Chapter 07: Development funds and accountability mainstreaming

2015

ON THE ROAD TO ISTANBUL

How can the World Humanitarian Summit make humanitarian response more effective?

HUMANITARIAN ACCOUNTABILITY REPORT

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<th>Acronym</th>
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<td>3MDG</td>
<td>Three Millennium Development Goal Fund</td>
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<tr>
<td>AAP</td>
<td>Accountability to Affected Populations</td>
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<td>AEI/CS</td>
<td>Accountability, Equity and Inclusion / Conflict Sensitivity</td>
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<td>ALNAP</td>
<td>Active Learning Network for Accountability and Performance</td>
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<td>BBB</td>
<td>Better Business Bureau</td>
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<td>CAAP</td>
<td>Commitments on Accountability to Affected Populations</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CHS</td>
<td>Core Humanitarian Standard</td>
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<td>CV</td>
<td>Constituent Voice methodology</td>
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<td>CWC</td>
<td>Communication with Communities</td>
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<td>DAC</td>
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<td>DFID</td>
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<td>DOA</td>
<td>Description of Action</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>ECOSOC</td>
<td>Economic and Social Council</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EDG</td>
<td>Emergency Directors Group</td>
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<td>FSC</td>
<td>Forest Stewardship Council</td>
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<td>Fragile States Principles</td>
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<td>GHD</td>
<td>Good Humanitarian Donorship initiative</td>
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<td>GIS</td>
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<td>Global Positioning System</td>
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<td>HAP</td>
<td>Humanitarian Accountability Partnership International</td>
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<td>HC</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>Instructor-Led Training</td>
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<td>Information Management Officer</td>
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<td>International Non-Governmental Organisation</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>ISO</td>
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<td>JSI</td>
<td>Joint Standards Initiative</td>
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<td>LMMS</td>
<td>Last Mile Mobile Solutions</td>
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<td>LRRD</td>
<td>Linking Relief, Rehabilitation and Development</td>
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<td>MENA</td>
<td>Middle East and North Africa</td>
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<td>MIRA</td>
<td>Multi-sector Initial Rapid Assessment</td>
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<td>MSF</td>
<td>Médecins Sans Frontières (Doctors Without Borders)</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<td>ODA</td>
<td>Official Development Assistance</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OPR</td>
<td>Operational Peer Review</td>
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<td>PIN</td>
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<td>PMR</td>
<td>Periodic Monitoring Report</td>
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<td>PSEA</td>
<td>Protection from Sexual Exploitation and Abuse</td>
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<td>PVO</td>
<td>Private Voluntary Organization</td>
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<td>RCRC</td>
<td>The Red Cross and Red Crescent Movement</td>
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<td>SARC</td>
<td>Syrian Arab Red Crescent</td>
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<td>Steering Committee for Humanitarian Response</td>
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<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<td>SEA</td>
<td>Sexual Exploitation and Abuse</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>SRP</td>
<td>Strategic Response Plan</td>
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<td>Transformative Agenda</td>
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<td>Transparency International</td>
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<td>United States Agency for International Development</td>
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<td>World Humanitarian Summit</td>
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Introduction

01. Accountability: everybody’s responsibility
As the curtain comes up on the World Humanitarian Summit process, it’s clear that accountability is going to be a hot topic in the months ahead. Everyone involved in humanitarian response has a stake in the issue and a part to play — none more so than the people affected by crises themselves. Dayna Brown gets the debate started.

02. How do humanitarian principles support humanitarian effectiveness?
Humanitarian principles aren’t just an ethical compass for aid delivery in complex and dangerous environments, argues ICRC’s Jérémie Labbé, they provide a pragmatic operational framework that contributes to humanitarian effectiveness too.

03. Gandalfs and geeks: strengthening the accountability of humanitarian decision-making
What do we know about how humanitarian decisions are made, and how can we use it to get to more accountable decision-making, asks Lars Peter Nissen.

04. Would you recommend this aid programme to a friend?
Nick van Praag explores how customer satisfaction techniques more commonly associated with the commercial world can improve humanitarian performance.

05. National and international NGOs: equal partners?
International actors on the humanitarian scene don’t always have all the answers, writes Dr. Kamel Mohanna. Involving in-country partners on a more equal footing would deliver better humanitarian results.

