, international actors need to step up and better coordinate their advocacy so that the humanitarian consequences of issues such as irregular migration and urban violence are brought to the fore.

6.3.3 Data and information

— Investments in better data help underpin the evidence base, but should not come at the expense of political commitment to protection and action for out-of-scope populations. Many, including the UN Secretary-General, advocate that data is a force for good, which will help "get people the support they need, more quickly and more efficiently" (Meneghetti, 2018). In the case of people affected by urban violence, commentators highlight having to continually provide evidence of needs to prove the case for engagement (HPN webinar, 2017). In the case of irregular migration, investment in improved data is one area where there is collective agreement on the part of states through the Global Compact for Migration (2018), and a dedicated IOM Global Migration Data Analysis Centre.[6] There is a real risk that the drive for better data becomes an end in and of itself, deflecting political capital away from action. Improved data must be linked to commitments from states to enhance the protection and assistance for these populations.

— Judging when and where international action might be relevant requires the ability to assess and understand the relative scale of needs and capacities between crises so that difficult decisions about prioritization can be made when capacity to respond to needs is overstretched. While the need for independent, impartial needs assessment was identified by the High-Level Panel on Humanitarian Financing (2015) and committed to under the Grand Bargain (OCHA, 2016a), efforts are focused on assessment *within* crises, and *between sectors* (ACAPS, 2016a). Calibrating whether, and to what degree, the

6. See for example, the IOM Global Migration Data Analysis Centre, opened in 2015:

humanitarian sector should focus on needs that are currently out of scope requires this to be expanded to assess levels



Guatemala, 2018

Guatemalan Red Cross volunteers provide first aid for migrants on the Guatemala-Mexico Border. Guatemala, alongside its neighbours El Salvador and Honduras, faces extreme levels of urban violence with significant humanitarian consequences.

©Guatemalan Red Cross



Laos, 2018

Ban Man or Man village in south-east Laos is one of 13 villages devastated by the floods.

People are starting to return home after the flash flooding in Laos, but they face a massive clean-up.

©Bart Verweij/IFRC

7. Disaster trends and IFRC insights

This section moves away from a thematic review of who is left behind in humanitarian response to take stock of global disaster trends and what they have meant for the IFRC network's disaster risk management efforts over the last ten years. The focus is on disasters, however some of the data also looks at complex emergencies and overall humanitarian needs at a global scale as relevant. It looks first to the available data to see what it reveals about the nature, frequency and location of disaster events and the IFRC's response. Equally important, it looks to the gaps in the available data, and how they might skew an understanding of today's risk environment. It then examines key recent trends in disaster risk management from the IFRC's experience that go "beyond the numbers".

Box 7.1 A note on the two main data sources used in this section

EM-DAT is the Emergency Events Database at the Université Catholique de Louvain. It collects and compiles information on 'natural' and technological disasters from public sources. EM-DAT data does not include war, conflict or conflict-related famine disaster events. Natural disaster data includes: weather-related events (meteorological, such as storms and extreme temperatures; hydrological, such as floods, mudslides and pluvial/flash floods; and climatological, such as droughts and wildfires), geophysical events such as earthquakes, and biological events/epidemics. Data about technological disasters is not included in this analysis.

In previous *World Disasters Reports* EM-DAT data has been presented in tabular format in the annex. This year's report attempts to provide a visual summary of the data, primarily focusing on 2008–2017, with reference to the previous decade (1998–2007). Further details are available in the Data notes or online.

IFRC GO is a publicly available data source that provides information on disasters that have triggered a Disaster Relief Emergency Fund (DREF), emergency appeal or movement-wide appeal. It also contains plans of action, field reports, surge deployments, situation reports etc., and displays these in an easy to use interface as well as through maps, charts and infographics. The IFRC launched the GO platform in 2018 to channel emergency operations information across the Red Cross Red Crescent Network.

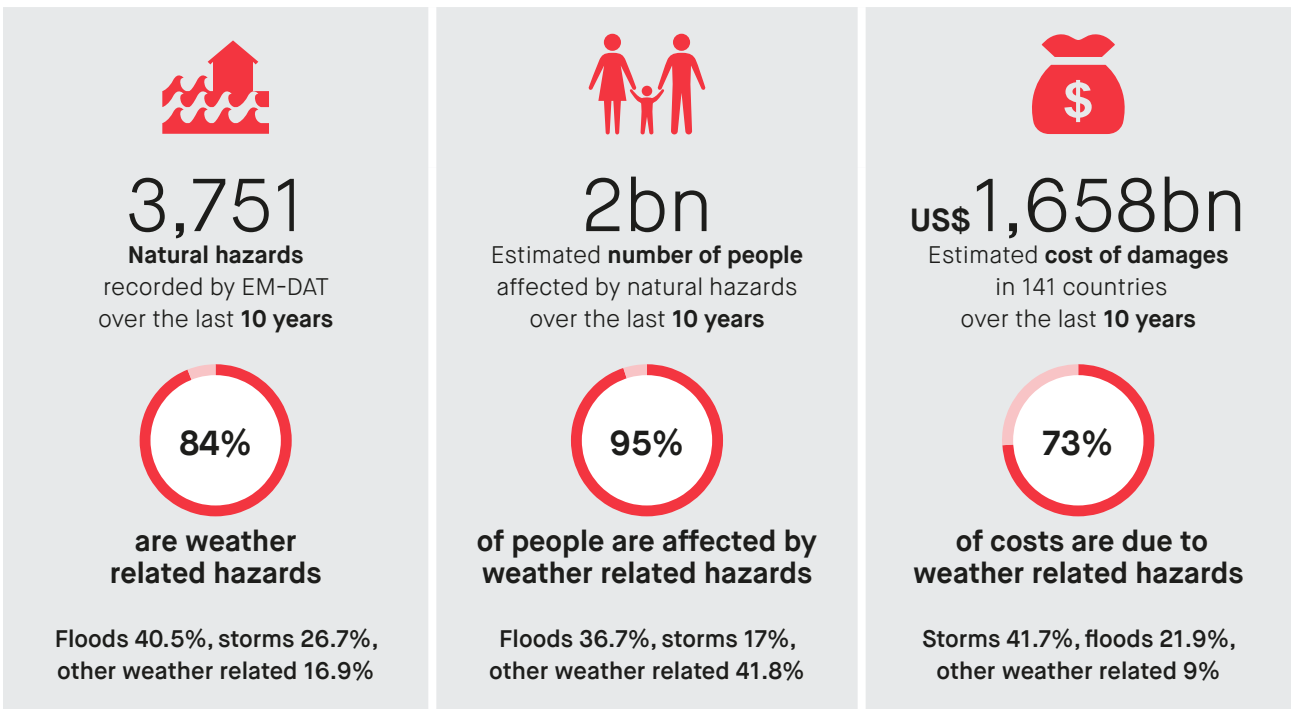
7.1 Disaster trends: looking at the last ten years

7.1.1 What type of disasters are happening and with what impact?

Global data

Over the **last ten years** (2008–2017), EM-DAT[1] has recorded **3,751 natural hazards** – **3,157** (**84.2%**) of which have weather-related triggers, with **floods** and **storms** alone accounting for almost **two-thirds** of all incidents.

Fig. 7.1 Overview of natural hazards 2008-2017



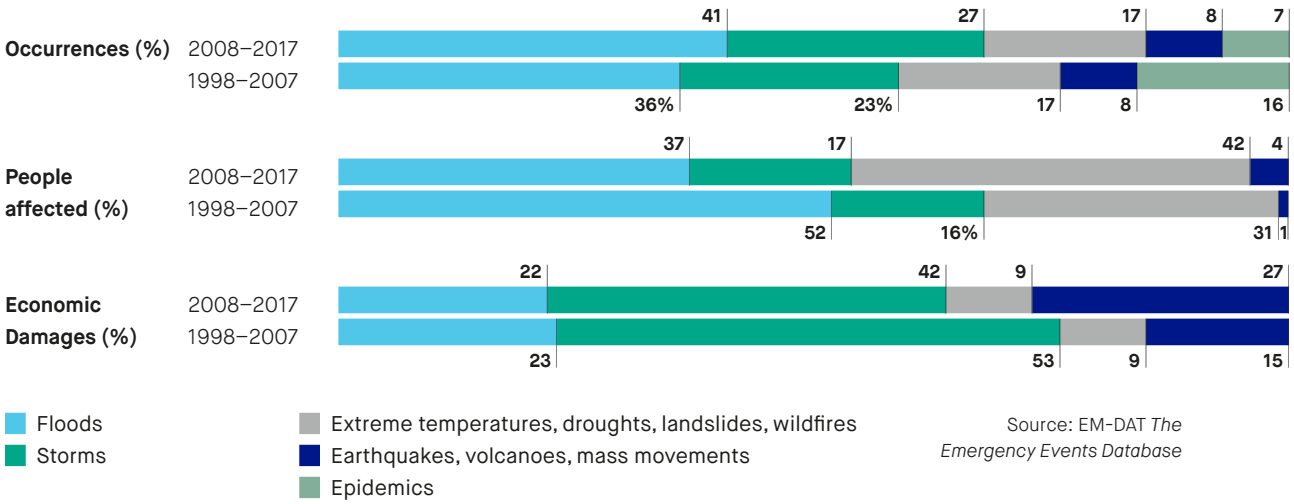
Notes: The total number of natural hazards is based on data for 198 countries/territories. For 17 countries there is no data on people affected. For 57 countries there is no data on estimated cost of damages. This figure does not include damages due to epidemics.

Source: EM-DAT: the Emergency Events Database - Universite Catholique de Louvain (UCL)/CRED, D.Guha-Sapir – www.emdat.be, Brussels, Belgium "EM-DAT *The Emergency Events Database*"

1. EM-DAT: the Emergency Events Database - Universite Catholique de Louvain (UCL) / CRED, D.Guha-Sapir – www.emdat.be, Brussels, Belgium ("EM-DAT *The Emergency Events Database*"). For a disaster to be entered into the EM-DAT database, at least one of these criteria must be fulfilled: 10 or more people reported killed; 100 or more people reported affected; a state of emergency declared; a call for international assistance. Data shown here refers to disasters with a natural trigger only and does not include technological hazards, wars, conflict or conflict-related famine. See Data notes for further details.

As Figure 7.2 shows, the number of **floods** (1,522) by far outstrips the number of **storms** (1,001), other weather-related incidents (634) and all other disaster triggers recorded over the period. Floods are estimated to have affected just under 730 million people – over a third (37%) of the estimated 2 billion people affected by natural hazards between 2008 and 2017. However, floods accounted for a relatively small number of recorded deaths over this period, at 50,312, representing 7% of the total.

Fig. 7.2 Comparing types of disasters between the two last decades



Source: EM-DAT *The Emergency Events Database*

While affecting far fewer people than some of the other categories (338 million), the 1,001 storms account for a greater proportion of deaths, at 10%. Likewise, storms also represented a large proportion of the estimated disaster damages: 42% of the 1,658 billion US dollars between 2008 and the end of 2017.[2] Storms in the Americas accounted for just under a third (32%) of total estimated damages over the last ten years, over 47% of which were caused by Hurricanes Harvey, Irma and Maria in 2017. It is worth noting that only half of the 3,751 recorded natural hazards in 2008 to 2017 had associated data on damages: for example, just 0.5% of reported damages during this time relate to disasters in Africa. This underestimates the loss – and ongoing economic impact – in poor countries, where values of physical assets are low and/or may remain private and unreported. This also underestimates the loss or impact of disasters that occur in lower income/low insurance penetration countries.

Though likewise few in number, the largest killer remained **earthquakes**, causing 351,968 deaths during the decade and some 49% of the total. Earthquakes also represented the next largest share of recorded estimated damages over the period, much of which (20.9%) relates to earthquakes in Asia – mainly the Tōhoku earthquake and tsunami in Japan in 2011.

2. All data is in current prices. See Data notes for further details. Only half of the 3,751 recorded natural hazards in 2008–2017 had associated data on damages. In the 2008–2017 data, 0.5% of reported damages relate to disasters in Africa; 43.9% in the Americas; 45.4% in Asia; 6.6% in Europe; and 3.5% in Oceania. In terms of value, amounts are driven by losses in wealthier countries where both asset values and insurance penetration are higher.

Epidemics killed less people than the categories already noted (bar drought), at 47,676 deaths for the decade, representing 7% of the total, and affected far fewer people overall, at 4,210,414 or less than 1% of the total for the decade.

EM-DAT defines 'affected persons' (in relation to the figures already cited) as "people requiring immediate assistance during a period of emergency, i.e., requiring basic survival needs such as food, water, shelter, sanitation and immediate medical assistance". Based on this definition, therefore, the 'people requiring assistance' – the humanitarian caseload – from natural hazards was overwhelmingly produced by floods, droughts and extreme temperature.

Direct deaths and estimated damage mainly came from storms and earthquakes, making them equally important targets for risk reduction. Likewise, while comparatively modest in terms of current impact, the unique capacity of epidemics to grow to globe-threatening proportions also rendered them urgent candidates for action. The humanitarian caseload in the case of epidemics must be seen to include not only people already affected and needing medical treatment – but also people likely to catch it and facilitate its rapid spread.



St Maarten, 2017

Hurricane Irma damaged or destroyed 70% of homes and buildings on the island of St Maarten and critical infrastructure, including water supplies, was severely damaged.

©Arie Kievit, Netherlands Red Cross

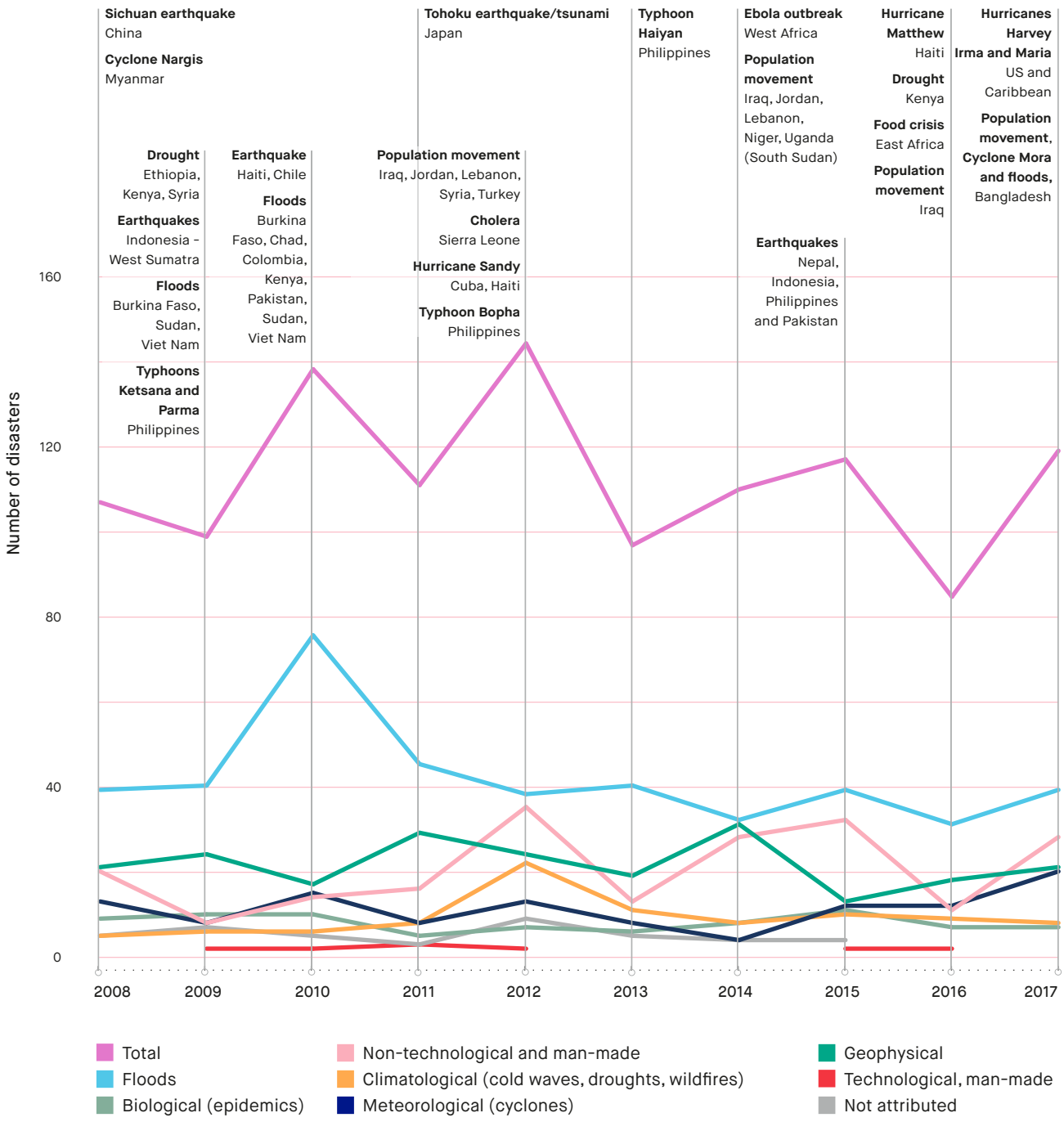
Fig. 7.3 Trends in natural hazards, 2008–2017



Notes: There is no data on the number of people affected in 17 of the 198 countries/territories that experienced disasters over the last ten years. Just over 50% of the 3,751 recorded disasters have associated data on estimated damages; there is no data on costs for 57 of the countries affected by disasters. There is no damage data for the 291 recorded epidemics. Extreme temperature, drought, landslides and wildfire are grouped to simplify this graph: 736.6 million people were affected by droughts and 90.5 million people by extreme temperatures over the period. Damages are estimated at 79.3 billion US dollars for droughts and just over 30 million US dollars for extreme temperatures. Estimated damage from drought is infrequently reported: only 30% of the 165 recorded incidents of drought have associated damage data.

Source: EM-DAT *The Emergency Events Database*

Fig. 7.4 IFRC emergency response triggers: trends and timeline 2007–2018



Source: IFRC GO

Fig. 7.5 IFRC emergency response triggers: ten most common disaster triggers (two-decade comparison)

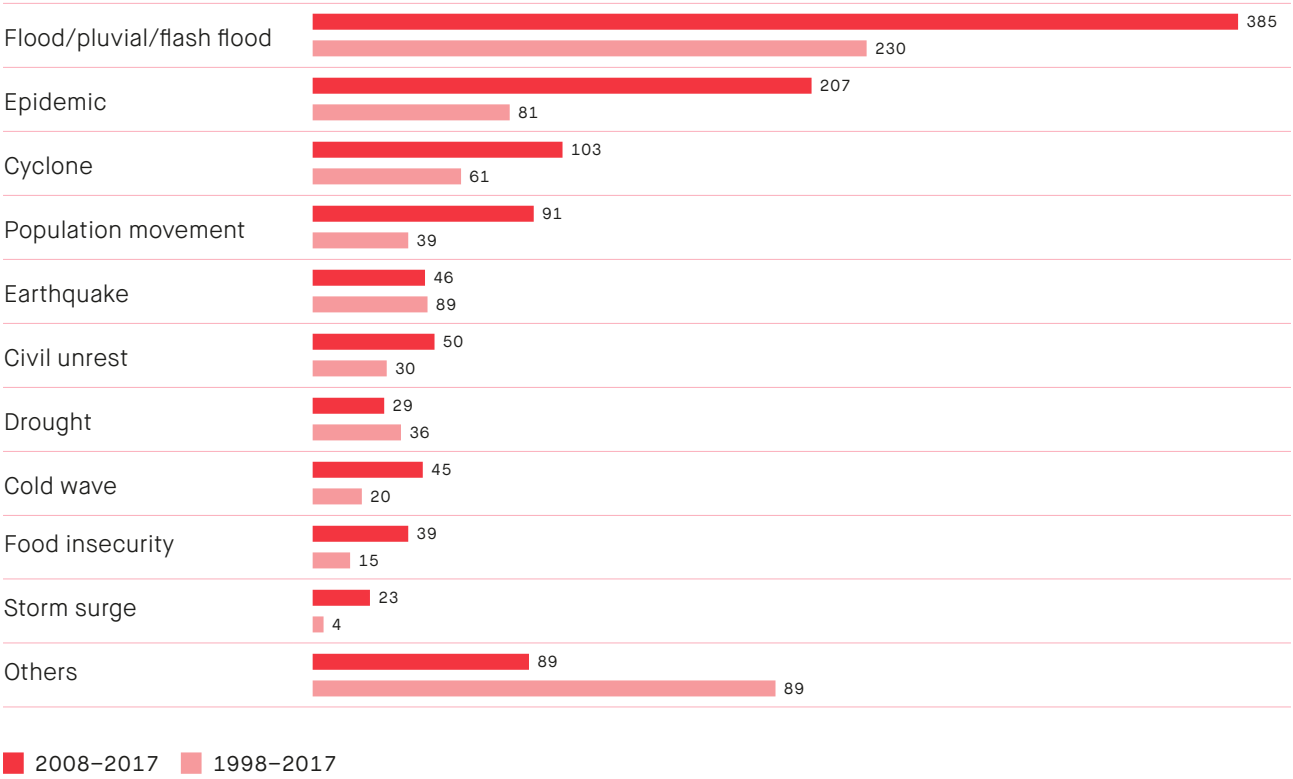


Fig. 7.6 IFRC emergency response triggers, two decade comparison

	1998–2007	2008–2017
Weather	46,5%	53,7%
Hydrological	31,0%	36,9%
Flood	30,5%	32,6%
Pluvial/flash flood	0,0%	2,2%
Storm surge	0,5%	2,1%
Climatological	7,4%	7,5%
Cold wave	2,6%	4,1%
Drought	4,8%	2,6%
Wild fire	0,0%	0,8%
Meteorological	8,1%	9,3%
Cyclone	8,1%	9,3%

	1998–2007	2008–2017
Epidemic	10,7%	18,7%
Non-technological and man-made	11,3%	17,6%
Civil unrest	4,0%	4,5%
Complex emergency	0,1%	1,4%
Food insecurity	2,0%	3,5%
Population movement	5,2%	8,2%
Geophysical	8,2%	6,3%
Earthquake	6,2%	4,2%
Landslide	0,4%	0,9%
Tsunami	0,3%	0,0%
Volcano	1,3%	1,3%

Notes: There are 755 events recorded in data on Disaster Emergency Response Funds (DREFs), emergency appeals and movement-wide appeals for the period 1998–2007; and 1,107 for 2008–2017. Figure 7.5 shows data for the ten most frequent triggers; flood, pluvial and flash floods (24 in the period 2008–2017) have been combined for the purposes of this chart. 'Others' includes: volcanoes, tsunamis, chemical emergencies, fires, transport accidents and wild fires.

