

The Interaction of Foreign Aid with Access Constraints

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Abstract

This paper touches upon the complexity surrounding the efficiency of humanitarian aid in conflict and natural disaster settings. It examines the origins and evolution of the humanitarian system. The paper also contains humanitarian principles. It highlights key features such as the Biafra/Nigerian Civil War that shaped its course as well. By analyzing the existing literature on aid effectiveness, the study aims to address gaps in research by examining the sectoral impact of aid, internal dynamics of recipient states, and access constraints. Insights from various studies shed light on the multifaceted nature of aid effectiveness, providing a comprehensive understanding of the challenges. Ultimately, this paper provides a deeper understanding of how humanitarian aid can be optimized to alleviate the suffering of those in crisis situations. The article shows two models to understand the relationship between access constraints, aid efficiency, and mortality rates. The results suggest that access constraints play a significant role in increasing mortality rates while GDP per capita and aid donations impact health outcomes positively. The study assumes well-designed humanitarian projects and examines data over recent years to assess the impact of aid delivery on reducing mortality rates. The findings call for further research to explore humanitarian interventions and contribute to existing literature on humanitarian projects.

Keywords

Humanitarian Principles, Food Insecurity, Access Constraints, Humanitarian Aid, Donors, Dependent Variable, Independent Variable, Mortality Rates

1. Introduction

According to the United Nations High Commission for Refugees (UNHCR), "The principal motivation of humanitarian action is to save lives and alleviate

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suffering in a manner that respects and restores personal dignity. Accordingly, humanity is the principal driver for any response to a crisis, whether caused by conflict, violence, or natural or man-made disaster.” Importantly, the humanitarian actors distinguish themselves from other actors responding to a crisis by their impartiality. This drives the widely accepted definition of the term “humanitarianism” as “the impartial, independent, and neutral provision of relief to those in immediate danger of harm” (Barnett, 2005).

According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), these humanitarian principles are central to ensuring the provision of aid to those in need without any discrimination. UNOCHA’s framework underscores the importance of neutrality, impartiality, and independence in humanitarian response, which are essential for maintaining the trust and acceptance of all parties involved in a crisis (see Figure 1).