06. Aid and the role of government: what we can learn from Colombia
Good humanitarian action is led by the state and builds on local response capacities wherever possible, says ALNAP ahead of the World Humanitarian Summit. Diana Marcela Barbosa Maldonado of the Colombian government’s Unit for the Assistance and Comprehensive Reparation of Victims explains how her country works towards this objective.

07. Development funds and accountability mainstreaming
Simon Richards suggests that a development health programme in Myanmar might tell us something about how to integrate accountability-based approaches into programming.

08. Bringing aid to account: the CHS and third-party verification
The Core Humanitarian Standard and third-party verification are vital accountability tools to help us deliver the aid that communities affected by crises need and want, writes Philip Tamminga.

09. How can we curb corruption in humanitarian operations?
Nicolas Séris and Roslyn Hees of Transparency International consider how to improve transparency and accountability in the humanitarian aid sector.

10. Collective accountability: are we really in this together?
The accountability of clusters, HCTs and other groups of organisations coordinating their efforts is due a fundamental rethink, says Matthew Serventy.

11. People Management: the shape of things to come
Jonathan Potter looks at the role of HR and people management in delivering high-quality, accountable and effective humanitarian action through the CHS — now and in the future.

12. Informed decision-making: including the voice of affected communities in the process
Technology is driving unprecedented opportunities to directly hear what people affected by crises need and to design or adapt programmes based on what matters to them most, as Jessica Alexander explains.

13. Taking accountability to the next level
For the World Humanitarian Summit to deliver more effective and accountable humanitarian response, it will need to push the humanitarian community to rethink its governance and find ways to be collectively accountable, argues Dorothea Hilhorst.
Be honest – how often have you criticised multi-donor trust funds and unwieldy efforts by donors as they do their best to fulfil the 2005 Paris Declaration on aid effectiveness and their political masters’ wishes to reduce administrative costs in distributing government funds, while simultaneously transforming societies and eradicating poverty before breakfast? We’ve all been guilty of criticising aid architecture (possibly in rather colourful language), no matter which layer of the aid spectrum we sit on. Well, I hate to be the harbinger of perhaps cautious, positive news, but there is an interesting experiment occurring in Myanmar at the Three Millennium Development Goal Fund (3MDG).

What’s so interesting?

The blurring of lines between humanitarian, rehabilitation and development contexts demands increasingly sophisticated responses from all agencies operating across this spectrum. Humanitarian actors are increasingly working more directly with governments and their ministries and having to adapt short-term emergency practices to longer-term time frames.
What is 3MDG?

3MDG is a pooled donor fund, managed by the United Nations Office for Project Services (UNOPS), that supports the provision of health services contributing to Myanmar’s efforts to achieve the three health-related Millennium Development Goals (MDGs). Their strategic focus and activities include prioritising essential maternal, newborn and child health services, and maintaining support for HIV, tuberculosis and malaria interventions. 3MDG supports Myanmar’s Ministry of Health and builds the capacity of 3MDG partners to provide more equitable, affordable and good quality health services, responsive to the needs of the country’s most vulnerable people.¹

There is much to be learned about how the sector can incentivise accountability and integrate it with other principles in the context of a multi-donor fund, and how this relates to effectiveness.

So what can humanitarians learn from more development-orientated projects such as 3MDG? In this particular experiment, a set of standards originally from the humanitarian sector (the HAP Standard) on accountability, equity, inclusivity and conflict sensitivity (AEI/CS) are being used, but the delivery and implementation approach is different to typical practice so far in the humanitarian sector.

At present, current approaches to aid effectiveness are firmly lodged in the tyranny of improved management efficiencies. In this respect, 3MDG has been guilty of doing some thinking about how to be more effective in the way they undertake and support their programming. While it includes elements of pragmatism in amalgamating a series of donor requirements to kill several birds with one stone, 3MDG’s approach also adopts the application of these humanitarian principles within a longer-term time frame and mixed aid context. The model is aimed at creating more effective programmes and thereby influencing the design of donor-funding instruments more broadly. It is in effect directing more effort into the way partners implement programmes to inculcate cultural change, rather than focusing on outputs and results to the exclusion of a robust process. Potentially, there is much to be learned about how the sector can incentivise accountability and integrate it with other principles in the context of a multi-donor fund, and how this relates to effectiveness.