Source: IFRC GO

IFRC operations

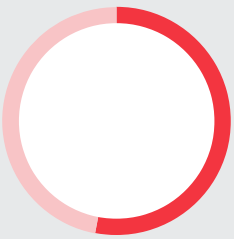
Fig. 7.7 Overview of IFRC operations, 2008-2017



1,107

Number of crises resulting in IFRC/internationally-funded operations over the last 10 years... around a third of which were triggered by floods

Floods	**32.6%**
Epidemics	**18.7%**
Cyclones	**9.3%**
Top 3	**60.6%**



53.7%

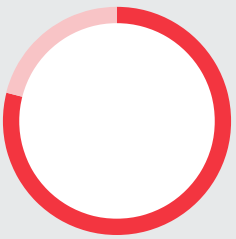
Over the last 10 years, 53.7% of operations were triggered by weather-related events



231.7m

Number of people the operations aimed to reach with assistance over the last 10 years... 79.4% of whom were affected by epidemics

Epidemic	**79.4%**
Food insecurity	**4.2%**
Population movement	**3.5%**
Top 3	**87.2%**



79.4%

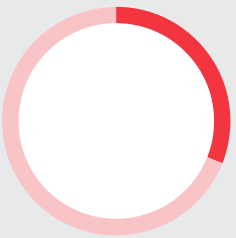
207 epidemics have accounted for 79.4% of the people targeted for assistance since 2008



CHF 2.6bn

IFRC operational budget over the last 10 years... a fifth of which was in response to earthquakes

Earthquake	**20.0%**
Population movement	**13.4%**
Cyclone	**12.6%**
Top 3	**45.9%**



30.9%

Weather-related disasters and non-technological man-made disasters each account for a 30.9% share of the operational budget over the last 10 years

Source: IFRC GO

Comparing IFRC operations[3] by disaster type provides an additional perspective on trends. The comparison reveals weather-related events (a combination of hydrological, climatological and meteorological disasters) have accounted for 594 (53.7%) of the 1,107 emergency response triggers over the last ten years – up slightly from the 351 (46.5% share) from 1998 to 2007. Consistent with their huge impact globally, floods were by far the largest single trigger for an IFRC response – accounting for 32.6% of all triggers since 2008 (see Figure 7.7).[4, 5]

Much of the IFRC's disaster risk reduction (DRR) work has likewise focused on hydro-meteorological disasters, notably in relation to floods and storms. One example is the long-standing partnership with the Z Zurich Foundation to build flood resilience, with phase one projects (2013–2017) in the Americas and Asia. Based on the Foundation's phase one learnings, over the next five years, the Flood Alliance – consisting of nine organizations representing the private, research and humanitarian sectors – will focus on leveraging practical field-level experiences and research capabilities to influence a global change in approach to community flood resilience. The vision is that, despite increasing frequency and severity of floods and the impacts of climate change, communities and businesses can flourish.

As Figure 7.7 shows, the second-largest category of IFRC operations (207 or 18.7%) was responses to epidemics. These operations also targeted the largest numbers of people (indispensable to stopping an epidemic in its tracks), representing over 79% of people targeted in the decade. This was exemplified in the recent West Africa Ebola crisis, where more than 6,000 volunteers engaged in frontline activities in the most seriously affected countries, while thousands more across the region worked on education, prevention and monitoring activities.

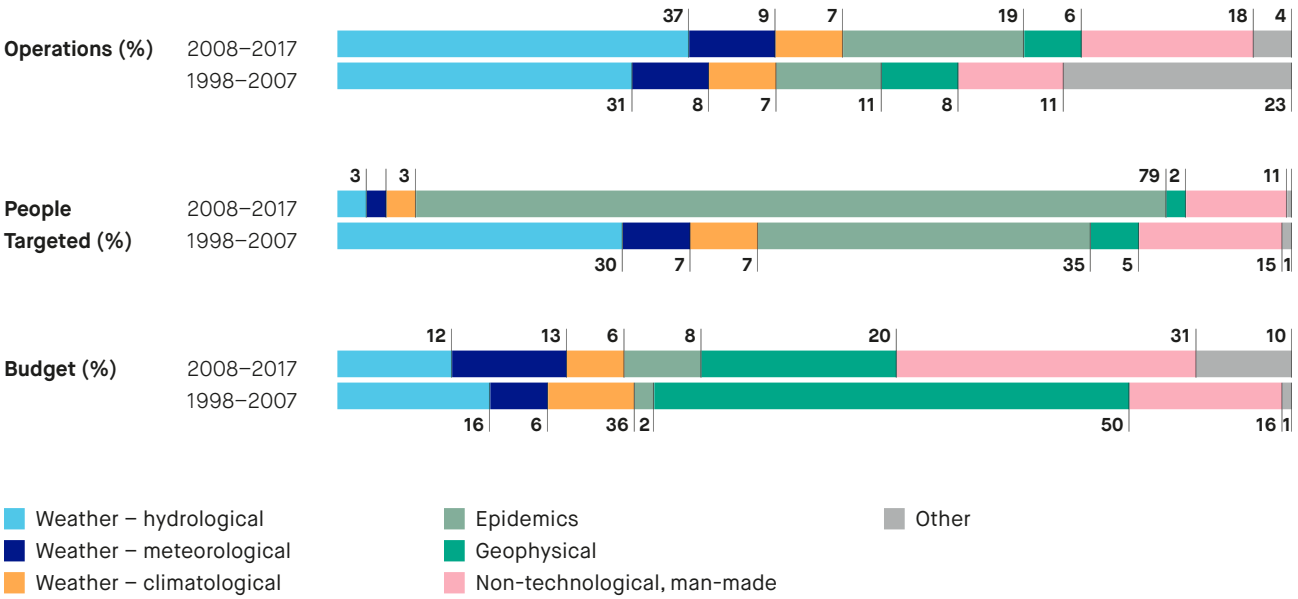
Responses to population movements have also been increasing in number and intensity (IFRC, 2018g) around the world, and most visibly in recent years along the route to Europe. This has strongly mobilized IFRC members, leading to a new network-wide strategy on migration adopted in 2017 that aims to scale up programming, advocacy and cooperation around support for these vulnerable people. Likewise, in 2018, the IFRC secretariat commenced a system-wide review of services to internally displaced persons.

3. This represents operations in which the IFRC provided funding or more direct engagement – it does not incorporate all domestic operations by National Societies in their own countries.

4. In IFRC data, 'hydrological' comprises storm surges, floods and pluvial/flash floods; 'meteorological' cyclones and tornadoes; and 'climatological' cold waves, heat waves, drought and wildfires.

5. IFRC GO provides data on disasters that have triggered a DREF, emergency appeal or movement-wide appeal.

Fig. 7.8 Share of IFRC operations by disaster category, number of people targeted and budget, 1998–2007 and 2008–2017



Notes: Hydrological includes floods, pluvial/flash floods and storm surges. Meteorological includes cyclones. Climatological includes cold waves, droughts and wild fires. Geophysical includes earthquakes, landslide, tsunamis and volcanoes. Non-technological and man-made include civil unrest, complex emergency, food insecurity and population movement. See Tables A.1–A.3 in Data notes for full breakdown.

Source: IFRC GO

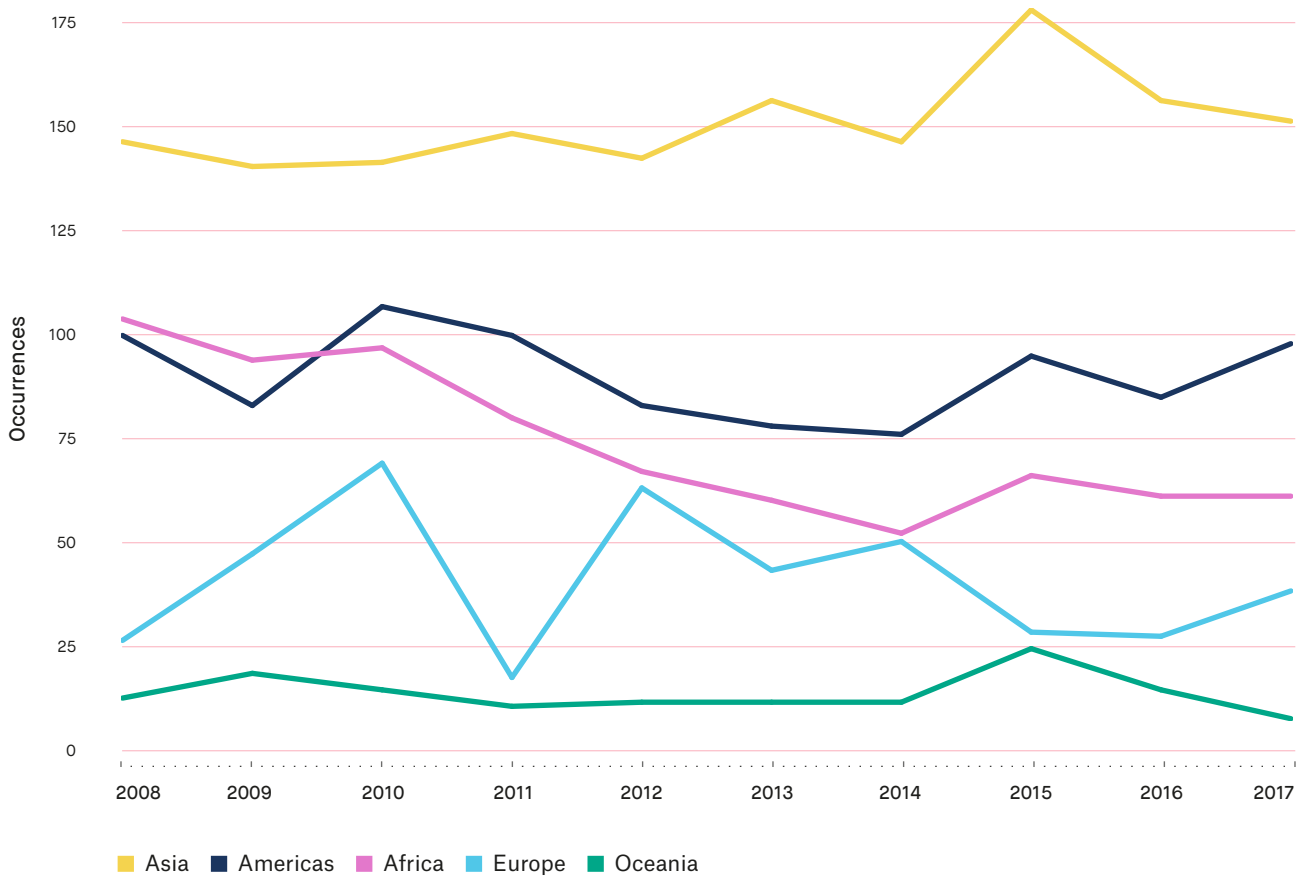
7.1.2 Where are disasters hitting?

The largest proportion (40.6%) of the 3,751 disasters recorded by EM-DAT over the last ten years have taken place in Asia – the world's most densely populated region and one that has experienced 69.5% of the last decade's earthquakes, 69% of landslides, 43.7% of storms and 41.1% of floods. Asia also has by far the largest share of affected people (79.8% of the total over the period) and the largest share of estimated damages (45.4%).

While the data shows fewer disasters and people affected over the 2008 to 2017 period than the previous decade (9% less incidents and 29% less people affected), estimated damages more than doubled in the region from 326.6 billion to 752.2 billion US dollars. This is chiefly attributable to the 2011 Tōhoku earthquake and tsunami in Japan (where damages were costed at 210 billion US dollars). Damages caused by floods are also estimated to have more than doubled (from 117 billion to 235 billion US dollars, while damage caused by storms and drought also increased (see Figure 7.10).[6]

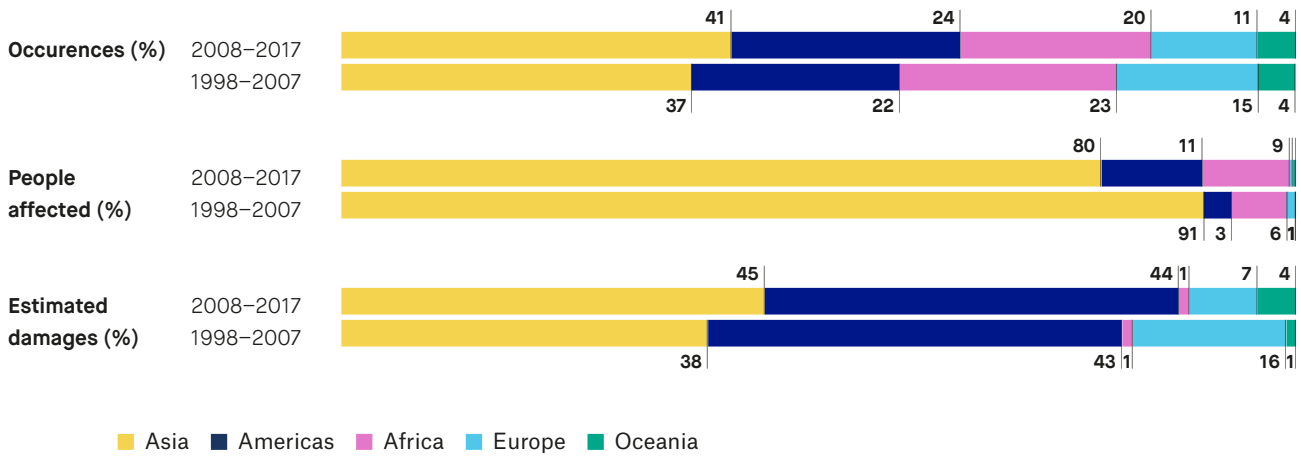
6. Unless otherwise stated, all regional classifications in this section are based on standard UN classifications, except for IFRC operations which use IFRC regional classifications. For further details see Data notes.

Fig. 7.9 Which regions are most affected by disasters?



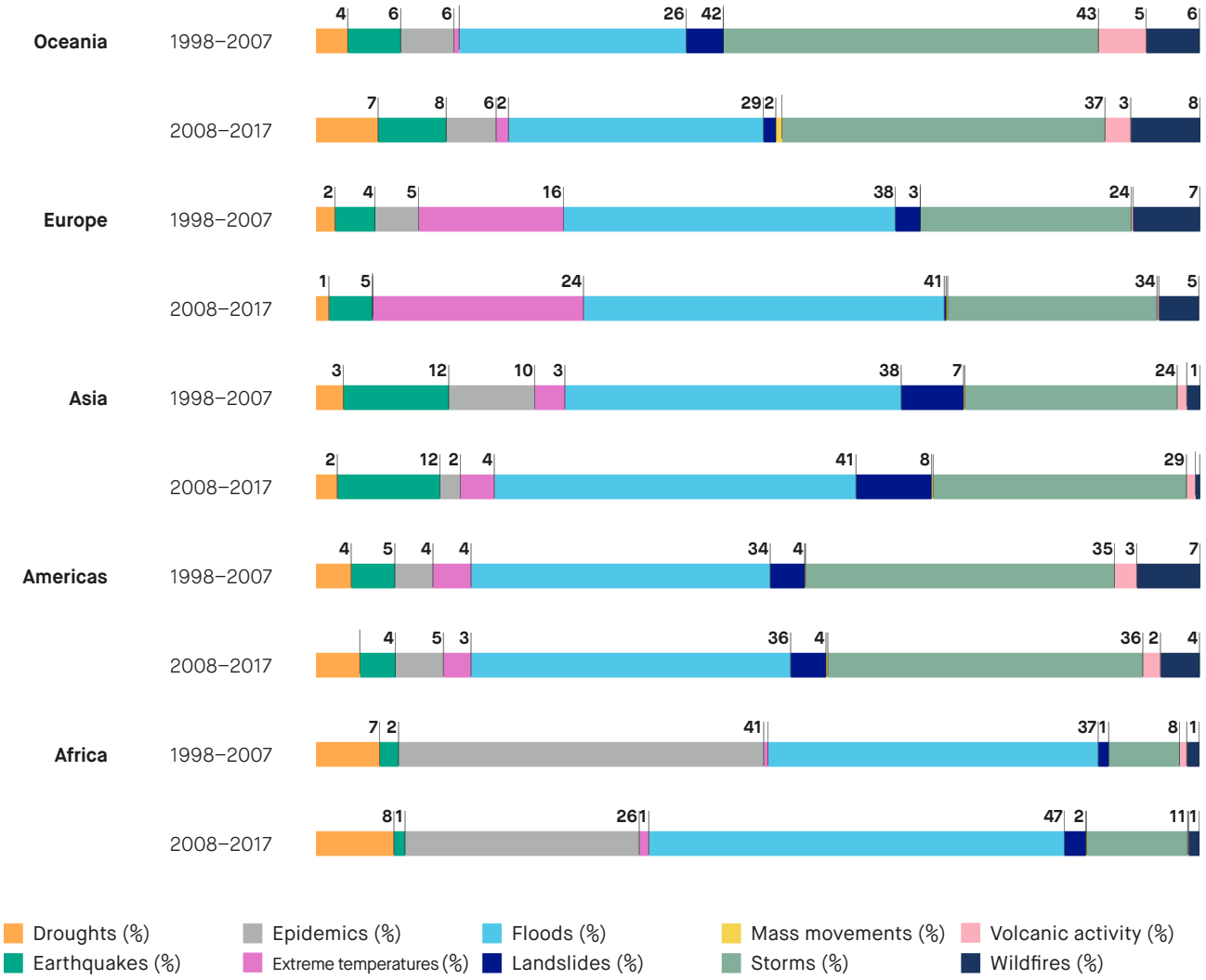
Source: EM-DAT The Emergency Events Database

Fig. 7.10 Comparing regions affected by disasters over the last two decades



Source: EM-DAT The Emergency Events Database

Fig. 7.11 What types of disasters impact each region as a percentage of total disasters?



Source: EM-DAT *The Emergency Events Database*

EM-DAT data shows China, the US, the Philippines, India and Indonesia to be the five countries most frequently hit by natural hazards over the last ten years. China and India alone account for 62.4% (1.2 billion) of the 2 billion people estimated to have been affected by disasters since 2008. Seven of the worst-affected countries, in numbers of people affected, are in Asia.

Fig. 7.12 Which countries are affected by disasters?



3,751

19.4% of natural hazards over last 10 year affected 3 countries

Country	Number	% of total	
China	**313**	**8,3%**	Top 3
US	**230**	**6,1%**	**19,4%**
Philippines	**186**	**5,0%**	
India	152	4,1%	Top 10
Indonesia	131	3,5%	**35,4%**
Japan	73	1,9%	
Viet Nam	67	1,8%	
Mexico	66	1,8%	
Brazil	55	1,5%	
Afghanistan	54	1,4%	
Others[a]	2,424	64,6%	
Total	**3,751**		



32.5%

of the natural hazards recorded by EM-DAT over the last 10 years have taken place in LMICs; this is followed by UMICs (28.6%), HICs (21.7%) and LICs (16.7%)



2bn

67.7% of people affected by natural hazards over the last 10 years were in China, India and the Philippines

Country	People affected (m)	% of total	
China	**798**	**40,2%**	Top 3
India	**442**	**22,2%**	**67,7%**
Philippines	**105**	**5,3%**	
US	100	5,0%	Top 10
Thailand	60	3,0%	**84,1%**
Brazil	39	2,0%	
Pakistan	38	1,9%	
Bangladesh	37	1,8%	
Ethiopia	30	1,5%	
DPRK	23	1,2%	
Others[b]	315	15,9%	
Total	**1,987**		



47.9%

of the people affected by natural hazards recorded in EM-DAT live in UMICs, 37.7% in LMICs, 8.6% in LICs, and 5.8% in HICs



US$1,658bn

65.8% of estimated damages were incurred in just 3 countries

Country	US$ (bn)	% of total	
US	**525**	**31,7%**	Top 3
China	**319**	**19,2%**	**65,8%**
Japan	**247**	**14,9%**	
Puerto Rico	69	4,1%	Top 10
Thailand	46	2,8%	**83,0%**
India	45	2,7%	
Chile	35	2,1%	
Italy	33	2,0%	
New Zealand	30	1,8%	
Australia	27	1,7%	
Others[c]	283	17,0%	
Total	**1,658**		



64%

of the total estimated natural hazard damage was reported in relation to HICs, 27.1% to UMICs, 7.7% to LMICs, and 1.2% to LICs

Notes: The four World Bank country classifications by income level are: high (HIC), upper-middle (UMIC), lower-middle (LMIC) and low (LIC). The classifications used in this analysis were released on 1 July 2017 and relate to the World Bank fiscal year ending in 2018. DPRK: Democratic People's Republic of Korea. Hazards are based on data for 198 countries/territories. No data of numbers affected for 17 countries. No data of estimated damages for 57 countries. Does not include epidemics.

