



## Helpdesk Research Report

# Impact of multilateral organisations on humanitarian outcomes

Evie Browne

21.08.2015

## Question

*What is the overall impact of multilateral organisations on humanitarian outcomes? What roles do the different multilateral organisations play at national, regional and international levels? What evidence is there of the impact of multilateral organisations on: 1. Mortality, 2. Morbidity, 3. Protection, 4. Food security, 5. Resilience. What indicators are available to measure impact in these five areas? According to these indicators, what are the trends?*

## Contents

1. Overview
2. Roles of MLOs
3. Mortality
4. Morbidity
5. Protection
6. Food security
7. Resilience
8. References

## 1. Overview

This rapid mapping review synthesises the evidence on multilateral organisations' (MLOs) impact on humanitarian outcomes. MLOs are defined by the OECD as international institutions with governmental membership that carry out developmental activities (OECD, 2015). This definition also includes humanitarian activities. Examples of MLOs include the UN agencies, World Food Programme, International Organisation for Migration, Central Emergency Response Fund, and International Committee of the Red Cross. Humanitarian outcomes are the results achieved in changing people's lives, such as saved lives, improved health, secured livelihoods, and resilience.

Individual programme evaluations provide rigorous evidence on outcomes, which may be partly attributable to multilateral organisations. Nearly all programme evaluations follow the standard format of providing evidence on: relevance and appropriateness; efficiency; effectiveness; sustainability; and impact. This report draws out some of the lessons on impact. These evaluations are generally commissioned by the agency but carried out by independent evaluators. They usually have strong and rigorous methodologies, although they may be biased towards reporting positive results. This report is based primarily on this grey literature from aid agencies and NGOs, with little academic literature.

Even with strong evidence on programme impact, it is hard to attribute results directly to MLOs or specific forms of aid architecture. In an emergency context, there tend to be many actors and interventions and it is difficult to show a direct chain of causality between specific funding streams or organisations and results.

The key points identified in this rapid assessment are:

- **Mortality:** Crude mortality rate is a standard indicator used when humanitarian programmes include a health element.
- **Morbidity:** Morbidity rates did not show up often in the literature, but disease prevalence and incidence rates are important indicators of impact.
- **Protection:** There is little evidence on measureable protection outcomes as this is a wide-ranging area of intervention. It is currently unclear how much impact MLOs have on this area, although there are some standardised indicators available.
- **Food security:** There is most evidence on food security in the literature. Food security initiatives are based on well-established evidence, and are often deemed successful and effective. WFP is consistently evaluated in the general literature, including by MOPAN, as a high-quality actor.
- **Resilience:** Resilience is strongly linked to food security and livelihoods. There is a reasonable amount of evidence on this topic, which shows that MLOs are better at delivering short-term assistance than long-term improvements to resilience.

Gender is considered in most of the literature. A key lesson is that indicators should all be sex-disaggregated. Another is that programmes should perform gender assessments, and target women.

This report is a brief overview of some of the evidence, as there are a large number of programme evaluations which could not be considered in the time allowed. These suggestions cannot be considered conclusive, only illustrative. Where possible, this report focuses on meta-evaluations and recent literature, to ensure accuracy of reporting. If this literature was not available, a suitable example was selected which showed the most relevant outcomes.

ALNAP's second report on "State of the Humanitarian System", due out in September 2105, will focus on humanitarian outcomes. This may provide an updated and comprehensive overview of tracking these outcomes.

## State of the evidence

Much of the literature on aid tends not differentiate between multilateral and bilateral aid, or development and humanitarian aid, instead focusing on overarching issues, individual actors, or the architecture of the system (Klingebiel, 2013). Most of the literature on multilaterals describes results in terms of volume and flow of aid, financial management, value for money for donors, and internal effectiveness and efficiency.

Few of the assessments of multilateralism have any evidence on results or humanitarian outcomes. The literature states that MLOs are generally considered effective on development and humanitarian outcomes, but it is extremely hard to drill down into the specifics of measuring this by outcome. For example, the five-year evaluation of the CERF contains no information of any direct impacts on humanitarian outcomes (Channel Research, 2011). Instead, it reports on increased coverage, timeliness, coordination and quantity of disbursements to implementing agencies. The Multilateral Organisation Performance Assessment Network (MOPAN<sup>1</sup>) focuses on organisational effectiveness and management, rather than humanitarian outcomes, and does not include discrete indicators for any of the specific categories considered in this report. DFID's Multilateral Aid Review in 2011<sup>2</sup> focused on identifying the value for money of funding through multilateral organisations, and does not disaggregate this by development/humanitarian funding.

