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Humanitarian-Military Relations in Complex Emergencies: Evidence, Insights, and Recommendations

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Executive Summary

The United Nations Office for the Coordination of Humanitarian Affairs estimated that in 2021 a record 235 million people worldwide needed humanitarian assistance. As the need for humanitarian assistance continues to grow, so has the diversity of actors involved in humanitarian response. Scant evidence-based research has been conducted into the ways that militaries and humanitarian actors coordinate during different types of emergencies. Even less understood are the perceptions held by affected populations regarding various types of military and humanitarian responders.

Given these gaps, this study asks the following questions:

- 1) What best practices and solutions have been implemented to overcome the coordination barriers between civilian and military actors during humanitarian operations?
- 2) What are the relative perceptions held by crisis-affected populations interacting with and/or receiving assistance from militaries, security forces, and humanitarian agencies?

This study draws on 175 interviews with humanitarian actors, military/security personnel, and crisis-affected communities in complex humanitarian emergencies across three contexts: The Democratic Republic of Congo (DRC), Syria/Jordan, and the Philippines. All three cases include in-depth analysis of community perceptions of the response.

The DRC case explores humanitarian-military relations (HMR) during the public health response to the 2018-2020 Kivu Ebola Epidemic. During the 2018-2020 Kivu Ebola Epidemic in the DRC, responders operated in a context shaped by decades of conflict in which a multiplicity of armed groups were still active. The use of armed escorts was prevalent and was a topic of much debate and discussion among civilian responders, many of whom feared that a perceived loss of neutrality would hobble the response by stoking popular resistance. Key amongst community members' concerns was meaningful local inclusion in the response, which they explained as lacking. An additional key finding was the contrast between the generally negative views of non-state armed groups held by the armed and civilian humanitarian response actors compared to the more nuanced views held by crisis-affected communities.

The Syria/Jordan case examines the dynamics of HMR in the refugee crisis at Rukban along the Jordan-Syria border. When over 70,000 forcibly displaced Syrians became stranded in Rukban along the Syria/Jordan border beginning in 2014, humanitarian responders struggled to gain permission from the Jordanian government and the Jordanian Armed Forces to access the population. Consequently, response actors were faced with making challenging tradeoffs between efficacy and humanitarian principles, especially given the Jordanian government's predilection to tightly control cross-border access for humanitarian responders. The crisis-affected community in Rukban suffered the dual trauma of fleeing from violence in Syria and then finding themselves caught in limbo at the Jordan border, with limited access to essential services.

Lastly, the Philippine case study investigates two separate disaster responses: the Taal Volcano eruption response and the COVID-19 pandemic response. Amidst the Taal Volcano eruption in the Philippines in 2020, responders operated within a natural-disaster prone environment with a low-level, continuous conflict. Months after the eruption, the Philippines also confronted COVID-19, fueling an overlap between responses to natural hazards, a pandemic, and ongoing conflict. Observing these twin disasters—the Taal Volcano eruption and COVID-19—yields insights about distinct HMR dynamics that arise in different types of crises. In the Taal response, traditional challenges of HMR predominated. For example, civilian responders needed to develop relationships with uniformed personnel as part of stakeholder engagement and sometimes struggled to coordinate with military actors in light of military hierarchy. During the COVID-19 response, the challenges were more complex, relating to the overall role that uniformed personnel played in leading the response, as well as quarantine enforcement and checkpoint management. Key amongst these challenges were difficult checkpoint negotiations required of civilian responders. Additionally, the prominent role of uniformed personnel produced a chilling effect amongst civilian responders, while some community members reported intimidation and ill-treatment in light of the government's securitized approach to managing the pandemic.

This study identified nine key themes related to HMR that cut across all three cases: the continued relevance of traditional challenges of HMR; envisioning a broader typology of HMR response contexts; managing HMR across issue areas; conceptualizing HMR across different armed/security actor types; incongruity between responders' and crisis-affected communities' concerns related to HMR; reimagining the Principle of Last Resort; navigating compromises on principles related to HMR; the need for a gendered approach to HMR; and the linkage between HMR and ongoing policy discourses on localization and decolonization of humanitarian assistance.