Source: EM-DAT

Fig. 7.13 IFRC operations in countries affected by disasters

Location of disasters resulting in IFRC/internationally funded operations over the last 10 years...

Country	Number	% of total	
Kenya	**37**	**3.3%**	Top 3
Uganda	**31**	**2.8%**	**8,2%**
Philippines	**23**	**2.1%**	
Tajikistan	23	2.1%	Top 10
CAR	22	2.0%	**21,2%**
DRC	21	1.9%	
Sudan	21	1.9%	
Cameroon	20	1.8%	
Russian Federation	19	1.7%	
Niger	18	1.6%	
Others	872	78.8%	
Total	**1,107**		



38.6%

The largest share (38.6%) of disasters resulting in IFRC/internationally funded operations over the last 10 years have occured in LMICs.

Location of people the operations aimed to provide assistance to over the last 10 years...

Country	People affected (m)	% of total	
Africa RO[e]	**34**	**14,7%**	Top 3
DRC	**18**	**7,8%**	**29,2%**
Uganda	**16**	**6,8%**	
Guinea	15	6,6%	Top 10
Mali	14	6,0%	**64,1%**
Burkina Faso	14	5,9%	
Kenya	11	4,9%	
Cameroon	10	4,5%	
Niger	9	3,7%	
Republic of Congo	8	3,3%	
Others	83	35,9%	
Total	**232**		



50.9%

The largest share (50.9%) of people targeted for assistance through IFRC internationally funded operations over the last 10 years have lived in LICs. A further 27.8% in LMICs.

IFRC operational budget over the last 10 years by country...

Country	CHF (bn)	% of total	
Haiti	**282**	**10,9%**	Top 3
Syria	**174**	**6,7%**	**23,5%**
China	**154**	**5,9%**	
Philippines	147	5,7%	Top 10
Kenya	143	5,5%	**54,0%**
General	135	5,2%	
Emergency OC	108	4,2%	
Pakistan	102	3,9%	
Nairobi CC	80	3,1%	
Turkey	76	2,9%	
Others	1,190	46,0%	
Total	**2,589**		



35.4%

...of the total estimated natural hazard damage was reported in relation to HICs, 27.1% to UMICs, 7.7% to LMICs and 1.2% to LICs.

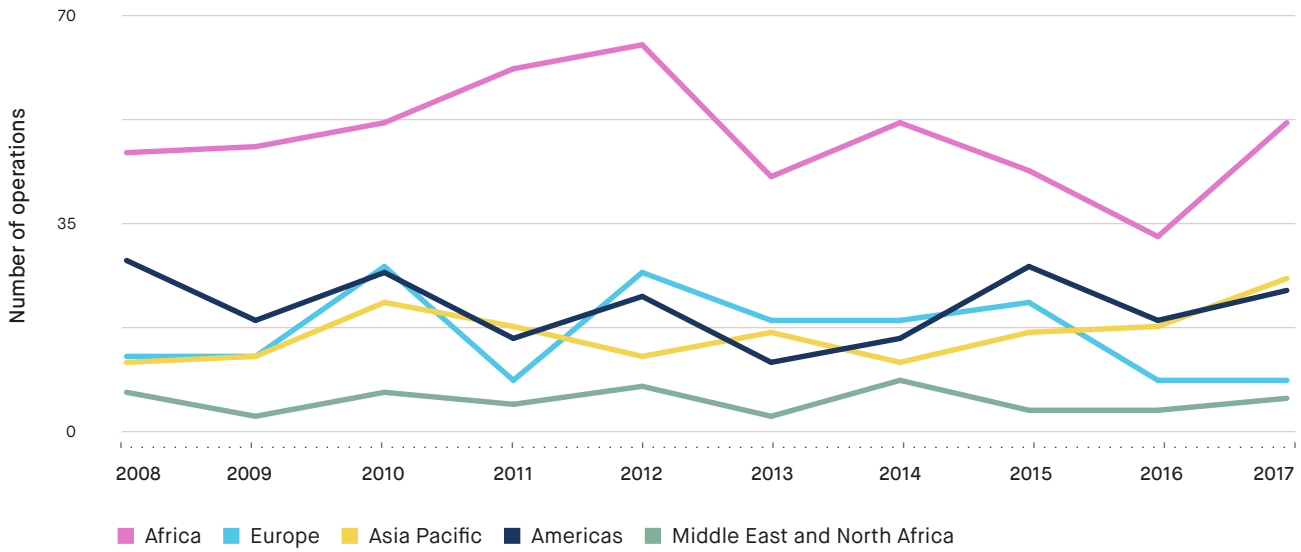
Notes: There has been a big increase in the number of responses to disasters in LICs this decade, especially in East Africa, and a rise in the number of operations taking place in HICs, mainly arising from population movements. The number of people who operations aimed to assist in LICs is 10 times higher this decade than in 1998–2007. The change is accounted for by population movements, epidemics, food insecurity and drought. The operational budget to assist people in LICs has increased more than four times in the last ten years. The total number of people targeted represents the number of people included in each operational plan – there may be some overlap/double-counting where people are targeted by more than one operation. IFRC regional offices and country clusters appear in this data as 'countries'.

Source: IFRC GO

China and the Philippines are also prominent in IFRC data on internationally funded and emergency operations. In 2017 alone, there were seven ongoing operations in the Philippines – including four typhoons (two of which were in December), a tropical storm, an earthquake and population movement. China has only been the subject of three such operations over the last ten years but is the third-largest recipient in volume of funding – almost all of this (99%) in response to the Sichuan earthquake in 2008. Haiti and Syria received the most funding: in Haiti's case, 86% relates to the earthquake in 2010 – but it has also experienced devastating storm damage, including Hurricanes Irma (2017), Matthew (2016) and Sandy (2012).

Looking at numbers of IFRC operations and the number of people targeted, the largest focus is on sub-Saharan Africa. Over the last decade, 474 IFRC operations, or 42.8% of the total, were targeted to this region. Operations coordinated by the Africa regional office targeted 34 million people during the Ebola virus outbreak in 2014 and 2 million people as part of food insecurity operations in 2017. And in Uganda, 17 of 31 operations aimed to assist nearly 15 million people affected by epidemics (cholera, yellow fever, hepatitis E, Marburg, measles, meningitis and polio).

Fig. 7.14 IFRC operations by region 2008–2010



Source: IFRC GO

National Red Cross and Red Crescent Societies reach

Unfortunately, existing data on the reach and programming of National Societies (in their own countries and abroad) is not yet as detailed and comprehensive as that on the scope of international operations led by the IFRC. However, the Federation-Wide Databank and Reporting System (FDRS) now has five years of data on the reach of certain activities at country level. From 2012 to 2016, National Societies reached over 368 million people with disaster response and early recovery services in their own countries. As Figure 7.15 shows, Asia-Pacific and Africa generally accounted for the largest share of this total.

Fig. 7.15 People reached by National Society disaster response and early recovery 2008–2017



Source: IFRC FDRS (National Society reporting was not complete, however; in both 2012 and 2016 less than 80% of National Societies reported – whereas over 90% reported in the intervening years – and reporting from the Middle East and North Africa region was below 70% in 2016.)

7.1.3 Countries and people most at risk today[7]

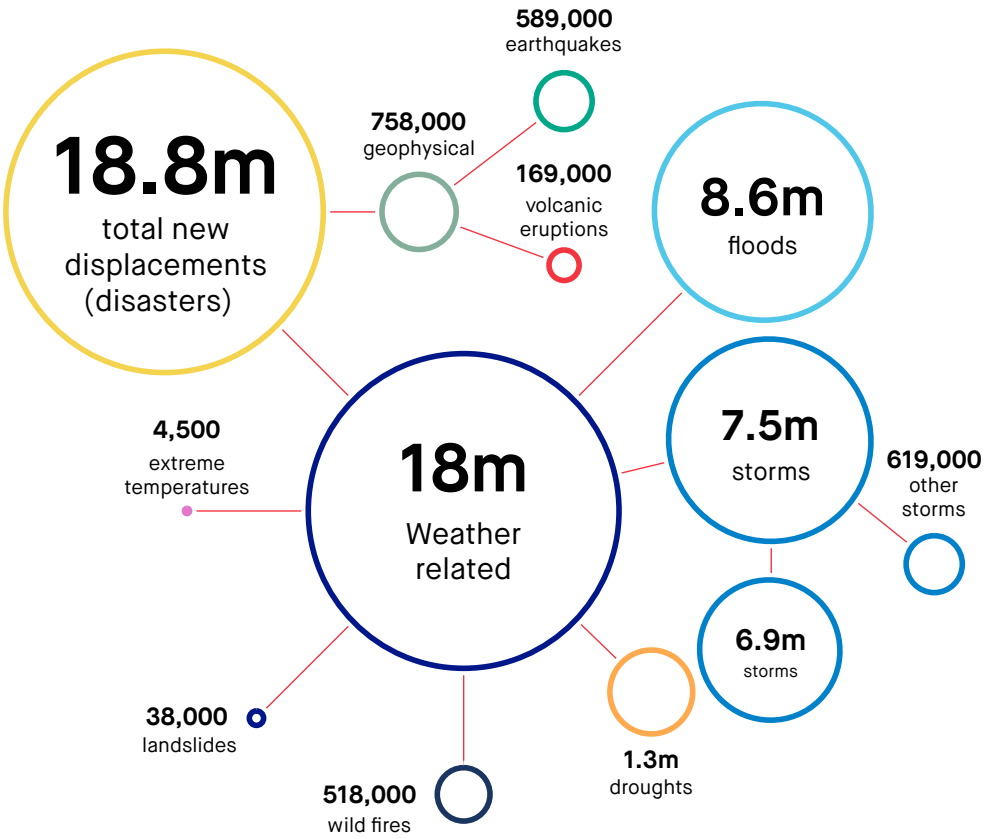
Countries experiencing humanitarian crises and people in need of assistance

According to the *Global Humanitarian Assistance Report 2018*, ongoing and new crises left an estimated 201.5 million people in 134 countries in need of international humanitarian assistance in 2017 (Development Initiatives, 2018). Over a third of the people in need were in just five countries – Yemen, Syria, Turkey, Ethiopia and Iraq. Most countries needing international assistance were affected by multiple crisis types – with many conflict-affected countries also hosting refugees and experiencing disasters associated with natural hazards. The number of people forced into displacement by conflict or violence reached an estimated 68.5 million by the end of 2017, the highest recorded total to date. According to the *Global Report on Internal Displacement 2018* (IDMC, 2018), 61% (18.8 million) of the 30.6 million newly internal displaced persons in 2017 were triggered by disasters (IDMC/NRC, 2018). Weather-related

7. 2017 is the latest year for which there is full and final data.

hazards triggered the vast majority, with floods accounting for 8.6 million and storms 7.5 million (see Figure 7.16). China, Philippines, Cuba and the US were the worst affected.

Fig. 7.16 Breakdown of displacement by disaster, 2017



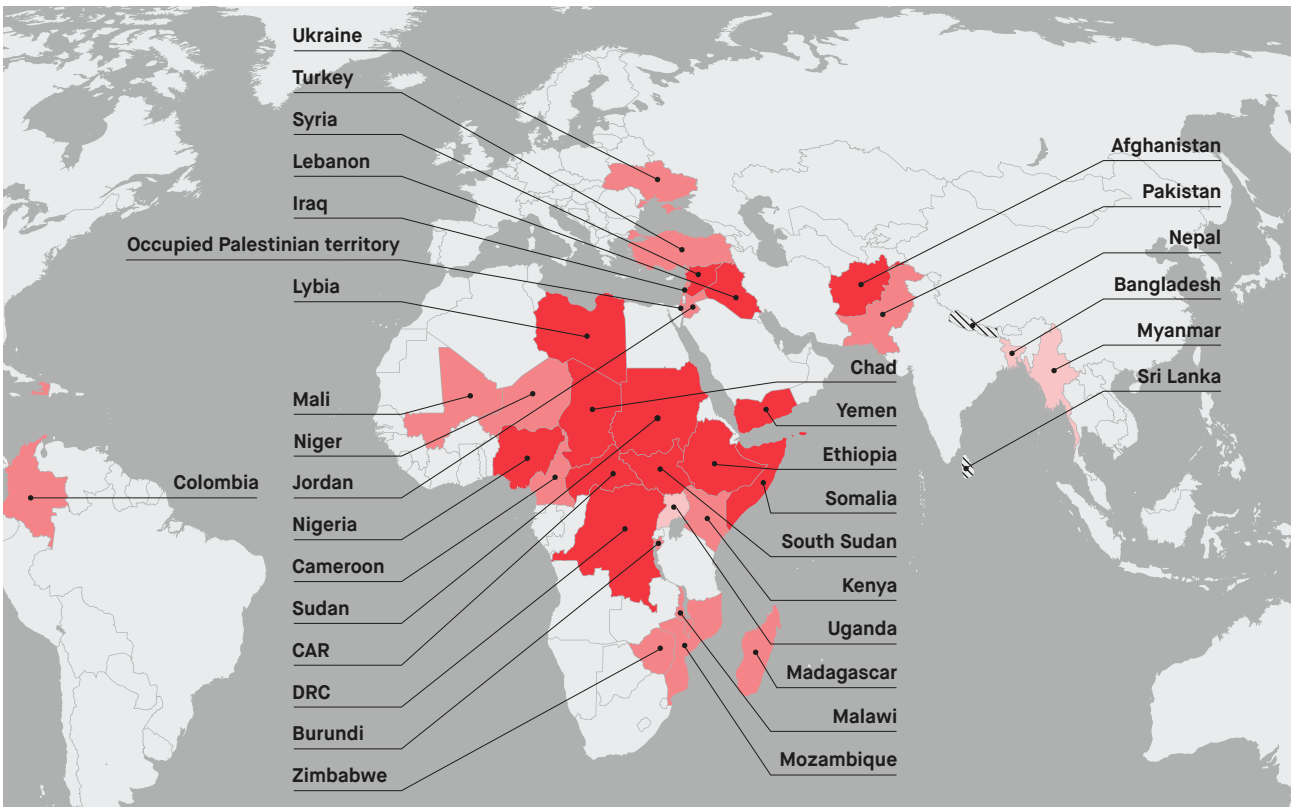
Source: IDMC: *Global Report on Internal Displacement 2018*

The map in Figure 7.17 represents 190.9 million of the 201.5 million (95%) people estimated by the *Global Humanitarian Assistance Report 2018* to be living through humanitarian crises in 2017, in the 36 countries with the highest rates of need (Development Initiatives, 2018).[8, 9] Of the 36 countries shown, 28 are fragile states, 12 environmentally vulnerable[10] and 25 have been the subject on average of seven or more IFRC appeals, DREFs or movement-wide appeals over the last decade.[11]

8. Development Initiatives, based on data provided by ACAPS (2017).
9. Development Initiatives based on ACAPS weekly Global Emergency Overview data.
10. Using OECD *States of Fragility 2016* and indicator of environmental vulnerability developed for this report (see Data notes for the list of countries and further details).
11. Four countries (Central African Republic, DRC, Sudan and Cameroon) have been the subject of 20–30 IFRC appeals, DREFs or movement-wide appeals over the last decade, and two countries (Kenya and Uganda) more than 30.

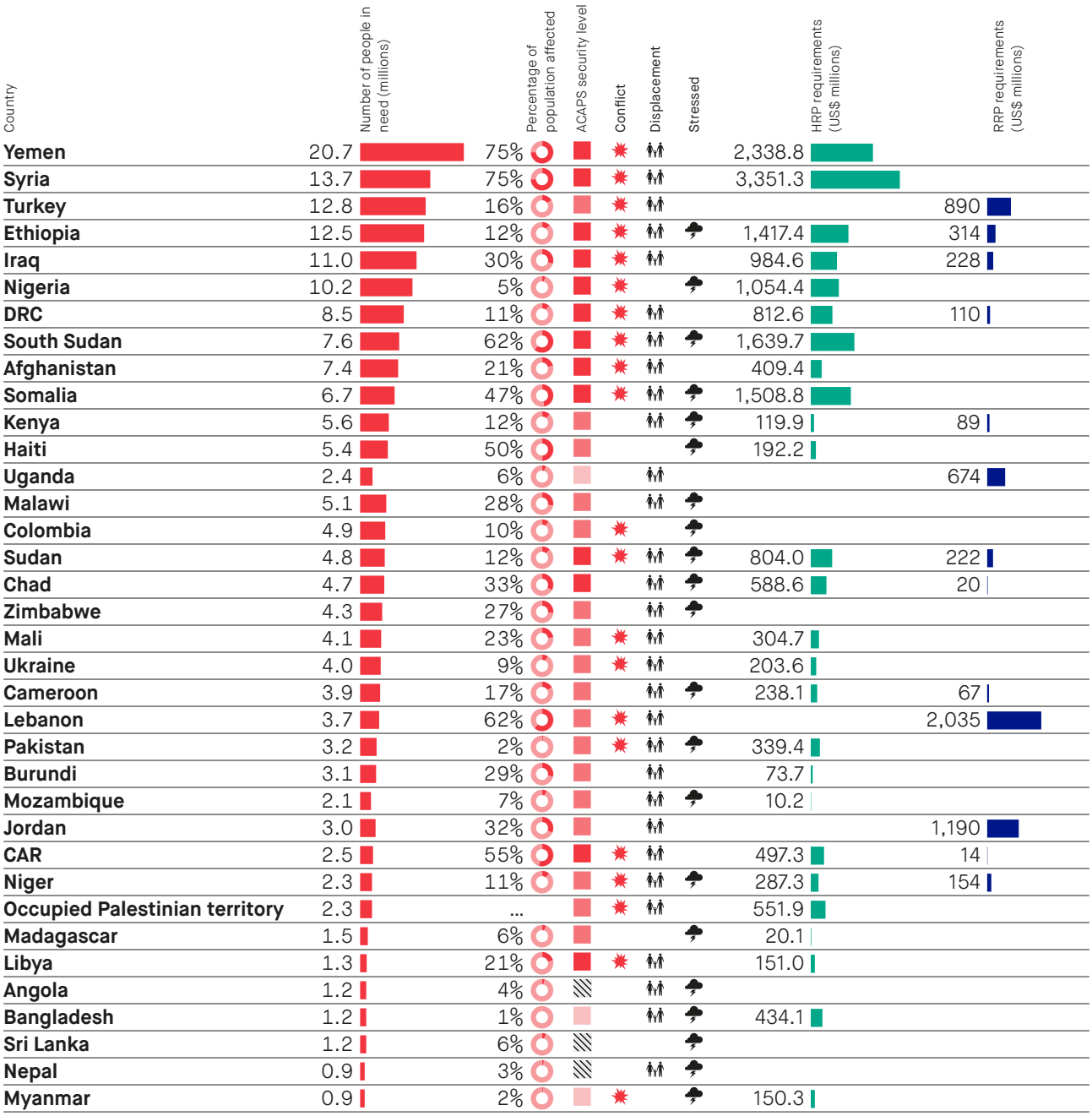
Analysis conducted by ACAPS as part of its Humanitarian Overview 2018 identified 12 countries likely to face deteriorating humanitarian situations in 2018 – Afghanistan, Bangladesh, Central African Republic, Democratic Republic of the Congo (DRC), Libya, Mali, Myanmar, Republic of Congo (CAR), Somalia, South Sudan, Yemen and Venezuela (ACAPS, 2017). Data provided to Development Initiatives by ACAPS shows an estimated 61.3 million people were in need of humanitarian assistance in these countries. A further 55.3 million people in need of humanitarian assistance were living in countries where crises were estimated as likely to remain severe – Ethiopia, Iraq, Nigeria, occupied Palestinian territory, Sudan, and Syria (ACAPS, 2017).

Fig. 7.17 Snapshot of humanitarian crises, 2017



Notes: Countries were selected using ACAPS data on severity and corresponding estimates of people in need. Countries with fewer than 0.8 million people in need are not shown. For the purposes of this analysis, a country is classified as having 'experienced disasters associated with natural hazards' when the number of people affected is above the EM-DAT country median, or if the country is included in the FAO El Niño high-risk country list and/or Sahel UN-coordinated regional appeal (Development Initiatives, 2018).

