URBAN CRISES

Accountability to Affected Populations in Urban Crises: Who Cares?

Summary Report

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About the authors

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Urban Crises Learning Fund

IIED's Human Settlements Group

The Human Settlements Group at the International Institute for Environment and Development (IIED) works to reduce poverty and improve health and housing conditions in the urban centres of Africa, Asia and Latin America. It seeks to combine this with promoting good governance and more ecologically sustainable patterns of urban development and rural-urban linkages.

Citation

The Urban Crises Learning Partnership (UCLP) was a two-year (2015–17) learning initiative aimed at improving humanitarian preparedness and response in urban areas. It is a partnership between Habitat for Humanity GB, Oxfam GB, the Overseas Development Institute (ODI), and University College London (UCL). The project has carried out primary research in Haiti and Bangladesh through the National Offices of Habitat for Humanity in both countries, and Oxfam in Bangladesh.

The UCLP had two primary objectives: to improve the way stakeholders in urban crises engage with each other to form new partnerships and make better decisions; and to improve disaster preparedness and response in urban areas by developing, testing, and disseminating new approaches to the formation of these relationships and systems.

The project has addressed these objectives by exploring four related themes: the role of actors who are not part of the formal national or international humanitarian system; accountability to affected populations (AAP); urban systems; and coordinating urban disaster preparedness.

This paper by Alan Brouder of Habitat for Humanity GB argues that accountability to affected populations has become an established principle of humanitarian action in recent years, but that it has not yet been sufficiently embedded in the culture and practice of the humanitarian system to make a meaningful impact on the manner in which the humanitarian programme cycle is managed. The paper proposes some key reasons why so little progress has been made by the humanitarian sector in meeting its accountability commitments to affected people, and calls for renewed efforts and improved leadership to meet these commitments.

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Abbreviations & Acronyms

AAP	Accountability to Affected Populations
AAP/PSEA	IASC Task Team on Accountability to Affected Populations and Prevention of Sexual Exploitation and Abuse
ADPC	Asian Disaster Preparedness Centre
ALNAP	Active Learning Network for Accountability and Performance
CDAC	Communicating with Disaster Affected Communities
CHS	Core Humanitarian Standard
CRED	Centre for Research on the Epidemiology of Disasters
DFAT	Department of Foreign Affairs and Trade (Australia)
DFID	Department for International Development (UK)
ERC	Emergency Relief Coordinator
FAT	Field Assessment Team
GAUC	Global Alliance for Urban Crises
GCER	Global Cluster for Early Recovery
GHD	Good Humanitarian Donorship (initiative)
HAP	Humanitarian Accountability Partnership
HCT	Humanitarian Country Team
HPC	Humanitarian Programme Cycle
HQAI	Humanitarian Quality Assurance Initiative
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
JSI	Joint Standards Initiative
MHCUA	Meeting Humanitarian Challenges in Urban Areas
MIRA	Multi-Sector Initial Rapid Assessment
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
OFDA	Office of US Foreign Disaster Assistance
SCHR	Steering Committee for Humanitarian Response
SDGs	Sustainable Development Goals
SOHS	State of the Humanitarian System (reports)
TA	Transformative Agenda
TWG	Technical Working Group
UCLP	Urban Crises Learning Partnership
UNISDR	United Nations International Strategy on Disaster Reduction
WASH	Water, Sanitation, and Hygiene promotion

Introduction

Accountability to Affected Populations (AAP) has been an established principle of humanitarian action for two decades, but the sector has had a poor record in achieving its commitment 'to use power responsibly by taking account of, giving account to, and being held to account by the people they seek to assist' (UNHCR, 2015). Through the Inter-Agency Standing Committee (IASC) and other forums, the sector has made commitments on the five 'pillars' of AAP: leadership and governance; transparency; feedback and complaints; participation; and design, monitoring, and evaluation of projects (IASC, 2011). However, research has found that there has been 'no progress in engaging local participation' and 'little evidence of affected populations' input into project design or approach' (ALNAP, 2015).

The increasingly urbanised nature of disasters in recent years has highlighted the failure of national and international humanitarian actors to coordinate meaningfully with urban residents, particularly since the Haiti earthquake in 2010, and arguably since the 2003 Bam earthquake in Iran. The humanitarian system has been reminded of the difficulty and urgency of these challenges in several urban crises in recent years, including the 2011 floods in Thailand and Pakistan, the 2011 Tohoku earthquake and tsunami in Japan, Typhoon Haiyan (Yolanda) in 2013 in the Philippines, the 2015 Nepal earthquake, and the 2016 Ecuador earthquake.

While these are the urban crises that have received most attention, they represent only a small number of the disasters that killed an estimated 847,000 people between 2005 and 2016 (CRED, 2017). Although the Haiti earthquake accounted for a significant proportion of the number of dead during this time (estimates vary between 160,000–300,000), there were at least 5,500 other disasters of varying scale and devastation since 2006. In 2010 alone – the same year as the Haiti earthquake – floods affected some 150 million people (UNISDR, 2016).

Unfortunately, no attempts have yet been made to disaggregate the data on disasters by their urban or rural nature, in large part due to the difficulty in drawing comparisons across some 200 countries, each of which maintains its own criteria for defining an urban space. However, the trajectory is clear – urbanisation is on the rise at unprecedented rates, with an additional two billion people expected to be living in precarious and vulnerable urban conditions by 2030. In addition, there is now evidence to show that the number of disasters associated with climate change have been increasing over the past 30 years (Thomas and López, 2015), and due to their nature, people in vulnerable urban centres located on rivers, deltas, and coastlines are being increasingly affected. It seems inevitable that the future of disaster response will be predominantly urban in nature, and so the need for the sector to meet its commitments on AAP in this context will increase over time.

The Urban Crises Learning Partnership (UCLP) attempted to explore attitudes and approaches to AAP in Haiti as part of its research agenda. This proved quite challenging, as most humanitarian actors present in the aftermath of the earthquake had left the country by the time the UCLP began, and there was little appetite amongst agencies to discuss accountability, having already experienced significant criticism for their response to the earthquake. Nevertheless, the assumptions, suggestions, and findings in this paper are largely based on the research in Haiti. Four research papers and case studies are available as part of this series of UCLP outputs.

The paper begins by outlining the reasons why a renewed focus on AAP is important in the urban context. It then provides a summary of the governance of AAP in the humanitarian system, particularly as it relates to urban areas, before proposing a set of reasons why progress has been slow in meeting accountability commitments to affected people. It concludes with a call for renewed efforts and improved leadership to meet these commitments.

Why focus on accountability to affected urban populations?

The focus on AAP is especially important in urban areas for three interrelated reasons that have become evident in recent years as the scale of the urban challenge has become apparent:

- Accountability to affected populations has been described as the 'ultimate objective' of humanitarian action (IASC, 2015a), and commitments have been made repeatedly by the humanitarian system about its accountability to affected populations, but are not yet being met in most cases;

- The complexity of urban societies and systems has been increasingly recognised as a challenge in providing effective aid; and

- The humanitarian system has acknowledged that questions remain about its capacity to adequately identify, reach, serve, and participate meaningfully with affected urban populations.

Accountability to affected populations is defined by several organisations (particularly within the UN system) as 'an active commitment by humanitarian actors and organizations to use power responsibly by taking account of, giving account to, and being held to account by the people they seek to assist' (UNHCR, 2015). It aims to ensure that the rights, dignity, perspectives, and security of all segments of an affected population are respected, and that their unique needs are identified by gender, age, disability, and diversity. It also aims to ensure that affected populations participate meaningfully in decision-making processes that affect them, and can hold aid providers to account. AAP usually employs several key 'pillars' in attempting to improve the quality of humanitarian service delivery for each identified group through each phase of the project cycle, including: governance and leadership; transparency; information and two-way communication; participation and representation; complaints and feedback; and monitoring and evaluation.