These nine cross-cutting themes resulted in seven actionable recommendations related to HMR: redouble efforts to cultivate an HMR community of practice; concretize modes of HMR ethical decision-making; meaningfully engage crisis-affected communities in planning and response to humanitarian crisis, including as related to HMR considerations; invest in more robust high-level diplomatic organizational engagement with HMR; continually adapt and resource evidence-based guidance on HMR; continually adapt and resource evidence-based planning on HMR; leverage research toward innovative conceptual thinking and knowledge sharing related to HMR.

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Key Concepts and Terminology

Key Terms Definitions

Armed/security response actor – An individual involved in a humanitarian response who is associated with a state military, police, security force, non-state armed group, or private contractor.

Civilian response actor – An individual involved in a humanitarian response who is a civilian, including local and international humanitarian and public health personnel, as well as civilian government actors.

Complex emergency – This report draws on the definition of ‘complex emergency’ found in ‘The Use of Military and Civil Defence Assets To Support United Nations Humanitarian Activities in Complex Emergencies (MCDA): “a humanitarian crisis in a country, region, or society where there is a total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing UN country programme.”¹

Crisis-affected community member – An individual who lives or lived in a community impacted by a complex emergency and who experienced the humanitarian response to that crisis

Humanitarian-military relations (HMR) – This report defines HMR as interactions between civilian humanitarian or public health responders and armed/security actors in the context of large-scale emergency response.

United Nations Humanitarian Civil Military Coordination (CMCoord) – This report utilizes the term CMCoord when referring to humanitarian civil-military coordination undertaken by the United Nations Office for the Coordination of Humanitarian Affairs. MCDA defines CMCoord as “the essential dialogue and interaction between civilian and military actors in humanitarian emergencies that is necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and when appropriate pursue common goals. Basic strategies range from coexistence to cooperation. Coordination is a shared responsibility facilitated by liaison and common training.”²

¹ “Guidelines on The Use of Military and Civil Defence Assets To Support United Nations Humanitarian Activities in Complex Emergencies.” UNOCHA, March 2003. Revision January 2006. Page 3. Available at <https://www.unocha.org/sites/unocha/files/01.%20MCDA%20Guidelines%20March%202003%20Rev1%20Jan06.pdf>

² “Guidelines on The Use of Military and Civil Defence Assets To Support United Nations Humanitarian Activities in Complex Emergencies.” UNOCHA, March 2003. Revision January 2006. Page 5.

Acronyms

ADF - Allied Democratic Forces
AFP - Armed Forces of the Philippines
ASEAN - Association of Southeast Asian Nations
BARMM - Bangsamoro Autonomous Region in Muslim Mindanao
BFP - Bureau of Fire Protection (Philippines)
CHRHS - Center for Human Rights and Humanitarian Studies at the Watson Institute
CMCoord - Humanitarian Civil-Military Coordination
CPP - Communist Party of the Philippines
CSO - Civil Society Organization
DOH - Department of Health
DPO - UN Department of Peacekeeping Operations
DRC - Democratic Republic of the Congo
DRRMC - Disaster Risk Reduction and Management Councils
ECQ - Enhanced Community Quarantine
ETC - Ebola Treatment Center
EU - European Union
EVD - Ebola Virus Disease
FARDC - The Armed Forces of the Democratic Republic of the Congo
FIB - Force Intervention Brigade
FMA - Foreign Military Assets
HMR - Humanitarian-Military Relations
HRP - Humanitarian Response Program at the US Naval War College
IATF - Inter Agency Task Force
IATF-EID - Inter Agency Technical Working Group for the Management of Emerging Infectious Diseases
ICS - Incident Command System
INGOs - International Non-governmental organizations
IOM - International Organization for Migration
ISIS - Islamic State of Iraq and Syria
JAF - Jordanian Armed Forces
LGU - Local Government Unit
M&E - Monitoring and Evaluation
MCDA - Military and Civil Defense Assets
MILF - Moro Islamic Liberation Front
MoH - Ministry of Health
MONUSCO - The UN Organization Stabilization Mission in the DRC
MSF - Medecins Sans Frontieres
NCR - National Capital Region (Philippines)
NDRRMC - National Disaster Risk Reduction and Management Council
NDRRMP - National Disaster Risk Reduction Management Plan
NGO – Non-governmental organization
NPA - New People’s Army
NSAG - Nonstate Armed Group