Fig. 7.18 Snapshot of humanitarian crises, 2017

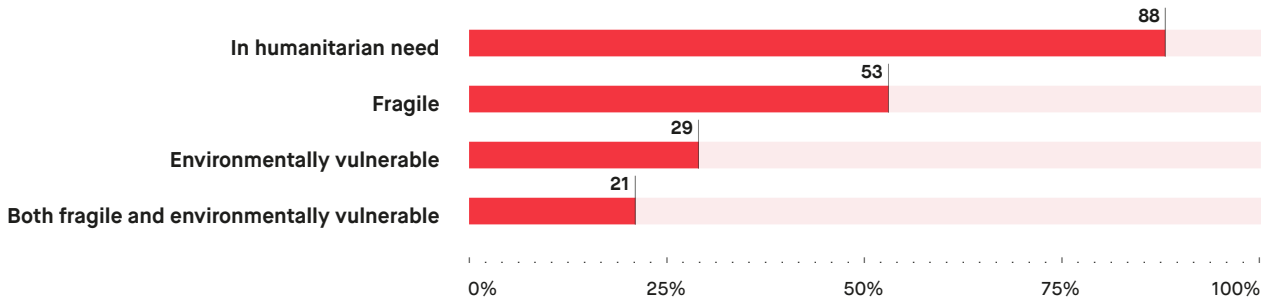


Source: Based on *Global Humanitarian Assistance Report 2018* (Development Initiatives) and World Bank population data. Population data (% of population) is from the World Bank.

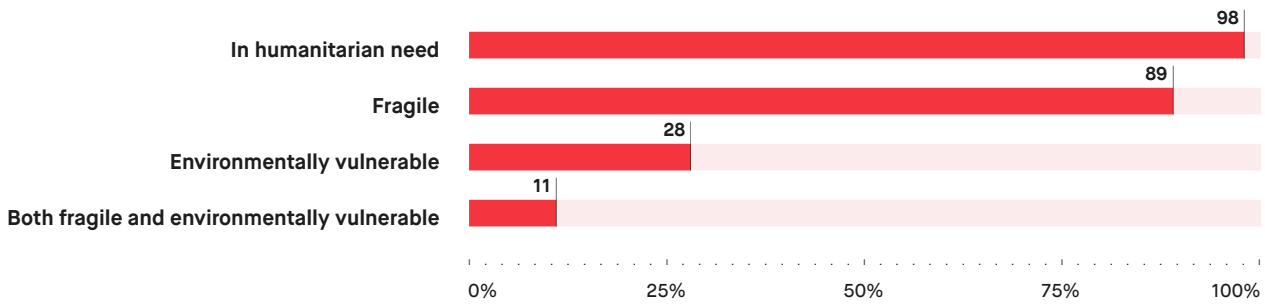
Environmental vulnerability and fragility

Fig. 7.19 IFRC operations in fragile and environmentally vulnerable countries and countries with people in humanitarian need by type of disaster, 2017

Share of the 179 IFRC ongoing emergencies in 2017 in countries that are considered...



Share of the 79.1 million people targeted for assistance living in countries that are considered...



Share of the CHF 806.7 million ongoing operational budgets in countries that are considered...

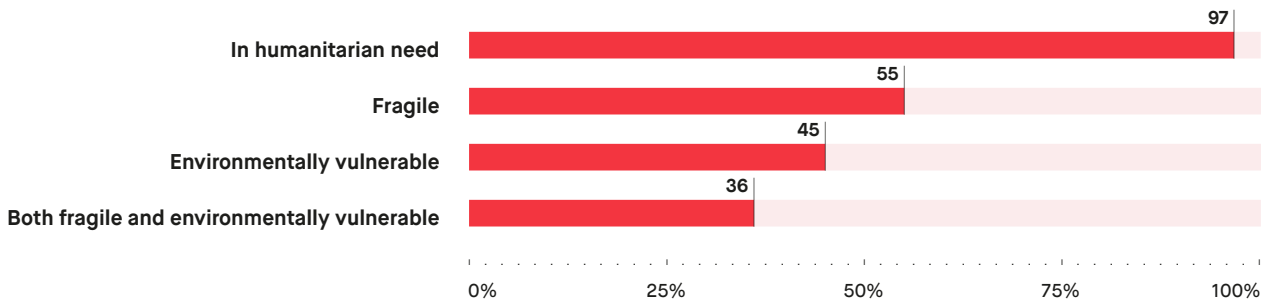
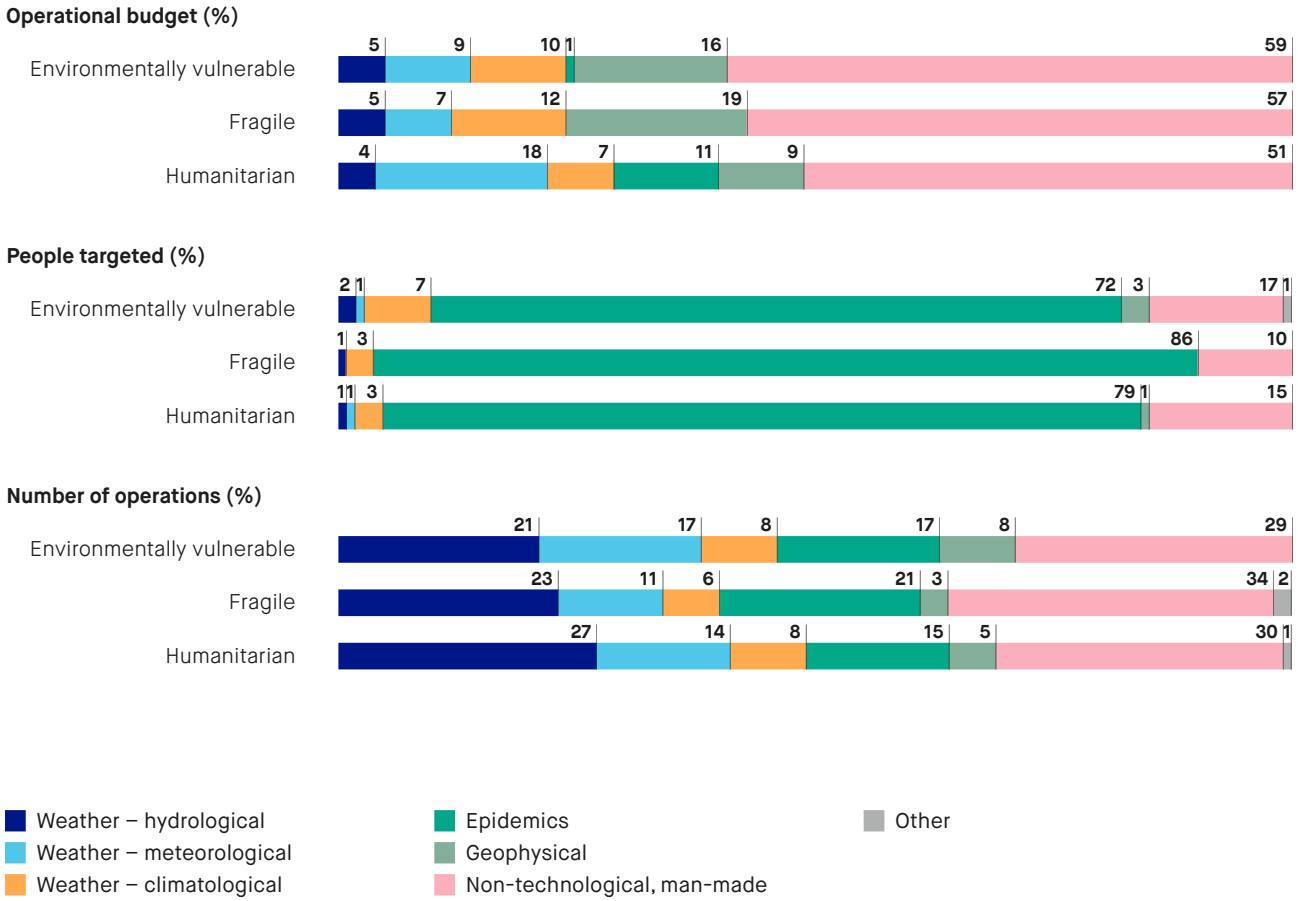


Fig. 7.20 What type of disasters did IFRC budgets provide support responses to in 2017?



Notes: The fragility categories are based on the OECD's States of Fragility 2016. The indicator of environmental vulnerability is derived from the INFORM Index 2018 indicators on a country's lack of coping capacity and exposure to natural hazards. This results in a list of 27 countries (see Data notes for further details). 3. The analysis of environmentally vulnerable and fragile countries focuses on the 90 countries with their own emergency appeals or DREFs and also includes the Africa regional office food crisis and Ebola operations (ongoing from 2014) as all countries covered were considered fragile based on the OECD list for 2016.

Source: Development Initiatives, IFRC GO, OECD *States of Fragility 2016* and INFORM Index 2018

By the end of 2017 there were 179 internationally funded IFRC emergency response operations in place, aiming to provide 79.1 million people with assistance across 93 countries.[12] Over 46% (43) of the 93 countries covered by the 179 operations had been the subject

12. Operations were coordinated from 98 operational centres during 2017. Of the 90 countries that had their own appeals, 30 received additional support through operations coordinated by IFRC Africa, Americas and Europe regional offices, Caribbean country cluster and Suva country cluster. The Americas and Europe regional offices covered operations in another three countries (Croatia, Bolivia and Paraguay) that did not have their own appeals. The number of people targeted for assistance is the sum total of each operation's planned targets. There may be some double-counting where plans target the same people, but efforts are being made to include how the IFRC counts people: see IFRC (2018h).

of more than the average number of appeals/emergency operations during the preceding decade and more than half of them (55.6%) were considered fragile (45 countries), environmentally vulnerable (23) or both (20 countries).[13]

Floods and cyclones had prompted 40% of IFRC operations, epidemics and population movements a further 30%. As already noted, the vast majority of people targeted for assistance (79%) had been affected by epidemics – by far the largest number of whom were in Africa. Population movements, however, accounted for the largest share (24%) of the operational budgets, followed by complex emergencies (22%); together with food insecurity and civil unrest, these non-technological, man-made disasters accounted for 50% of the combined ongoing operational budgets.

As already outlined, 117 of the year's 179 operations – comprising 19 emergency appeals, 94 DREFs and four movement-wide appeals – were triggered during 2017. Over 25% of them, and 70% of the 11.2 million CHF budget (11.3 million US dollars[14]), focused on supporting people in just ten countries. Almost a third (just under 36 million CHF/36.3 million US dollars) of the year's combined emergency budgets was to support operations in Bangladesh: the displaced and host communities in the Cox's Bazar District, following large-scale population movement, Cyclone Mora and landslides (affecting some of the same people in Cox's Bazar), and floods.

Looking to the latest data -- by the end of the first quarter of 2018, EM-DAT had already recorded 65 disasters with natural triggers, affecting 1.4 million people and incurring an estimated 5 billion US dollars in damages. The IFRC was already attempting to assist 19.9 million people affected by 53 ongoing disasters, 21 of which triggered in the first three months of the year.

13. The INFORM Index for Risk Management scores countries in multiple areas on their risk of disaster and conflict. This report uses a combination of INFORM's indicators on a country's lack of coping capacity and exposure to natural hazards. Countries considered environmentally vulnerable fulfil both of these criteria: 1) a lack of coping capacity score that is medium, high or very high; and 2) a natural hazard score that is high or very high. For the 2018 index, this translates into a country scoring at least 4.7 in both criteria, which results in a list of 27 countries (INFORM, 2017). See Data notes for the full list of countries and further details.

14. Currency conversion here and just below as of 9 August 2018 using xe.com.

Fig. 7.21 Snapshot of ongoing IFRC operations, end of March 2018

53

Ongoing, internationally funded operations, **21** of which triggered in first **3** months of the year and **3** of which were ongoing for **3** or more years

50

Countries covered, **11** of which had **more than 1** appeal/DREF

19.9m

People targeted for assistance[a]

Main triggers

Floods	**13** flood responses, **nearly half of which triggered in first three months of 2018**; one ongoing since 2016
Population movement	**11** population movements, five of which (**Burundi**, **Chad**, **Colombia**, **DRC**, **Kenya**, **Uganda**) triggered in 2018
Cyclones	**8 cyclone responses**, **6** of which ongoing since 2017
Epidemics	**5** epidemic responses, **2** of which (**influenza**, **DPRK** and **lassa fever**, **Nigeria**) triggered in 2018
Droughts	**4** drought responses, **Ethiopia** (**2015**), **Kenya** (2016), **Somalia** (2016), **Uruguay** (2018)

Largest internationally funded operations

Syria	Complex emergency, ongoing since 2012
Turkey	Population movement (Syria), ongoing since 2012
Sierra Leone	Ebola, ongoing since 2014
Nepal	Earthquake, ongoing since 2015
Greece	Population movement (mainly from Syria and Iraq), ongoing since 2015

People targeted for assistance

Non-technological, man-made	**41.6%** of people targeted for assistance at the beginning of 2018 were affected by **civil unrest**, **population movement**, **complex emergencies and food insecurity**...
Epidemics	...**41.5%** by epidemics, which account for **11.7%** of the budget at the start of the year
Weather	...**12.6%** by hydrological, meteorological or climatological events (floods, cyclones, drought), which account for **15.8%** of the budget at the start of the year ...
Geophysical	...**4.3%** by geophysical events such as earthquakes and volcanoes

Note: The number of people targeted for assistance is the sum of people targeted when adding totals from each operation.

Source: IFRC GO

7.1.4 Conclusions

During the last few decades, floods and storms have been the primary type of disaster caused by natural hazards around the world – though even more people were affected by droughts and extreme temperatures. Geographically, Asia has seen the most disasters and the most people affected.

To a certain extent, these numbers are echoed by the IFRC's international appeals and deployments, where more than half were in response to weather-related events and floods were the most frequent trigger. However, the IFRC has also placed special emphasis on Africa and on responses to epidemic outbreaks – reaching the greatest numbers of people there with activities to monitor and control their spread, as well as directly supporting people impacted by the disease. Perhaps unsurprisingly, the IFRC appeals do track closely with countries considered to be politically or environmentally fragile.

Some of these appeals relate to natural hazards happening in a complex environment. However, the IFRC is also quite active and sought-after for support to National Societies in response to man-made disasters, particularly population movements, but also complex emergencies and civil unrest. These types of crises made up more than half of the IFRC operational budgets in 2017 and represent nearly half of the people targeted, at the time of writing, in 2018. Africa and the Middle East led the world with countries experiencing multiple types of crises at once, with a high concentration of need in just a few countries.

7.2 Data gaps and trends

While the data provides important insights about disasters and disaster response – it is also critical to understand its limits. Data itself has become a primary preoccupation in the field of disaster management and the humanitarian sector more broadly. Thus, the trends about how data is gathered and used have become central aspects of the humanitarian landscape.

7.2.1 What is missing?

The data presented in the previous sections provides some top-line figures on disasters and the people affected by them, based mainly on EM-DAT data (a curated and verified compilation of data drawn from UN, government and other sources) and IFRC GO data (which contains details of DREFs, emergency and movement-wide appeals) and the FDRS (which relies on self-reporting by National Societies and is only recently gathering comprehensive data). Such broad-brush analysis of course has its limits, as people involved in the collection, curation and use of underlying data, as well as its selection and presentation, are often acutely aware. The limitations, caveats and annotations to the data can be highly revealing about the people left behind.

The omissions include but are not limited to:

— crises that fall outside of definitions, parameters and indicators ("for a disaster to be entered into the EM-DAT database, at least one of the following criteria must be fulfilled: ten (10) or more people reported killed; hundred (100) or more people reported affected; declaration of a state of emergency; call for international assistance" (see Data notes);

— people who miss being included in indicators either through lack of data or methodological cut-off points – for example, the classification of environmentally vulnerable countries used in Figure 7.18 narrowly excludes countries such as the Philippines; and INFORM does not as yet include epidemics in natural hazard indicators (Marin-Ferrer et al, 2017);[15]

— the people whose lives and livelihoods may have been devastated by epidemics and other disasters who may not have been counted or accounted for in quantifications of 'damage' (see Data notes); and

— the people who do not figure in underlying national statistics, who are not captured due to limitations in local data collection capacities, or who are not investigated due to mistaken assumptions, for instance very poor people in middle-income countries.

7.2.2 Challenges to compiling and making better use of data

The last few years have seen increasing attention to data and 'data gap' issues, many of which are now on the radar and agenda of humanitarian and development organizations, global processes and agreements. This is often in the context of decision-making, project programming, innovative programming, financing, monitoring, evaluation and evidence. The challenges include:

— a mixture of poor, patchy or missing administrative, census and household data at some national and local levels;

— fragmented and incomparable data sets within and between government ministries, agencies and non-governmental organizations (NGOs); and

— a seemingly paradoxical abundance of (sometimes 'big') data that responders lack capacity to access, process, compare, analyse and/or use.

The UN Secretary-General's 2017 report on international cooperation on humanitarian assistance in disasters caused by natural hazards, for example, highlights the need for better data on their impacts– particularly damage and losses. (UNGA, 2017). On this issue, following several years of work by the UN Office for Disaster Risk Reduction (UNISDR), partners and more than 90 governments to establish national disaster loss databases, March 2018

15. WHO and the Joint Research Council are working to include an infectious disease outbreaks component in INFORM's natural hazard category. This will complement natural hazard risk inputs on earthquakes, tsunami, flood, storm surge and tropical cyclones. For more details see Data notes or INFORM.

saw the beginning of efforts by UN member states to systematically collect data on everyday losses experienced as a result of natural or man-made hazards, as well as related environmental, technological and biological hazards and risks, and the launch of the Sendai Framework Monitor tool (Mizutori, 2018). However, this is at a very early stage.

The UN Secretary-General's report highlights the work of other initiatives using data and technology to enhance the understanding of and response to disaster risks and impacts, including INFORM, Centre for Humanitarian Data and Missing Maps (UNGA, 2017a). Alongside work to improve the systematic collection, standardization and use of data, various tools, technologies and approaches – including digital analysis, earth observation, remote sensing, machine learning and crowd sourcing – can all now be harnessed to build a richer picture as disaster risk increases in speed and intensity.

Box 7.2 Use of data and technology by humanitarians

Sharing and connecting data: the case of Cyclone Enawo

Information managers face significant challenges in trying to collate, reconcile, validate and share data on humanitarian needs and response activities in the first few hours and days of an emergency – often duplicating efforts and reducing much of the time that could be spent analysing it for insights. The Humanitarian Exchange Language (HXL) is an open data standard that enables software to validate, clean, merge and analyse data more easily. It is managed alongside the Humanitarian Data Exchange (HDX), an open platform for sharing humanitarian data, by the Centre for Humanitarian Data.[16] The IFRC and several National Societies – including Malagasy Red Cross and British Red Cross – have been using HXL, notably in conjunction with Quick Charts, an open HDX tool that powers data visualizations (Johnson, 2016).

Following Cyclone Enawo in Madagascar in March 2017, four core information products were needed to support operational decision-making: 3W maps (who is doing what where?), data collection templates, situation reports and needs assessment maps. The IFRC's information management delegate worked with the response team at the Malagasy Red Cross to collate data using a combination of Excel, QGIS and GPS. The team then used HXL and the HDX data platform to share data – and Quick Charts to visualize it (Centre for Humanitarian Data, n.d.). Together identifying the most appropriate tools and products allowed for smoother and faster data collection, analysis and sharing with the first responders, thus allowing for quick evidence-based decision-making. The Malagasy Red Cross team used their skills acquired during this response later the same year for the plague response.

Community Pandemic Preparedness Programme (CP3)

Humanitarian and development organizations are increasingly using sensors and crowd-sourcing tools, such as the pandemic surveillance systems deployed by The IFRC through the Community Pandemic Preparedness Programme (CP3) in Africa

16. The Centre for Humanitarian Data focuses on increasing the use and impact of data in the humanitarian sector. It is managed by OCHA as part of the Agenda for Humanity. It focuses on four areas: 1) data services, 2) data literacy, 3) data policy and 4) network engagement. It supports a range of activities, including directly managing HDX and HXL (see Centre for Humanitarian Data, n.d.)

and South-East Asia (see also *the Economist*, 2018). Initially piloting in 11 countries, the American Red Cross, the IFRC and National Society CP3 partners will work with country-level stakeholders to identify the core data sets essential in a disaster situation or health emergency. Up-to-date information on road networks, health infrastructure, climate patterns, disease incidence, population density and health behaviours can be vital in an outbreak. The Red Cross and Red Crescent team will work to locate, validate and openly release this information with its owners' permission. CP3 will leverage the Missing Maps network to ensure that communities are 'on the map'. These efforts will help to improve 'data readiness' for planning, implementing, monitoring and reporting during disaster response.

Data protection

While various humanitarian agencies have policies and guidelines on data protection – and while investments in data and information communication technology are enabling disaster information, preparedness and response efforts – operating in the new order represents a considerable challenge. In May 2018, the EU Global Data Protection Regulations (GDPR) came into force, prompting a thorough rethink of collection and storage of personal data (Parker, 2018). Yet considerations are not just limited to (data) protection and security. Better provision has to be made for the rights to information, protection from harm, data agency and to redress and rectification (Greenwood et al, 2017). Identified by the Signal Code, these rights are the result of a six-month study by the Signal Program on Human Security and Technology at the Harvard Humanitarian Initiative (HHI) and require investment. Not just financial investment in one-off tools, technology and 'innovations' but also in standards, partnerships and different ways of working (Greenwood et al, 2017).