Where there are evaluations, some of these record examples of no impact or negative impacts. This is not as common as recording positive impact. There is some chance that the evidence focuses overly much on positive impacts, even if these are insignificant.

## 2. Roles of MLOs

There is a vast literature on the normative roles and responsibilities of MLOs and other aid actors. This report provides a brief overview of some of the organisations covered in this report. This primarily looks at MLO's policy influence, and position as funders and implementers.

In practice, there are many overlaps between multilateral and bilateral aid, which make it difficult to draw clear distinctions and analyses between the two (Klingebiel, 2013). There are more than 200 autonomous multilateral organisations and funds that each have their own specific mandate, often set up to respond to a particular challenge (Carter, Hinds & Avis, 2015).

At the international level the UN bodies play a key role in agenda-setting and coordination (Carter, Hinds & Avis, 2015). The EU institutions are also major actors in multilateral assistance for development and humanitarian contexts combined, along with development banks and regional banks (Klingebiel, 2013). These organisations agree priorities and set precedents.

At the regional level, this review found no specific literature looking at which actors are important and what roles they play. Regional development banks and organisations such as the African Union may be important in addressing regional issues.

At national and organisational levels, MLOs engage in partnerships with other multilateral organisations, bilateral donors and groups of states. These partnerships can be at the level of financial investment, policy, advocacy, knowledge sharing and programmes (Carter, Hinds & Avis, 2015). The following descriptions from the annual MOPAN reports provide thumbnail sketches of the roles of some individual agencies:

- **Asian Development Bank** makes strong contributions to policy dialogue (MOPAN, 2013).
- **FAO** is acknowledged for its role as a global convener and knowledge broker on food and agriculture, in particular at the global and regional levels. Co-lead of the Food Security Cluster (MOPAN, 2014).

<sup>1</sup> <http://www.mopanonline.org/home/>

<sup>2</sup> <https://www.gov.uk/government/collections/multilateral-aid-review>

- **UN Women** has a reputation for high-quality and valued inputs to policy dialogue and advice at the country, regional and global levels. The organisation often acts as a bridge-builder between stakeholders. UN Women's capacity to lead and co-ordinate the United Nation's work on gender equality is uneven at the country level. Funding challenges may limit the organisation's ability to implement planned activities (MOPAN, 2014).
- **UNFPA** is recognised for its valuable role and contributions to policy dialogue at the global and country levels. As the leading multilateral agency on population and reproductive health, it is seen to add value both in terms of content and respect for partner views (MOPAN, 2014).
- **UNHCR** has a good reputation for the quality of its policy dialogue and how it uses advocacy to enhance protection for refugees and other persons of concern (MOPAN, 2014).
- **UNICEF** is valued for its field presence and engagement with governmental and non-governmental partners. UNICEF is highly valued by its direct partners. In contexts where it has significant humanitarian programming, UNICEF is fulfilling its responsibilities as a Cluster Lead and is recognised for its respect for humanitarian principles (MOPAN, 2012).
- **WFP** is a respected contributor to humanitarian inter-agency plans and appeals and plays a substantial role in the Consolidated Appeal Process. WFP's participation in the humanitarian cluster system is recognised as strong (MOPAN, 2013).
- **WHO's** stakeholders appreciate the organisation's contributions to policy dialogue and its respect for the views of its partners. Evidence is limited and unclear of the progress that WHO is making towards the contributions to organisation-wide outcomes and country-level goals (MOPAN, 2013).

The EU is a special case. It is the only DAC member to perform three functions (Klingebiel, 2013):

- It supplies its own aid to developing countries;
- It acts as a donor to multilateral institutions, passing on funding;
- It serves as a catalyst between member states and the European Commission, ensuring that they coordinate their dealings with multilateral institutions and partner countries.

### 3. Mortality

#### Evidence of impact of MLOs and trends

There is very little evidence on the specific impact on mortality. In the evaluations reviewed for this report, mortality data was quite often given, but usually as a broad top-level indicator. Mortality rates are not always associated with a particular programme, and thus not always used as an indicator which can track the outcomes of a specific intervention.