OCD - Office of Civil Defense
OCHA - The United Nations Office for the Coordination of Humanitarian Affairs
OFWs - Overseas Filipino Workers
PAF - Philippine Air Force
PCG - Philippine Coast Guard
PHILVOCS - The Philippine Institute of Volcanology and Seismology
PN - Philippine Navy
PNC - Congolese National Police
PNP - Philippine National Police
PPE - Personal Protective Equipment
RA - Research Assistant
SARC - Syrian Arab Red Crescent
UN - United Nations
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
UNOCHA - United Nations Office for the Coordination of Humanitarian Affairs
WASH - water, health, and sanitation
WFP - World Food Programme
WHO - World Health Organization

I. Introduction

The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) estimates that, in 2021, a record 235 million people worldwide needed humanitarian assistance, with conflict and secondary effects from the COVID-19 pandemic being the main drivers of humanitarian needs.³ As the scale of humanitarian assistance has grown each year, so has the diversity of actors involved in humanitarian response. In addition to traditional humanitarian actors—such as local and international non-governmental organizations (NGOs) and United Nations (UN) agencies—armed/security actors, such as national and international militaries and police forces, also have assumed roles in managing humanitarian response activities in many countries. At the same time, both inadvertent and intentional attacks on aid workers by military forces have been growing in some settings, increasing the need for mechanisms to protect aid workers in conflict. Additionally, many armed forces restrict humanitarian access to crisis-affected communities, indicating the need for increased communication and coordination between civilian responders and armed/security actors.

As domestic and international militaries have become more engaged in disaster and epidemic response, and considering the sometimes detrimental effects of military campaigns on humanitarian actors in complex emergencies, there has been an increasing push at the international level for the development of guidelines and mechanisms for humanitarian-military relations (HMR) in large-scale emergencies. Aiming to fill this need, in September of 2018, UNOCHA released a new set of recommended practices after extensive coordination with the humanitarian community, “Recommended Practices for Effective Humanitarian Civil-Military Coordination of Foreign Military Assets (FMA) in Natural and Man-Made Disasters.” While this new set of practices was a significant update on the previous “Oslo Guidelines on the Use of Military and Civil Defense Assets (MCDA) in Disaster Relief” (hereafter the Oslo Guidelines) and “Guidelines On the Use of Military and Civil Defense Assets To Support United Nations Humanitarian Activities in Complex Emergencies” (hereafter the MCDA Guidelines), neither the new recommended practices nor the old guidelines were directly informed by empirical evidence. These documents also do not adequately address the more complex humanitarian emergencies becoming common worldwide, such as the overlay of a famine or flood insecurity on ongoing conflict or in otherwise unstable settings. In addition, these documents do not address the important area of emerging infectious disease epidemics where HMR may be especially important, as evidenced by the recent Ebola epidemic in the Democratic Republic of the Congo (DRC).

Scant evidence-based research has been conducted into the ways that armed/security actors and civilian response actors coordinate during the many different types of emergencies worldwide, from sudden onset disasters and epidemics to large-scale population displacement. Even less studied and understood are the perceptions held by crisis-affected communities regarding both civilian and armed/security responders during emergencies.

³“Global Humanitarian Overview 2021”, UNOCHA, 2021, available at <https://www.unocha.org/global-humanitarian-overview-2021>

While the roles of armed/security actors in humanitarian relief have been defined in a few operating manuals, the process of coordinating operations with NGOs, local governments, and local communities is complex and requires further examination, especially given the prevalence of humanitarian needs in hostile and protracted conflict settings. Stronger empirical evidence is needed to guide military doctrine and humanitarian guidelines on HMR in conflict settings, as well as better dissemination and adoption of best practices to overcome coordination challenges.