"The scale of data, facilitated by modern information technology, is now such that state borders and discrete timescales are increasingly difficult to apply to data collection and processing. Data can be collected remotely, from populations which are unaware, and transmitted around the world in an instant. Once collected and transmitted, data live forever. Existing legal instruments and current interpretations do not always meet the challenges of the 21st century."

THE SIGNAL CODE: A HUMAN RIGHTS APPROACH TO INFORMATION DURING HUMANITARIAN CRISIS

7.2.3 Conclusions

Data can and should be a strong driver of decision-making in humanitarian response. However, a significant 'pinch of salt' is also needed, in light of the many assumptions and gaps that lurk behind the figures. The first is in the conception of what should be tallied – what counts as a disaster and what type of impact should be assessed. The second concerns those not captured even in definitional limits, for the many reasons explained in the preceding chapters. Data can also be actively harmful to the people it seeks to help, if the means of gathering, storing and analyzing it are not careful and sophisticated enough.

To address both the opportunities and the caveats, a 'data-enabled' rather than a 'data-driven' humanitarianism is needed – one that starts with understanding the rights of disaster-affected people and safeguarding against the potential dehumanization of humanitarianism (whereby data and new technologies become the central focus rather than the enablers). Investment should also be made in common standards, and in digital literacy and digital access, as vital components of humanitarianism – not as one-off, expendable overheads.

Finally, the humanitarian sector needs to get better at using the data it has, and not wait to act because not everything is known. It needs to do better at combining and using data from different sources and new technologies. In particular this includes citizen-generated data and data around community needs, perceptions and capacities.

7.3 Beyond the numbers: IFRC insights on recent trends in disaster management

While the data – and its limits – is very important, it cannot tell the whole story about how disaster management is evolving. This section examines progress in three areas of the IFRC's work in disaster management:

— early action in climate-related disasters and epidemic response;

— progress in the 'localization' of humanitarian aid; and

— progress in the Red Cross and Red Crescent work in disaster law.

7.3.1 Early action in climate-related disasters and epidemics

Forecast-based financing

As already noted, one of the drivers for the increased number of IFRC operations during the last ten years is the increase in climate-related crises and their impact.[17] Proactive risk reduction and climate change adaptation, aiming to address the underlying causes of vulnerability, promote resilience and strengthen anticipation and preparedness, is therefore a top programme priority for the IFRC.[18]

The international community has long recognized the value of the preparedness approach,[19] and the need to act early to reduce the impact of disasters has been explored in detail.[20] The Early Warning Early Action agenda has spurred investments in climate and hydro-meteorological services, forecast information and communication protocols worldwide.[21] For example, the World Bank has increased its investment in national 'hydromet' projects from 25 projects amounting to 270 million US dollars in 2010 to 67 amounting to 870 million US dollars in 2017 (GFDRR et al, 2018).

However, investments by the humanitarian community in the early warning side of the equation have not always resulted in fast-enough action. For example, months before the deadly food insecurity crisis that affected more than 13 million people in the Horn of Africa in 2011, forecasters had begun to ring alarm bells, but neither donor response nor humanitarian action were at scale until significant malnutrition had set in (Save the Children and Oxfam, 2012).

Many climate-related hazards can be forecast ahead of the impact, allowing time for action to be taken in the window between a forecast and a disaster. Recognizing this opportunity, forecast-based financing (FbF) is a mechanism that enables access to funding for early action and preparedness for response based on a specific weather forecast and risk analysis. The IFRC has been working on this concept since 2008, with support from the German government and other partners. A key element of FbF is that resource allocation is agreed in advance, together with the forecast that will trigger their release. The

17. 53.7% of the crises to which IFRC international operations have responded over the last ten years have been triggered by weather-related events. Floods are by far the largest single trigger – accounting for 32.6% of all triggers since 2008.

18. In 2017 the IFRC and National Red Cross and Red Crescent Societies invested 253.5 million CHF (254.9 million US dollars) on disaster risk reduction (DRR) projects and more than 12% of voluntary contributions focused on DRR, reaching 47.8 million vulnerable people. Substantial DRR investment was made in Asia Pacific (37% of IFRC DRR funding) and Africa (26%). The DRR projects were implemented by 139 National Societies with a per-capita DRR investment of around 5.3 CHF (5.3 US dollars). Currency conversion as of 9 August 2018 using xe.com.

19. For example, the Paris Agreement on Climate Change, adopted in 2016, was the first global legally binding agreement to include an ambition to build climate resilience. The Hyogo Framework for Action, and the Sendai Framework for Disaster Risk Reduction both stress the importance of preparedness and risk reduction, as do numerous UN General Assembly resolutions.

20. The *World Disaster Report 2016* looked at a cost–benefit analysis of DRR (IFRC, 2016b, p. 83) and summarized the IFRC's 2015 series of studies in Nepal, Philippines, Sudan, Viet Nam, Bangladesh, Ethiopia, Georgia, Tajikistan, Zambia, Namibia and Rwanda. A more recent study looked at 117 case studies between 1996 to 2015, canvassing various types of disasters, and looking at prevention, preparedness and risk transfer measures: see Hugenbusch and Neumann (2016). The main findings were that: 1) the cost benefit ratio changes based on various factors: the human development index of the country, the nature of the disasters, the nature of the measures taken (preparedness versus prevention); 2) preparedness measures were on average more cost-efficient than prevention measures; 3) cost effectiveness was higher in countries with lower humanitarian development index scores; 4) DRR in droughts, floods and hydro-meteorological hazards were assessed to be cost effective; (5) in 87% (102 out of 117) of case studies, the cost–benefit ratio supported the investment in DRR.

21. The *World Disasters Report 2009* was dedicated to Early Warning Early Action (IFRC, 2009).

roles and responsibilities of all involved in implementing the actions are defined in early action protocols.

In collaboration with partners, 19 National Societies in Africa, the Americas and Asia-Pacific are at various stages of implementing FbF pilot projects.[22] With the FbF methodology, forecasts have successfully triggered early action by National Societies in Peru, Togo, Uganda, Bangladesh and Mongolia. To scale up this anticipatory approach, IFRC has also just established a new funding mechanism, the Forecast-Based Action by the DREF[23] to enable National Red Cross or Red Crescent Societies to access predictable funding for early action. The funding will be directed towards activities pre-identified in early action protocols, triggered by hazards that can be scientifically forecast based on hydro-meteorological risk data and observations.

The IFRC is not alone in developing and pioneering the FbF approach, other partners such as the World Food Programme, Food and Agriculture Organization and the Start Network have also been exploring and implementing approaches based on similar principles. FbF and similar anticipatory early action approaches being pursued by other partners are attracting more support, particularly as they can serve as a bridge between humanitarian development and climate funding, and ensure better preparedness for changing climate risks across timescales.

However, working with the concept of probability, predicted severe impacts do not always materialize even after the funding has been released, as seen in a few cases in the implementation of FbF, such as in Peru and Uganda. Nevertheless, FbF is designed so that the risk of acting in vain is outweighed by the likely benefits of preventing or preparing for disaster and over time the negative consequences of not taking early action are greater than occasionally acting in vain (Coughlan de Perez et al, 2014).

Box 7.3 Forecast-based financing in practice in Bangladesh

As predicted by meteorologists, extensive rainfall at the end of July 2017 caused severe flooding in areas along the Brahmaputra River in Bangladesh. Many people had to leave everything behind and flee, houses were badly damaged, poor families' belongings in the affected areas were destroyed – and yet, the consequences in four communities were less devastating than in comparable floods in the past. Up to five days before the flood peak was reached, Bangladesh Red Crescent Society with support from the German Red Cross had already initiated early action. The population received early warning messages and cash was distributed to 1,039 vulnerable households. This cash allowed the families at risk to buy what they needed to survive and to bring themselves to safety without getting into debt or selling their property.

This successful intervention was possible because financial resources were made available before the disaster hit in the framework of FbF. In the case of Bangladesh, the FbF team made up of the Bangladesh Red Crescent Society, German Red Cross and the Red Cross Red Crescent Climate Centre jointly with the national hydro-meteorological

22. Ecuador, Peru, Mali, Togo, Zambia, Zimbabwe, Mozambique, Niger, Ethiopia, Sudan, Kenya, Malawi, Uganda, Mongolia, Bangladesh, Nepal, Philippines, Viet Nam, Indonesia, Solomon Islands, Tanzania and Haiti.

23. See Forecast-based financing fund.

services had established forecast thresholds for floods for the target regions in advance. This followed extensive assessments in the communities as well as analysis of past extreme events and available forecasts. Once the main humanitarian impact of such extreme weather events on the population had been identified – through discussions in the communities, but also surveys, studies and historical data – the FbF team selected those early actions considered most appropriate to mitigate these impacts in the communities.

An evaluation of the impact of the Bangladesh FbF pilot showed that the number of people who had to take on loans or who lost livestock during the flood was significantly lower in the FbF communities than in neighbouring areas. Hence these people recovered much more quickly and will undoubtedly be more resilient to facing similar disasters in the future.

Despite good progress, there is still a long way to go for anticipatory approaches like FbF to be adopted as a new normal (Wilkinson et al, 2018). More governments should implement the approach into their disaster risk management frameworks, plans and laws. More donors should make flexible, trigger-based financing available, notwithstanding the risk that the forecasted event may not occur. More agencies should engage in FbF schemes. It is time to bring FbF to scale.

Early action on epidemics

The 2014 and 2015 Ebola outbreak that killed more than 11,000 people across three countries served as a wake-up call for the international humanitarian sector. This experience made very clear that much swifter action will be needed to avoid major loss of life, both in detection and acting to contain and prevent the spread of such diseases.

The focus at the policy level on health security and pandemic preparedness, including national implementation of the International Health Regulations, has increased and remains a top priority. At the 2018 World Health Assembly, the Global Preparedness Monitoring Board was launched to monitor and report on the status of emergency health preparedness (WHO, 2018a).

The key question, however, is whether there has been any change in domestic preparedness and in the speed of response by the humanitarian sector. Box 7.4 shows there are encouraging signs it has.

Box 7.4 Comparing haemorrhagic fever outbreaks in 2014, 2017 and 2018

Ebola in West Africa (Guinea, Liberia and Sierra Leone), 2014–2016 (2.5 years)

Ebola was first publicly identified in Guinea on 14 March 2014. The Guinean Government declared the outbreak eight days later, on 22 March. The first WHO report was released the following day and WHO reported 49 cases of the disease, including 29 deaths in Guinea. Five days later the IFRC launched its appeal, but money was slow to come in, and almost a month later there was only 14% coverage. On 8 August, WHO declared the epidemic a "public health emergency of international concern". By September,

the Red Cross had active operations in 11 countries and more than 3,500 volunteers were involved in the response, targeting more than 35 million people with education and sensitization programmes. It was not until January 2016 that Liberia declared there was no more presence of Ebola. Sierra Leone followed in May and Guinea in June 2016 – two and a half years after the first case was discovered, the outbreak ended with more than 28,600 cases and 11,325 people having died.

Marburgh in Uganda, 2017 (six weeks)

The October 2017 Marburg outbreak began in a remote community on the border of Kenya and Uganda. There was only 24 hours from diagnosis to deployment of international support, with the Ugandan and Kenyan governments, local responders (including the Uganda Red Cross Society and Kenya Red Cross Society), and international responders (including WHO, UNICEF and Médecins Sans Frontières (MSF)) responding quickly.[24] The disease was contained (despite its outbreak near an international border), with only three deaths (two confirmed and one probable) and six cases. Health workers followed up with close contacts of the patients in Uganda and Kenya to make sure they had not caught the illness. On 8 December, roughly six weeks after the start of the outbreak, the Ugandan Ministry of Health declared the outbreak contained. As a different kind of hemorrhagic fever, Marburg spreads more slowly than Ebola, but the contrast in the time needed to contain it is still quite striking.

Ebola in the Equateur region of the Democratic Republic of the Congo, 2018 (12 weeks)

On 3 May 2018 health authorities in Equateur province of DRC notified authorities of expected Ebola cases. The outbreak was verified on 8 May. The Ministry of Health began mobilizing partners, and soon mobile laboratories were fully operational in key hotspots. Shortly afterwards, 21 people were confirmed as having caught Ebola. Three days later (19 May) more than 7,000 doses of the vaccine arrived in Kinshasa. By 24 May, 16 days after the outbreak was identified, more than 150 people had been vaccinated. Within 35 days of the first verified case the number of cases had plateaued with 28 people having died, 38 confirmed cases of people infected and 14 possible cases. The outbreak was declared officially over on 24 July 2018 by WHO and DRC Ministry of Health, 42 days (two incubation periods) after blood samples from the last confirmed Ebola patient twice tested negative for the disease. In total, 33 people died..

This chart shows a more serious and rapid response. The humanitarian sector is shifting time scales; scaling up responses with just a handful of cases; and focusing on tiny, fast responses to stop the disease quickly at its source, if possible. This is clearly a successful approach and gives greater hope of being better able to confront future outbreaks.

24. In terms of joint activity to address the outbreak, the response was led by health authorities in Uganda and Kenya. They received support from WHO, the Global Outbreak Alert and Response Network, the US Centers for Disease Control and Prevention, the African Field Epidemiology Network, UNICEF, MSF, IFRC, ICRC, the Uganda Red Cross Society, the EU Commission's Civil Protection Mechanism and Emergency Response Coordination Centre, the Bernhard Nocht Institute for Tropical Medicine and University of Marburg, Germany, the EU'S European Mobile Lab Consortium, Alliance for International Medical Action, the Uganda Virus Research Institute, Joint Mobile Emerging Diseases Intervention Clinical Capability, Infectious Diseases Institute of Makerere University, the Kenya Red Cross Society and the Kenya Medical Research Institute (see WHO, 2017a).

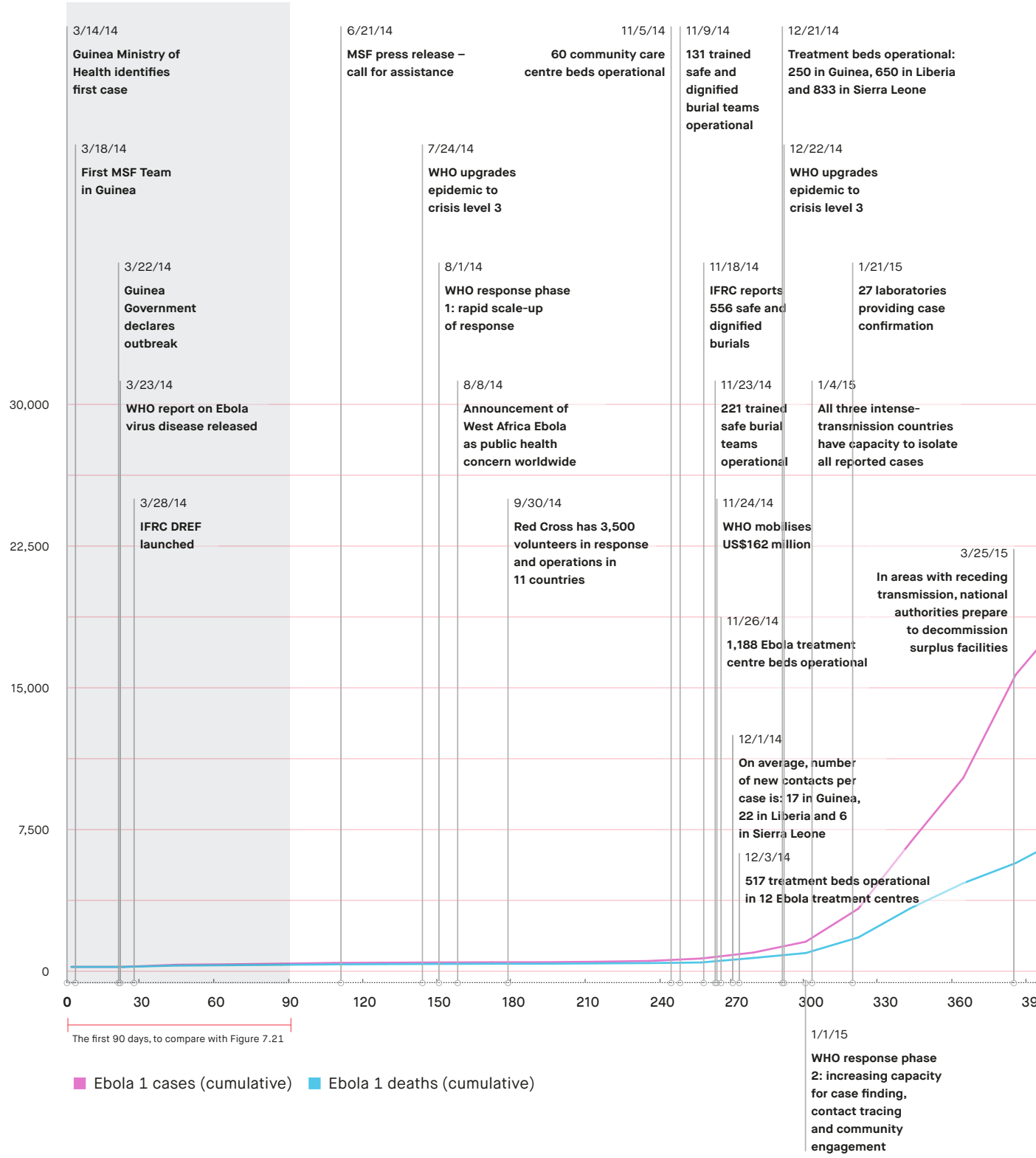


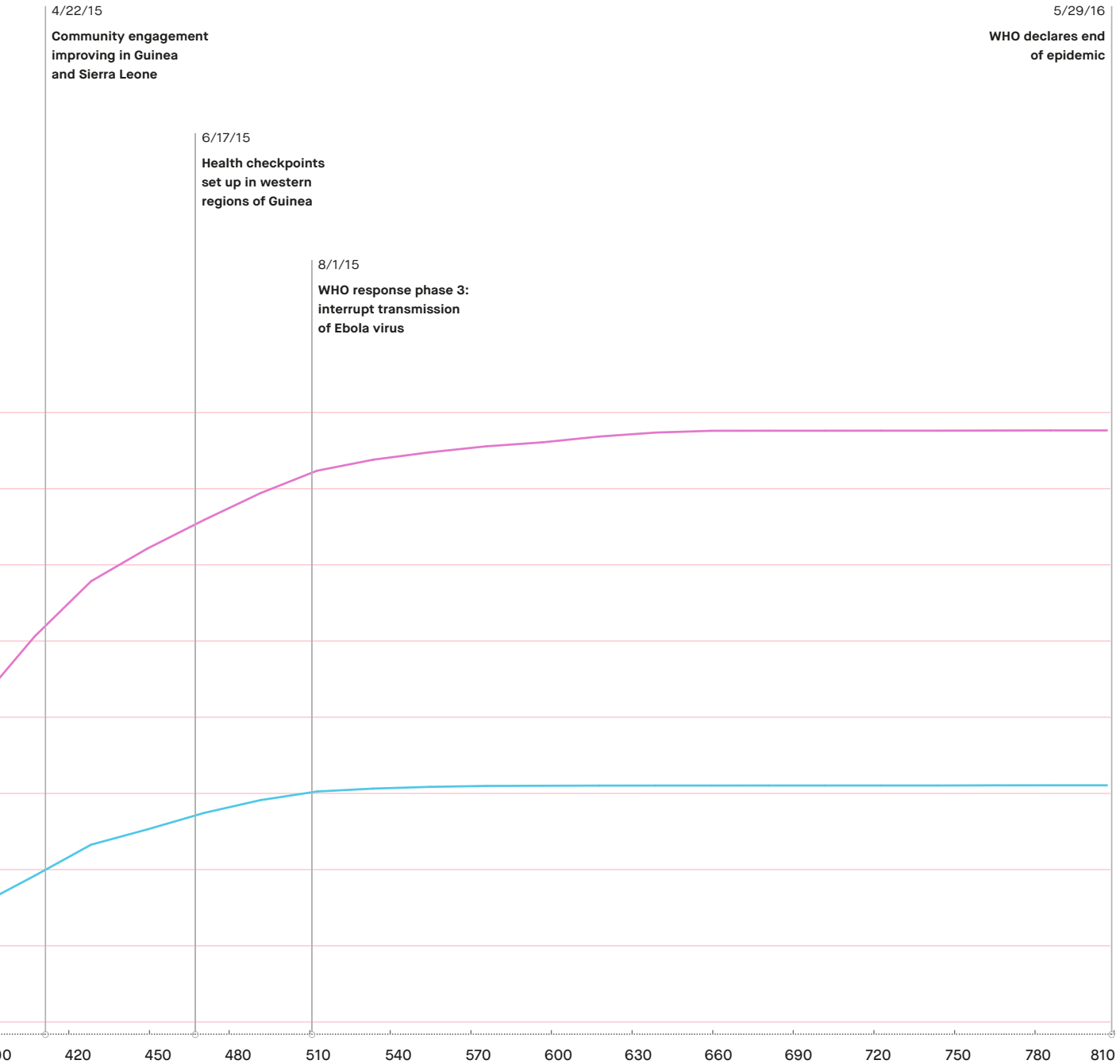
DRC, 2018

Barnabe Looma, Chief of Office Volunteer with the DRC Red Cross runs a team of volunteers who conduct safe and dignified burials in the community surrounding Mbandaka, DRC. The Red Cross has taken the lead on the crucial Safe and Dignified Burials pillar of the response, as requested by the Congolese Ministry of Health.