While communication with affected populations has improved over recent years, particularly through better feedback mechanisms, affected people continue to be largely absent from preparedness and response planning, and from important decision-making processes. In other words, the participation and representation 'pillar' – arguably the most important – is lagging far behind the other pillars. This is particularly worrying, given that the humanitarian system has recognised the importance of accountability for more than 20 years.

The 2012 State of the Humanitarian System (SOHS) report assessed progress in a number of areas over the period 2009–2011, and compared these against the period 2007–2008 (covered in the previous SOHS report). It concluded that 'weakness persisted in local consultation on projects, especially with recipients' (ALNAP, 2012). Three years later, the 2015 SOHS report found that there had been 'no progress in engaging local participation' and 'little evidence of affected populations' input into project design or approach' (ALNAP, 2015). In relation to chronic crises, the report concluded that the effectiveness and relevance of humanitarian interventions during the period were hampered by 'persistent shortcomings in aid actors' ability to engage with affected people'. Only 33% of affected people who responded to a survey for the SOHS report said that they had been consulted on their needs before the start of aid programming, and only 19% of those consulted said that agencies had acted on what people had told them about their priorities.

The result of this lack of progress is a system that does not adequately meet the needs of affected populations, and often directs resources inefficiently. It also generates a lack of trust between affected people, national actors, and international agencies, and can lead to anger, frustration, and a loss of dignity among affected people. The IASC has acknowledged that there is an 'inadequate understanding of the risks and complexities of urban areas and populations, while failing to identify effective and game-changing urban approaches through lessons learnt,' as well as 'inadequate institutional adaptation of agencies' humanitarian responses to urban realities, capacities and opportunities' (IASC, 2016b).

This failure to develop coherent and effective AAP mechanisms has been brought sharply into focus in recent years as more humanitarian responses have been required in urban areas. The 2010 Haiti earthquake in particular laid bare the weaknesses in the humanitarian system in relation to engaging urban residents in a consistent and coordinated manner. The lack of effective coordination in the system resulted in a myriad of different approaches and levels of community engagement, often in neighbourhoods that were next to each other. Key decisions were made in cluster system meetings held behind the high walls of the UN Logistics Base. Even within the official coordination system, cluster leads and OCHA were not part of the Coordination Support Committee. Haitian authorities and NGOs were side-lined. Meetings were initially held only through English. Humanitarian actors often made no attempt to understand the evolution and dynamics of the urban space in which they found themselves. Existing social systems and networks were not reinforced and supported. There was a lack of trust between Haitian and international actors; more than 90% of funds went to non-Haitian entities (UN, NGOs, private sector). Failing to engage with affected people also meant missing an opportunity to support local institutions and community structures that were held in high esteem by urban residents, such as local churches and the State University, which had been responding to urban crises since 1994.

In the years since the Haiti earthquake, humanitarian actors have responded to several other urban crises, most notably Typhoon Haiyan in the Philippines in 2013. In this case, weak participation and poor understanding of the local context led to some poor decisions about relocation, which may have made survivors more vulnerable to future crises.

While the UCLP focus was on 'natural' disasters, it is important to highlight the Syria crisis here also, as the conflict has presented additional challenges for humanitarian response in urban areas. Refugees in Lebanon, Turkey, Jordan, and elsewhere have been living predominantly amongst host communities in urban areas, and not in camps. Displacement and conflict-related urban crises are qualitatively different in many respects from geophysical, hydrological, or climatological crises, but it is the same international humanitarian system that responds in each case. A rigid, traditional approach that focuses on the technical aspects of WASH, shelter, food security, or indeed cash, without understanding the local context and engaging affected people in the design and management of response programmes will almost certainly result in a less effective response, and may cause harm in some instances. In cases of displacement, for example, humanitarian actors must engage with host communities, as they are also 'affected people'. A sudden influx of displaced people places additional burdens on public services, and may cause tensions. Humanitarians cannot be effective if they ignore these social dynamics, and cannot fulfil their mandate to provide services to the displaced without addressing urban systems more generally.

As the 'ultimate objective' of humanitarian action, the pillars of AAP are therefore not merely 'worthy goals' or 'desirable extras,' but are rather critical components of an efficient humanitarian system that is functioning properly and meeting its mandate.

In order to understand at least part of the reason why the system has failed to make adequate progress on AAP, particularly in urban areas, it is important to briefly outline where it sits in the institutional architecture of humanitarian action, and how it continues to evolve within the governance of the sector. The next section provides an overview of some of the key actors and initiatives on AAP in the international system.

The governance of AAP in the humanitarian system

AAP has evolved in the humanitarian system through three primary channels: civil society-led voluntary initiatives; state-led donor requirements; and hybrid initiatives involving states, international organisations, and/or civil society. It is important to note that only one of these has yet attempted to establish an urban-specific initiative on AAP.

Civil society-led voluntary initiatives

Civil society-led initiatives first emerged following the 1994 Rwanda genocide, when the Joint Evaluation of Emergency Assistance to Rwanda led to demands for increased professionalisation of the humanitarian sector, and inspired the creation of a number of civil society-led voluntary initiatives, including the Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, the Active Learning Network for Accountability and Performance (ALNAP), the SPHERE project, Communicating with Disaster Affected Communities (CDAC) Network, People In Aid, Groupe URD's Quality COMPAS, and the Humanitarian Accountability Partnership (HAP), amongst others.

CHS Alliance

While the proliferation of these initiatives, principles, standards, and partnerships was a positive sign that the humanitarian sector recognised the need for improved accountability mechanisms and coordination, the sheer number of initiatives and their occasional inconsistencies led to a rather confusing picture. In an attempt to redress this, a Joint Standards Initiative (JSI) was launched in 2014 by Groupe URD, HAP International, People In Aid, and the Sphere Project to seek greater coherence for users of humanitarian standards. The process consulted more than 2,000 humanitarian workers in head offices, regions, and in disaster-prone countries. The feedback highlighted the need for the harmonisation of standards, with communities and people affected by crisis at the centre and humanitarian principles as the foundation. The resulting document is called the Core Humanitarian Standard on Quality and Accountability (CHS), and aims to describe and bring together all of the

essential elements of principled, accountable, and quality humanitarian action. The CHS sets out nine commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide (see Figure 1 below). It also aims to facilitate greater accountability to people affected by crisis: knowing what humanitarian organisations have committed to will enable them to hold those organisations to account.

The process resulted in the merger of HAP International and People In Aid to form a new body called the CHS Alliance, and it is the intention of the alliance that the CHS will replace the 2010 HAP Standard in Accountability and Quality Management, the People In Aid Code of Good Practice in the Management and Support of Aid Personnel, Groupe URD's Quality COMPAS, and, to some extent, the Core Standards section of the Sphere Handbook.

It is important to note that the CHS aims to collate and consolidate existing standards and best practice, and so doesn't particularly move the system forward in relation to AAP in a very significant manner. However, it does go a step further than the SPHERE Core Standards, for example, in committing to information-sharing and two-way communication with and participation of communities and people affected by crisis. While Sphere Core Standard 1 has key actions on this subject such as providing access to spaces for community meetings and information-sharing, they are not as extensive. Not all of the CHS commitments are equally as strong, however. CHS Commitment 4 refers to communities and people knowing their rights and entitlements, while Sphere Protection Principle 4 (which remains a core component of the Sphere Handbook) takes this a step further by explicitly stating that humanitarian actors should proactively help people to obtain their rights and entitlements. In addition, in 2017 SPHERE underwent a thorough revision process, including a process of examining the new and/or amended standards to assess whether they were fit for purpose in urban areas. This is an area that the CHS does not address directly, although the intention is that the nine commitments can and should be applied in all situations.