This report is structured around answering two interrelated research questions:

- 1) **What best practices and solutions have been implemented to overcome the coordination barriers between civilian and military actors during humanitarian operations?**
- 2) **What are the relative perceptions held by crisis-affected communities interacting with and/or receiving assistance from militaries, security forces, and humanitarian agencies?**

A deeper understanding of these key issues and potential solutions to overcome them will help inform current humanitarian operations as well as the development of future guidelines and best practices, ultimately providing actors with evidence-based recommendations to better mitigate the myriad risks inherent in humanitarian work.

This report begins with an overview of the state of the HMR field, including key debates and knowledge gaps. It proceeds with a discussion of this project's Methodology, including a section on how the research team approached its analysis. The report then presents the study's results by case study, which informs the next section that details nine key themes that span all three contexts. The report concludes with seven empirically-based recommendations.

II. Key Empirical and Conceptual Gaps

This report considers a definition of HMR largely aligned with how UNOCHA defines humanitarian civil-military coordination (CMCoord): “the essential dialogue and interaction between civilian and military actors in humanitarian emergencies that is necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and when appropriate pursue common goals.”⁴

A key difference, however, is that this report discusses a broader array of actors than those encapsulated in the CMCoord definition. In line with previous research conducted by the Center for Human Rights and Humanitarian Studies at the Watson Institute (CHRHS) and the Humanitarian Response Program at the US Naval War College (HRP), this report considers HMR to be a term of art applicable to types of actors that do not necessarily fall squarely into ‘humanitarian’ or ‘military’ categorical distinctions.⁵ This report considers ‘humanitarian’ responders to be civilian actors engaged in response activities during large-scale crises. These actors could be local or international humanitarian responders, public health actors, or civilian governmental actors. In the DRC case study, the distinction between public health actors and humanitarian actors is especially pertinent, and hence, will be examined in detail later in this report. The report considers the ‘military’ component of ‘civil-military’ as a ‘catch-all’ term intended to apply not only to formal military actors but also to police, gendarmerie, non-state armed groups (NSAGs), peace operations, and private security contractors. Accordingly, the report generally refers to this group of responders as armed/security actors. In the context of the Philippines, the report sometimes uses the term, ‘uniformed personnel,’ in line with context-specific nomenclature by which this term refers to both police and military actors. Finally, this report uses the term ‘crisis-affected community’ to refer to populations impacted by large-scale crises.

This section now presents four key empirical and conceptual gaps evident within the field of HMR.

The first key gap is that analysis and guidance on HMR has traditionally been much narrower in focus—in terms of types of response contexts, the array of contributions of armed/security actors, and the relevant types of armed/security actors—than the actual scope of HMR as experienced by HMR practitioners in their work. In terms of contexts, HMR guidance has generally emphasized a dichotomy between natural and human-made disasters, with a focus limited to the deployment of international military forces. This dichotomy is reflected in two of the foundational guidance documents for HMR, the Oslo Guidelines, applicable in natural disasters, and the MCDA Guidelines, applicable in complex emergencies.⁶ As noted in the introduction to this report, a more

⁴ “Humanitarian Civil-Military Coordination,” OCHA, September 17, 2016, <https://www.unocha.org/themes/humanitarian-civil-military-coordination>.

⁵ Rob Grace, *Surmounting Contemporary Challenges*, 2020, https://watson.brown.edu/chrhs/files/chrhs/imce/research/Surmounting%20Contemporary%20Challenges%20to%20Humanitarian-Military%20Relations_Grace.pdf

⁶ “Guidelines On The Use of Military and Civil Defence Assets In Disaster Relief – ‘Oslo Guidelines.’” UNOCHA - CMCS, November 2006. https://www.ndsu.edu/fileadmin/emgt/Civil_and_Military_Guidelines_and_Reference_for_Complex_Emergencies__a.k.a._the_Oslo_Guidelines_.pdf ; For the MCDA guidelines, see “Guidelines on The Use of Military and Civil Defence

recent effort to update existing guidance on HMR is the “Recommended Practices for Effective Humanitarian Civil-Military Coordination of Foreign Military Assets (FMA) in Natural and Man-Made Disasters,” which UNOCHA published in 2018.⁷ However, this document—as with the Oslo and MCDA Guidelines—falls short in terms of offering adequate guidance on the full array of relevant response contexts, including epidemics, pandemics, and forced displacement crises. To be sure, there have been valuable case studies produced on particular public health emergencies, and some preliminary examinations of HMR in contexts of forced displacement.⁸ There have also been valuable contributions toward pushing HMR thinking forward across different types of contexts.⁹ Nevertheless, a need remains for more empirics, a greater understanding of the relevant overarching issues and cross-cutting themes, and deeper analysis of how to parse out differences across distinct types of response contexts.