Health-focused organisations use mortality as a specific indicator of success. The GAVI Alliance and Global Fund have both produced strong results in terms of mortality, including in conflict-affected countries (Patel et al., 2015). DG ECHO commissioned an independent evaluation of its overall strategy and programmes in Ethiopia 2007-2011 (De Ville De Goyet, et al., 2012). In the refugee camps, mortality returned to average levels as a result of ECHO's overall basket of programmes. This was considered a significant achievement.

## Indicator

The **crude mortality rate** (CMR) is the most widely used indicator. This is the number of deaths in a given period of time divided by an estimate of the population at risk of dying during that period (Keely et al, 2001). It can be measured against 'baseline mortality', which is the 'normal' or expected mortality level (Keely et al, 2001).

In complex humanitarian emergencies, the CMR is often expressed as the number of deaths per 10,000 population per day during the acute phase of an emergency (Keely et al, 2001). Using a daily rate is appropriate as circumstances can change quickly. A rate of 1 per 10,000 per day is widely used as a benchmark of increased mortality (Keely et al, 2001).

Keely et al (2001) suggest that there might be a pattern of mortality in complex humanitarian emergencies. There is likely to be a sharp increase at the beginning of a crisis, then peak mortality, followed by a relatively rapid decline and stabilisation. For refugees and IDPs, the period of highest mortality is during flight, and immediately after arrival.

There are mixed opinions on the value of the CMR. Keely et al (2001) suggest that, although mortality estimates may be wrong in emergency contexts, it is more easily quantifiable and understood across cultural contexts, where other health indicators might be subject to misinterpretation. However, ECHO suggests that the CMR is not a useful indicator since it is a result of many factors and cannot be reliably attributed to a particular programme (or donor) (De Ville De Goyet, et al., 2012).

## 4. Morbidity

### Evidence of impact of MLOs and trends

Morbidity refers to the incidence or prevalence of a disease within a population. This review found no literature specifically using 'morbidity' as a general indicator.

### Indicators

Using morbidity indicators may be more appropriate than mortality rates to capture a broader range of issues, including psychosocial ones (Keely et al, 2001). Morbidity rates can be calculated with a population denominator, like mortality rates<sup>3</sup>. If this cannot be accomplished, absolute number of cases can be used. Some examples are<sup>4</sup>:

- Number of confirmed cases of measles.
- Number of registered cases of diphtheria in children under age five.
- Number of registered cases of cholera.
- Number of registered cases of malaria.

<sup>3</sup> [http://conflict.lshtm.ac.uk/page\\_168.htm](http://conflict.lshtm.ac.uk/page_168.htm)

<sup>4</sup>

[https://www.google.com/url?q=http://www.paho.org/hq/index.php%3Foption%3Dcom\\_docman%26task%3Ddoc\\_download%26gid%3D23462%26Itemid%3D270%26lang%3Den&sa=U&ved=0CA0QFjAEahUKEwjikL6C0LrHAhUElCwKHRYeA-I&client=internal-uds-cse&usg=AFQjCNHpbUXnXJnaXFbbbB25dre3NDHHCg](https://www.google.com/url?q=http://www.paho.org/hq/index.php%3Foption%3Dcom_docman%26task%3Ddoc_download%26gid%3D23462%26Itemid%3D270%26lang%3Den&sa=U&ved=0CA0QFjAEahUKEwjikL6C0LrHAhUElCwKHRYeA-I&client=internal-uds-cse&usg=AFQjCNHpbUXnXJnaXFbbbB25dre3NDHHCg)

- Annual parasite index.
- Tuberculosis incidence.
- AIDS incidence. Categories: Total, Male, Female.

## 5. Protection

### Evidence of impact of MLOs and trends

Protection broadly encompasses activities aimed at obtaining full respect for the rights of all individuals in accordance with international law – international humanitarian, human rights, and refugee law – regardless of their age, gender, social ethnic, national, religious, or other background<sup>5</sup>. Although this definition is commonly accepted, there are other perspectives (Bonino, 2014). There is a dearth of evidence on humanitarian protection interventions and outcomes (Bonino, 2014), with a perception that it is hard to measure. As a result, the literature found for this report focuses specifically on child protection in humanitarian contexts.

Commissioned evaluations show that **UNICEF** has a strong record of impact on child protection in emergencies. A meta-evaluation of 59 programmes from 2002 to 2007 shows that, during natural disasters and for war-affected children, UNICEF achieves generally good results (Sheeran, 2008). UNICEF's response to the Indian Ocean tsunami in 2004 focused on registration and reunification of separated children, psychosocial activities, and protection from abuse, violence, and exploitation (UNICEF, 2009). All these programmes were evaluated as effective (UNICEF, 2009). UNICEF also helped improve local government commitment to child protection, which translated into increased budgets and evolving social welfare systems after the tsunami.