Figure 1. The Nine Commitments of the Core Humanitarian Standard
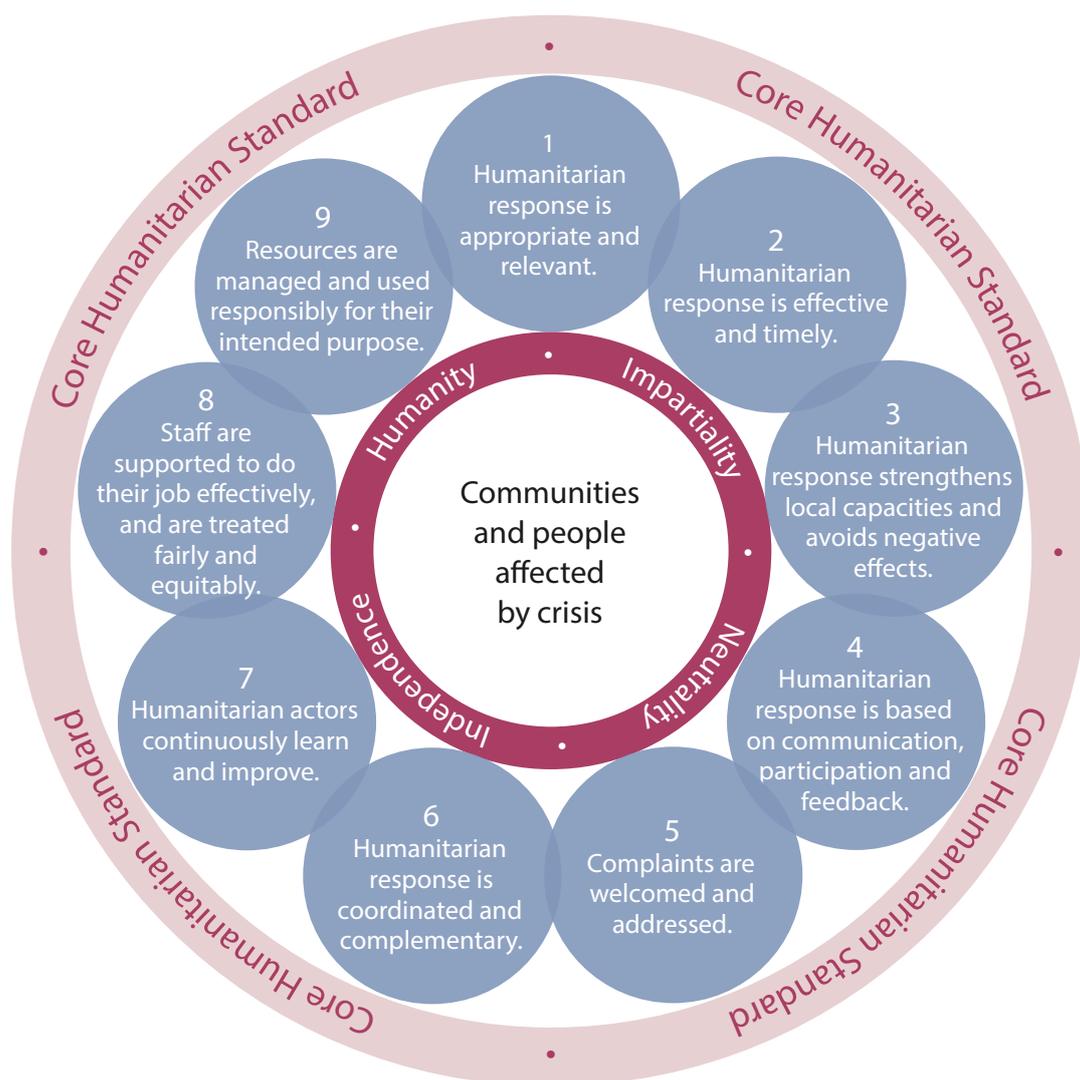
Humanitarian organizations that meet the compliance criteria of recognized humanitarian standards such as the CHS can now also publicly demonstrate their commitment to transparent and accountable practices, by engaging the services of an independent third party to provide verification and certification against the CHS. The Humanitarian Quality Assurance Initiative (HQAI) provides quality assurance services that demonstrate measurable progress in the delivery of humanitarian assistance within the humanitarian community.

Some 30 INGOs have also signed up to the Charter4Change, an initiative led by both national and international NGOs to practically implement changes to the way the humanitarian system operates to enable more locally-led response. Signatories to the Charter have made eight commitments to be implemented by May 2018. These include; an increase in direct funding to southern-based NGOs from 2% to at least 20% of INGO budgets; to reaffirm the principles of partnership; to increase transparency around resource transfers; to

stop undermining local capacity; and to emphasise the importance of national actors.

State-led donor requirements

Donor requirements have emerged in more recent years as the importance of AAP has slowly risen up the humanitarian agenda, partly as a result of the voluntary initiatives, and partly as a result of experiences in major humanitarian responses. Several donor countries have now enshrined in law or in policy a requirement to demonstrate how AAP will be met in order to qualify for funding.

However, the interpretation of AAP across countries has not always been consistent, with some states placing an emphasis on 'beneficiary feedback' rather than full participation in decision-making processes. For example, the United States requires that '[a]ccountability frameworks should … explain how beneficiary feedback will be used to change programming decisions where appropriate'. The

implication here is that there is no requirement for affected people to be involved in the design and planning of interventions; only to influence adjustments as programmes progress. This may not be intentional, however. The 2010 HAP Standard Principles had earlier defined 'Participation and Informed Consent' as 'listening and responding to feedback from crisis-affected people when planning, implementing, monitoring and evaluating programmes, and making sure that crisis-affected people understand and agree with the proposed humanitarian action and are aware of its implications'. There is evidence that the US has recently embraced a more empowering definition of participation (see p. 12 below).

Similarly, in the UK, partners in receipt of funds from DFID are expected to ensure 'appropriate robust mechanisms are in place for obtaining regular, accurate feedback from beneficiaries, including the most vulnerable, concerning their views on the assistance received and the organizations providing it'. In addition, the partner must demonstrate how such feedback is collected, considered, and acted upon to improve programming relevance, appropriateness, equity, effectiveness and value for money. The implication of this wording is similar to that of the US, and according to the Inter-Agency Standing Committee, the language adopted by the UK has been deliberately designed to be in line with the US position (IASC, 2016a).

Amongst some other countries, the approach is much stronger. A guiding principle of Australia's humanitarian strategy, for example, is to '[p]ut affected people at the centre of humanitarian assistance, including when determining needs, in allocation and delivery of relief, and when assessing impact' (DFAT, 2016).

Similarly, Sweden's humanitarian aid strategy for 2017–2020, highlights '[i]ncreased influence for people affected by crises' as one of its key objectives: 'People's ability to act, their right to be involved in decision-making and ability to design humanitarian activities themselves are important for an effective response. People affected by crises are a resource and must therefore be placed at the centre of humanitarian aid. In its activities, Sida is to help to: improve the conditions for people affected by crises, including the most vulnerable people, to exercise influence and accountability in needs assessments, the design of measures and implementation' (SIDA, 2017).

