



Working Session on Humanitarian Access

10 May 2023, The Hague

Summary report

The delivery of humanitarian aid has become increasingly difficult. Some of the contemporary challenges we face include the increasing complexity of armed conflict, legal and political restrictions, counter-terrorism measures and sanctions, distrust of authorities or non-state armed groups, and more. As a result, access restrictions prevent people in more than 80 countries from receiving essential humanitarian assistance such as shelter, clean drinking water and health care.

Access is a crucial topic for humanitarian assistance, as humanitarian access is a prerequisite for providing impartial and effective humanitarian assistance. KUNO therefore capitalised on the presence of a team of humanitarian access experts from [Project Frontline](#) who visited the Netherlands to start the conversation on this issue. Project Frontline is a partnership of Stichting Vluchteling, International Rescue Committee and Intersos, which supports country teams in maintaining and improving humanitarian access. The following topics were discussed in the working session: first, how do various NGOs organise humanitarian access inside their organisations, and second, what can they learn from one another?

Sam Duerden, Director Humanitarian Action IRC

Humanitarian access has always been a problem worldwide, yet it seems to have become more visible in recent years. ACAPS estimates that in about 60 countries, people in humanitarian crisis situations receive insufficient or no aid at all. As a result of armed conflict, the ICRC estimates that roughly 26 million people in Africa do not get sufficient humanitarian relief. The IRC estimates that about 199 million people live in contexts facing severe or extreme humanitarian access constraints. Even when humanitarian assistance can reach people, access constraints can have a significant impact on the quality of assistance, e.g., health clinics may exist but lack the necessary drugs or food may reach a certain area but there is little oversight over who gets it. These are big challenges that affect a lot of people, which is why it is so important for humanitarian actors and policy makers to develop ways to address this issue.

IRC is a crisis response organisation operating in contexts often impeded by access constraints. To address this growing problem and to support their country teams who face these access constraints on a daily basis, they sought to structure their approach to humanitarian access constraints. In 2017, the IRC's emergency response department launched projects to develop methods and training for humanitarian negotiations, as well as policies and practices for dealing with armed groups. In 2020, the IRC expanded its capacity with operational support for country teams. By 2022, Project Frontline supported about 18 countries or emergency programmes. It was able to reach new areas in Burkina Faso and the Central African Republic, maintain access in Nigeria and Yemen, and helped achieve more day-to-day successes negotiating access on the ground in Ethiopia.

Currently, Project Frontline is a collaborative effort, focused on what the country office colleagues need. However, when do you know you are succeeding? Measuring access is extremely complicated because it is multidimensional, difficult to compare and changes over time. To help meaningfully measure progress in access across places and over time, Project Frontline designed the Access Measurement Tool. This tool is designed to diagnose access problems and measure how successful

interventions in country programmes are. Initial analysis showed that building lasting relationships with key actors is something that can be improved and that governments are often a greater impediment to access than armed groups.

Roger Gutierrez Salgado, Humanitarian Access Advisor MSF

MSF considers to have access because of three specific reasons. Firstly, MSF is able to have access due to stable relationships with authorities and communities. They have the capacity to build and cultivate relationships on local, capital and global levels. This is partly due to the MSF representation network which is able to engage with authorities outside the respective countries, for example in Geneva or at embassies across the world. Secondly, MSF provides a service, healthcare, which is often indispensable to authorities and communities. When they are faced by access impediments they are often able to adapt their programs vertically to what is allowed. When they have established a presence on the grounds they can see in what way they can expand their programs. Lastly, MSF can often gain access because of its operational independence, i.e. not being dependent on UN systems.

While these are ways in which MSF has organised its strategy to access, later on in the session, Roger mentioned some important points to keep in mind while faced with access constraints. To start, solutions to access constraints that are adapted to different populations and marginalised groups are needed, thus that go beyond being purely geographical. Furthermore, access is not just about humanitarian aid being able to reach people in need. It is also about people in need being able to access the services. Often people in need experience access constraints which are not external, but arise out of their own communities. Finally, organisations also face internal constraints to gaining better access, such as limited capacity. To overcome this, organisations can invest time in building relationships and networks, improving the negotiating capacities of their staff and being better prepared to seize access opportunities when they arise at short notice. There is also work to be done in the current humanitarian architecture to make it more agile and able to seize those opportunities. Examples of this can be getting more unearmarked emergency funding or further work on systems for smaller NGOs to be able to enter new areas with less reliance on security clearances or support from other larger organisations.

Discussion

During the discussion following the speakers' presentations, several interesting points were raised by different people representing different organisations. For starters, it was added to Roger Gutierrez Salgado's presentation that local staff play a crucial role in negotiating access, as they are often at the front line regarding access challenges. INGOs have a duty of care to their local staff and it is therefore crucial to trust your locally recruited staff, provide them with the necessary knowledge, capacity and training and inform them of the risks that are attached to working as a humanitarian and to negotiating access.

Furthermore, the case of Syria was also discussed considering the country has been battered by conflict since 2011, resulting in many access constraints, both in non-government and government-controlled areas. In non-government-controlled areas, the biggest challenge is that access is determined by the UN resolution that is about to expire. Failure to renew this resolution would impose huge restrictions on the entry of humanitarian goods, services and people into the area. Local humanitarian actors are therefore of great importance as their access is often more consistent and greater than that of INGOs. For government-controlled areas, the biggest access constraints are bureaucratic barriers. If humanitarian organisations want to provide aid in government-controlled areas, they must register with The Syria Trust for Development or the SARC, and work through these organisations. In addition, humanitarian aid is limited by sanctions, travel restrictions and lengthy visa procedures. While the earthquakes provided a window of opportunity for humanitarian aid through temporary lifting of sanctions and better cooperation by the

government, this window of opportunity is already shrinking as access restrictions increase again¹. This leaves a big question mark for the future.

To deal with access impediment such as described in the case of Syria, a few key points were mentioned that need to be taken into account. To start, coordination with local authorities is essential. This is not without challenges, because for example in Syria, there are quite a few red lines that organisations need to discuss internally, as well as with donors. It is about what you can and cannot do while still operating according to humanitarian principles. Moreover, prioritising the needs of communities must remain the starting point of aid delivery. Often a lot of money goes to humanitarian aid and not to rebuilding services. That is a whole other debate, but ultimately it is about whether the affected communities have access to the services they need most.

¹ For a more comprehensive update on the situation in Syria after the earthquakes, read [the summary report](#) of the KUNO session on this topic of 6 April 2023.