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The Impact of Internal Operational Constraints on Humanitarian Aid Efficiency

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Abstract: ***The relevance of the study is due to the growing need for humanitarian and life - saving assistance. In this regard, this article is aimed at exploring the impact of internal restrictions on aid delivery on aid effectiveness in humanitarian crises. In this paper the infant mortality rate as a proxy to measure aid effectiveness is used. It operationalizes the dependent and independent variables, while accounting for and ruling out alternative explanations influencing causation. The paper also touches upon the definitions of humanitarianism and the humanitarian system. Then, it reviews the literature on the subject to draw analysis from existing scholarships and address the gaps to build on this study. The findings emphasize the necessity for further research on the relationship between infant mortality and access constraints in humanitarian settings. This article also explores the relationship between access constraints and aid efficiency in mitigating food insecurity, using economic stability, donor contributions, and health expenditure. Political factors, external influences, and limited data pose challenges to the research design. The study assumes well - designed humanitarian projects and examines data over recent years to assess the impact of aid delivery on reducing mortality rates. Lastly, the paper presents the results of the study and concludes by citing the significance of the research.***

Keywords: humanitarian assistance, access constraints, aid effectiveness, infant mortality, humanitarian aid, donors, dependent variable, independent variable, proximate determinants, indicators of aid effectiveness.

1. Introduction

The Global Humanitarian Overview (GHO) estimated that in 2022 over 274 million people will need humanitarian assistance and protection. This number is a significant increase from 235 million people a year ago, which was already the highest in the decade. [1] Indeed, COVID - 19 compounded the impact of conflict, climate change related emergencies, and extreme poverty. To manage the growing need for humanitarian and life - saving assistance, every year, the United Nation's Office for the Coordination of Humanitarian Affairs (UN - OCHA) rolls out its large - scale resource mobilization efforts to provide immediate relief through Humanitarian Response Plan (HRPs) in the most affected areas across the globe. This year, the GHO appealed to raise $49 billion to address the evolving needs of the people in crisis, but they received only $18 billion from the donors. One of the reasons for this inability to raise the required funds for HRPs is the growing skepticism from the major donors on the effectiveness of humanitarian aid. The term 'access constraints' means the ability of humanitarian organizations to reach the population affected by crisis and the ability of the affected population to access humanitarian services (UNOCHA, 2013). Although the affected population's access to services is an important issue, this paper focuses on the specific ability of aid workers to access affected areas to deliver aid. Moslehi et. al (2015) study assessed the impact of three primary issues related to access: 1) security threats, 2) bureaucratic restrictions, and 3) indirect constraints. [2] This includes delays in issuing visas to INGO staff, registering INGOs to work in the affected countries, and granting permissions to aid workers in accessing conflict areas for humanitarian response.

There is an evident correlation between access constraints and aid effectiveness. This paper attempts to explore this through the following research question: ***How do internal restrictions on aid delivery impact aid effectiveness?*** For this, a multiple regression test with 09 IVs was conducted including Total affected as the main IV, 1 distal determinant (IDP), 3 proximate determinants (HIV, Access to water, undernourishment), and 4 socio - economic determinants (DAC donation, WHO aid, Health expenditure, and GDP per capita). Based on the findings, it was evident that Access to Water and the number of Total affected aid workers have a significant impact on the mortality rate (a proxy for aid effectiveness). DAC donor contribution and the presence of IDPs were the least significant variable in assessing the impact on infant mortality. Lastly, HIV, WHO, undernourishment, and GDP per capita demonstrate moderate variation in the infant mortality rate. The model explained approximately 81% of the variation in the infant mortality rate. Yet, the results are significant to encourage further research to explore the relationship between infant mortality and access constraints.

2. Materials and Methods

In this paper the infant mortality rate (IMR) as a proxy to measure aid effectiveness is used. There are three main reasons justifying this association. Firstly, infant mortality is regarded as the most important national indicator for health showing the status of countries on socioeconomic factors like basic living standards. Secondly, the limited capacity of countries to deliver essential public services like health and food reflects an increased dependence on foreign assistance. The assistance provided to affected states prioritizes the

[1] 'Global Humanitarian Overview.' Accessed September 7, 2022 https://gho.unocha.org/

[2] Moslehi, Shandiz, Farin Fatemi, Mohammad Mahboubi, Hossein Mozafarsaadati, and Shirzad Karami. "The challenges and recommendations of accessing to affected population for humanitarian assistance: a narrative review." Global journal of health science 7, no. 3 (2015)

health and food needs of the country. For example, the United States is the largest donor country in the Development Assistance Committee (DAC), and it provides the highest amount of food aid (in kind) assistance to countries affected by humanitarian emergencies. Lastly, empirical study on the aid effectiveness of other development indicators utilizes the same logic of using proxies that represent direct impact. For example, to assess the aid effectiveness in the education sector, the net enrolment rate is used (see page 16 for details). Therefore, IMR is the most useful proxy to assess aid effectiveness in a humanitarian context as it addresses two critical needs of the people in crises i. e. food and health, which is the focus of this paper.