The current stage of the experiment

This trial is still at a very early stage, so the jury is out as to whether it will be as successful as hoped. Nevertheless, in the spirit of learning, it is still worth taking a bit of a ‘selfie’ to see how it evolves. A set of such selfies over the lifetime of the programme helps objectively assess the evolution and interpretation of the process simultaneously. This prevents us from (intentionally or otherwise) shaping intentions retrospectively in our favour. The grandest interpretation of this initiative is as a thread in the broader effort to build a transformative movement in governance and effective change at different levels: in society, i.e. how people interact with institutions (in the health sector); and within the aid sector, both with regard to multi-donor funding mechanisms and implementing partners’ (IPs) cultures. This chapter explores the approach of the pooled donor mechanism of the 3MDG fund, in supporting the implementation of AEI/CS principles in their programme to improve aid effectiveness. It considers the challenges and issues observed, and lessons learned to date in the application of partner self-assessments on a set of common standards,² accompanied by technical assistance. The chapter also reflects on the inherent tensions within the application of different principles as well as the potential clashes between competing higher-order approaches. Stakeholder attitudes and perspectives concerning the approach on the one hand and contextual resonance on the other illustrate the issues accompanying the efforts to institutionalise application of the principles.

Adapted from: 3MDG (2015) An approach to ‘health for all’

Figure 7.1: The eight 3MDG Standards

Why? The rationale behind the approach

The first thing to consider is: why embark on this approach at all? The basic 3MDG theory of change is simple and compelling: if the capacity of institutions and systems to apply AEI/CS is increased, then there will be enhanced, accountable and responsive health services, which will result in increased access and a reduced communicable disease burden. In other words, through implementing AEI/CS, programming will be more effective in its contribution to addressing some of the social determinants of health.²

Multi-donor basket funds can be considered leviathans from anyone’s perspective. The practicalities of implementing specific donor needs and priorities through the application of a large number of separate strategies encompassing gender, disability and other factors are potentially overwhelming. How do you ensure the system and communities really benefit from this multitude of approaches, particularly when filtered through several layers of policy and practice of IPs and their local partners before eventually reaching the community? That’s where AEI/CS comes in.

How?

The next question that confronts 3MDG ‘new-age’ architects is: how do you ensure that the experiment delivers the intended results and that the principles and approaches are taken seriously? Are self-regulation, compliance mechanisms or supported incentives the best way to go?

Self-regulation or compliance?

There is a range of perspectives within agencies around how you ensure the principles are implemented, and an accompanying, parallel spectrum of donor expectations and approaches. At one end is self-regulation and at the other a stronger imperative involving compliance and policing. There is also a gap between rhetoric and reality among many IPs who insist they can be trusted to self-regulate.

The de facto evidence from Myanmar – that self-regulation may not be as successful as hoped – comes from the initial baseline self-assessment survey on AEI/CS standards. On the plus side, participants were ruthlessly honest: they took the process seriously and intended to learn through it. Less positive, putting aside all the inevitable statistical caveats, is that scores suggest participants might need considerably more support than they say they do.

So if we assume self-regulation is not necessarily the most effective way to introduce principles, what is? Controlled regulation approaches such as policing involve a lot of effort and are not very constructive for relationship-building, since they imply a lack of trust, and involve the use of penalties and negative enforcement models. Perhaps the closest description of 3MDG’s approach is captured by (in the jargon) ‘Nudge Theory’. This is the political theory and behavioural science concept that suggests positive reinforcement works better than direct legislation or compliance.

For 3MDG, applying AEI/CS is a bit more than a ‘nudge’, but it is still positive reinforcement rather than force. At its most positive, and because it’s the first time such an approach is used, the process may also assist in defining and reflecting on the best way to refine the approach in order to achieve the objectives. So the initiative

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Emerging challenges and dilemmas

It goes without saying, the vision is a great one and the approach makes sense. But does it really work conceptually and what does it mean in practice? What are the challenges and compromises in applying a package of principles in mixed, complex aid environments? How do you overcome short-term project approaches in the interests of meeting institutional challenges?

A package of principles or individual strategies?

In searching for simplicity in a model, there are always tensions finding 'one size that fits all'. In this case, the question is to what extent the AEI/CS concepts fit together in one package – especially aspects like equity or conflict sensitivity. How do IPs undertake this work? Do they have the capacity?