Donors representing 41 national governments and the European Commission are now members of the Good Humanitarian Donorship (GHD) initiative, an informal platform for developing consensus around a comprehensive agenda for good humanitarian donor policy and practice that was originally established in 2003. The GHD Framework is built around an agreed vision of what constitutes best practice, as well as a set of 23 principles of humanitarian donorship. As the

preceding paragraphs demonstrate, there is a lack of consistency amongst donors in their interpretation of AAP requirements for the purposes of funding partners. It is perhaps unsurprising, then, that the GHD principles have little to say on the matter. The closest they come is in principle 15, which states that they will '[r]equest that implementing humanitarian organisations fully adhere to good practice and are committed to promoting accountability, efficiency and effectiveness in implementing humanitarian action' (GHD, 2003).

Hybrid state and non-state initiatives

In addition to the harmonisation of standards through the CHS, the most important developments in the governance of AAP in recent years have come through partnerships between states, international organisations, and civil society. This section provides a summary of three types of hybrid initiative, each of which has the potential to affect a change in the way humanitarians implement their AAP commitments. These are: the Inter-Agency Standing Committee (through both its Commitments on AAP and its Meeting Humanitarian Challenges in Urban Areas Strategy); the Global Cluster on Early Recovery; and the Grand Bargain.

The Inter-Agency Standing Committee

As the primary mechanism for inter-agency coordination of humanitarian assistance involving the key UN and non-UN humanitarian partners, the Inter-Agency Standing Committee (IASC) plays a central role in shaping the agenda of the humanitarian sector. In April 2011, the IASC acknowledged the fundamental importance of accountability to affected populations as part of its 'Transformative Agenda' – a process of reform within the humanitarian system that had been initiated in 2005 by the Emergency Relief Coordinator and the IASC. The members of the IASC agreed to integrate accountability to affected populations into their individual agencies' statements of purpose as well as their policies. To advance this objective, they established a Sub-Group on Accountability to Affected Populations, and requested them to develop a proposal for inter-agency mechanisms that would enable improved participation, information provision, feedback, and complaints handling (IASC, 2012). The Sub-Group drew up an AAP Operational Framework in order to assist implementing agencies to find practical entry points for improving accountability to affected populations, and to highlight some of the 'bottom line' accountability activities and indicators that should be in place at each stage of the programme cycle. The Operational Framework is one of ten Transformative Agenda (TA) Protocols, which

set the parameters for improved collective action in humanitarian emergencies.

As a complement to the framework, the Sub-Group also prepared a set of Commitments on Accountability to Affected Populations in December 2011. The five commitments aimed to establish a shared understanding of the broad tenets of accountability to affected populations and it was hoped that they would be integrated into policy, guiding documentation, and practice among a wide range of agencies. The commitments (outlined in full in Figure 2) have been very influential and continue to define the key pillars of AAP. For example, while the IASC was not involved in the Joint Standards Initiative, the CHS Alliance claims that the new CHS drew heavily on the IASC Commitments in its formulation.

Following the development of the commitments, the IASC quickly determined that AAP was not sufficiently prioritised at the senior, inter-agency, or cluster levels, and that this reflected 'the need for a more coordinated setting of priorities between key stakeholders and regular communication with affected populations throughout an emergency response'.[1] As the importance and urgency of AAP received more attention, the Sub-Group evolved into a higher-level Subsidiary Body within the IASC in 2012, and was renamed the IASC Task Force on Accountability to Affected Populations. In 2014, it was merged with the IASC Task Force on Protection from Sexual Exploitation and Abuse. Its current name is the IASC Task Team on Accountability to Affected Populations and Prevention of Sexual Exploitation and Abuse (AAP/PSEA).

Meanwhile, in November 2010 the IASC developed a 'Strategy for Meeting Humanitarian Challenges in Urban Areas' (MHCUA) to improve the effectiveness of the international community's responses to humanitarian crises in urban areas. The Strategy outlines six objectives for improving humanitarian response in urban areas, including the strengthening of partnerships among urban stakeholders. As with the AAP Sub-Group, the Task Force that developed the Strategy was elevated to the status of Subsidiary Body, and named the IASC Reference Group on Meeting Humanitarian Challenges in Urban Areas. Membership of the Reference Group is open to all international humanitarian agencies and partners, UN, non-UN, NGO, and governmental with an interest in building their capacity and knowledge concerning urban humanitarian crises. There are currently more than 80 organizations represented in the Reference Group.

The First Action Plan to implement the MHCUA Strategy ran from 2011 to 2014. According to the IASC, key accomplishments included 'models and approaches for urban stakeholder partnerships and enhanced coordination, including with host communities'. The Second Action Plan to implement the Strategy took place between 2015–2017, and according to the IASC, reflects the on-going need to better address gaps and weaknesses in current humanitarian interventions to improve leadership, coordination, and 'accountability to affected populations in urban emergencies'. This is the first time that a network of leading humanitarian actors has brought together the challenges of humanitarian action in urban areas with accountability to affected

Figure 2: IASC Commitments on Accountability to Affected Populations

Leaders of humanitarian organisations will undertake to:

Leadership/Governance: Demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.

Transparency: Provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organisation and its affected populations over information provision.

Feedback and complaints: Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.

Participation: Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence.

Design, monitoring, and evaluation: Design, monitor and, evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organization on an ongoing basis and reporting on the results of the process.

[1] https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse

populations in a single document, as well as outlining a specific objective for the sector on this topic. Strategic Objective 1 of the revised Action Plan aims to 'develop operational strategies early-on that ensure multi-stakeholder partnerships for enhanced coordination, impact, and effectiveness of humanitarian assistance in urban areas'. The outcomes for this objective include 'new norms and guidelines for support to humanitarian agencies to improve humanitarian operations in urban areas through better coordination with critical urban partners at community, local government, private sector, and external development partner levels, and through building upon related SDGs'.

Global Cluster for Early Recovery

The Global Cluster for Early Recovery (GCER) is one of 11 Global Clusters established by the IASC in 2005 as part the Humanitarian Reform Agenda. The Clusters are groups of UN and non-UN humanitarian organisations in each of the main thematic areas of humanitarian intervention, e.g. WASH, shelter, health, education, logistics, etc. The GCER has recently taken the lead amongst the clusters in adopting a 'people-centred approach,' based on the 'recognition that core matters such as Accountability to Affected Populations (AAP), gender, age and diversity should no longer be dealt with in isolation of one another'.

The Global Cluster for Early Recovery has used the strongest language in relation to the importance of AAP, describing it as 'fundamental to early recovery'. With people-centred humanitarian action as one of its four key themes, the GCER has stated that, '[q]ualitative, bottom-up, people-centred action constitutes the foundation for generating self-sustaining, nationally owned and resilient processes for post-crisis early recovery and is expected to be at the heart of every humanitarian response. Both at standard setting and at field operational level, a more integrated and inclusive approach is called for'.

The Global Cluster for Early Recovery has created a Technical Working Group (TWG) on AAP in Early Recovery. The purpose of the TWG is for GCER members to contribute to strengthening AAP in early recovery, following recommendations by the IASC, and the review of IASC commitments and evaluations on AAP.

Other clusters have started to include AAP in their strategies and objectives. For example, one of the priorities for the WASH Cluster in its 2016–2020 strategy is to '[r]efine/develop, implement and promote practical methodologies to ensure accountability to affected populations, gender mainstreaming and targeting of the most vulnerable' (Global WASH Cluster, 2016). However, the GCER remains the only cluster to explicitly articulate the centrality of the people-centred approach.