The same is true for the scope of the ways that armed/security actors contribute to and engage in HMR. Classical views of HMR focused primarily on the use of military assets in disaster response, with a tertiary focus on security, including the use of armed escorts.¹⁰ However, as previous research

Assets To Support United Nations Humanitarian Activities in Complex Emergencies .” UNOCHA, March 2003. Revision January 2006. Page 3. Available at

<https://www.unocha.org/sites/unocha/files/01.%20MCDA%20Guidelines%20March%202003%20Rev1%20Jan06.pdf>

⁷ “Recommended Practices for Effective Humanitarian Civil-Military Coordination of Foreign Military Assets (FMA) in Natural and Man-Made Disasters.” UNOCHA, September 18, 2018.

<https://www.unocha.org/sites/unocha/files/180918%20Recommended%20Practices%20in%20Humanitarian%20Civil-Military%20Coordination%20v1.0.pdf>

⁸ For example, HMR dynamics during the West Africa Ebola outbreak during 2014-2016 have received a great deal of analytical attention. See Kamradt-Scott, Adam et al. (2016). “Civil–Military Cooperation in Ebola and Beyond.” *The Lancet*. 387; and Konyndyk, Jeremy (2019). “Struggling with Scale: Ebola’s Lessons for the Next Pandemic.” Center for Global Development. <https://www.cgdev.org/sites/default/files/struggling-scaleebolas-lessons-next-pandemic.pdf>. For publications that reference military involvement in forced displacement responses, see Terry, Fiona (2001). “The Military and Refugee Operations.” *Humanitarian Exchange*. 19. Byman, Byman et al. (2000). “Strengthening the Partnership: Improving Military Coordination with Relief Agencies and Allies in Humanitarian Operations.” RAND, pp 34-37, <https://apps.dtic.mil/dtic/tr/fulltext/u2/a384051.pdf>; and Ahmed, Khaled Masud (2018). “Humanitarian Response Coordination Architecture in Bangladesh Rohingya Refugee Crisis Operation.” BRAC University. http://dSPACE.bracu.ac.bd/xmlui/bitstream/handle/10361/11537/13168011_ARC.pdf?sequence=1&isAllowed=y.

⁹ For example, see Horne and Boland (2019), “Understanding medical civil-military relationships within the humanitarian-development-peace ‘triple nexus’: a typology to enable effective discourse”; and Boland, McInnes, Gordon, and Lillywhite (2020) “Civil-military relations: a review of major guidelines and their relevance during public health emergencies”. Additionally, CHRHS, in partnership with the Humanitarian Response Program at the US Naval War College, has convened a series of workshops oriented toward facilitating discussion on various themes relevant to HMR. See Summary Report, 2017,

<https://watson.brown.edu/files/watson/imce/HI2/research/2017%20Civ%20Mil%20HR%20Workshop%20Summary%20Report.pdf>; Summary Report, 2018,

<https://watson.brown.edu/chrhs/files/chrhs/imce/research/2018%20Civ%20Mil%20HR%20Workshop%20Summary%20Report.pdf>; Summary Report, 2020,

<https://watson.brown.edu/chrhs/files/chrhs/imce/partnerships/Civ-Mil/Sep%202020%20CMHR%20Workshop%20Summary%20Final.pdf>; Summary Report 2021,

https://watson.brown.edu/chrhs/files/chrhs/imce/partnerships/Civ-Mil/2021%20Civilian-Military%20Workshop%20Summary%20Report_Final.pdf.