Fulfilling accountability, equity, inclusivity, and then conflict sensitivity on top, is a lot to deal with. Each different strand is valid and a significant approach in its own right, despite the enormous overlap between them (which is the very reason they are packaged together). But are they all equal in significance? Do they deserve equal emphasis and investment of time and energy? This is a matter of ongoing debate and depends on the perspective of the individual or organisation asking the question. From the CHS Alliance perspective, the entry point is accountability to others. Others see the equation differently and suggest that having an entry point defines the emphasis too much and risks overshadowing concepts that deserve more light. For instance, one major stakeholder suggested that inclusivity encompassing ethnicity and minority groups and indeed gender is fine, but the amalgamation of all these aspects together dilutes the level of due emphasis that a gender focus requires. Similarly, to what extent should conflict sensitivity be incorporated? A failure to be accountable, transparent and inclusive may result in possible conflict, but one can also argue that equity or lack of equality can also be a cause of conflict if unequal resource allocation drives perceptions of difference, reinforcing conflict divides. Conflict sensitivity is also very context-specific and so cannot be treated in quite the same way as other principles in the package.

Tensions between principles

In other words, there are tensions between different principles as well as overlapping reinforcements. One classic case is currently found in the clash between conflict sensitivity and equity principles in Rakhine State in Western Myanmar. Here, the humanitarian principle of meeting needs and emphasising equitable resource distribution clashes with the need to provide equal resources to both sides of the conflict in order to avoid reinforcing perceptions that one side is benefiting more, or at the expense of the other. Perhaps such tensions are inevitable, but they do present challenges to the smooth implementation of a package of principles and their perceived relative importance by the different stakeholders.

There is also a further dimension relevant to the broader debate, which is the possibility of tensions between various higher level approaches and principles underpinning aid effectiveness and the core humanitarian principles of humanity, impartiality, independence and neutrality. Conflict sensitivity, which is an inherently political endeavour, is a case in point. Harmer and Ray (2009) and Bayne (2012) noted that donors are usually committed simultaneously to the Paris Declaration, the Fragile States’ (FS) Principles and the principles of the Good Humanitarian Donorship (GHD) initiative. This entails balancing three sets of complex commitments: respecting the independence and neutrality of humanitarian action; pursuing ‘state building as the central objective’ of engagement with FS principles; and ensuring countries’ ‘ownership’ over development strategies. 3MDG works directly with the Myanmar government to strengthen the health system, but this risks creating tensions in conflict-affected areas and those not controlled by the government (hence the relevance of an equity based approach). This leads to the risk of further tensions in the application of higher-level approaches as well as within the AEI/CS package. It will be important to keep an eye on how these tensions or compromises play out in the contested areas of Myanmar.

In-house or external technical assistance?

Should the support from 3MDG on AEI/CS have been in the form of in-house technical assistance or through an external service provider? In terms of cost-effectiveness and management, it made more sense for 3MDG to go down the external path (bringing in HAP – now the CHS Alliance), given the lack of in-house expertise. There is also benefit in having an objective partner provide improvement support separately to avoid blurring the lines between the functions of management, accountability, and to implement the principles in a non-judgmental manner. The type of technical assistance provided has also been evolving, but at this stage includes the following elements:

- Introducing the standards and principles to all agencies through introductory workshops.
- Training trainers (AEI/CS focal points) within organisations to take training and support forward.
- Providing resources and support to IPs on request.
- Supporting 3MDG when requested.

There are, however, several assumptions underpinning successful technical assistance provision. The provider is reliant on being invited to give assistance. In order for this invitation to be extended, recipient agencies must first recognise their own deficiencies and value the service the provider has to offer. Even if technical assistance is provided, the uptake of advice is also not guaranteed, and the provider has limited influence in this regard. These challenges may reduce the ultimate effectiveness of the approach. In this respect, had 3MDG taken on the challenge of providing technical assistance themselves, their influence and leverage would have been significantly stronger, for obvious reasons.

3/ Note that there has been considerable varying emphasis and time allocated to each of them.
4/ Equity in terms of resource allocation addressing health refers to the concept that allocation is in proportion to the needs of the relevant stakeholder to bring them up to the norm. While equality in terms of resources proposes that all stakeholders receive equal amounts. As WHO points out: “Health inequalities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes.” Implicit in these terms is a recognition that a failure to avoid or overcome inequalities infringes on fairness and human rights norms. See: http://www.who.int/healthsystems/topics/inequity/en/ [Accessed: 22 May 2015].
Gaps in the accountability ‘system’

At present there is also an assumption that the full benefit of the AEI/CS principles gets passed down fully through the system. However, the expected trickle-down of positive benefits of the approach is probably diluted, as it reflects the different ways in which the approach is understood by and between actors at each level down the line: i.e. from donors and 3MDG; to 3MDG and its IPs; then to IPs and local partners; and finally local partners and communities.