©Corrie Bulter/IFRC

Fig. 7.22 Comparison of Ebola caseload and response times between the 2016 West Africa Ebola outbreak and the 2018 DRC Equateur outbreak

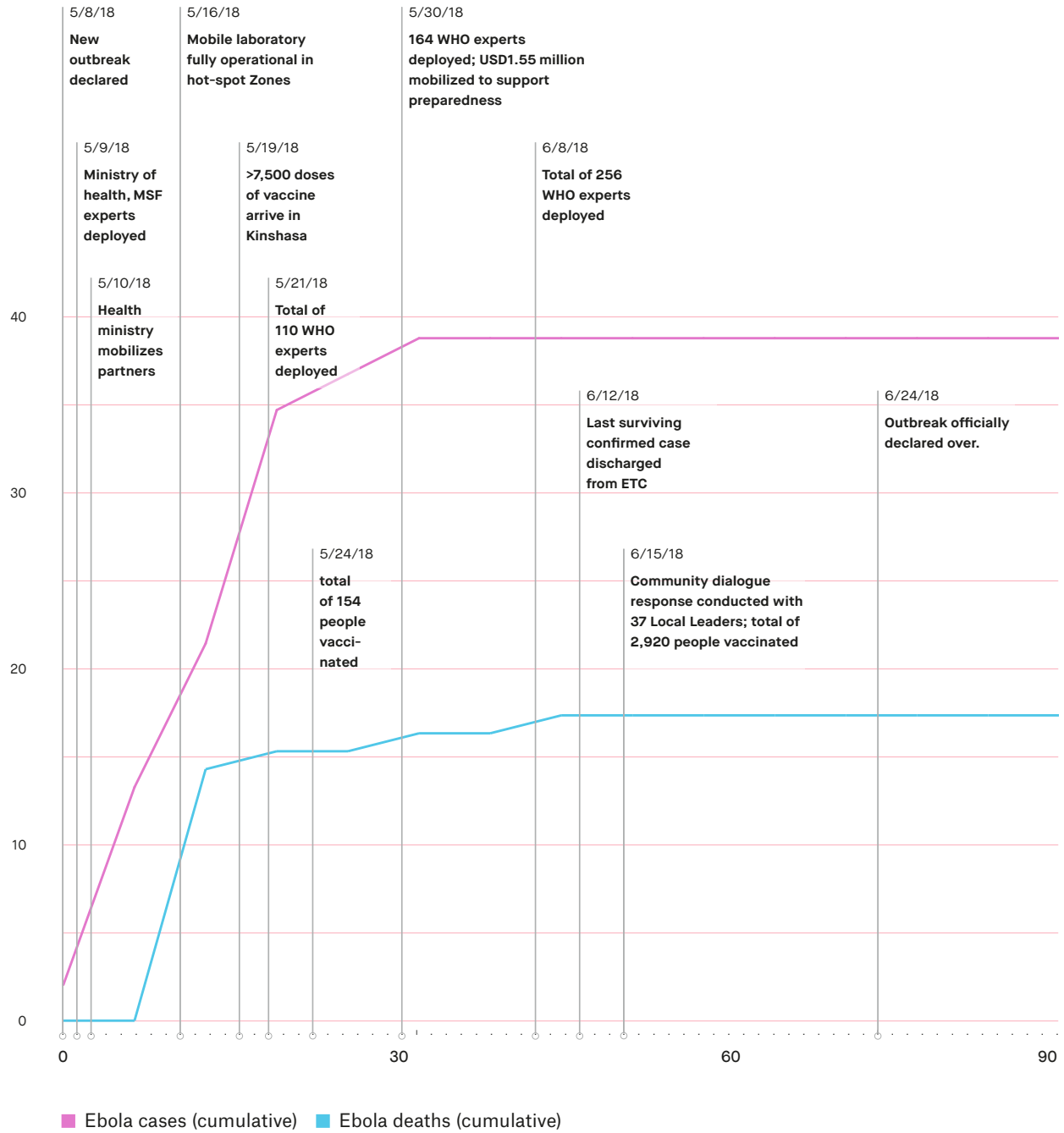




Notes: See next page for more detail of the DRC Equateur outbreak and response.

Sources: WHO Situation reports (2014–2016), CDC Case counts (2014–2016)

Fig. 7.23 DRC Equater Ebola response, 2018



Notes: Figure 7.23 only relates to the Ebola outbreak in the Équateur region of DRC in 2018 and not the later separate outbreak in the Kivu which was ongoing at the time of finalization of the report.

Source: WHO 2018b.

Various factors are crucial to a successful response that quickly quells a disease before it is able to spread; firstly, experience at both diagnosis and response in the community where the outbreak takes place. For example, in the case of the 2017 Marburgh outbreak, the location was known as a hotspot for haemorrhagic fever and Uganda had experience in identifying and managing Marburg virus disease outbreaks. A strong community-based surveillance network and a good relationship between the responders on the ground and the Ministry of Health is important so that when the alarm is raised, it is taken seriously.

"While outbreaks are inevitable, pandemics, if addressed early, are for the most part preventable. Money and support delivered at the right time can save lives and economies"

WORLD BANK PANDEMIC EMERGENCY FINANCING FACILITY

To enable a fast and effective response, financing also needs to be fast and therefore a number of organizations, including the IFRC, pre-financed the response to the Marburg crisis. While FbF does not exist in the same way for epidemics as it does for floods, it is an important approach to explore. It may make particular sense for certain diseases such as cholera, where the factors likely to lead to an outbreak before the first case has been seen are known. UNICEF, WHO and MSF have responded quickly with their own funds (which requires having already raised unearmarked funding), including in the most recent Ebola outbreak. The World Bank's newly created Pandemic Emergency Financing Facility, which is being used for the first time during the May 2018 Ebola outbreak in DRC (*Financial Times*, n.d.), will hopefully facilitate a more rapid response in future outbreaks too (World Bank, 2017).

7.3.2 Local actors: recognized in words, but not in deeds

The *World Disasters Report 2015* focused on local actors as the key to humanitarian effectiveness. The Charter4Change,[25] a commitment by some international NGOs, was launched the same year. Since then, the international humanitarian sector has increasingly recognized the significant role of local humanitarian actors in particular due to their significant engagement during the World Humanitarian Summit preparatory consultations and the commitments made by some of the largest humanitarian donors and agencies in the Grand Bargain in 2016. In the Grand Bargain, signatories committed, under the heading of "more support and finding tools to local and national responders," to "making principled humanitarian action as local as possible and as international as necessary" while

25. Charter4Change describes itself as "An initiative, led by both National and International NGOs, to practically implement changes to the way the Humanitarian System operated to enable more locally-led response".

continuing to recognize the vital role of international actors, in particular in situations of armed conflict. Commitments were made in funding, capacity development, partnership and coordination.

There have been some small steps forward since,[26] but there are many remaining systemic challenges towards increased investment in effective, principled and sustainable local humanitarian action.

Box 7.5 Local action beyond the headlines

The IFRC's experience has highlighted the significant yet little-known work of local and national actors across a range of countries with various rankings on the Human Development Index. In the last ten years, the IFRC's international operations have responded to 1,107 crises, and in the first quarter of 2018 there were 53 ongoing, internationally funded operations covering 50 countries and targeting more than 19 million people for assistance. At the same time National Societies have each responded to many more such disasters every year in their own countries without any international assistance. For example, from July 2016 to June 2017, American Red Cross responded to 260 "large-scale disasters" in 45 states and two US territories including wildfires, storms and flooding (American Red Cross, 2017).

Mexican Red Cross responded to a significant earthquake and two major tropical storms in 2017, as well as a hurricane and floods in 2016. For the earthquake, Mexican Red Cross mobilized 1,200 search and rescue team members, established 16 collection centres with 31,000 volunteers and delivered 4,507 tonnes of humanitarian aid to more than 1 million people in need. There was a small amount of international support provided for the earthquake response (some direct financial support as well as additional search and rescue personnel from other National Red Cross Societies in the region) but all the other disaster response initiatives were without formal international support.

Similarly, in 2016 Kenya Red Cross Society reached more than 3 million people, including responding to a cholera epidemic that affected 30 of its 47 counties, the Chikungunya epidemic, floods in 4 counties including Nairobi, the impact of conflicts and attacks on communities in 4 counties, and residential and commercial building collapses. But few of these crises hit the international news or led to an appeal for international assistance.

Time to recognize and promote the crucial role of local and national actors

The capabilities and contributions of local and national humanitarian actors are often significant. One example is the Turkish Red Crescent leadership in providing cash to 1.3 million registered refugees each month (see Box 7.6). Turkish Red Crescent is now looking at how it can support other National Societies to scale up their cash programming.

26. For a review of Grand bargain implementation, including the commitments to local and national responders see Metcalfe-Hough et al (2018) and IFRC, (2017b).

Box 7.6 The biggest humanitarian cash transfer programme in the world today – Turkey

Turkey hosts more refugees than any other country. There are 3.3 million registered refugees in Turkey, of whom around 3.2 million are Syrian. Just under half of Syrian refugees (around 46%) are children. More than 90% of refugees reside outside of camps.

The Government of Turkey has played a central role in supporting the refugee crisis, contributing more than 25 billion US dollars since 2011 (AFAD, 2017). International funding for the response has also increased year on year from 80 million US dollars in 2012 to 795 million in 2017. Through Turkish Red Crescent (Kizilay), cash transfer programming (including vouchers) has been a part of the response since 2012 and cash assistance since 2015.

In 2016, negotiations between the Government of Turkey and the European Commission resulted in allocation under the EU Humanitarian Implementation Plan of 348 million euros (403.5 million US dollars) to establish an Emergency Social Safety Net, the biggest cash programme in the world today. The programme provides monthly basic needs assistance to more than 1 million refugees through multipurpose grants. It builds on existing systems that underpin the Government of Turkey's social protection system for citizens. It was designed in conjunction with the government and is implemented through a partnership between World Food Programme (WFP), Kizilay, the Ministry of Family and Social Policies, the Directorate General for Migration Management, the Directorate General of Citizenship and Population Affairs, and the Disaster and Emergency Management Presidency (AFAD). Payments on the Emergency Social Safety Net and Conditional Cash Transfer for Education programmes are by automated teller machine (ATM) card called KızılayKart, through a separate agreement with Halk Bank, contracted by Turkish Red Crescent.

The role of Kizilay in implementing and delivering cash grants is core to this massive programme. The WFP and government partners are recognizing the unique role of Kizilay and are choosing to invest in the systems and processes of a local organization in the form of the National Society.

However, while the Grand Bargain implicitly recognizes the important role of local actors, there was neither specific recognition of existing capacities nor a formal call for this recognition. Conversely, the Charter4Change commitments (Charter4Change, 2015) acknowledge the role and work of local actors and seek to ensure recognition for their role. Signatories committed to:

"Promoting the role of partners to the media and the public. In any communications to the international and national media and to the public we will promote the role of local actors and acknowledge the work that they carry out, and include them as spokespersons when security considerations permit." (Charter4Change Commitment 8)

Without such recognition, local actors will likely continue to struggle to obtain funding and other support for their efforts.

Value of local partnering and local resourcing

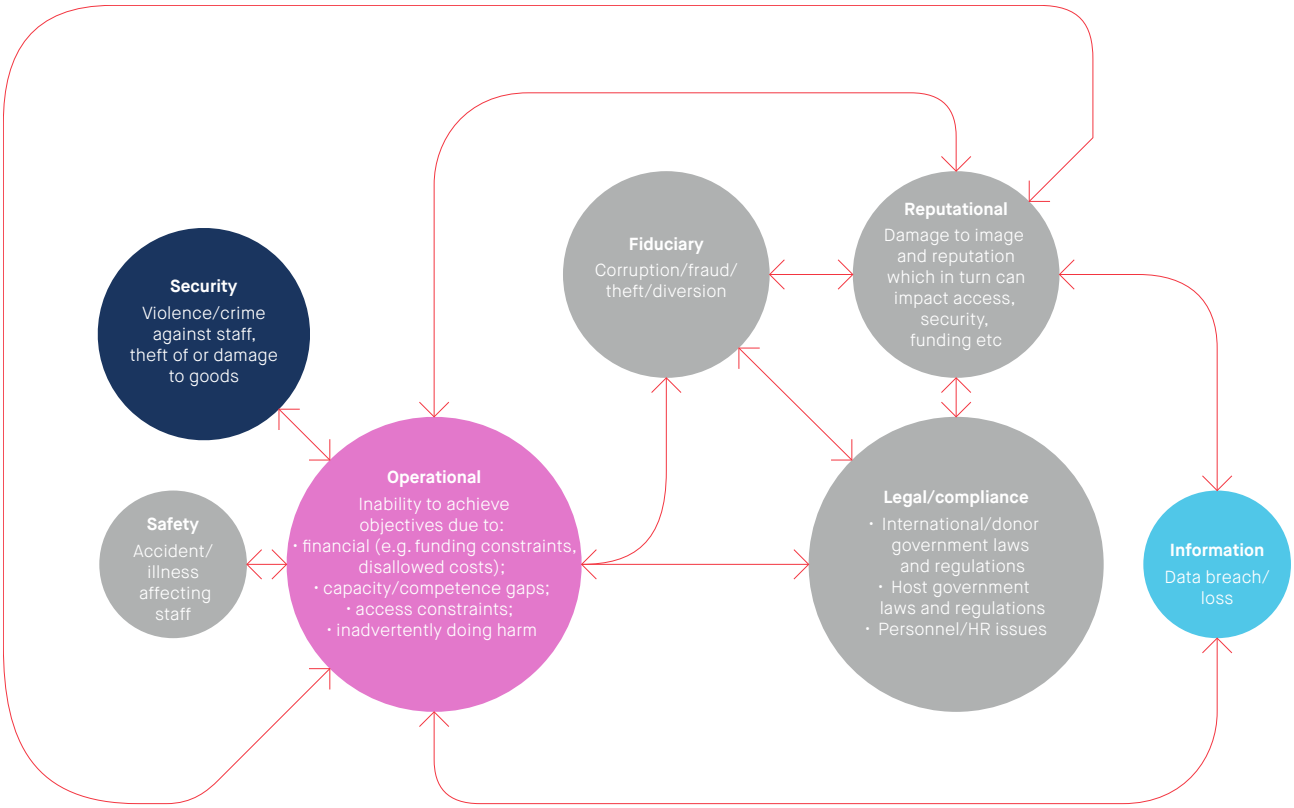
International assistance is often most successful where it serves as a catalyst or a multiplier for local solutions, including bringing together diverse partners (from civil society, national and local government, the private sector and academia among others) who can share expertise, financial and material resources, and access to other networks for further support. For example, KCB Bank, Safaricom, and the Kenya Red Cross partnered in 2012 in the Kenyans for Kenya campaign (IFRC, 2017d) raising 10 million US dollars in Kenya for drought relief.

To remain relevant, humanitarian networks will need to be able to broker these types of partnerships in locations all around the world. The One Billion Coalition for Resilience, led by the IFRC, UNICEF, WFP and the UN Connecting Business initiative, is building on these lessons and insights to advance strategy and practice for network-wide partnering through a do-it-together approach to collective action and impact for community resilience-building.

Who bears the risk?

One notable absence in the localization commitments adopted in recent agreements has been the conversation about risk and risk sharing. These risks include security risks to staff and volunteers working for local actors, risk of a programme not being delivered or not meeting its objectives and risks around fraud, corruption and other legal or code of conduct violations by people working for a given organization.

Fig. 7.24 Risk categories



Note: HR: human resources.

Source: Based on Stoddard et al (2016a)

Recently donors and the humanitarian sector more broadly have increased their focus on issues of integrity. Complex operating environments come with increased risks in a variety of areas, large amounts of funding flows, rapid scale-ups and limited oversight. At the same time, while the aid sector is perceived as being made up of 'good people', it remains made up of people, with their strengths and weaknesses, including criminality. These challenges affect all organizations (international and local) and all steps should be taken to minimize these risks, but they can never be reduced to zero.

Many international actors simply push the risk down the line. One irony of the localization agenda is that international donors, which signed up to the same Grand Bargain localization commitments as internatioanl NGOs, UN agencies, ICRC and the IFRC, are often reluctant to shoulder any additional risks associated with working with new partners. While donors committed to increase the amount of funding they channel "as directly as possible" to local and national actors,[27] many wish to see international intermediaries continue to bear full responsibility for how funds are spent and reported.

27. The current definitions and categories for as-direct-as-possible funding (as agreed by the Grand Bargain signatories) include funding directly from donor to local or national actor, via a pooled fund or one intermediary (see Inter-agency Standing Committee, n.d.).

Resources and time were needed to develop the policies, procedures and mechanisms that donors have come to expect from their familiar partners, the large international humanitarian organizations. Without capacity investment, many small local actors will struggle to keep up and will be deemed ineligible by donors. If the international community is serious about localization and accountability, it will take real investment and support to local actors to develop and implement the necessary policies and procedures.

7.3.3 Getting the rules right: developments in disaster law

Law can play a fundamental role in the entire disaster risk management spectrum, from ensuring that adequate risk reduction measures are in place, such as building codes and land use plans; to outlining clear roles and responsibilities for local actors; and ensuring the rights, roles and responsibilities of the most vulnerable people are considered and protected.

IFRC research and consultations with responders and officials around the world have revealed consistent barriers to effective operations due in large part to the absence of clear national procedures or regulation. These include unnecessary regulatory bottlenecks to speedy aid (such as delays with visas, customs and landing rights) but also difficulties for national authorities to exercise their leadership and oversight (for example, where international responders fail to coordinate, or provide poor quality aid). Disaster law frameworks are crucial for addressing these issues and for placing authorities in the driver's seat.

November 2017 marked ten years since the adoption of the 'International Disaster Response Law (IDRL) guidelines: for the domestic facilitation and regulation of international disaster relief and initial recovery assistance' by the state parties to the Geneva Conventions at the International Conference of Red Cross and Red Crescent. National Societies across the world have since supported their authorities to implement the recommendations, resulting in new laws and procedures in more than 30 countries, three regional treaties, and practical support in simulation exercises and operations.[28]

While this level of progress appears to compare well with the implementation of similar international guidance documents, it still means that a great many states have yet to adopt comprehensive rules for managing international disaster assistance (IFRC, 2015c). Moreover, recent research indicates that regulatory problems continue to burden international operations (ibid). While National Societies and the IFRC remain committed to the slow and steady work of promoting regulatory preparedness in this area, they are also now more often promoting quicker, less politically heavy approaches, such as national guidelines, manuals and standard operating procedures, notwithstanding the risk that they may not be able to override inconsistent laws. Moreover, regional and cross-border solutions are starting to show promising results, as Box 7.7 shows.

28. For the latest updates on the drafting and adoption of national disaster laws based on the IDRL Guidelines and other IFRC tools, see the interactive disaster law map.

Box 7.7 Improved cross-border preparedness in North America

Mexico, the US and Canada share common borders and a common vulnerability to a variety of disasters. These three countries have significant experience preparing for and responding to earthquakes, hurricanes, floods, fires and other events. But what about a truly catastrophic incident in North America that overwhelms one of their capacities to respond? How could they work together as a region to provide a rapid and effective response?

This question was central to the North American Humanitarian Response Summit project, implemented by the American Red Cross in partnership with the Canadian Red Cross, the Mexican Red Cross and with the direct participation of their respective governments. The project's goal is to improve the effectiveness of cross-border response to a potential catastrophic disaster in North America. A multinational legal and policy scan and analysis were conducted as part of this process, to assess the political, legal and diplomatic operating environment within and across the three countries and the current state of readiness in key areas related to cross-border disaster response (Bookmiller et al, 2017). The following problem statement emerged from this analysis:

"There exist many different efforts (laws, legal authorities, compacts, memoranda of understanding, projects) related to strengthening cross border support during crises in North America. However, there is limited comprehensive understanding of these various efforts beyond the entities directly involved in the development and maintenance of them. The effect of this siloed approach within countries and across the three countries (Canada, Mexico and the United States) combined with bureaucratic barriers will impede response efforts particularly during a catastrophic response when the rapid flow of humanitarian assistance (professional personnel, equipment and supplies) will be required to save lives and reduce suffering."

To start addressing this issue, a series of country-level preparatory meetings were held to discuss operational response levels with North American disaster response practitioners and policy experts. These dialogues culminated in the North American Humanitarian Response Summit, convened in Washington DC in March 2018. The issues on the table ranged from determining national requirements and triggers for accepting international assistance, to how best to facilitate the cross-border movement of goods and personnel, and how to ensure solid accountability measures.