Moreover, it is important to note that two important distinctions separate humanitarian aid from other types of foreign assistance instruments devised to support developing countries in combating internal crises or financial instabilities. This study will assess the impact of bilateral and multilateral aid provided to United Nations agencies. Secondly, as foreign aid is mostly divided into three types of programs: Humanitarian, Development, and Peace (building), it is worthy to note that this study will assess the impact of aid provided to manage humanitarian needs in states with a natural disaster or civil strife, or both. The reason to separate humanitarian and development interventions is that both serve different goals and objectives[3].

3. Literature Review

Strömberg's work made a significant contribution to understanding the impact of natural disasters on low - income countries. The author explained the term 'natural disaster' in the following words, "An event qualifies as a disaster in the CRED database if at least one of the following criteria is fulfilled: 10 or more people are reported killed; 100 or more people are reported affected, injured, and/or homeless; the government declares a state of emergency, or the government requests international assistance. "[4] There are two main aspects of Strömberg's work that are related to the research objective of this paper: 1) the impact of disasters on lower - income countries, and 2) the author's assessment of the international community's response to famine and drought compared to other natural disasters. It is important to investigate the author's findings related to the impact of disasters on lower - income countries. According to Strömberg, low - income countries are more vulnerable to natural disasters than high - income countries due to their limited capacity, resources, and expertise to tackle disasters.

Lastly, access constraints are one of the key factors associated with the recipient states that are limiting the aid effectiveness. The existing literature shows that access constraints are limiting aid workers from reaching the population in need. A narrative study conducted by Moslehi et, al (2015) found that constraints around political issues reflect in security threats, bureaucratic restrictions (delaying visas or denying access to certain sites by government officials), and indirect constraints that limit aid delivery. On the ground, aid workers attempt to get access through negotiations and advocacy (See Figure 1 for the full range of access constraints and responses by not - for - profit organizations studied in this study).

Review of Access Obstacles & Humanitarian Organization Response

Access Obstacles	Humanitarian Organization Response
Not getting visa to humanitarian personnel from affected country.	Undertake humanitarian negotiations with the host country.
Movement restrictions of agencies, personnel or goods in major urban centers of affected country.	Undertake the humanitarian negotiations with the host country.
Significant level of violence in destination countries against humanitarian personnel & facilities.	Withdrew ongoing humanitarian assistance temporarily. Developing a joint inter agency response plan with a coordinated approach. Support NGO security bodies in providing training.
Diversion of food aid by armed groups	Making efforts to contact armed group
Extreme security threats such as kidnapping humanitarian aid workers by criminal gangs or suicide bomber attacks.	Making efforts to contact criminal gangs. Withdrew ongoing humanitarian assistance temporarily.
Restrictions imposed by governments for humanitarian aid workers.	Negotiations with government and limiting humanitarian assistance.
Attempts by parties to armed conflict to block access intentionally.	Withdrew the humanitarian assistance temporarily.

Figure 1: Access Constraints and Humanitarian Organizations responses

The literature review highlights the significant findings on aid effectiveness in both humanitarian and development contexts. The effectiveness has been assessed from several measures such as economic, growth, education, gender equality, food insecurity, and conflict. The study also establishes the link between aid with internal state processes such as the analysis of Political Economic Analysis (PEA) or the impact of cultural constraints on improving effectiveness. This paper will contribute to the existing literature on aid effectiveness by assessing the impact of access constraints on the overall success of the humanitarian project.

At the Second High - Level Forum on Aid Effectiveness (2005), it was recognized that aid could - and should - be producing better impacts. The question of aid effectiveness and its efficiency was addressed through the consolidation of

[3] Lie, Jon Harald Sande. "The humanitarian-development nexus: humanitarian principles, practice, and pragmatics." *Journal of International Humanitarian Action* 5, no. 1 (2020): 1-13.