It has to be acknowledged that there is presently a large gap in the current accountability health network and system for the AEI/CS initiative. Perhaps the second biggest stakeholder in health service provision and societal transformation is the government.\(^6\) While the communities are the most significant drivers of change, it is critical to involve the government in AEI/CS as progress is likely to be limited without their involvement. In this regard, 3MDG is proceeding with careful, deep consultations with the Ministry of Health to identify existing strengths and approaches that are already built into the health system and to discuss how to build on them to create synergies. This is an area of work and engagement that will continue to emerge over the course of the initiative.

Institutionalisation

A key aspect of the 3MDG approach may be that while AEI/CS is applied through the project, the development and application of institutional standards has implications and consequences for the IP organisation beyond the project. These standards are based on the HAP Standard but have been modified a little to better fit the Myanmar context (see figure 7.1). This has included the additional standard of conflict sensitivity that was not in the HAP Standard, but which is a welcome and necessary addition.\(^7\) Alongside the application of the set of standards, there are other elements within the initiative that reinforce the institutionalisation of AEI/CS. These include having a focal point for AEI/CS (a funded position) within each IP, supporting their training in methodologies and in the delivery of a training programme (i.e. a Training of Trainers, or ‘ToT’), to be rolled out within their own organisations. To support a culture of continuous learning and peer support, there are also communities of practice being developed. In the case of AEI, this has its historical genesis in the work of HAP following Cyclone Nargis, but under 3MDG there are also additional conflict sensitivity communities of practice being developed.

At one end is self-regulation and at the other a stronger imperative involving compliance and policing.

Stakeholder perspectives and insights

Interviewing participants about their perspectives, even at this very early stage of the experiment, surfaced a range of insights and potential lessons. These ranged from the ‘fit’ of values with the context, attitudes to the above-mentioned ‘nudge’ approach and the methodology of the technical assistance.

Contextual fit

How can general principles be applied consistently across such a fragmented and diverse environment as Myanmar? Across the country you find active armed conflict, ‘post-conflict’ situations, humanitarian and development programmes, and all flavours in between. The second and perhaps more striking aspect is the obvious range and diversity of cultures, religions and ethnicities with different values which are often expressed through different forms of community governance. So are AEI/CS principles simply neo-colonialist western values or do they have inherent resonances with the multitude of different world views? Interestingly, Myanmar respondents felt the concepts were a good fit with different value systems across the country but terminology is new and needs further adjusting to the context. In this respect, the praxis in applying AEI concepts has become rusty and has not really been applied to government leadership due to the restrictive governance environment. National partners also noted the need to build up a critical mass of practitioners and understanding across different development sectors, not only health. Broadening the approach will enable discussions, application and progress towards faster and stronger societal transformation.

Stakeholder attitudes to the AEI/CS initiative

Stakeholder attitudes have been an interesting area of discussion. At one end of the spectrum are the agencies with ‘we are experts already’ syndrome; those who do not want support and believe they are already implementing AEI/CS principles more comprehensively than any technical assistance agency ever could. While this may well be true in some cases, the challenge is how to harness this expertise for peer learning, create momentum for the change of norms, and instil a sense of group responsibility for progress. In this respect, the existing AEI group has been active and it is pleasing to see the openness with which participants are willing to bring resources to the common pool. There are also positive signs of other emerging communities of practice and opportunities, as well as a willingness to share learning and expertise across organisations that will hopefully result in faster progress. In such a pressurised sector with little ‘system redundancy’ (and in the light of management efficiencies), sparing human resources for common benefit is not easy.

6/ The author would argue that the ‘people’ are the biggest stakeholder overall.
7/ Some might argue that CHS standard 3 incorporates or covers this aspect, but the author considers that this is insufficiently explicit in its articulation of conflict sensitivity.
At the other end of the spectrum there are partners, particularly local organisations, who do not have a high level of expertise and have not yet had the chance to be trained, nor to apply AEI/CS principles in any depth. The awareness is there, but the depth in application and knowledge across the sector is not yet cohesive. In fact, a consistent description from both international and national partners was that their application of AEI/CS had been fragmented and inconsistently applied before the initiative began, and that they were relying extensively on their intuition and contextual understanding rather than technical knowledge. As a result of the initiative, application of AEI/CS standards has been more systematic. Agencies described cases where AEI principles may have been taken forward but the energy (and resources) died out and progress halted or was in abeyance until the system was re-energised (and re-funded). In other words progress has been sporadic.