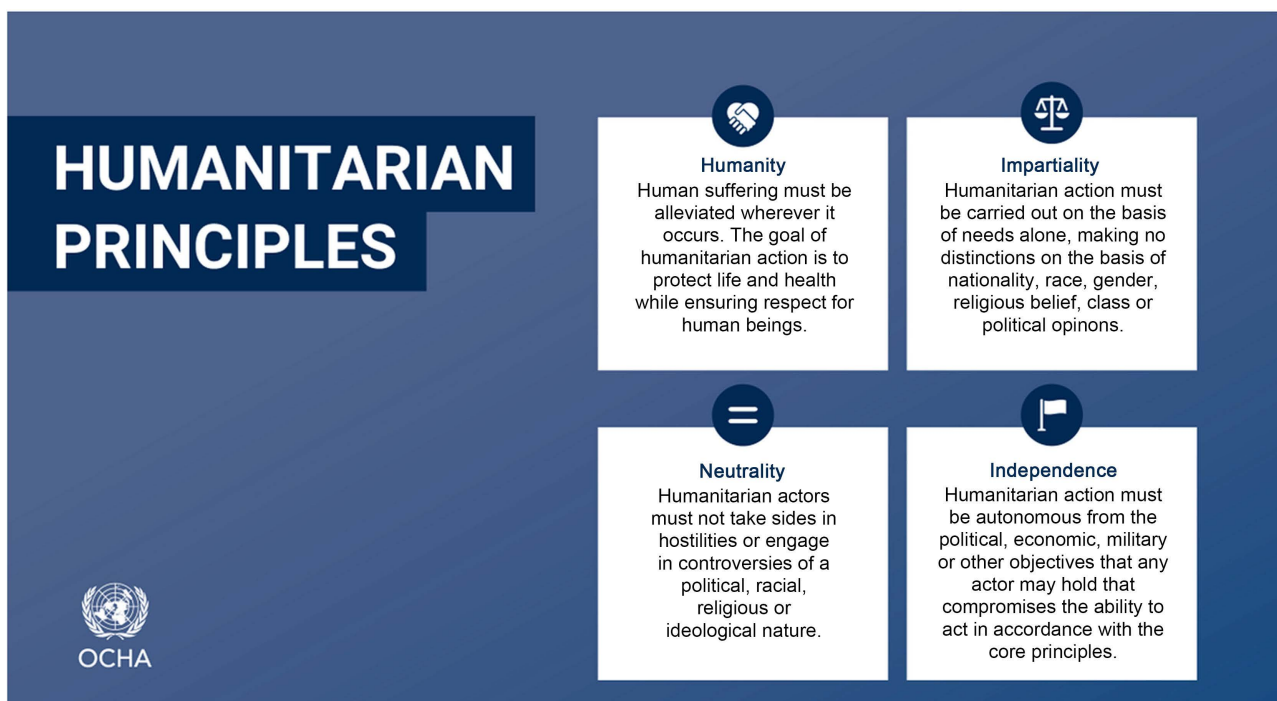


Figure 1. The humanitarian principles via UNOCHA.

The humanitarian system is used to refer to the coalesced efforts of states, non-governmental organizations (NGOs), international agencies, and humanitarian actors to alleviate the suffering of people affected by conflicts or natural disasters (Davey, Borton, & Foley, 2013). ALNAP adopted the following definition of the humanitarian system: “the network of interconnected institutional and operational entities through which humanitarian action is undertaken when local and national resources are, on their own, insufficient to meet the needs of a population in crisis” (ALNAP, 2022). This includes providing immediate, short-term lifesaving assistance to address the urgent needs of affected individuals, such as food, water, shelter, healthcare, sanitation, hygiene, and critical nutritional services. The effectiveness of humanitarian assistance is shaped by a variety of ac-

tors, including institutional and private donors who fund the aid, local and national entities who support and monitor the programs, and the communities who receive the assistance. While traditional barriers like funding gaps, coordination issues, and logistics and administration-related access constraints continue to undermine the effectiveness of humanitarian aid projects, internal access constraints are increasingly becoming a major obstacle to aid effectiveness. To enhance access in recipient states, it is vital to strengthening relationships with local leaders, offering security training for project staff, integrating access planning from the start, applying conflict-sensitive management, and documenting best practices for negotiating constraints. Nonetheless, these measures cannot replace the need for a thorough analysis of how access issues affect aid effectiveness.

This study aims to address two challenges in the existing literature on humanitarian systems. Firstly, existing scholarship on aid effectiveness points to the challenge of limited theoretical and systematic analysis on the subject. The AEL (aid effectiveness literature) is an accumulation of over 40 years of research on “aid-savings, aid-investment, aid-growth, and aid-conditionality effects” (Doucouliagos & Paldam, 2009). The AEL consists of empirical macro studies of the effects of development aid. By the end of 2004, it had reached 97 econometric studies of three families. The AEL is an ideal subject for meta-analysis as it uses only a few formally similar models that try to catch precisely the same effects. Yet, the papers are used to assess the impact of development aid (particularly for economic indicators). This study aims to contribute to the systematic study of humanitarian aid by combining the World Bank Indicators with the database generated for aid practitioners.

The origin of the humanitarian system is traced to the Western (especially European) experience of war and natural disasters. According to Davey, the modern humanitarian system, in its intent and purposes, finds its conceptual, operational, and institutional roots in the nineteenth century. During this time, incidents of inter-state conflicts were frequent. Thus, the increased human cost of conflict in the age of technological advancements and industrialization provided an incentive to governments to minimize the impact of war upon soldiers “so as to contain the discontent at home” (Davey, Borton, & Foley, 2013). Thus, humanitarianism emerged as a valued, critical, and significant service. With the expansion of the humanitarian system, the practitioner also devoted time and resources to create new techniques to mitigate the impact of conflicts including famine relief, the provision of cash assistance to the needy, and colonial medicine and health services.’ Another noticeable feature of the post-war years was the proliferation of humanitarian agencies. According to Davey, nearly 200 NGOs were created between 1945 and 1949 (Davey, Borton, & Foley, 2013).