The Grand Bargain

In 2016, the first World Humanitarian Summit was convened, and renewed attention on the goal of putting affected people at the centre of humanitarian response, making use of two common reference points: the CHS and the IASC Commitments on AAP. During the Summit, more than a dozen initiatives were established or strengthened, including an agreement called the Grand Bargain that was adopted by the largest donors and aid organisations, which aims to put more means into the hands of people in need by: directing 25% of global humanitarian funds to local and national responders by 2020; increasing multi-year funding; and cutting bureaucracy through harmonising reporting requirements.

The signatories to the Grand Bargain made ten commitments to improve their ways of working (Figure 3 below). The sixth commits them to a 'Participation Revolution,' in which people receiving aid are included 'in making the decisions which affect their lives'. This commits signatories to developing common standards and a coordinated approach for community engagement and participation. Donors committed to provide flexible funding to enable implementers to adapt programmes to recipient priorities, while aid organisations committed to considering the input of affected people in all their humanitarian response plans by the end of 2017.

Figure 3. The Ten Commitments of the Grand Bargain

The signatories commit to:

1. Greater transparency

2. More support and funding tools for local and national responders

3. Increase the use and coordination of cash-based programming

4. Reduce duplication and management costs with periodic functional reviews

5. Improve joint and impartial needs assessments

6. **A participation revolution: include people receiving aid in making the decisions which affect their lives**

7. Increase collaborative humanitarian multi-year planning and funding

8. Reduce the earmarking of donor contributions

9. Harmonise and simplify reporting requirements

10. Enhance engagement between humanitarian and development actors

Each commitment is supported by a series of more specific commitments. Under the 'Participation Revolution,' donors and aid organisations have committed to a further set of specific actions:

1. Improve leadership and governance mechanisms at the level of the humanitarian country team and cluster/sector mechanisms to ensure engagement with and accountability to people and communities affected by crises.

2. Develop common standards and a coordinated approach for community engagement and participation, with the emphasis on inclusion of the most vulnerable, supported by a common platform for sharing and analysing data to strengthen decision-making, transparency, accountability and limit duplication.

3. Strengthen local dialogue and harness technologies to support more agile, transparent but appropriately secure feedback.

4. Build systematic links between feedback and corrective action to adjust programming.

In addition, donors commit to:

5. Fund flexibly to facilitate programme adaptation in response to community feedback.

6. Invest time and resources to fund these activities.

While aid organisations commit to:

7. Ensure that, by the end of 2017, all humanitarian response plans – and strategic monitoring of them – demonstrate analysis and consideration of inputs from affected communities.

The workstream on the 'Participation Revolution' is led jointly by the US and the Steering Committee for Humanitarian Response (SCHR), a voluntary alliance of nine of the largest INGOs founded in 1972, which comes together to support quality, accountability, and learning in humanitarian action. The co-conveners have focused their efforts to date on: establishing a common definition of participation; promoting the participation commitments and engaging with the community of practice; and identifying incentives that can be used to promote participation.

In July 2017, they produced a guidance document defining 'participation' for the purposes of the Grand Bargain 'Participation Revolution' workstream:

'The term "participation" used throughout this document encompasses the following: Effective "participation" of people affected by humanitarian crises puts the needs and interests of those people at the core of humanitarian decision making, by actively engaging them throughout decision-making processes. This requires an ongoing dialogue about the design, implementation and evaluation of humanitarian responses with people,

local actors and communities who are vulnerable or at risk, including those who often tend to be disproportionately disadvantaged, such as women, girls, and older persons.

Such a dialogue includes the provision of information to affected communities about i) lifesaving information, including protection services, ii) humanitarian agencies' activities and ways of working, and iii) opportunities, risks and threats.

It also includes proactively and regularly seeking communities' perspectives and feedback on the humanitarian response and key aspects of humanitarian agencies' performance, including service quality and relevance and responsiveness to beneficiary concerns. This dialogue should entail understanding of communities' practices, capacities and coping strategies.

This ongoing dialogue is about managing the performance of humanitarian programming, and seeking to ensure effective action is taken in response to inputs received. It implies clear and consistent communication to inform people affected by crises what has been learned from them and how follow-up action will address their concerns, where this is feasible. To be effective this ongoing dialogue requires action by senior decision makers based on information received. Action may be required at an agency or country response level. Decisions made and action taken must be clearly and consistently communicated to affected people.'

An independent report to track the progress of the Grand Bargain was published in mid-2017 (Derzsi-Horvath, A., Steets, J., and Ruppert, L., 2017). As part of this, progress towards the seven objectives under the 'Participation Revolution' commitment was assessed. Rather encouragingly, the evaluators found that, rather than developing new common standards on participation, as called for in the second commitment, the co-conveners have promoted the Core Humanitarian Standard and the IASC Commitments on Accountability to Affected Populations as existing standards that a coordinated approach should have as its foundation.

However, signatories have not reported significant progress in developing a coordinated approach, despite the joint efforts of UNICEF, OCHA, the IFRC, and others under the CDAC network to develop a collective service for communication and community engagement. Moreover, in relation to the seventh commitment, those interviewed for the report stated that most of the humanitarian response plans to which they contributed in 2016 and 2017 do not demonstrate thorough analysis and consideration of inputs from affected communities.

10 reasons why progress on AAP in urban crises has been slow

With so many initiatives on improving AAP in the humanitarian sector, we could be forgiven for thinking that much progress has been made, but as highlighted in the introduction, relatively recent research has found that there has been 'no progress in engaging local participation' and 'little evidence of affected populations' input into project design or approach' (ALNAP, 2015). Over the past two years since this research was published (as highlighted in the preceding section), things have not improved markedly, with most humanitarian response plans failing to demonstrate inputs from affected people. Why has progress on the ground been so slow for an issue described as the 'ultimate objective' of humanitarian action? What is it about engaging the people who matter most that is proving so intractable? This section puts forward a set of possible explanations which are not intended to be exhaustive, and many of which overlap in their reasoning. Most of them, however, are supported or informed by the UCLP research in Haiti, and to some extent, in Bangladesh.

Weak efforts on urban humanitarian response

The first reason why progress has been slow on AAP in urban crises is because almost none of the AAP initiatives described above have explicitly addressed crises in urban areas. Almost all of the initiatives are aimed at generic standards of behaviour, principles, and overarching ways of working. The only initiative to address AAP in an urban context to date is the MHCUA in its Second Action Plan for Meeting Challenges in Urban Areas (IASC, 2016b). The Action Plan lists four highlights at the beginning of the document, the third of which is: 'Facilitating Affected Communities Direct Engagement for Enhanced Accountability'. The document states that:

'Heightened accountability to affected populations could be better achieved by engaging and empowering local communities, including refugees and displaced, in all aspects of the humanitarian response including in the delivery of services and goods through local provider, carrying-out the response and monitoring performance of all humanitarian actors. The numerous community-based organizations and local government actors in urban contexts provide a rich environment to implement the IASC Operational Framework for Enhancing Accountability to Affected Populations.'

Unfortunately, however, none of the six strategic objectives in the logical framework of the document refer to AAP, participation, or engaging local communities. Furthermore, neither of the progress reports published since the Action Plan was developed have reported on AAP, despite listing 'Facilitating Affected Communities Direct Engagement for Enhanced Accountability' as one of the three core issues that the Reference Group is working on in 2016, and again as one of four in 2017. If a third Action Plan is forthcoming, it should ensure that this 'highlight' is translated into a strategic objective, as it is these objectives that members of the Reference Group report on.