International organisations agreed and acknowledged that the specific areas of reporting formats, budgets and being accountable to 3MDG for implementation of AEI/CS ‘focused the mind’ and definitely improved their application. As one respondent admitted: “We would have done it anyway, but perhaps not so carefully or systematically!”

**Sustainability**

A common concern expressed by national partners was around the ‘sustainability’ of progress in AEI/CS implementation, and the need for a critical mass of agencies applying them consistently to achieve a broader momentum. They were also similarly concerned whether there would be an ongoing investment of funding through different projects to enable the continuation, expansion and deepening of the inculcation of AEI/CS principles. For instance, some voiced concerns that if 3MDG funds were no longer available to support this development, there might be a danger of it falling down the agenda again, and the gains achieved being lost. Other major funding sources for health programming were reportedly not so supportive of AEI/CS, suggesting the need for a common application across similar funds.

**Funding incentives**

A well-appreciated characteristic of the 3MDG approach has been funding responsiveness to the context through a contingency budget line. While not allocated specifically to AEI/CS, 3MDG staff noted examples where IPs had proposed activities associated with conflict sensitivity. It would be a sensible next step to dedicate a similar budget line to AEI/CS, as this would incentivise creativity and provide an in-built piloting/learning approach that could reveal new context-specific ways of ‘doing business’. Similarly, allocated funding for dedicated staff was also considered very positive.
On the road to Istanbul: How can the World Humanitarian Summit make humanitarian response more effective?
Accessing support

While the library of resources is still an ongoing development, Myanmar partners appreciated the availability of toolkits, best practice examples and case studies facilitated through 3MDG-funded technical assistance. Comprehensive training has been a good entry point through which to engage with partners, but it remains to be seen how the CHS Alliance is able to provide ongoing tailored technical assistance across such a wide range of partners and needs. Nevertheless overall, partners felt support methods had helped create momentum and improve understanding and application of AEI/CS.

Some classic slips revisited

Given that it’s still early days to assess progress and meaning, some participants have already made useful observations reflecting a broader perspective. For instance, 3MDG and donors both recognised an apparent (and typical) paradox. On the one hand, the 3MDG programme has been significantly overdesigned and is prescriptive (as evidenced by consistent feedback from stakeholders and, more concretely, by the description of action (DOA)). On the other hand, while the DOA does reference accountability, social inclusion and other principles, the implementation model came later. This means the AEI/CS initiative has been perceived as an ‘add-on’. This perception has been exacerbated by an underestimation of the challenges facing HAP in 2014 as they got up to speed with the context, needs and expectations of all stakeholders, and how to deliver efficiently. Greater integration earlier on might have helped better synchronise AEI/CS with broader 3MDG processes and also avoided the ‘catch-up syndrome’. For instance, one partner noted that the ToT on AEI/CS was well received but as a result of the training, the IPs realised that they needed and wished to undertake further AEI/CS activities in the future, which were not budgeted for. This event happened after broader 3MDG budgeting processes, reportedly making it difficult for them to fund these new activities. While 3MDG reports that there is flexibility to adjust funding lines throughout the year, some IPs understand this as only being able to fund newly proposed AEI/CS activities at the expense of other activities and by going through additional budgeting processes.

Emerging lessons

This section outlines lessons that are already emerging at this early stage, including: the perennial issues of synchronising processes in pooled funds; the usefulness of formal self-assessments in the middle ground between compliance and self-regulation; and how best to address long-term institutionalisation processes within project timeframes.

A key element of learning is assessing what difference it is making. How do you know if mainstreaming AEI/CS is actually increasing programme effectiveness? In the absence of any counterfactual, this is tricky – as is assessing when success may emerge (which could be within or outside the project timeframe). Current experience and indications would suggest this is taking longer than anticipated and this may also reduce programme effectiveness and impact. However, the institutionalisation of standards will, at least, be clearly measurable in terms of scores. The deeper question on institutionalising these standards is the extent to which they have created new norms within institutions. For conflict sensitivity, it is perhaps even harder to assess success, but 3MDG has invested significantly in methodologies to identify change related to conflict sensitivity practice or impact and it will be extremely interesting to see learning outcomes over the next couple of years.

The standards

The use of self-assessments may well be the most effective approach to address change at multiple levels, simultaneously affecting institutional policies and their application without reverting to policing. It is hoped that they will also encourage and increase healthy internal ambitions to improve organisational scores and demonstrate the relevance of these approaches in all types of context.