The humanitarian system continues to expand exponentially with the creation of another 289 major new NGOs by the end of the Cold War. However, the Nigeria/Biafra Civil War (1967-1970) shifted the significance and impact of humanitarian action. Montclos claims that the humanitarian intervention in Biafra prolonged the conflict, aided the successionist (monetarily and logistically), and

intensified the famine conditions. It also introduced new challenges around managing access, ensuring the security of aid workers, preventing the politicization of aid, and maintaining the neutrality of humanitarianism (de Montclos, 2009). According to Davey, the Biafra war, all accounts agree, was of huge consequence: “a formative experience in contemporary humanitarianism”; “a test case and a turning point for international humanitarian assistance”; “opening a new chapter in humanitarian action”; “everyone is in agreement that modern humanitarian action was born in Biafra.”

2. Literature Review

The literature on aid effectiveness shows distinct results. Its impact on macroeconomic indicators is disputed, but its sectoral impact is somewhat positive. Further, in explaining the ineffectiveness, this paper highlights the importance of the internal dynamics of recipient states and the interaction of natural disasters and food insecurity. Lastly, the paper reviews the existing literature on access constraints and explains how this paper contributes to addressing the gap.

Firstly, as mentioned, the sectoral analysis of aid in education, gender equality, health indicators, and cultural constraints is somewhat positive. Michaelowa and Weber studied the effectiveness of development aid in improving education (Michaelowa & Weber, 2006). They found positive effects from development assistance on primary enrollment and completion. Similarly, Olivius assessed humanitarian aid policy utilizing women’s participation as an instrument for optimizing the efficiency and effectiveness of humanitarian operations (Olivius, 2014). According to Collier and Hoeffler’s research, foreign aid contributes to reducing the risk of civil war by diversifying the economy (Collier & Hoeffler, 2004). Similarly, the literature on aid effectiveness in conflict contexts presents favorable results. For example, Mary and Mishra analyzed the effects of humanitarian food aid on the conflict in developing countries. The authors conducted a baseline 2SLS-IV that proved that every “10 percent increase in humanitarian food aid per capita results in a 0.2 percentage point decrease in conflict incidence” (Mary & Mishra, 2020). In addition, in the same study, authors found that “humanitarian food aid decreases the onset and duration of civil conflicts” (see Figure 2).

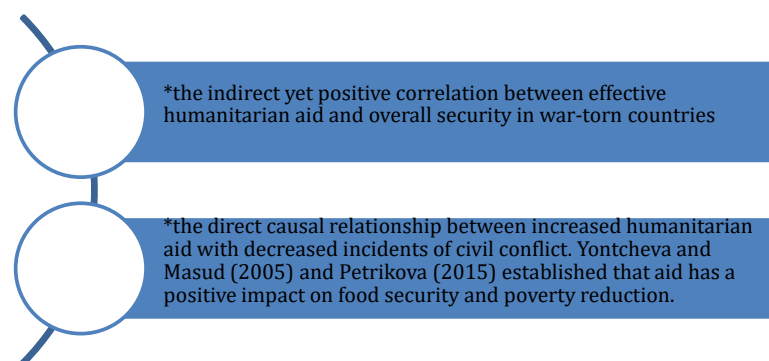


Figure 2. Two promising features related to the effectiveness of humanitarian food aid on civil conflict.