Disjointed governance

As outlined in the section above on governance, developments are being made on AAP, but the governance arrangements are still disjointed, and offer a 'pick-and-mix' menu of interpretations and affiliations at every level. While many attempts have been made in recent years to improve coordination in the sector through the initiatives outlined above, humanitarian agencies are not answerable to a single authority and tend to resist initiatives that would force them to cede independence in pursuit of a more coherent and unified system. The result is 'the continuation of an atomised, voluntarily coordinating, multi-actor system' (ALNAP, 2015).

Weak leadership at several levels

Many humanitarian agencies are members of AAP networks or are affiliated with initiatives whose remit includes AAP. In reality, however, they often lack the kind of strong leadership required to make the necessary changes required within their own institutions to transform the way that they operate. Even in cases where they believe strongly in making progress on AAP, they have conflicting demands on their time, and AAP may be relegated downwards on their list of priorities. In some cases, more junior

agency representatives in AAP initiatives themselves lack the authority required to drive internal change in their own organisations. An agency with thousands of staff members may be represented by one or two individuals who often hold the 'accountability remit' and usually have the word 'accountability' in their job titles. The siloing of AAP within Monitoring, Evaluation, Accountability, and Learning (MEAL) posts is a challenge for many organisations, with the perception that all accountability-related issues 'sit' with the MEAL team, and are not really the responsibility of others. With a lack of leadership to drive the accountability agenda, AAP can even be lost within the MEAL mandate, where accountability to donors often takes priority.

A related problem of leadership arises in the many global initiatives where the AAP agenda is being driven. Most of the initiatives outlined in this paper are taking place at a high level, and struggle to filter down in a manner that changes practice in the absence of strong leadership. Very few of the current initiatives attempt to turn policy into practice in a clear and coherent manner.

As leaders in the humanitarian community, donors could also be doing a lot more to drive the AAP agenda. They are currently not using sufficient influence to affect change in the way that practitioners operate on the ground. Perhaps more than any other group, donors could advance the cause of AAP quickly and easily by increasing the stringency of requirements to demonstrate how the agencies they fund are ensuring that the goals of AAP are being met. An initiative on this through the GHD partnership could achieve significant results quite quickly, as could deeper and tougher engagement through the Grand Bargain.

Hubris in the humanitarian system

A culture of accountability to affected people has not yet been sufficiently embedded in the humanitarian system, particularly in urban areas. Where such a culture has begun to take hold, it is often understood more in terms of feedback mechanisms or informed consent, rather than full participation in decision-making processes. Affected people are sometimes still perceived as 'beneficiaries' or 'aid recipients' rather than as partners in preparedness and response. At a recent roundtable discussion on urban humanitarianism hosted by Save the Children UK, representatives of several humanitarian agencies agreed that, despite current high-level initiatives, affected people in urban areas are 'invisible' to humanitarian agencies, and that the sector was still beset by a level of 'hubris' or 'arrogance' that continues to prevent a system of meaningful participation from becoming established

(Save the Children UK, 2016). It is possible that there is a link between this alleged hubris and the lack of accountability to affected people. A less cynical interpretation might be that there is a high degree of 'fatigue' around cross-cutting issues that humanitarian actors are required to 'mainstream' into all of their activities, and that the responsibility for making this happen is usually perceived to lie elsewhere.

The continuing humanitarian-development divide

Participation is more usually associated with long-term development processes, where relationships and trust are built over time, and where there is a measure of predictability about who will engage in such processes. International development actors have a long tradition of working in rural areas, where populations tend to be more homogenous, less transient, and have well-established leadership structures. This can make participation by affected people less difficult to facilitate, particularly when development actors gain the trust of local people and local authorities over time. Actors in the humanitarian system, by contrast, may not have sufficiently deep roots within the geographical areas where they respond to build the kind of relationships necessary to facilitate meaningful participation. This is not necessarily their fault, of course; development actors can choose where to operate, while humanitarians must respond wherever a crisis takes place. However, there are many locations where chronic or cyclical crises should provide ample opportunity for relationships to be developed. In such cases, it may be more accurate to say that there is a perception within the system that meaningful participation is too challenging, that the transaction costs are too high, and that such engagement may make it more difficult for agencies to meet their basic obligations when they are already working in difficult circumstances. If this is true, we need to better understand the causes of these perceptions. Moreover, there are perhaps too few incentives for humanitarian staff to consider accountability properly, and many disincentives: mechanisms can be time-consuming; they may be seen as constraining action; and they can make people feel judged (Knox-Clarke and Mitchell, 2011). In Haiti and Bangladesh, the UCLP found that the language of 'accountability' was negatively perceived amongst humanitarians, many of whom declined to be interviewed as they feared being judged as individuals, and not as part of a system. Some organisations and networks have already moved away from the language of accountability; as indicated above, the GCER talks about a 'people-centred approach,' while the International Rescue Committee refers to 'client voice and choice'.

Weak institutional learning and memory

Humanitarian staff operate in challenging environments that are not always conducive to detailed institutional learning. As a result, institutional memory can be short or in some cases, inaccurate, as to what worked well and what didn't. Real-time evaluations are useful, but are often based on the prevailing thinking of an organisation's operational model, and as such, may fail to see the bigger picture, especially if they do not have a strong emphasis on AAP. As a result, they may assess their interventions in a more positive light than is fair, particularly from the perspective of the affected population. High turnover of staff, and the annual programme cycle mean that when operations are concluded, the humanitarian teams are no longer present to engage with long-term development efforts. In Haiti, the UCLP faced this challenge when attempting to discuss AAP with INGOs in particular; most of the staff that were present five years after the earthquake had not been present for the relief and recovery period. Different people and departments within the same organisations had very different experiences and held different perceptions about the response. The failure to adequately capture institutional memory may make it more difficult to adjust ways of working in future crises.

Learning is also generally more difficult during crises for obvious reasons; Hurricane Matthew struck Haiti during the course of the UCLP project. A discussion was held as to whether we should use the crisis as an opportunity to learn if and how AAP would be addressed in the response, and then compare this to the 2010 earthquake response. A decision was made not to do this, as it was deemed to be insensitive. Habitat for Humanity Haiti instead focused on ensuring that AAP was at the centre of its own response to the hurricane.

Guidance on how to implement AAP is too generic

Much of the recent literature on humanitarianism in urban areas has focused on the importance of disaster risk reduction (DRR) and long-term resilience. While this is obviously welcome, much less attention has been paid to urban humanitarian action with specific reference to the five core elements of the humanitarian programme cycle:[2] needs assessment and analysis; strategic response planning; resource mobilization; implementation and monitoring; and operational review and evaluation. A key question is, therefore: what would each stage of the humanitarian programme cycle look like in an urban context if more effective mechanisms were in place to ensure accountability to affected populations?

The current guidance from the IASC on AAP in the programme cycle states that 'humanitarian actors are expected to listen to, involve and communicate with affected populations throughout the humanitarian programme cycle. They need to establish a direct, responsible and respectful relationship with aid recipients. This includes enabling affected people's participation and feedback into planning, implementation and monitoring, including through the establishment of complaints mechanisms. Where their needs cannot be met or planned for, these constraints and regular programmatic updates should be shared with them. Good communication between aid workers and the affected communities leads to meaningful dialogue and the identification of evidence-based needs and concerns, thereby improving the quality of the strategic process and the actions linked to it' (IASC, 2015a).

However, very little detailed guidance has been developed on the practicalities of exactly how to integrate AAP at each stage of the HPC, and almost none tailored specifically to the urban context. For example, the Multi-Sector Initial Rapid Assessment (MIRA) is the first step in the Needs Assessment phase of the HPC. The guidance document from the IASC on how to design and carry out a MIRA makes several references to the importance of engaging affected people, but offers only very general practical advice on how to ensure AAP in the MIRA process through a series of bullet points:

- Define humanitarian needs that reflect the expressed perspectives of the affected population across age groups, gender, and other aspects of diversity.