Vertical institutionalisation

A far more positive tension is that encountered as 3MDG try to support a long-term process in a short-term project. The AEI/CS initiative is project-driven in terms of timing and parameters under 3MDG. However, it is also simultaneously supporting a process based on institutionalising AEI/CS principles throughout all the stakeholders’ work, not only the 3MDG project. This positive approach encourages longer-term transformative change processes in all actors. It will be interesting to see the effect of this vertical institutionalisation and understand its evolution outside the 3MDG project (more ‘selfies’ needed in the future). To what extent will it create norms across the sector (and the community)? Will incremental change be passed on to other projects or will impact dissipate with staff transfers, or when projects end? Or will it simply fall foul of difficulties in applying process-orientated change in short timeframes? Equally, will the model influence donors as much as intended?

Conflict sensitivity

An interesting aspect and consequence of specific investment in conflict sensitivity has been the dramatically increased understanding by 3MDG and other stakeholders of the complexity associated with such a range of conflict environments. Myanmar encompasses the whole spectrum of conflict environments from active conflict zones to ceasefire scenarios, post-conflict contexts and areas that have remained relatively untouched. It has also raised a series of interesting questions about what it means to operate there. For instance, what does programme success look like in a ceasefire environment like Kayah State in southeastern Myanmar, (i.e. neither post-conflict nor humanitarian), compared to a context like Rakhine State? At its most basic, success may constitute simply continuing to function and work with all actors in a positive manner – that is, contributing to the enabling environment, opening space, educating and creating good will for all aid investment for the benefit of marginalised people. However, what is the role of a programme like 3MDG in peace-building, if the opportunity to contribute or do more arises? Perceived neutrality and the commonality of ‘health as a bridge’ across divides can provide opportunities that other approaches don’t. These are tricky moral questions as well as questions of mandate, particularly if actors have the capacity for such roles.

Humanitarian and common funds – what does this mean for the future?

Pooled funds are common disbursement mechanisms in both humanitarian and development contexts. Nearly 20 have been set up in humanitarian situations since 1998. In development environments, they are particularly common in the build-up to key events, such as elections, referendums and constitutional processes, although they can also encompass sectors from peace to civil society strengthening.

8/ According to the United Nations, 77% of the 540,700 people deemed to be affected by conflict or inter-communal violence in Myanmar are located in Rakhine state. See http://reliefweb.int/sites/reliefweb.int/files/resources/2015%20Myanmar%20Humanitarian%20Response%20Plan_0.pdf, [Accessed: 26 June 2015]


10/ The ‘EFRs’ – CERF, ERF, – can learn a number of useful lessons from the 3MDG approach. The Central Emergency Response Fund (ERF) is a global fund that allows donors to contribute to a pool of funds that is then allocated to UN agencies by the Emergency Relief Coordinator in New York, USA. The Emergency Response Fund (ERF) is an in-country mechanism to provide rapid and flexible funding to agencies (mainly NGOs) to address unforeseen humanitarian needs.
The strategy of 3MDG is particularly relevant because it takes an institutionalising approach to the agencies rather than just the project.

Firstly, and most importantly, these principles, once adapted, are applicable and relevant for any environment, whether humanitarian or development. The majority of contexts where the bulk of aid funds are directed are chronic complex emergencies where humanitarian and development programmes may be implemented simultaneously. The introduction of AEI/CS through major funding mechanisms provides for a more consistent application of principles across contexts, rather than one set for one type of actor (e.g. development actors) and another for another type of actor (e.g. humanitarian) – or more likely the same actor (with a dual mandate) applying funds from another source in the same environment. The strategy of 3MDG is particularly relevant because it takes an institutionalising approach to the agencies rather than just the project.

Read any funding proposal and you will see a range of codes of conduct and principles listed or alluded to, but rarely do these proposals explicitly outline budget implications and specifics on how principles will be applied. So the introduction of AEI/CS into the common pooled funds methodology is an accountability mechanism itself, even if at face value it is ‘upwardly’ accountable to the donors, in order to be ‘downwardly’ accountable to the beneficiaries!