The Danish Refugee Council received funding from the **European Commission** to implement a programme on "Legal and Social Protection of Asylum Seeking and Refugee Children in Ukraine" between 2011 and 2013. Its main objective was to secure legal and social protection for minor asylum seekers in connection to the asylum system. This was done through building the capacity of the government and civil society. An independent evaluation found that the core objectives were largely fulfilled (DRC, 2012). The legal and social support mechanisms became more able to protect asylum-seeking and refugee children than before.

### Indicators

World Vision Australia has developed a set of core standards and indicators for incorporating protection into humanitarian response. These are available in World Vision (2012).

The UNICEF evaluations on child protection in emergencies use the following indicators (Sheeran, 2008):

- Ability to execute rapid assessments that yield necessary information in a timely manner.
- Overall operations management that delivers a holistic response on the Child Protection-related Core Commitments for Children in emergencies.
- Protection and care of separated/unaccompanied children and children associated with armed groups.

---

<sup>5</sup> <http://www.unocha.org/what-we-do/policy/thematic-areas/protection>

- Psychosocial support interventions that are targeted and quickly established.
- Capacities for prevention and response to gender-based violence that are quickly in place.

Generally, these UNICEF executes these well, are executed well, although gender analysis could be better, as it was generally a secondary theme in evaluations. The meta-evaluation emphasises the importance of good pre-existing relationships with governments for positive impact.

The broad indicators used by the Danish Refugee Council to track improvements in government and civil society capacity to assist refugee and asylum-seeking children are (DRC, 2012):

- Asylum-seeking and refugee children have improved access to a protective system, which upholds international standards.
- The capacity of civil society to address children's social assistance needs is increased.
- Models of care for asylum-seeking children in Ukraine are further developed, systematised, and maintained.
- Society is further sensitised to the needs of asylum-seeking and refugee children, and asylum seeking and refugee children are aware of their rights and obligations within Ukraine.

## 6. Food security

### Evidence of impact of MLOs and trends

**WFP's response to food insecurity in Zimbabwe** in 2012-2015 aimed to support the livelihoods, resilience, nutrition and food security of 2.4 million beneficiaries (WFP, 2014). An independent evaluation (WFP, 2014) shows that the Productive Asset Creation programme provided food and assets to offset the need for seasonal food assistance. PAC improved food security, measured as percentage of beneficiaries reaching an 'acceptable' food consumption score. This cannot be solely attributed to WFP's activities, as beneficiaries were engaging in multiple strategies to improve food security. However, targets for dietary diversity were not reached. The assets provided were considered appropriate to present and future needs, which should help improve resilience.

The Seasonal Targeted Assistance (STA) programme aimed to protect and promote livelihoods through food and cash transfers for seasonally food-insecure households. Households receiving cash transfers instead of in-kind assistance suffered when the price of grain increased by 100 per cent in the lean season. The evaluation found that many of the STA beneficiaries could have participated in food-for-work schemes like the PAC beneficiaries, and that the size and duration of the STA transfer were too small to have any impact. WFP recommends food-for-work over food aid.

The Health and Nutrition programme aimed to provide care to people living with HIV/AIDS, tuberculosis, pregnant and nursing women and children under five. Recovery rates of patients were very low, particularly for ART and TB patients, mostly below 60 per cent. Health staff suggested that this may be due to: high rates of diarrhoea, coughs, malaria and fevers; lack of behaviour change communication for long-term change; but also pipeline breaks and premature end of the food distribution, the high carbohydrate content of Super cereal and the sharing of Super cereal with household members.

Another **WFP evaluation of similar activities in Somalia** also shows mixed results (WFP, 2015). The Targeted Supplementary Feeding programme had very good results, with the cure rate for Moderate Acute

Malnutrition children more than 85 per cent, and the death rate less than one per cent. Pregnant and lactating women also reached a 92 per cent recovery rate. The programme also had good coverage, reaching a large number of cases. Community nutrition workers and integrated services have helped effectiveness.