- Assess the information needs and trusted/reliable information channels for the affected population.

- Include community-based organizations and local communities in assessment.

- Ensure representation of the affected population in analysis processes. Share the results of the assessment with communities in different ways (examples include using radio spots, local websites, and public forums to inform communities).

- Make the final report available/accessible to the affected population in the local language(s) (IASC, 2015b).

[2] The humanitarian programme cycle was developed by the IASC as part of the Transformative Agenda. It does not apply, however, in refugee emergencies, which are covered by the UNHCR Refugee Coordination Model. In 'mixed situations' the Joint UNHCR-OCHA Coordination in Practice clarifies leadership and coordination arrangements in situations where a complex emergency or natural disaster is taking place, a Humanitarian Coordinator has been appointed, and a UNHCR-led refugee operation is also underway.

The guidance on participation in the MIRA process states that representation of a cross section of stakeholders should be considered in making up the Field Assessment Team (FAT), including government, UN, NGOs, affected population, and private sector, and a gender balanced composition. The FAT is one of nine key stakeholders who have roles in the MIRA process (IASC, 2015b).

The guidance documents for each stage of the HPC (with the exception of resource mobilisation) all contain a similar level of detail on ensuring accountability to affected people. The guidance on response planning, for example, states that '[f]rom the very beginning of the planning process involve representatives from every level of the affected population, and consult national and local authorities as well as civil society and relevant market actors. Listen to them and incorporate their concerns and views into the decision-making and planning process. NGOs are engaged through their representation in Humanitarian Country Teams (HCTs) and membership of clusters, but it is also essential to ensure engagement with the full diversity of NGOs in the country, at national and sub-national levels' (IASC, 2014). Such generic guidance might not be particularly helpful for humanitarian actors who are keen to take AAP seriously.

Some progress has been made in recent years, however. The Stronger Cities Initiative (the sister consortium to the UCLP) has produced a range of complementary tools and guidance notes which address how to understand urban contexts, assess needs, and formulate a response that supports displaced and host communities, and strengthens local systems. The tools focus on urban areas affected by protracted displacement but they may be adapted for a variety of responses to urban crises or disasters.[3]

Lessons can also be learned from DRR initiatives and other long-term development participatory approaches. For example, a recent initiative in Thailand saw the creation of a Public-Private Partnership Committee for DRR to boost cooperation between the public, local government, the private sector, and government departments for improved flood risk management (ADPC, 2016).

Urban environments are too complex to identify affected people

The urban environment undoubtedly adds a layer of complexity to the humanitarian mandate such that it may even be difficult to identify affected people or to make a distinction between those affected by a crisis and those suffering from chronic poverty. Even in situations where it is possible to identify affected people, it is often difficult to know how to properly identify leaders or community representatives, as there may be no clearly defined 'community' to engage with. Urban residents usually have multiple, overlapping identities and there may be no agreement as to who can legitimately represent a particular section of the population. The structures of the city, whether they are neighbourhood associations or local municipalities, can be co-opted or pressured by powerful interests. Humanitarian actors are largely aware that they need to better understand power dynamics if they are to improve outcomes for affected people, but the prospect of 'mastering' the complexity of urban spaces and designing responses accordingly may be perceived as overwhelming, unrealistic, or somebody else's responsibility. In many cases, humanitarian actors avoid trying to analyse urban power dynamics by avoiding affected people themselves; according to the SOHS report, the fact that Internally Displaced Persons (IDPs) living with urban host families in Mali were difficult to identify or count simultaneously made it more difficult to address their needs and 'easier to ignore them' (Cross and Johnston, 2011).

Complex administrative structures and coordination challenges

Participation in urban areas is also usually more challenging as a result of their administrative structures. Progress has been made in recent years in forming partnerships with local authorities, some of whom now co-chair humanitarian cluster groups. However, the humanitarian system has more often engaged in the past with a single, primary authority that represents a rural district, or a district in which a camp exists. In urban settings, administrative structures and public responsibilities are often less clear, with

[3] https://www.iied.org/stronger-cities-initiative

many institutions having overlapping spheres of authority. In many urban areas, particularly in Asia, rapid urbanisation has led to the relatively new phenomenon of 'metropolitan fragmentation,' in which no single public authority has overall decision-making power over the entire urban area. Instead, the area is usually divided into many districts or counties, with multiple public service authorities such as police and emergency services. In these cases, it is challenging for the humanitarian system to cooperate easily with public authorities, and consequently it may be quite difficult to involve representatives of affected populations in meaningful decision-making processes.

Moreover, the large number of potential actors and stakeholders in urban areas, both within the formal humanitarian system and outside it, makes coordination a real challenge. The humanitarian system itself has not yet developed effective coordination mechanisms and partnerships in urban areas, so the exact mechanisms of how to engage affected people remain unclear. In addition to affected people, there may be other groups or individuals with whom the humanitarian system should have partnerships, but there may be disincentives for those people to participate. Landowners and landlords, for example, may not wish to feel obliged to make costly investments in reconstruction efforts. In some cases, overlapping mandates result in the absence of important public authorities in decision-making processes, leading to a lack of clarity about public policy or slowing the process down while authority for decisions is sought from elsewhere. This is often particularly relevant in the urban context. In other cases, participation may simply be impractical; diaspora groups, for example, are often a key source of funds and support for affected people, but these relationships are direct and not mediated or coordinated by the humanitarian system. This has implications for needs assessments, and needs to be taken into consideration in analysis and response planning. Figure 4 below presents just some of the potential stakeholders who may be involved in an urban humanitarian response.