[4] Strömberg, David. "Natural disasters, economic development, and humanitarian aid." Journal of Economic perspectives 21, no. 3 (2007): 201

the Paris Declaration on aid effectiveness. The document was drafted and signed off by major donor countries to find ways to deliver humanitarian aid effectively. To achieve this end, OECD donors, after a series of consultations, have identified indicators of aid effectiveness. These indicators are Ownership, Harmonization, Alignment, Results, and Mutual Accountability.

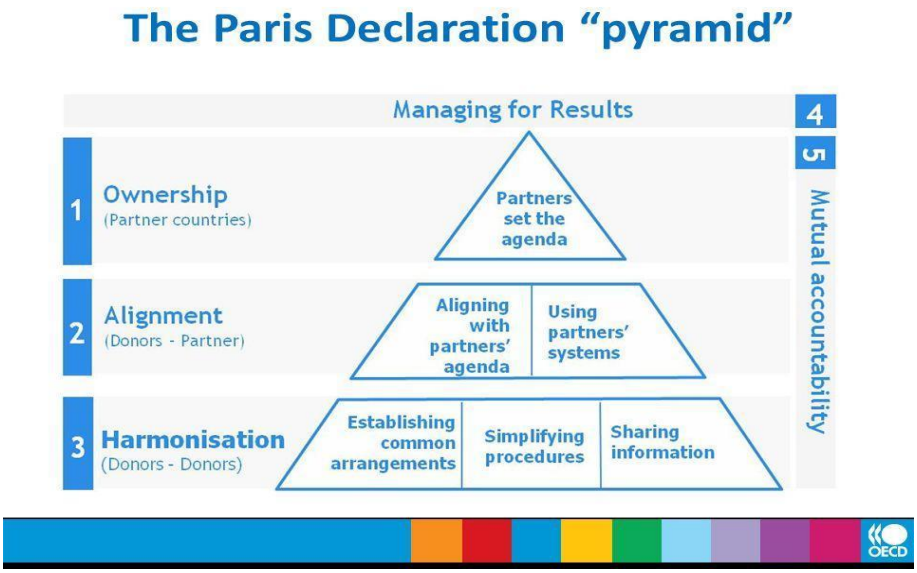

Figure 2: Indicators of aid effectiveness

Therefore, the following hypotheses will be tested: *The access constraints negatively affect aid effectiveness of humanitarian aid.*

4. Research Design and its results

The model designed for this study uses nice independent variables.

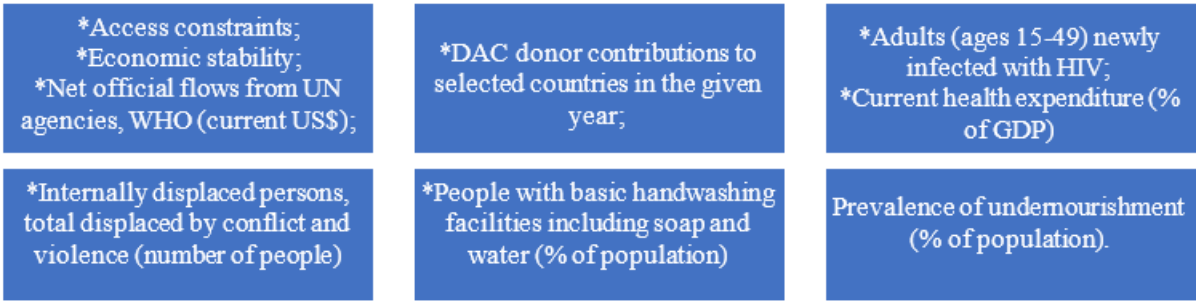

Figure 3: Nice independent variables

The dependent variable is aid effectiveness; however, since it is challenging to measure aid effectiveness, this paper narrowed down its focus to food aid to assess the specific impact on mitigating food insecurity. This section will operationalize both independent and dependent variables explaining the concepts, measures, and sources for each. In addition, it will describe how other authors have operationalized the same variables to ensure the study is embedded in the empirical work, and it is building on the contributions made by other authors.