The programme on mother-and-child health and nutrition for pregnant or lactating women and children aged 6-23 months was highly successful, measured through Global Acute Malnutrition (GAM) rates. These stabilised at around 10 per cent, well below the emergency threshold of 15 per cent. The programme also increased access to and uptake of health services. The provision of a ration for pregnant women is highly correlated with a significant uptake of antenatal care services and safe delivery at the health facility by a trained midwife, and some correlation with other health services. This programme was much more effective than the Blanket Supplementary Feeding programme, which targeted the same group of young children in this programme.

In 2010, the Government of Niger responded to its food crisis by distributing Blanket Supplementary Feeding to 500,000 children, delivered through **UNICEF, WFP and international NGOs**. An independent evaluation shows that the programme had positive effects on general food security (Poulsene & Fabre, 2011). Blanket feeding and cash transfers were described in focus groups as significantly improving household living conditions, in school attendance, more meals per day, lowered debt (and empowerment from cash transfers). However, surveys showed an increase in severe acute malnutrition among children, which the evaluators attribute to an outbreak of malaria.

**DG ECHO funded** Oxfam to deliver a humanitarian programme in Mindanao, Philippines from 2000 to 2004, to respond to the needs of conflict-affected communities. Food security was among its focus areas. An external evaluation shows that community focus groups stated that their overall wellbeing has improved due to the programme (Cruz et al., 2006). Promoting organic and diversified farming created the most impact on food security, through reducing the costs of farm production and debt to traders for the purchase of pesticides and fertilisers. Diversification provided better diets, new income sources and a slight decrease in household expenditures. Women's involvement in livelihood activities increased.

ECHO funded the Norwegian Refugee Council (NRC), the Association of Volunteers in International Service and the International Rescue Committee (IRC) to provide food assistance in the form of cash or vouchers in the eastern Democratic Republic of Congo. Three activities were implemented: food fairs, open market vouchers, and cash transfers. An independent evaluation of the 2013 programme cycle (Bailey, 2014) finds that beneficiaries listed positive outcomes: increased food consumption, increased diversity of foods, weight gain and improved children's health. Monitoring by the implementing agencies found that food consumption scores of IRC and NRC beneficiaries improved respectively by 52 per cent and 124 per cent, although this did not last once the purchased food was finished. Beneficiaries also stated that they could use their time for purposes other than finding food. Cash transfers appeared to be the most efficient mechanism. The cash also had additional benefits to the wider economy, stimulating local markets. The listed organisations were also working with UNICEF to provide other types of assistance to the same population, and this resulted in close coordination and efficiency.

ECHO commissioned an independent evaluation of its overall strategy and programmes in Ethiopia 2007-2011 (De Ville De Goyet, et al., 2012). Beneficiaries and project staff rated beneficiaries' living conditions as generally improved, although this cannot be attributed to any single intervention. In refugee camps, GAM levels in older and more stable camps dropped to below the 15 per cent threshold, a sharp drop which was a significant achievement. The evaluators concluded that DG ECHO performs well in acute crises, but less well in protracted food nutrition crisis where its funding input is comparatively modest.

## Indicators

- **Nutritional status:** this is considered a good outcome indicator as it captures multiple dimensions of livelihood security. Acute and chronic malnutrition are simple to measure (Poulsene & Fabre, 2011). Malnutrition is a simple indicator, but does not easily capture the effect of a single factor, making it difficult to attribute improvements to a particular intervention (Poulsene & Fabre, 2011).
  - **Global Acute Malnutrition** rates (WFP, 2015). The ECHO evaluation of programmes in Ethiopia (De Ville De Goyet, et al., 2012) claims that using the GAM as a measure of performance for food aid programmes is unreliable, as GAM rates fluctuate over the year and food aid only addresses one aspect of malnutrition, not the root causes. ECHO recommends using the **Food Consumption Score and the Coping Strategies Index** instead.
  - **Food consumption rates** (WFP, 2014).
  - **Dietary diversity** (WFP, 2014).
  - **Weight for height** in children as a single indicator can cause problems as it may admit children who are not malnourished into programmes (WFP, 2015).
- **Access to water** (De Ville De Goyet, et al., 2012).
- Numbers of persons **discharged, recovered, died and defaulted**, according to standardised SPHERE guidelines (WFP, 2015).
- Where nutritional support is incorporated into wider health programmes, indicators can include **treatment adherence, mortality, and recovery rate** (WFP, 2014).
- School feeding programmes can be measured through **enrolment and retention rates** (WFP, 2015).
- **Partnerships** between communities, government and other technical groups, so communities can obtain technical support and other livelihood opportunities (Cruz et al., 2006).
- **Agricultural practices diversified** and **income generation activities** established (Cruz et al., 2006).