Apart from humanitarian aid in a conflict context, several authors have explored other aspects influencing aid effectiveness in the recipient country. Hansen and Tarp's re-examination of the literature on the aid-savings, aid-investments, and aid growth relationships conclude that there is a positive aid-growth link "even in countries hampered by an unfavorable policy environment" (Hansen, & Tarp, 2000). This is contrary to the findings of Doucouliagos and Paldam who utilized the 40 years of research on aid effectiveness consolidated as aid effectiveness literature (AEL) (Doucouliagos & Paldam, 2009). Dambisa Moyo, the author of the book *Dead Aid*, criticizes international aid as well. She claims, "over the past 60 years at least \$1 trillion of development-related aid has been transferred from rich countries to Africa (Moyo, 2009)." Copestake proposed a slightly different approach to attain aid effectiveness by suggesting to shifting the focus from the donor to recipient countries. The study compared, contrasted and critically analyzed the three analytical frameworks for Political Economic Analysis (PEA). The findings conclude that "the potential of PEA to improve development effectiveness depends on how far it addresses the micro as well as macro politics of aid and permits a finer-grained engagement between analysis and action" (Copestake, 2013). This is important, particularly in the context of developing countries where internal state policies and institutional structures are less stable. Torrente's findings are also significant as they highlighted that "improving the quality and standards of aid and focusing on increasing 'downward accountability' toward affected persons by involving them more effectively in the management of the aid response" will improve the aid's relationship to its "would-be beneficiaries" (De Torrenté, 2013). Maria et.al highlighted the positive effects of the ethical procurement practices employed in humanitarian assistance in a comprehensive study conducted in Kenya (Maria, Githii, & Ombati, 2018). Lastly, Terry and Zewde discussed potential challenges that are undermining humanitarian responses. Terry in "The Paradoxes of Humanitarian Aid" highlighted the challenge of humanitarian interventions being unable to attain their intended outcomes. According to Terry, these outcomes are not always negative, but the paradox of aid lies in the fact that sometimes aid itself can play a role contrary to that which is anticipated (Terry, 1998). Similarly, Zewde qualitative analysis proved that there are significant "inefficiencies in the emergency management of data at every stage of its lifecycle: collection, processing, analysis, distribution, storage, and retrieval" of United Nations Office for Coordination (UNOCHA)'s informational management system that plays a critical role in disaster reduction and disaster management (Zewde, 2023).

3. Case Selection (Materials and Methods)

For the analysis, fifteen-year data starting from 2006 through 2020 is being analyzed. Humanitarian projects are usually designed for short periods (six months to a year), but the reason to assess a fifteen-year term is to generate evidence of change. It is assumed that the changes over a fifteen-year time will project more accurate results than analyzing project-wise data, which is not consolidated in a

yearly manner (see operationalization of DAC donor for details on limitations). Further, the case selection is based on the nature of humanitarian needs (food insecurity) in conflict settings in different geographic regions.

There is a range of political, social, and economic issues the selected countries are facing. However, the reason to select these for the study is solely due to the high level of food insecurity. This is because: 1) It is reasonably fair to assume that countries with ongoing protracted conflict prioritize food insecurity as a primary service to the affected population; 2) Interventions in other sectors such as WaSH and Health also aim to tackle the challenge of malnutrition so, with a mortality rate as an indicator, it can be assumed that most of the humanitarian projects are designed to mitigate the impact of food insecurity.

Food insecurity in Afghanistan is consistently increasing. The World Food Programme (WFP) estimates that almost 20 million people are suffering either level-3 or level-4 of food insecurity. Moreover, one million children under 5 are at risk of dying when deprived of food. The country has been consistently impacted by food insecurity due to drought and famine, which makes it an important country for this analysis (Ethiopia, World Food Programme, 2022). Moreover, WFP estimates that over 26 million people in the Democratic Republic of Congo are acutely food insecure. It is worth noting that Congo is experiencing the impact of the adverse intersection of conflict, natural disasters, and hunger (Democratic Republic of Congo, World Food Programme, 2022). Lastly, Yemen was selected after the Houthi topping the Saleh regime in 2014. The civil war has resulted in internal displacement. WFP reports over 23.4 million are in need of humanitarian assistance with up to 19 million acutely food insecure (Yemen, World Food Programme, 2022).

4. Results and Discussion

Model one:

Three indicators are selected as the primary independent variables to assess the impact of access constraints on aid effectiveness, these are: 1) The access constraint variable constructed utilizing the Humanitarian Outcomes datasets related to access. The dataset is retrieved from the Aid Worker Security Database (AWSDB). To run the analysis, the sum of attacks on aid workers is utilized in the analysis as independent variables; 2) The health aid (DAC donor contribution) variable is the total per capita dollar value of aid from all donors, disbursed to the countries from 2014-2019. The data is retrieved from World Bank Indicators (WDIs); 3) Overall economic productivity is measured as annual GDP per capita. The dependent variable “mortality rate” is assessed by predicting the impact on the under-five mortality rate drawn from the World Bank’s World Development Indicator (WDIs).