Secondly, it normalises practices and application of AEI/CS principles throughout the system, rather than only the rhetoric in one portion of the sector – at the centre. This is in both directions: accountability upwards to donors and downwards to implementers but also to people and communities. Generally, the CHS Alliance has found that staff have a greater understanding of AEI at the centre of organisations, but the level of staff understanding of these principles decreases the further from the centre you travel. This is not surprising since the people at the centre are likely to have written the proposals – i.e. career professionals in the aid sector who know the jargon perfectly. At the outer margins are likely to be staff recruited locally for the project, who have received less training, are more junior, and less familiar with the terminology. However, these are also the staff at the coalface, trying to put the principles into practice. So ensuring that AEI/CS is instituted throughout all key stakeholder approaches ensures the normalisation and coherency of practices throughout the system.

Thirdly, the 3MDG approach provides for a platform of learning and development of praxis that can then benefit all actors. The development of communities of practice in pooled fund mechanisms inculcates two important elements: encouraging and institutionalising learning; and sharing knowledge for immediate application in the field. Too often in both humanitarian and development fields, learning may take place in an organisation but rarely reaches a broader audience, even if it is in a smart, swish report (whether it is even transferred to an agency’s other programmes is not guaranteed either). Who has time to consistently read all this learning that is going on, and actually apply it? Nevertheless, while this emerging methodology may be difficult to implement, it does increase the likelihood of reinforcing exposure to (and hopefully application of) shared learning and knowledge.

It is clear that there is enormous potential within the approach. The litmus test for 3MDG is as follows: Firstly, will data collected through monitoring mechanisms result in a strong evidence base demonstrating the basic theory of change, i.e. that AEI/CS approaches will significantly affect social determinants of health and the incidence of communicable disease (as just one measure of impact on health)? Secondly, is the way in which this approach is fostered and implemented through positive ‘nudges’ in a multi-donor funding mechanism successful? Thirdly, is the delivery method – externally provided technical assistance for all partners – the most effective?

If the answer to all these questions is yes, the 3MDG donors, who provide probably the majority of global ODA and humanitarian aid, are in a strong position to support the use of a common framework and language.

Conclusions

The experiment is unleashing something, but what exactly? To go beyond this promising start, an evidence base needs to be developed that tests the following hypotheses: firstly, that this approach may change attitudes and behaviours more broadly within aid agencies; secondly, that the consistent coherent application of AEI/CS principles across a whole sector with technical assistance is appropriate and can be applied to the whole spectrum of humanitarian to development contexts, and conflict environments; and thirdly, that the incentives are more likely to create behaviour change, norms and learning across pooled fund mechanisms.

Important parts of the puzzle have still to emerge: does AEI/CS actually create more effective programmes, and to what extent do its influences extend simultaneously through agencies into other non-3MDG programmes, downwards to the community and upwards to donors?

Based on the indications at this early stage of the experiment, it seems reasonable to make the following recommendations:

1. Donors and pooled fund mechanisms should promote consistently improved AEI/CS quality upfront by supporting standards similar to 3MDG rather than only investing in ex-post evaluations.

2. Pooled fund mechanisms should support the incentivisation of AEI/CS quality through built-in allocated programme funding and simultaneous support for organisations to develop their capacity, rather than exclusively demanding programme results.

3. Donors are encouraged to support a variety of ongoing learning methodologies to reinforce the institutionalisation and application of best practice for these principles within pooled funding mechanisms. This also means researching and developing more sophisticated tools for supporting change and measuring the effectiveness of aid provision in mixed complex aid environments.

The 3MDG donors, who provide probably the majority of global ODA and humanitarian aid, are in a strong position to support the use of a common framework and language.

While HAP had a field presence in Myanmar from 2014 to mid-2015 to provide capacity support on AEI&CS, from August 2015 this capacity support will be undertaken by the CHS Alliance from its Geneva office, based on requests from 3MDG partners.
Harvesting rice in Myanmar.
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Sebastian Cedillos, agricultural technician at FUNDES, a partner of ACT member LWR, inspects a farmer’s corn field during a time of drought in El Salvador. © ACT Alliance/Sean Hawkey
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“It is the people, not our mandate, that must provide the rationale for what we do and how we do it. If we are going to achieve results for the people, we must begin with leadership from the countries, the communities and the people we serve. This means our agenda [...] is fully informed by the concerns of the people we serve and with whom we partner. This has rightly taken centre stage during the [World Humanitarian] Summit because being people-centred ultimately means recognising the primary role of local communities in preparedness and response.”

Ertharin Cousin
Executive Director of the World Food Programme
Closing remarks at the World Humanitarian Summit Pacific Regional Consultation in Auckland, New Zealand