## 7. Resilience

### Evidence of impact of MLOs and trends

Resilience is a broad concept in development and humanitarian work that loosely refers to the ability of a system to respond to shocks and stresses (Mitchell & Harris, 2012). Resilience is strongly linked to food security and livelihoods.

**WFP** (Watts, 2014) provide a synthesis report on evaluations of their food-for-assets programmes in Bangladesh, Ethiopia, Guatemala, Nepal, Senegal and Uganda. These programmes aim to enhance livelihoods resilience during periods of civil unrest and natural disaster. Strong evidence from household surveys reported increased land productivity, agricultural production and income generating opportunities. However, overall improvements in longer-term food security and dietary diversity were

limited. Women benefited significantly from food-for-assets activities through employment and access to resources; the creation of assets targeted to women that subsequently remained under their control; increased social connectivity and freedom of movement; increased social status. Social cohesion was an important indicator for resilience, as many of these communities had faced conflict.

An evaluation of the response to Cyclone Nargis by the Myanmar **Red Cross** Society and International Federation of Red Cross and Red Crescent Societies<sup>6</sup> shows success in creating resilience (IFRC, 2011). Immediate stopgap economic activities such as cash-for-work and employment of labourers, and mid-term strategies of provision of productive assets such as fishing boats or livestock, helped many families recover economic productivity. Income levels returned to pre-Nargis levels quite quickly; 58 per cent of respondents attributed a positive influence of the Red Cross programme. The Red Cross used many community-based instruments, which fostered social capital and working together. The operation also had an impact on the capacity and ability of the Myanmar Red Cross, which was later better able to respond to Cyclone Giri and an earthquake in Shan state.

An evaluation of the **overall response to the 2011 Haiti earthquake** found that humanitarian assistance did not make any contributions to resilience (DRLA & UEH, 2012). It does not disaggregate between bilateral and multilateral forms of funding, but is a comprehensive overview of the humanitarian response. Most of the funding to Haiti came through the IASC cluster system and predominantly went to UN agencies, so can be classed as multilateral. This evaluation reflects the views and perceptions of Haitians living with the impact of the earthquake, as well as drawing on secondary data and household surveys. The evaluation suggests that aid was immediately useful, but did not improve the situation overall because it did not address mid- and long-term needs. Respondents also identified inequity as a severe shortcoming of humanitarian assistance, with some people distributing aid with preference to friends and family. The resilience dimensions identified by stakeholders (described below) show very little relationship with the receipt of humanitarian assistance. There was some indication that people's psychosocial resilience suffered when receiving assistance, attributed to feelings of dependence and shame. Most assistance was directed at immediate need and not at mid-term recovery or resilience.

**DG ECHO** commissioned an independent evaluation of its overall strategy and programmes in Ethiopia 2007-2011 (De Ville De Goyet, et al., 2012). Its impact on drought preparedness and resilience were assessed to be limited. Short-term improvements were seen, but not long-term.

## Indicators

One widely-cited disaster resilience measurement framework is the '**characteristics of resilience**' model, which uses the five dimensions of resilience identified in the Hyogo Framework for Action and suggests a range of indicators for measuring each of them (Combaz, 2014).

- Governance
  - Policy, planning, priorities and political commitment
  - Legal and regulatory systems
  - Integration with development policies and planning
  - Integration with emergency response and recovery
  - Institutional mechanisms, capacities and structures

---

<sup>6</sup> IFRC is not always defined as an MLO. In this report, it is considered one.

- Allocation of responsibilities
- Partnerships
- Accountability and community participation
- Risk Assessment
  - Hazards/risk data and assessment
  - Vulnerability/capacity and impact data and assessment
  - Scientific and technical capacities and innovation
- Knowledge and Education
  - Public awareness, knowledge and skills
  - Information management and sharing
  - Education and training
  - Cultures, attitudes, motivation
  - Learning and research
- Risk Management and Vulnerability Reduction
  - Public awareness, knowledge and skills
  - Information management and sharing
  - Education and training
  - Cultures, attitudes, motivation
  - Learning and research
- Disaster Preparedness and Response
  - Public awareness, knowledge and skills
  - Information management and sharing
  - Education and training
  - Cultures, attitudes, motivation
  - Learning and research