Independent Variable (IV) - X

Firstly, as mentioned, this paper will investigate the correlation between access constraints (IV) and aid effectiveness (DV) to observe the extent to which it impacts aid delivery. The mortality rate is assessed as a direct indicator of food aid effectiveness. The World Bank describes this as the 'Infant mortality rate is the number of infants dying before reaching one year of age, per 1, 000 live births in a given year.' The World Bank reports the data in coordination with the UN inter - agency Group for Child Mortality Estimation (includes UNICEF, WHO, World Bank, and UN DESA Population Division). This operationalization of aid effectiveness is based on the focus of the research on food aid. Doucouliagos and Paldam (2008) and Michaelowa and Weber (2006) utilized the same approach to operationalization. Doucouliagos and Paldam (2008) assessed aid effectiveness in the economy by studying its impact on growth rate and GDP.

Dependent Variable (DV) – Y_1

To assess access constraints, the sum of total affected aid workers from 2006 - 2020 is used as a direct indicator. For this, a database on the 'Aid Worker Security (AWSD) ' maintained by Humanitarian Outcomes is utilized. The dataset records major incidents of violence against aid workers from 1997 through the present. The term 'major incident' is defined as 'killings, kidnappings, and attacks that result in serious injury. ' The term 'aid workers' refers to 'employees and associated personnel of not - for - profit aid agencies (both national and international) that provide material and technical assistance in humanitarian relief

contexts. ' For each incident, the dataset records; 1) date, 2) country, 3) number of aid workers affected, 4) sex of victims, 5) institutional affiliation, 6) type of staff, 7) outcome of incidents (victims killed/wounded/kidnapped), 8) means of violence (e. g. shooting, aerial bombardment), 9) context of attack (ambush, armed incursion, etc.), and 10) summary of incidents. It is worth noting that access constraints to aid workers also involve bureaucratic impediments, obstacles to aid delivery, and diversion of aid. Since this information is not systematically stored, the indicators are not included in the model. On the other hand, utilizing the sum of the total affected aid workers will help establish the direct causal impact between the IV (access constraints) and DV (mortality rate).

Eight additional dependent variables are included in the model: 1) Economic stability, 2) DAC donor contributions to selected countries in the given year, 3) Adults (ages 15 - 49) newly infected with HIV, 4) Current health expenditure (% of GDP), 5) Internally displaced persons, total displaced by conflict and violence (number of people), 6) Net official flows from UN agencies, WHO (current US$), 7) People with basic handwashing facilities including soap and water (% of population), and 8) Prevalence of undernourishment (% of population). The reason for this addition is to strengthen the robustness of the study through a multivariate statistical test of the research. To measure economic stability, annual GDP per capita is used from World Bank Indicators. Similarly, DAC donors' cumulative contributions to selected countries from 2006 - 2020 are collected to measure their impact on child mortality. For this, AidData provides comprehensive sectoral contributions. However, since the mortality rate is linked with WaSH, Agriculture, and Health sectors, it is challenging to extract specific aid provided to tackle food insecurity.

5. Discussion

There are alternative explanations, limitations, and assumptions as well.

1) The challenge particularly aggravates when interpreting different aspects of the research design in the context of armed conflicts, civil war, natural disasters, or protracted conflicts. Such as the influence of national, regional, and international politics on the selected cases.
2) Moreover, as mentioned, access constraints are also political and bureaucratic impediments that impact aid delivery. The research has limited its scope by not integrating political, operational, and logistics constraints aid organizations and aid workers face to navigate access constraints.
3) It is assumed that humanitarian projects studied for the research are intelligently designed, appropriately address the needs, and include best practices. Therefore, the reduced funding is not because of concern about performance or organizational capabilities.
4) It is also possible that humanitarian needs might decrease resulting in reduced funds channeled toward the relief project. However, famines often create long - term effects, and in conflict settings needs are evolving, thus needs cannot significantly decline to justify that claim for reduced funding.

6. Conclusion

Although the findings show a relatively significant correlation between mortality rate and access constraints, the low number of observations, missing values of some indicators in the model, and the study of only one aspect of access constraints make the results less convincing. Yet, the results are significant to encourage further research in exploring the relationship between infant mortality and access constraints. Further, there is a need to investigate the extent to which bureaucratic impediments and other governance - level restrictions impact infant mortality. Further studies must also explore the relations between low - income and middle - income countries compared to assess the impact of access constraints. It is also worth exploring the relationship between food - insecure states with other emergencies. Importantly, the study could not extract the specific donor contribution disbursed to each studied country. Therefore, the impact of DAC donor contribution shows the least impact on infant mortality, which is counterfactual since aid directly aims to mitigate immediate needs (infant mortality being a significant indicator of the intervention's impact). This needs further research to establish the existence of a correlation.

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