Through this process, a shared commitment was fostered among the regional actors. The possibility to develop a legally binding regional cooperation agreement was also put on the table, emphasizing the value of regional collaboration in case of disasters – and having the necessary legal frameworks to support this.

As National Societies have increased their technical support to the national governments, requests have likewise increased for more comprehensive advice about how law can best address the full disaster risk management spectrum. From 2012 to 2014, the IFRC partnered with the UN Development Programme (UNDP) to carry out one of the largest comparative studies of law and DRR, looking at 31 countries (IFRC and UNDP, 2014). They found

that, in many cases, even in the most recently adopted laws, a focus on DRR has not penetrated very deeply and there are still significant gaps. This is particularly in how DRR is addressed in laws related to urban planning, water use, environment, development planning, and in the clarity of roles and responsibilities across government. Drawing on these findings and extensive consultations, IFRC and UNDP developed a checklist on law and disaster risk reduction in 2015.

Another increasing area of concern relates to protection issues in disaster legislation. By way of example, a 2017 IFRC study of law and sexual and gender-based violence (SGBV) in disasters (IFRC, 2017a) found little mention of SGBV in disaster laws and policies, an absence of coordination between SGBV protection mechanisms and disaster management institutions, and little "business continuity" planning for addressing heightened SGBV risks when police, courts and support services were themselves impacted by disasters. This and similar protection issues are the subject of a new IFRC checklist project now underway.

7.3.4 Conclusions

The available data on disasters shows that, notwithstanding advances with DRR, hundreds of disasters are still occurring every year, impacting millions of people. The data also shows the immense human and economic costs imposed by disasters. At the same time, the data hides some truths – the small disasters never captured, the communities not on the map, the differing experiences of different communities, the reasons for these different experiences.

Operationally, National Societies are reaching hundreds of millions of people affected by disasters, in large and small events, all over the world. For its part, IFRC is likewise continuing to deploy around the world – but a significant proportion of its appeals and deployments have to return to the same countries due to a combination of long-standing complexity, fragility and disaster risk. The need for reinforced efforts to build community resilience, reduce exposure and reduce risk remains just as urgent as when the last edition of this report raised the issue in 2016.

At the same time, there is good news to share (and examples to emulate) in concrete steps towards early action – both in climate-induced disasters and epidemics. The IFRC and its partners are making tangible progress in reaching people before it is too late. Likewise, National Societies' decade-long support to their governments on disaster law is showing its fruits in the form of modernized laws and policies and a greater understanding of the ways laws can make a difference. In the area of localization of aid, as highlighted in the 2015 edition of this report, very important commitments were undertaken by donors and international agencies, but still very slow progress has been made in turning these new attitudes into greater funding, respect and support.



Sanaa, Yemen, 2017

Yemen Red Crescent (YRCS) water point in Sanaa city centre. There is a severe water shortage in Sanaa, as well as the rest of Yemen, which is exacerbated by the conflict. According to Mohammed H. Al Fakeeh, head of programs for YRCS: "Within this conflict, the water supply, in this area and many areas in Sanaa city, has almost disappeared." With limited access to healthcare services, the breakdown in safe water supplies and failure of sewage system increases the incidence of water borne diseases, including cholera.

©Maria Korkunc/Norwegian Red Cross



Equateur, DRC 2018

Mirielle Miguanga, a paediatrician from the Centre Hospitalier Universitaire de Mbandaka treats her six-month old patient, Narcis, with his mother Raphine by his side. Mirielle has recently been trained how to respond better to potential cases of Ebola. The Red Cross team have provided specialised training in Ebola infection prevention control and erected pre-triage rooms to separate Ebola cases from the general public. Local health care workers like Mirielle are essential to quelling the outbreaks of Ebola and other diseases.

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Conclusion

There are many ways in which people with significant humanitarian needs are left behind by the humanitarian sector. While the groups passed over, and the reasons they are missed, sometimes change, there are clear common routes to exclusion.

This year's *World Disasters Report* has looked at the **people who are not seen** and who stay off the collective radar – the hidden people who are undocumented, the places and problems which do not appear in maps, in government or humanitarian databases and people whose needs are otherwise hidden from humanitarian response. It has sought out some of the **people who are hard to reach** even when they are known to be in need, for instance, due to conflict and insecurity, remoteness and/or lack of or destroyed infrastructure. It has tried to identify some of the **people left out of the loop** due to generic programming approaches, where humanitarians take the easy route, providing assistance in a way that is easiest for the humanitarian sector but that cannot be understood or accessed due to physical, cultural, social or political limitations.

The report has also looked at more intentional areas of exclusion. It has sought to highlight the **people who are not prioritized for funding** when resources are limited, often because they are absent from the media and donor spotlight. And, related both to the current conversations around bridging the gaps between development, humanitarian and peacebuilding work and to a more traditional and limited assessment of the scope of humanitarian action, there are the **people seen as out of scope.** People who are not seen as humanitarians' problem, even though they have very clear needs – sometimes of the same scale and severity as the people who humanitarians do consider their 'caseload'.

Each chapter has put forward a series of detailed recommendations that the International Federation of Red Cross and Red Crescent Societies (IFRC) calls on policy-makers and humanitarian actors to take up. In this section, we (the IFRC) propose some overall conclusions and recommendations. While many of the recommendations throughout this report are just as applicable to the IFRC and its members as to our partners, we will also take specific note here of some of our own commitments for action.

Adopting the goal: deciding to leave no one behind

The Sustainable Development Goals' commitment to 'leave no one behind' can be the rallying call for collective action that meets the needs of all people affected by crises, but humanitarianism's own bedrock principles, particularly humanity and impartiality, have long established a similar imperative.

In reality, humanitarian action is fundamentally about triage – and with increases in global risks and constraints on resources and access, humanitarians will never have the capacity to address all needs arising from conflicts and disasters. Yet they can and should go beyond the people most visible, most convenient, easiest to reach, simplest to programme for and who neatly fit the response model.

Certainly, it will not always be the case that resources and efforts should be prioritized to serve the 'expensive few' people when also faced with the equally affected 'many'. However, it will sometimes be the right thing to do and, at a minimum, choices must be made in a more conscious and transparent way.

Moreover, it *is* always the case that humanitarian action should try to prioritize the people most in need, regardless of the expense or challenges of reaching them – yet the sector can hardly do so if it is unaware, wilfully ignorant or unadaptable. As described in Chapter 6 'out of scope', moreover, humanitarians must be ready and open to finding the people most in need wherever they may be, including in non-traditional settings and crises.

Ideas have power and if there is sector-wide acceptance of leaving no one behind as a central goal, the notion will generate more of the good practice and commitment to change showcased throughout this report. Consciously adopting this goal, therefore, is the first recommendation, to all in the sector. However, success will also depend on some systemic transformations, some of which are already on the table in current policy debates, and some of which are not. Both kinds are examined in greater detail here.

Getting the incentives right

The next step is fortifying the good intentions around leaving no one behind with the right incentives. Many people being left behind are missing out for a reason: it is often harder, more expensive and riskier to go the last mile to find and serve them. Maximum media coverage, minimum cost per person reached, and the smoothest political sailing are often best guaranteed to people who stay close to the capitals and away from disfavoured populations. At the other extreme, the criminalization of aid, such as in over-broad counter-terrorism, money laundering or anti-smuggling laws, and (to a lesser extent) bureaucratic barriers to the entry of relief personnel and goods or to the funding of local responders, can have a significant chilling effect.

Transforming these skewed incentives will require real commitment and investment, as well as specific policy changes from key actors across the sector.

The IFRC therefore recommends that:

Donors:

— Define 'value for money' in light of the goal of leaving no one behind, seeking the most efficient approach that successfully reaches the people most in need – even if they are more expensive to serve than others.

— Prioritize and incentivize the people hardest to reach with proactive and tailored strategies and tools, such as through allocating funds specifically for the under-supported and hardest-to-reach groups (bearing in mind the overall goal of serving the people most in need, whether they are easy or difficult to help).

— Remove disincentives to working in hard-to-reach areas, including bluntly designed counter-terrorism regulations that criminalize principled humanitarian action, requiring the presence of foreign humanitarian workers when local responders can adequately carry out programmes, and the adoption of approaches that shift risk down the implementation chain rather than sharing and jointly mitigating the risks necessary to meeting the needs of people being left behind.

All governments:

— Adopt laws, rules and procedures both to facilitate international disaster response operations and to promote adequate quality standards.

— Ensure that their laws, procedures and personnel guarantee humanitarian organizations' access to all people in need. This includes ensuring that anti-smuggling and anti-trafficking laws and related measures do not criminalize principled humanitarian assistance to vulnerable migrants.

— Draw attention to, and insist that international responders also take into account, the needs of people in hard-to-reach areas.

Humanitarian organizations:

— Systematically integrate steps to support people hardest to reach into their appeals and response plans, including, where necessary, prioritizing mobilizing funds to mitigate any security risks (both for themselves and their local partners)

The IFRC's commitment:

— The IFRC commits to prioritizing support to people most in need in its own operations, regardless of the difficulty in reaching them, including by orienting our needs assessment guidance (currently under revision) toward identifying the people most in need, and by highlighting them in our appeals.

Recognizing and supporting the role of local humanitarian action

Local responders have an enormous potential to reduce gaps across nearly every aspect of exclusion examined in this report. They are often the only ones able to reach people in remote or insecure areas. Local associations for women, for persons with disabilities, and for older people (such as Afghanistan's grandmothers' committees), bring unique

perspective on how these populations may be affected and how aid efforts may miss their particular needs. Local organizations can also bring an understanding about populations whose suffering may be hidden, that outsiders lack.

Of course, local responders are not perfect – like their international counterparts, they have biases and blind spots; they make assumptions and mistakes. But at the moment, international investment in their areas of strength – and support to overcome areas of weakness and special risk (particularly in dangerous areas) – remains extremely poor, notwithstanding commitments to the contrary, such as in the Grand Bargain. The share of total international humanitarian assistance provided directly to local and national responders (as reported in OCHA's financial tracking system) has increased from 2.0% (458 million US dollars) in 2016 to just 2.9% (603 million US dollars) in 2017 (Development Initiatives, 2018), still a far cry from the Grand Bargain's target of 25% to be channelled as directly as possible by 2020. Moreover, while there have been encouraging signs of progress among a number of UN agencies and international NGOs, international–local partnerships still tend toward one-way, extractive relationships which fail to take best advantage of local knowledge or strengthen longer-term local capacity.

The IFRC therefore recommends that:

Donors:

— Invest in local responders, in particular their long-term institutional capacities, in line with high ambitions of the Grand Bargain and its target of 25% of international financing to be channelled as directly as possible to them by 2020. Investment can and should include support to develop and implement policies and procedures around capacity development for management of international funds, fraud, accountability and safeguarding as well as to ensure safety of staff.

— Invest in national governments' capacity to adequately facilitate and regulate international assistance, to ensure their primary role in coordination and to avoid unnecessary bureaucratic barriers, as well as to enhance their accountability for the use of funds deployed to support their populations.

Governments:

— Invest their own resources in local response capacities, including those of civil society, at the domestic level, to reduce reliance on international funding. This should include developing the necessary laws and procedures to facilitate and regulate international assistance.

— Welcome and allow international investment in local capacities, including those of civil society, actively seeking it out when they feel that their own resources are not great enough to address the risks.

Humanitarian organizations:

— Strengthen their partnerships with local responders, with a conscious goal of devolving decision-making and nurturing long-term capacity.

— Find ways to better integrate local knowledge (in particular about cultural issues, hidden vulnerability and local capacities) into needs assessments, in particular through investing in pre-disaster mapping exercises with local partners in disaster-prone states.

The IFRC's commitment:

— The IFRC commits to continue to strengthen its investment in the operational and functional capacity of National Red Cross and Red Crescent Societies as frontline responders to support their delivery of relevant service. This will include cooperating with ICRC to build a new 'National Society Investment Alliance': a pooled fund for significant, flexible, multi-year financing, and support to National Societies' long-term sustainability.

— The IFRC commits to continue to strengthen its support to National Societies to advise and assist their governments in developing effective laws, procedures and mechanisms for facilitating and regulating international assistance.

Adopting a community-centred, participatory approach

To avoid misunderstanding priority needs and missing people who need help, the humanitarian sector also needs to scale up the implementation of previous commitments (such as those in the Grand Bargain) around the participation of affected communities, in particular community members who might otherwise be passed over.

Despite excellent intentions across the sector, communities continue to report that they are not well informed on how to access support, do not feel able to participate in decisions that affect them and do not feel the aid they receive is relevant to them (Ground Truth, 2018).

The IFRC therefore recommends that:

Humanitarian organizations

— Prioritize integrating community participation – with particular attention to groups likely to be passed over, such as women, older people and persons with disabilities – in all areas of programming, ideally before, but at least from the very beginning of a crisis. Feedback should be shared more effectively across aid organizations so that all actors are aware and able to respond to community concerns.

— Rethink needs assessment methods and approaches to make sure that these seek out and find the people most in need, even if they are not in 'traditional' categories, and adequately value the preferences of affected people themselves when prioritizing needs.

— Actively seek relevant information on needs, capacities, vulnerabilities and perspectives in the preparedness phase before disasters strike. This includes researching how best to communicate with members of communities (including languages and literacy levels).

Donors:

— Ensure flexibility in how funds are allocated to programmes throughout a crisis so that programme courses can be corrected based on feedback from communities.

— Prioritize resources for community engagement activities and make community engagement and response a clear expectation of all grant recipients and a component of monitoring and evaluation.

The IFRC's commitment:

— The IFRC commits to strengthening its community engagement and accountability, including through developing minimum standards in this area for the International Red Cross and Red Crescent Movement.

— The IFRC commits to ensuring greater use of the outcomes of vulnerability and capacity assessments in response programming including through developing an online repository for these.

Taking up our part of the responsibility for resilience

As noted in the introduction, humanitarian agencies – and their donors – have traditionally seen themselves as the last resort – waiting to act only after crises have overwhelmed local resources and then only to reduce their worst impacts. However, nearly 30 years on from the proclamation of the International Decade of Natural Disaster Reduction, this limited view no longer adequately describes the humanitarian sector's role or responsibility.

Without investments in risk reduction, in community resilience, and in anticipatory approaches, many people will continue to be left behind. As reported in the *World Disasters Report 2016*, the case for this approach was made and globally accepted long ago. Yet the practice remains far from what should be expected. Funding for disaster risk reduction remains negligible as a proportion of development aid – accounting for just 0.5% of official development assistance as of 2016, the most recently available figures.

Unsurprisingly, whereas the overwhelming majority of 'humanitarian' organizations are (or are fast becoming) 'double hatted' with regard to emergency and development activities, the lopsided nature of international funding means that activities actually remain strongly response focused. While risk reduction work is arguably much more effective in saving lives than post-crisis assistance, there is a lack of corresponding urgency about coverage gaps in this area, and they are not as systematically illustrated as those regularly tallied for emergency appeals.

While it is of course true that 'pure' development institutions have an indispensable role to play (which some, such as the World Bank, are making important steps to take up), for many of the international stakeholders, the divisions are internal and self-imposed. The conceptual and administrative bifurcations between resilience building and response only exacerbate the negative dispersal of the responsibility that both agencies and donors have for people left exposed to risk.

The IFRC therefore recommends that:

All governments (including donors) and humanitarian organizations:

— Move toward tallying and reviewing coverage of 'appeals' for emergencies and resilience-building side by side, thus ensuring that success is judged on the overall degree to which human suffering has been prevented (as a preference) or reduced (where needed).

— Invest much more heavily in community resilience and local response capacities before disasters and other crises.

— Seize the 'low-hanging fruit' of anticipatory funding for predictable and recurrent hazards, including scaling up the success demonstrated in instruments such as forecast-based financing, and promoting its use both in international and domestic response systems.

— Promote legal and policy frameworks for disaster risk management that focus on the needs of the most vulnerable people.

Donors:

— Break down the artificially created silos between their own development, climate and humanitarian funding structures that leave resilience, local capacity support and development, and preparedness chronically underfunded.

— When requested, fund humanitarian organizations for activities related to building resilience, even if these might traditionally be seen as development oriented, and seek out alternative providers when humanitarians feel that they cannot undertake them.

Humanitarian organizations:

— Systematically include resilience strengthening in their interventions, even if they are of a type traditionally considered 'development' rather than 'humanitarian', unless they lack the relevant competence or capacity or such activity would undermine their compliance with humanitarian principles.

The IFRC's commitment:

— The IFRC commits to continuing its support for resilience building, including, where possible, through inclusion of relevant activities in emergency operations.

— The IFRC commits to supporting National Societies to strengthen community resilience, regardless of whether it is considered 'humanitarian' or 'development' in nature.

— The IFRC commits to continue its support for the development of legislative and policy frameworks for disaster risk management and climate change adaptation focused on resilience approaches.

Improving appropriate use of data and technology

Data has a transformative potential for ensuring that no one is left behind. Indeed, it will be impossible to know if the goal of leaving no one behind has been reached without a stronger use of this critical tool. Data – particularly properly disaggregated data -- also has a unique potential to expose hidden trends and problems that might lead to groups of people being left behind. Likewise, new technologies provide incredible opportunities to address many of these gaps.

Relying on data and technology has its risks, however. Poor understandings of the gaps in data sets can give misleading impressions and paper over rather than reveal gap areas. Poorly protected and poorly conceived data initiatives can expose vulnerable people to new forms of harm. Likewise, excessive reliance on technological solutions such as drones and satellite information risks displacing human engagement.

The IFRC therefore recommends that:

All governments (including donors) and humanitarian organizations:

— Invest in much stronger data gathering and analysis capacities across the humanitarian sector and at the national level, with a focus on finding people and needs who might be out of sight – in particularly older people and persons with disabilities.

— Ensure that there is agreement on basic data standards and methodology to ensure comparability and interoperability.

— Make sure that data actually underlies decision-making, including by developing widespread internal digital literacy within their organizations in addition to digital 'infrastructure' investments.

— Resist an exclusive reliance on data or technical modelling to understand the complexities of different contexts.

— Ensure a strong 'do-no-harm' approach to data protection and sharing.

Donors:

— Make sure that the results of these investments are accessible to the variety of stakeholders, including local responders and that gathering data does not become an end in itself – an activity that replaces rather than stimulates action (as seems to be the case for urban violence and irregular migration).

The IFRC's commitment:

— The IFRC commits to continue to invest in its own, and its members', capacity to gather and analyse relevant data designed to determine whom is most in need and to detect anyone who might be left behind. This will include building our own data literacy, consistently gathering sex, age and disability-disaggregated data, and increasing participation in open source approaches to data sharing in the sector.

— The IFRC commits to promoting the use of data to strengthen community-level resilience building and response activities, without displacing direct action with data gathering.

— The IFRC commits to developing and implementing appropriate data protection and privacy policies and to support its members to do the same.

Addressing the critical cases

This report has raised various examples in its discussion of the question of leaving no one behind. However, they have not been raised here merely as illustrations, but rather as critical cases of neglect that require immediate attention in light of this global goal. Some critical cases include people lacking formal identification papers or property title, people vulnerable to sexual and gender-based violence, older people and persons with disabilities, irregular migrants and people suffering from elevated urban violence. None of these cases are particularly new – the gaps have been amply signalled in the past – now is the time to act on them.

The IFRC therefore recommends that:

All governments (including donors) and humanitarian organizations:

— Guard against blind spots in assistance for people lacking government-issued identification, people without formal title to their homes, whose communities are not mapped, and who silently endure elevated risks of sexual and gender-based violence. This will require greater efforts to understand where and how these gaps are likely to occur, for example, through advance mapping of national laws related to housing, land and property rights (as the Australian Red Cross is currently leading in the Pacific), and proactive efforts to train and prepare humanitarian personnel to ask the right questions. For its part, the IFRC commits to supporting these efforts and to continue its work with National Societies to reduce and prepare for sexual and gender-based violence risks in disaster settings.

— Ensure that humanitarian budgets, plans and financing incorporate specific allocations and programmes to reach out to older people and persons with disabilities, improving the quality and sharing of data gathered about them. Humanitarian organizations in particular should work harder to ensure a strong role for older people and persons with disabilities themselves in decision-making, including through partnering with dedicated local organizations, where they exist. For its part, the IFRC commits to partnering with organizations of older people and of persons with disabilities and to developing network-wide disaggregated data on IFRC and National Society programming.

— Acknowledge that the suffering of irregular migrants and of people experiencing urban violence in many parts of the world have already reached levels rendering them humanitarian crises and that investment is made accordingly. And do so bearing in mind that local responders will likely continue to be best placed to undertake most response initiatives, but will need additional resources to do so. For their part, the IFRC's member National Societies have made strong commitments to scale up their humanitarian programming for migrants across migratory trails, having adopted the first network-wide strategy on service to vulnerable migrants in 2017. The IFRC

commits to support its members to strengthen their services to migrants and to build understandings with their authorities about their role and contributions. The IFRC further commits to supporting members to develop activities, promote non-violence and address the impacts of urban violence, such as psychological trauma.