The evaluation of the response to the Haiti earthquake developed seven categories of resilience through discussion with Haitian stakeholders (DRLA & UEH, 2012):

- **Wealth:** Financial and physical capital, income expenditures and food security/ consumption are reflected in the wealth dimension.
- **Debt and credit:** the use of credit to access food and non-food items necessary for survival. Although access to credit could be considered a way to increase resilience, use of credit (accumulation of debt) for survival is an indication of vulnerability.
- **Coping behaviours:** This dimension includes behaviours used to respond to recent shocks, as well as behaviours that households might employ should their situation become more difficult. This dimension focuses not on the ability of households to respond, but rather on the negative aspects of coping that can lead to the exhaustion of household resources.

- **Human capital:** represented here by education level and workforce capacity within the household.
- **Protection and security:** self-reported experiences, perceptions and opinions of household members related to their personal sense of security and their reported exposure to personal and property crime.
- **Community networks:** reflects the connectedness of households to groups— particularly those related to livelihoods, income or decision-making within the community— and community decision processes.
- **Psychosocial status:** Psychological status and well-being of household heads is a dimension of resilience often adversely affected in the short term, and potentially long-term, depending, in part, upon the nature and effectiveness of humanitarian assistance.

Other indicators are:

- Livelihoods / income levels (IFRC, 2011)
- Percentage of assets which are fully functional (Watts, 2014)
- Increased land productivity, agricultural production and income generating opportunities (Watts, 2014)
- Social capital (IFRC, 2011)
- Social cohesion (Watts, 2014)

## 8. References

- Bailey, S. (2014). *Evaluation of ECHO-funded cash and voucher food assistance in the Democratic Republic of Congo*. Norwegian Refugee Council. <http://www.alnap.org/resource/12806>
- Bonino, F. (2014) *Evaluating protection in humanitarian action: Issues and challenges*. ALNAP Working Paper. London: ALNAP/ODI. [www.alnap.org/pool/files/alnap-evaluating-protection-paper.pdf](http://www.alnap.org/pool/files/alnap-evaluating-protection-paper.pdf)
- Channel Research (2011). 5-year evaluation of the central emergency response fund. Synthesis report: final draft. OCHA. <http://www.unicef.org/evaluation/files/5yr-SynthesisFinal-USA-2011-009-1.pdf>
- Combaz, E. (2014). *Disaster resilience: Topic guide*. Birmingham, UK: GSDRC, University of Birmingham. <http://www.gsdrc.org/go/topic-guides/disaster-resilience>
- Cruz, P. D., Ferrer, E. M., & Hipolito, Z. (2006). *Evaluation of Humanitarian Protection and Direct Humanitarian Support Programme in Central Mindanao, Philippines*. <http://www.alnap.org/resource/12024>
- De Ville De Goyet, C., Hoogendoorn, A., Aberra Teklu, A. and Abera Koriche, S. (2012). *Evaluation of DG ECHO's actions in Ethiopia. Final Report*. European Commission. <http://www.alnap.org/resource/9696>
- DRC (2012). *Legal and Social Protection of Asylum Seeking and Refugee Children in Ukraine, Belarus, and Moldova Project Evaluation and Recommendations for the Handover of Activities*. Danish Refugee Council. <http://www.alnap.org/resource/11080>