The study uses multiple regression with Total affected, GDP per capita, and DAC donor contribution (see results in Model one) and multiple regression with Total affected, GDP per capita, DAC donor contribution, Health expenditure, HIV, Access to water, IDP, WHO, and undernourishment to analyze the impact

of the IVs on DV (see results in Model two) (see **Table 1**).

Test outcome (Model one)

Do access restrictions impact aid effectiveness?

According to the results, the sum of square, (represented as “SS”) suggests that the proposed model with GDP per capita, total affected, and donations from DAC impact 0.237 (24%) of variation in mortality rate. This is reasonably significant.

Table 1. The variables in Model 1 and Model 2.

Dependent Variable = Mortality Rate		
Independent Variables	Model 1	Model 2
Total Affected	−0.465 (0.226)	0.197 (0.147)
GDP per capita	−0.085 (0.191)	0.169 (0.108)
DACDonor	−0.266 (0.191)	0.010 (0.140)
HIV		0.214 (0.307)
Health expenditure		0.498 (0.203)
IDP		0.007 (0.189)
WHO		0.482 (0.191)
Access to Water		−0.940 (0.182)
Undernourishment		0.104 (0.108)
Constant	12.933 (4.549)	7.4001 (7.371)

Number of Observations: 25 (Model One) and 30 (Model Two), Model F test: 0.120 (Model One), 0.00000 (Model Two), Model R-squared: 0.8102 (Model One), 0.725 (Model Two).

Analysis of Dependent Variables:

The analysis suggests that for every increase in GDP per capita, the expected rate of mortality decreases (minus signifies negative/inverse relation) by 0.085 on average, holding all other variables constant. Similarly, for every increase in the number of total affected by access constraints, the expected number of mortality increases by 0.465 on average, holding all other variables constant. Lastly, the analysis suggests DAC donors decrease the mortality rate by 0.266.

The results of GDP per capita support the initial hypothesis that income stability in a state directly impacts its capacity to deliver better health services. The access constraints variable shows a positive correlation. Considering the result, it is not possible to conclude that access constraints, GDP, and DAC donor contribution have a direct and significant impact on infant mortality.

Test outcome (Model two)

Since the results of the model were not conclusive, another test with additional IVs and an increased year range was conducted to check the impact. To understand the correlation, the Pearson Correlation test was conducted. After assessing that the correlation among variables was relatively high, a multiple re-

gression test was employed. Results show that Access to Water, Health expenditure, and total affected are the most important indicators. Further, 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 R-squared (unadjusted) is 81.06. Despite this, the results are not significant to establish a direct/significant correlation between infant mortality with access constraints. However, the results are significant to encourage further research into the subject integrating other countries with varying income levels to expand the scope of the research and substantiate the findings.

5. Conclusion

The findings of the paper contribute to the study of aid effectiveness, particularly in the growing access constraints and security threats to aid workers. The following three reasons highlight the significance of the study. Firstly, the paper builds on the notable findings and empirical evidence generated in the aid effectiveness field. Most importantly, in understanding the critical impact of evolving food insecurity in politically unstable countries. Secondly, the findings offer a methodology to test specific variables related to aid effectiveness, i.e., mortality rate. The same model can be used to generate specific causal relations between other variables related to aid effectiveness to narrow down the focus to specific indicators impacting aid effectiveness at the local and community level. Lastly, the findings contribute to the existing literature on humanitarian projects. This is critical because scholarship is comparatively focused on the impact of development aid. The paper supports the findings of Wayland 2018 that aid positively impacts health outcomes. It is also consistent with Yontcheva and Masud and Petrikova findings on the positive relationship between food aid and economic stability (Masud & Yontcheva, 2005), (Petrikova, 2015).

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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