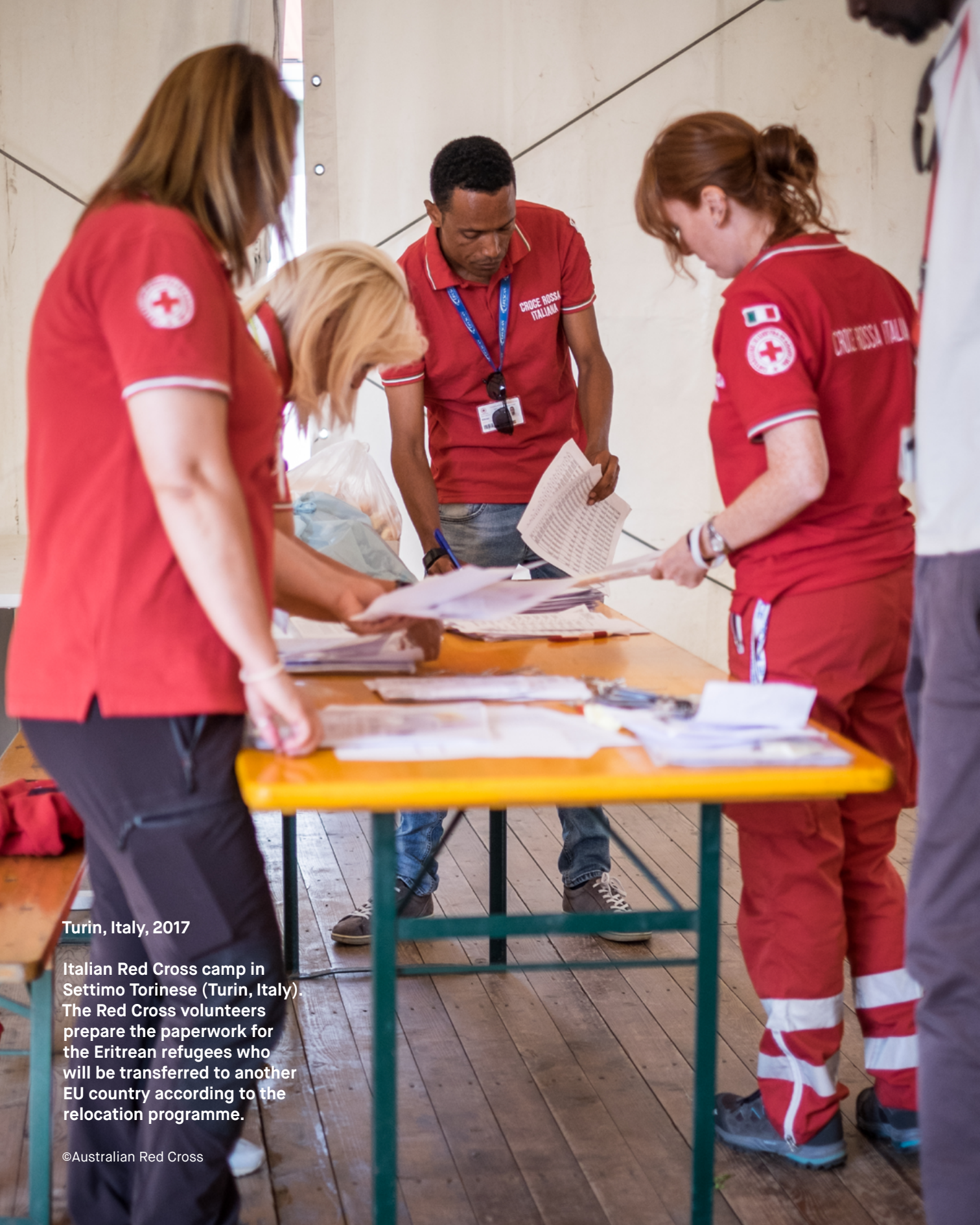
Recognizing there will always be unmet needs and humanitarians will constantly struggle to fill the gaps, the sector regardless needs to do better at meeting the most urgent needs. This report has tried to explore what we as humanitarians, but also in partnership with others, can do to better leave no one behind. Most importantly it has sought to challenge all those engaged in humanitarian action – the donors, the multilateral, international, national and local service providers – to constantly seek to identify the people most in need and hardest to reach, to identify people who may be excluded for all of the reasons outlined here, and more, to make these people the top priority. It is time we all make real the pledge of making the last mile the first mile.



Portugal, 2018

More than 200 volunteers and staff from the Portuguese Red Cross are providing first aid, health care and psychosocial support to people affected by forest fires.

©Portuguese Red Cross



Turin, Italy, 2017

Italian Red Cross camp in Settimo Torinese (Turin, Italy). The Red Cross volunteers prepare the paperwork for the Eritrean refugees who will be transferred to another EU country according to the relocation programme.

©Australian Red Cross

IFRC Disaster data

Table A.1 IFRC operations (Disaster Emergency Response Funds, emergency and movement-wide appeals) by disaster category and type

	Number of IFRC operations by category and type		Share of incidents by categoy and type		Growth
Type of operation	**1998-2007** (10 years)	**2008-2017** (10 years)	**1998-2007** (10 years)	**2008-2017** (10 years)	**Change between 1998-2007, and 2008-2017**
Biological	**81**	**207**	**10.7%**	**18.7%**	**155.6%**
Epidemic	81	207	10.7%	18.7%	
Climatological	**56**	**83**	**7.4%**	**7.5%**	**48.2%**
Cold wave	20	45	2.6%	4.1%	
Drought	36	29	4.8%	2.6%	
Wild fire		9	0.0%	0.8%	
Geophysical	**62**	**70**	**8.2%**	**6.3%**	**12.9%**
Earthquake	47	46	6.2%	4.2%	
Landslide	3	10	0.4%	0.9%	
Tsunami	2		0.3%	0.0%	
Volcano	10	14	1.3%	1.3%	
Hydrological	**234**	**408**	**31.0%**	**36.9%**	**74.4%**
Flood	230	361	30.5%	32.6%	
Pluvial/Flash flood		24	0.0%	2.2%	
Storm surge	4	23	0.5%	2.1%	
Meteorological	**61**	**103**	**8.1%**	**9.3%**	**68.9%**
Cyclone	61	103	8.1%	9.3%	
Non-technological and man-made	**85**	**195**	**11.3%**	**17.6%**	**129.4%**
Civil unrest	30	50	4.0%	4.5%	
Complex emergency	1	15	0.1%	1.4%	
Food insecurity	15	39	2.0%	3.5%	
Population movement	39	91	5.2%	8.2%	
Technological and man-made	**4**	**7**	**0.5%**	**0.6%**	**75.0%**
Other	2	1	0.3%	0.1%	
Transport accident	2	6	0.3%	0.5%	
Miscellaneous	172	34	22.8%	3.1%	
Chemical emergency	1	1	0.1%	0.1%	
Fire	11	10	1.5%	0.9%	
Other	**160**	**23**	**21.2%**	**2.1%**	
Total	**755**	**1,107**	**100%**	**100%**	**46.6%**

Table A.2 Number of people targeted for assistance through IFRC operations by disaster category and type, 1998–2007 and 2008–2017

	Number of people targeted for assistance through IFRC operations by disaster type		Share of people targeted by disaster type		Growth
Type of operation	1998-2007 (10 years)	2008-2017 (10 years)	1998-2007 (10 years)	2008-2017 (10 years)	Change in # people targeted
Biological	**24,283,762**	**184,055,812**	**35.1%**	**79.4%**	**657.9%**
Epidemic	24,283,762	184,055,812	35.1%	79.4%	
Climatological	**5,183,263**	**6,239,629**	**7.5%**	**2.7%**	**20.4%**
Cold wave	2,673,452	545,947	3.9%	0.2%	
Drought	2,509,811	5,572,742	3.6%	2.4%	
Wild fire		120,940	0.0%	0.1%	
Geophysical	**3,463,931**	**3,856,741**	**5.0%**	**1.7%**	**11.3%**
Earthquake	3,265,972	2,638,312	4.7%	1.1%	
Landslide	2,000	28,696	0.0%	0.0%	
Tsunami	10,000		0.0%	0.0%	
Volcano	185,959	1,189,733	0.3%	0.5%	
Hydrological	**20,678,861**	**7,689,766**	**29.9%**	**3.3%**	**-62.8%**
Flood	20,678,861	7,426,784	29.9%	3.2%	
Pluvial/Flash flood		190,527	0.0%	0.1%	
Storm surge		72,455	0.0%	0.0%	
Meteorological	**4,757,358**	**4,159,353**	**6.9%**	**1.8%**	**-12.6%**
Cyclone	4,757,358	4,159,353	6.9%	1.8%	
Non-technological and man-made	**10,122,065**	**25,141,146**	**14.6%**	**10.8%**	**148.4%**
Civil unrest	4,928,000	2,302,529	7.1%	1.0%	
Complex emergency		4,879,031	0.0%	2.1%	
Food insecurity	3,135,750	9,764,244	4.5%	4.2%	
Population movement	2,058,315	8,195,342	3.0%	3.5%	
Technological and man-made	**42,000**	**31,221**	**0.1%**	**0.0%**	**-25.7%**
Other	42,000	2,800	0.1%	0.0%	
Transport accident		28,421	0.0%	0.0%	
Miscellaneous	**686,088**	**557,428**	**1.0%**	**0.2%**	
Chemical emergency	4,560	30,000	0.0%	0.0%	
Fire	7,880	42,997	0.0%	0.0%	
Other	**673,648**	**484,431**	**1.0%**	**0.2%**	
Total	**69,217,328**	**231,731,096**	**100%**	**100%**	**234.8%**

Table A.3 IFRC operational budget by disaster category and type, 1998–2007 and 2008–2017

	IFRC emergency operational funding budget (CHF)		Share of budget in period		Growth
Type of operation	1998-2007 (10 years)	2008-2017 (10 years)	1998-2007 (10 years)	2008-2017 (10 years)	Change between 1998-2007, and 2008-2017
Biological	**35,635,355**	**216,691,633**	**1.5%**	**8.4%**	**508.1%**
Epidemic	35,635,355	216,691,633	1.5%	8.4%	
Climatological	**201,863,782**	**163,204,718**	**8.6%**	**6.3%**	**-19.2%**
Cold wave	101,560,518	10,242,944	4.3%	0.4%	
Drought	100,303,264	151,571,560	4.3%	5.9%	
Wild fire		1,390,214	0.0%	0.1%	
Geophysical	**1,186,031,516**	**524,918,084**	**50.3%**	**20.3%**	**-55.7%**
Earthquake	507,964,927	516,911,223	21.5%	20.0%	
Landslide	252,984	1,195,857	0.0%	0.0%	
Tsunami	671,578,010		28.5%	0.0%	
Volcano	6,235,595	6,811,004	0.3%	0.3%	
Hydrological	**372,021,077**	**310,912,157**	**15.8%**	**12.0%**	**-16.4%**
Flood	371,831,326	299,379,920	15.8%	11.6%	
Pluvial/Flash flood		8,644,337	0.0%	0.3%	
Storm surge	189,751	2,887,900	0.0%	0.1%	
Meteorological	**150,238,782**	**325,455,381**	**6.4%**	**12.6%**	**116.6%**
Cyclone	150,238,782	325,455,381	6.4%	12.6%	
Non-technological and man-made	**378,288,282**	**798,650,364**	**16.0%**	**30.9%**	**111.1%**
Civil unrest	108,477,512	67,802,643	4.6%	2.6%	
Complex emergency	0	216,691,680	0.0%	8.4%	
Food insecurity	182,552,784	168,549,441	7.7%	6.5%	
Population movement	87,257,986	345,606,600	3.7%	13.4%	296.1%
Technological and man-made	**3,282,000**	**600,013**	**0.1%**	**0.0%**	**-81.7%**
Other	3,207,000	209,789	0.1%	0.0%	
Transport accident	75,000	390,224	0.0%	0.0%	
Miscellaneous	**30,066,645**	**248,329,129**	**1.3%**	**9.6%**	
Chemical emergency	36,000	157,481	0.0%	0.0%	
Fire	514,369	1,034,064	0.0%	0.0%	
Other	**29,538,276**	**247,137,584**	**1.3%**	**9.5%**	
Total	**2,357,427,439**	**2,588,761,479**	**100%**	**100%**	**9.8%**

Table A.4 IFRC operational responses (emergency appeals and DREFs) by region

	Number of IFRC operations by region		Share of incidents by region		Growth
Type of operation	1998-2007 (10 years)	2008-2017 (10 years)	1998-2007 (10 years)	2008-2017 (10 years)	Change between 1998-2007, and 2008-2017
Africa	314	521	41.6%	47.1%	65.9%
Americas	139	213	18.4%	19.2%	53.2%
Asia	203	240	26.9%	21.7%	18.2%
Europe	83	104	11.0%	9.4%	25.3%
Oceania	14	19	1.9%	1.7%	35.7%
Global	1	7	0.1%	0.6%	
Not attributed	1	3	0.1%	0.3%	
Total	**755**	**1,107**	**100%**	**100%**	**46.6%**

	IFRC emergency operational budget (CHF)		Share of budget in period		Growth
Type of operation	1998-2007 (10 years)	2008-2017 (10 years)	1998-2007 (10 years)	2008-2017 (10 years)	Change between 1998-2007, and 2008-2017
Africa	465,348,730	765,636,555	19.7%	29.6%	64.5%
Americas	183,696,668	410,663,176	7.8%	15.9%	123.6%
Asia	1,543,495,399	1,027,846,137	65.5%	39.7%	-33.4%
Europe	146,471,064	104,895,775	6.2%	4.1%	-28.4%
Oceania	5,494,958	17,927,211	0.2%	0.7%	226.2%
Global	7,905,601	243,000,000	0.3%	9.4%	
Not attributed	5,037,019	18,792,625	0.2%	0.7%	
Total	**2,357,449,439**	**2,588,761,479**	**100%**	**100%**	**9.8%**

	Number of people targeted through IFRC operations		Share of people targeted by region		Growth
Type of operation	1998-2007 (10 years)	2008-2017 (10 years)	1998-2007 (10 years)	2008-2017 (10 years)	Change between 1998-2007, and 2008-2017
Africa	22,466,025	200,294,922	32.5%	86.4%	791.5%
Americas	2,365,697	4,902,024	3.4%	2.1%	107.2%
Asia	31,232,548	22,552,659	45.1%	9.7%	-27.8%
Europe	3,009,558	2,923,911	4.3%	1.3%	-2.8%
Oceania	78,500	622,580	0.1%	0.3%	693.1%
Global	10,000,000		14.4%	0.0%	
Not attributed	65,000	435,000	0.1%	0.2%	
Total	**69,217,328**	**231,731,096**	**100%**	**100%**	**234.8%**

Data notes

Country classifications and groupings

Country income levels

The World Bank uses four country income classifications: high, upper-middle, lower-middle and low. The classifications are based largely on data relating to 2016, were released on 1 July 2017 (the latest available at time of writing) and relate to the World Bank's financial year ending 30 June 2018. World Bank country classifications by income level are set on 1 July each year for all World Bank member economies, and all other economies with populations of more than 30,000 people. See World Bank for further details.

Environmentally vulnerable countries

For the purposes of this report, countries that have scored at least 4.7 in both the INFORM Index 2018's lack of coping capacity and natural hazard indicators are considered 'environmentally vulnerable'. This results in a list of 27 countries: Afghanistan, Bangladesh, Belize, Cambodia, Djibouti, Dominican Republic, Guatemala, Haiti, Honduras, Indonesia, Iraq, Kenya, Democratic People's Republic of Korea (DPRK), Lao People's Democratic Republic, Madagascar, Mauritania, Morocco, Mozambique, Myanmar, Nepal, Nicaragua, Pakistan, Papua New Guinea, Solomon Islands, Somalia, Syrian Arab Republic (Syria) and Tajikistan.

INFORM is an open, global risk index for humanitarian crises. It covers 191 countries and produces a composite indicator of risk of humanitarian crisis and disaster that would overwhelm national response capacity. It centres on three main dimensions of risk: occurrences of, and exposure to, natural and human hazard events; vulnerability (the susceptibility of communities to these hazards); and lack of coping capacity (lack of resources that can alleviate the impact).

Full details and methodology are available from the INFORM Index website.

Fragile states

This report references the 36 fragile states published in the OECD's *States of Fragility 2016: Understanding Violence*.

They are: Afghanistan, Angola, Bangladesh, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, DPRK, Democratic Republic of the Congo, Egypt, Eritrea, Ethiopia, Gambia, Guatemala, Guinea, Guinea-Bissau, Haiti, Honduras, Iraq, Kenya, Lao People's Democratic Republic, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Niger, Nigeria, occupied Palestinian territory,[1] Pakistan, Papua New Guinea, Republic of Congo, Rwanda, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Swaziland, Syria, Tajikistan, Tanzania, Timor-Leste, Uganda, Venezuela,, Yemen, Zambia and Zimbabwe.

Regions

The regional classification of countries can vary by institution. Unless otherwise stated, the graphs, charts and tables in this report are based on UN classifications. Further details available online at the UN Statistics Division website. Further information on IFRC regional classifications are available from the IFRC website.

Disaster and disaster risk data and classifications

Emergency Events Database (EM-DAT)

The EM-DAT data used in this report was downloaded from EM-DAT on 30 April 2018 (version dated 16 April 2018). EM-DAT distinguishes between two generic categories for disasters: natural and technological. Data on technological disasters has not been included in the analysis in Chapter 7. EM-DAT data does not include war, conflict or conflict-related famine.

EM-DAT's main data sources include: UN Office for the Coordination of Humanitarian Affairs, World Food Programme, World Meteorological Organization, World Health Organization, Food and Agriculture Organization; national governments; US government (Federal Emergency Management Agency, National Oceanic and Atmospheric Administration, Office of Foreign Disaster Assistance, US Geological Survey, Smithsonian, Centers for Disease Control and Prevention); IFRC, World Bank, Swiss Re and Munich Re.

While strict definitions and parameters apply to the compilation of EM-DAT data, the original information, collected from various public sources, may not have been gathered for statistical purposes – and definitions and collection methodologies are not standardized. Further details available from the *World Disasters Report 2016* (IFRC).

1. Listed as West Bank and Gaza.

Data on the number of people affected by a disaster is sometimes poorly reported, and definitions vary.

Data on damage costs is only reported for a small number of events. Only half (50%) of the 3,751 natural hazards recorded between 2008 and 2017 had associated data on damages. In terms of value, amounts are driven by losses in wealthier countries where both asset values and insurance penetration are higher. In the 2008–2017 data, just 0.5% of the reported damage related to disasters in Africa, 43.9% in the Americas, 45.4% in Asia, 6.6% in Europe, and 3.5% in Oceania. This underestimates the loss – and ongoing economic impact – in poor countries, where values of physical assets are low and/or may remain private and unreported. It also underestimates the loss or impact of certain types of disaster, such as droughts, where these occur in lower income/low insurance penetration countries.

For a disaster to be entered into the EM-DAT database, at least one of the following criteria must be fulfilled:

— ten or more people reported killed

— 100 or more people reported affected

— declaration of a state of emergency

— call for international assistance.

Data is in current prices (US dollars).

Further information available from EM-DAT.

IFRC GO

See IFRC GO.

Data 1919–2017 was downloaded from IFRC GO Historic appeals and DREFs dashboard on 10 February and from IFRC GO Appeals and DREFs dashboard on 13 February 2018.

Data relating to ongoing appeals in 2018 was downloaded on 7 April 2018.

Comparative disaster categories

IFRC disaster categories (version at 22 January 2018), were used to categorize disaster types in the analysis of IFRC response; these categories differ slightly from EM-DAT's disaster categories. The key differences are:

IFRC taxonomy	**IFRC category**	**EM-DAT category** (disaster subgroup)	**In chapter 7 of this report**
 Cold wave	 Climatological	 Meteorological	IFRC categorization applies to IFRC data and EM-DAT category applies to EM-DAT data.
 Heat wave	 Climatological	 Meteorological	IFRC categorization applies to IFRC data and EM-DAT category applies to EM-DAT data.
 Landslide	 Geophysical	 Hydrological (avalanche (snow, debris, mudflow, rockfall)), geophysical (dry)	Per EM-DAT, where dry landslides and mudslides are evident from title or context in the IFRC data, they have been categorized as 'geophysical' and 'hydrological' respectively.
 Storm surge	 Hydrological	 Meteorological	IFRC categorization applies to IFRC data and EM-DAT category applies to EM-DAT data.
 Fire	 Non-technological and man-made	 Fire is 'technological' in EM-DAT. Wildfire is categorised as 'climatological'.	Where evident in the IFRC data, per EM-DAT, wildfires have been categorized as 'climatological'.

The regional food crisis operation in Africa in 2017 (April 2017 to October 2018) covers surge capacity and coordination, including of the following operations: Burkina Faso, Chad, Ethiopia (launched in 2016), Kenya (2016), Malawi (2015), Mauritania, Mozambique (2016), Namibia (2015), Niger, Nigeria, Senegal and Somalia (2016).

The Hurricane Irma operation, led by the Caribbean country cluster, covers St Kitts and Antigua – both of which are categorized as 'countries' in this analysis.

Data is in current prices (CHF/Swiss francs or US$, or US dollars, as appropriate).



Bangladesh, 2017

People watch a volleyball match at the Kutapalong camp in Bangladesh for people displaced by violence in neighbouring Rakhine State, Myanmar.

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The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

International Federation
of Red Cross and Red Crescent Societies