- DRLA & UEH (2012). *Haiti Humanitarian Assistance Evaluation From a Resilience Perspective*. Tulane University's Disaster Resilience Leadership Academy; State University of Haiti.  
<http://www.alnap.org/resource/6377>
- IFRC (2011) *After the storm: recovery, resilience reinforced. Final evaluation of the Cyclone Nargis operation, 2008-2011*. International Federation of Red Cross and Red Crescent Societies: Geneva.  
<http://www.alnap.org/resource/8723>
- Keely, C. B., Reed, H. E., & Waldman, R. J. (2001). Understanding mortality patterns in complex humanitarian emergencies. *Forced Migration and Mortality*, 1-37.  
<http://www.ncbi.nlm.nih.gov/books/NBK223340/>
- Klingebiel, S. (2013). Multilateral aid: structural change and donor preferences. *Zeitschrift für Außen-und Sicherheitspolitik (ZfAS)*, Forthcoming. [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2351579](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2351579)
- Mitchell, T., & Harris, K. (2012). *Resilience: A risk management approach*. ODI Background Note. Overseas Development Institute: London. <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7552.pdf>
- MOPAN (2012). *MOPAN Annual Report 2012*. Multilateral Organisation Performance Assessment Network. [http://www.mopanonline.org/publications/MOPAN\\_Annual\\_Report\\_2012.pdf](http://www.mopanonline.org/publications/MOPAN_Annual_Report_2012.pdf)
- MOPAN (2013). *MOPAN Annual Report 2013*. Multilateral Organisation Performance Assessment Network. [http://www.mopanonline.org/publications/MOPAN\\_Annual\\_report\\_2013\\_1.pdf](http://www.mopanonline.org/publications/MOPAN_Annual_report_2013_1.pdf)
- MOPAN (2014). *MOPAN Annual Report 2014*. Multilateral Organisation Performance Assessment Network. <http://www.mopanonline.org/publications/MOPAN%20Annual%20Report%202014.pdf>
- OECD (2015). *Multilateral Aid 2015. Better Partnerships for a Post-2015 World*. OECD.  
<http://dx.doi.org/10.1787/9789264235212-en>
- Patel, P., Cummings, R., & Roberts, B. (2015). Exploring the influence of the Global Fund and the GAVI Alliance on health systems in conflict-affected countries. *Conflict and health*, 9(1), 7.  
<http://dx.doi.org/10.1186/s13031-015-0031-z>
- Poulsene, L., & Fabre, D. (2011). *UNICEF Emergency Project Niger. Cash Transfers for protection of Blanket feeding. Maradi and Tahoua regions*. Independent final evaluation. Channel Research.  
<http://www.alnap.org/resource/12676>
- Sheeran, A. (2008). *UNICEF Child Protection Meta-Evaluation*. UNICEF.  
<http://www.alnap.org/resource/19121>
- UNICEF (2009). *Children and the 2004 Indian Ocean tsunami: UNICEF's Response in Indonesia (2005-2008)*. Child Protection Report. United Nations Children's Fund (UNICEF), New York.  
<http://www.alnap.org/resource/12499>
- Watts, J. (2014). *Synthesis Report of the Evaluation Series on the Impact of Food for Assets (2002 – 2011) And lessons for building livelihoods resilience*. WFP Office of Evaluation.  
<http://www.alnap.org/resource/20386>

WFP (2015). *SOMALIA Protracted Relief and Recovery Operation (200443) Strengthening Food and Nutrition Security and Enhancing Resilience June 2012 – December 2015 Mid-term Evaluation Report*. WFP Office of Evaluation. <http://www.alnap.org/resource/20335>

WFP. (2014). *Zimbabwe, Protracted Relief and Recovery Operation 200453 “Responding to Humanitarian Needs and Strengthening Resilience to Food Insecurity” (September 2012–March 2014) Final Evaluation Report*. WFP Office of Evaluation. <http://www.alnap.org/resource/19732>

World Vision (2012). *Minimum Agency Standards for Incorporating Protection into Humanitarian Response*. World Vision. [http://reliefweb.int/sites/reliefweb.int/files/resources/Full\\_Report\\_3752.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_3752.pdf)

## Key websites

- ALNAP: <http://www.alnap.org/>
- MOPAN: <http://www.mopanonline.org/home/>

## Expert contributors

Sandrine Tiller, MSF  
Nevio Zagaria, WHO

## Suggested citation

Browne, E. (2015). *Impact of multilateral organisations on humanitarian outcomes* (GSDRC Helpdesk Research Report 1261). Birmingham, UK: GSDRC, University of Birmingham.

## About this report

This report is based on four days of desk-based research. It was prepared for the UK Government’s Department for International Development, © DFID Crown Copyright 2015. This report is licensed under the Open Government Licence ([www.nationalarchives.gov.uk/doc/open-government-licence](http://www.nationalarchives.gov.uk/doc/open-government-licence)). The views expressed in this report are those of the author, and do not necessarily reflect the opinions of GSDRC, its partner agencies or DFID.

The GSDRC Research Helpdesk provides rapid syntheses of key literature and of expert thinking in response to specific questions on governance, social development, humanitarian and conflict issues. Its concise reports draw on a selection of the best recent literature available and on input from international experts. Each GSDRC Helpdesk Research Report is peer-reviewed by a member of the GSDRC team. Search over 400 reports at [www.gsdrc.org/go/research-helpdesk](http://www.gsdrc.org/go/research-helpdesk). Contact: [helpdesk@gsdrc.org](mailto:helpdesk@gsdrc.org).