Figure 4. Stakeholders in Urban Crises[4]
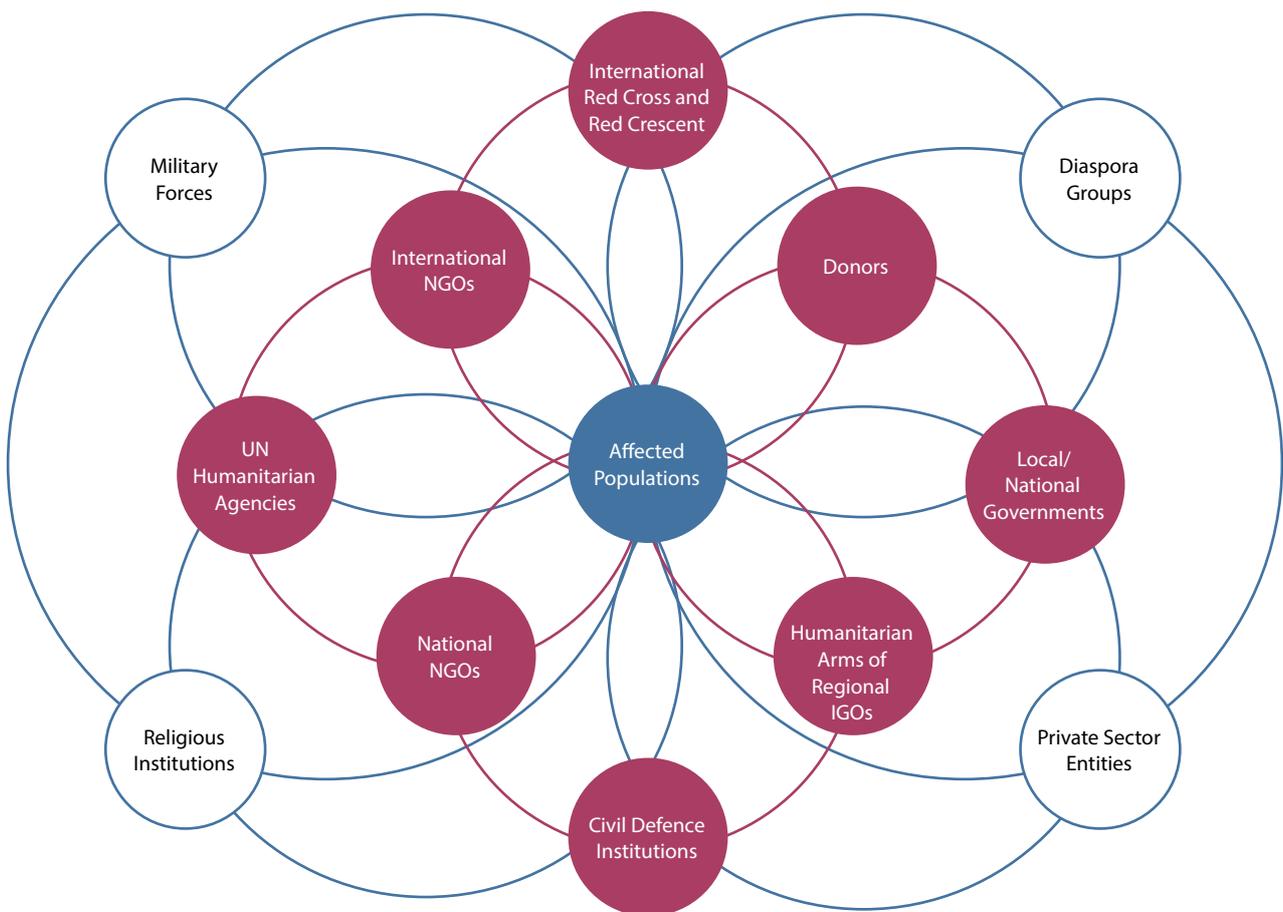
[4] Adapted from ALNAP (2015). Stakeholders in red have key responsibilities in humanitarian action while those in white may play key roles during a crisis although humanitarian response is not their primary responsibility.

Affected people don't have the time or incentive to participate

Finally, a common perception among humanitarians is that affected people in urban areas themselves may not have sufficient time or incentive to participate fully, particularly in the preparedness phase when a crisis may not be imminent, and when other pressing responsibilities occupy people's time. In the response phase, people may be struggling to find or care for loved ones, grieving, acting as first responders, and/ or spending all of their efforts on meeting their own basic needs through a variety of channels, of which the international humanitarian system is only one. While they would wish to have their priorities communicated to the humanitarian system, they might not have the time or the inclination to engage in broader, more time-consuming multi-stakeholder platforms, which cannot necessarily guarantee the outcomes that they might wish for.

An extension of this assumption is that there is little time for meaningful participation in the acute phase of response due to the urgency of life-saving efforts. The SOHS report claims that, in the case of the Ebola outbreak, 'a focus on consultation and participatory engagement would clearly have resulted in delays that cost lives; a command-and-control model was required' (ALNAP, 2015). While there may be some truth to this perspective in the acute phase, recovery takes many years, and there is ample opportunity – as well as time and incentives – for affected people to participate. However, even in contexts where the acute phase of a crisis has passed and humanitarian operations have become established (such as in CAR, DRC, Mali, or South Sudan), the system currently has no mechanism to facilitate the kind of genuine accountability to affected people needed to ensure a high-quality response (ALNAP, 2015).

AAP in urban crises: reasons to be cheerful

After more than 20 years of efforts, progress has undoubtedly been slow in turning policy into practice on AAP, especially in urban areas. Perhaps this is not surprising; the urban environment is relatively new for humanitarians, and the sector is still attempting to figure out the most effective way of operating in this space. Meanwhile, the standards, principles, and goals of AAP are only now receiving universal attention and support at the levels required to make progress. As these are translated into mechanisms for ensuring that the goals of AAP are achieved, these mechanisms will inevitably be adapted for complex urban environments. The examples of governance regimes provided in this paper have demonstrated that these standards and principles are now being harmonised in a useful manner, with fewer competing initiatives. The decision of the co-conveners of the 'Participation Revolution' workstream to adopt and promote the CHS is a positive example of this.

As AAP continues to receive increased support in high-level arenas such as the Grand Bargain, practical developments are slowly emerging elsewhere. The new tools produced by the Stronger Cities Initiative will help agencies in future urban crises who want to adopt a people-centred approach but have lacked the necessary guidance to do so. New technologies have also been playing a part in engaging a wider set of actors in crisis preparedness and response. Digital data gathering has now become common and presents opportunities to better engage affected people. In crises where mobile phone networks continue to operate, affected people could be engaged in decision-making processes by sharing real-time information and expressing preferences with a minimal investment of their time. This may have other benefits too, such as reducing the need to spend a lot of time understanding complex power relationships.

New technologies have limitations and disadvantages too, of course. Information communicated through these means can be difficult to verify and may not be consistent or accurately reflective of needs. In addition, they may lack the detail or consistency necessary to assess programmes and make any necessary adjustments. For example, while the Ushahidi platform helped to identify issues of concern in Haiti, detailed needs assessments and field visits were necessary to confirm humanitarian needs (Lewis and Lander, 2011). Nevertheless, if efforts to ensure AAP are sincere and properly supported, these limitations will be outweighed by the potential benefits.

Meanwhile, donor strategies continue to evolve and increasingly emphasise AAP as a fundamental goal and constitutive element of humanitarian action. Donor engagement in several initiatives such as the GHD and the Grand Bargain should have the effect of reinforcing the importance of AAP in their institutional thinking. These repeated interactions in multiple forums also hold the potential for more progressive donors to influence others, as calls for more meaningful AAP interventions increase elsewhere.

Conclusion

To be more accountable to affected populations, humanitarian actors need to better understand the experiences, perspectives, and roles of the people who are most vulnerable to the impacts of urban crises: the networks they call upon for support during and after a crisis; the strategies they use for navigating obstacles that may be in their way (administrative, physical, informational, security-related, and opportunistic); the extent to which their needs are adequately met as aid recipients; the roles they can and do play in preparedness and response; their preferences and priorities for interventions; and how they feel about their encounters with the humanitarian system more broadly – as a category or subset of actors within a wider set of stakeholders who may play a role in the context of an urban crisis.

As this paper has tried to argue, more effective participation will only come about if a cultural shift takes place in the humanitarian system in the way that it addresses accountability to affected people. A deeper understanding of the perspectives, preferences, and experiences of affected people needs to be accompanied by more detailed and more useful guidance on how to build these relationships. Humanitarian actors need incentives, support, and leadership to make sure that they find ways to engage affected people and other relevant stakeholders at each stage of the humanitarian programme cycle.

Despite the slow progress that AAP has made, particularly in urban humanitarian response, there is no doubt that it is moving in the right direction. Given the complexity of the issues at stake in a system that has no clear, hierarchical structure, it is even perhaps surprising to see the level of momentum in the movement to place people back at the centre of humanitarian efforts. Unfortunately, it will take another major urban crisis before we find out just how much progress has been made.

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This paper by Alan Brouder of Habitat for Humanity GB argues that accountability to affected populations has become an established principle of humanitarian action in recent years, but that it has not yet been sufficiently embedded in the culture and practice of the humanitarian system to make a meaningful impact on the manner in which the humanitarian programme cycle is managed. The paper proposes some key reasons why so little progress has been made by the humanitarian sector in meeting its accountability commitments to affected people, and calls for renewed efforts and improved leadership to meet these commitments.