¹⁰ See “Guidelines: Use of Military or Armed Escorts for Humanitarian Convoys,” IASC, 2001,

<https://interagencystandingcommittee.org/system/files/2021-03/IASC%20Discussion%20Paper%20and%20Non-Bind>

by CHRHS/HRP has highlighted, also relevant to HMR are issues related not only to relief and security but also humanitarian access and civilian protection.¹¹ There is, therefore, an inherent yet underexplored interconnection between HMR and related strands of policy discourse on humanitarian access, including humanitarian negotiation, and civilian protection.¹²

Rethinking the scope of HMR evidently necessitates reconceptualizing how civilian responders and armed/security actors should engage across different context types. The dominant conceptual framework in existing literature is the “Three C’s,” which envisages coordination as a continuum between, at one extreme, cooperation between civilian responders and armed/security actors (which can occur in natural disaster settings), and at the other extreme, mere coexistence (by which civilian responders maintain distance from armed/security actors to avoid perceptions that humanitarian activities have been politicized). However, previous CHRHS/HRP research has examined—considering a more expansive view of HMR that encompasses relief, access, security, and protection—that HMR engagement is likely to increase in complex emergencies.¹³ Moreover, this one-dimensional conceptualization of different HMR response contexts does not address particularities of public health crises or issues of forced displacement. Finally, a cornerstone of HMR guidance is the Principle of Last Resort, meaning, “Foreign military and civil defense assets should be requested only where there is no comparable civilian alternative and only the use of military or civil defense assets can meet a critical humanitarian need.”¹⁴ There is a crucial gap in guidance, analysis, and thinking related to contexts in which armed/security actors have a normalized role in the response, including in protracted complex emergencies when civilians’ use of armed escorts is prevalent, as well as locally-led response environments in which domestic militaries have a regular and institutionalized role as ‘first responders,’ a growing trend across the globe.¹⁵ In these contexts, with a conceptualization of HMR that spans a broader array of armed-security actors, the Principle of Last Resort may effectively not apply, representing a dilemma for HMR practitioners seeking guidance on how to engage with different armed/security actors.

Relatedly, a second key gap relates to how civilian responders should engage in HMR in contexts where HMR principles—and humanitarian principles more broadly—are difficult or even impossible to fully operationalize. The overarching aim of available HMR guidance is to retain the overall civilian-led, principled nature of humanitarian response. HMR guidance documents refer to the four core principles of humanity (addressing suffering wherever it is found), impartiality (basing

ing%20Guidelines%20on%20the%20Use%20of%20Military%20or%20Armed%20Escorts%20for%20Humanitarian%20Convoys.pdf

¹¹ See Rob Grace, 2020, “Surmounting Contemporary Challenges,”

https://watson.brown.edu/chrhs/files/chrhs/imce/research/Surmounting%20Contemporary%20Challenges%20to%20Humanitarian-Military%20Relations_Grace.pdf; Grace and Card, CMCS assessment, September 2020,

https://watson.brown.edu/chrhs/files/chrhs/imce/research/Re-assessing%20the%20Civil-Military%20Coordination%20Service_CHRHS%20Report.pdf

¹² For previous CHRHS research that probes this issue, see, in particular, Grace 2020, “Surmounting Contemporary Challenges.”

¹³ Grace, 2020 “Surmounting Contemporary Challenges.”

¹⁴ “Guidelines On The Use of Military and Civil Defence Assets In Disaster Relief – ‘Oslo Guidelines.’” UNOCHA - CMCS, November 2006. Page 4.

https://www.ndsu.edu/fileadmin/emgt/Civil_and_Military_Guidelines_and_Reference_for_Complex_Emergencies__a.k.a._the_Oslo_Guidelines_.pdf

¹⁵ Grace, 2020, “Surmounting Contemporary Challenges” p. 47.

programming on needs and prioritizing the most vulnerable cases), neutrality (refraining from taking sides in a conflict), and independence (retaining autonomy from political forces).¹⁶ However, literature on HMR has not been linked to a growing body of analysis on the challenges of operationalizing humanitarian principles, including debates across the humanitarian sector about what do and do not constitute acceptable compromises.¹⁷ Moreover, previous research has posited that humanitarian organizations exhibit organizational ‘decoupling,’ by which, at the policy level, humanitarian leaders espouse the centrality of principled humanitarian action, whereas at the on-the-ground operational level, practice is rife with compromises made with stakeholders (including armed/security actors) on issues of humanitarian access and security.¹⁸

The lack of linkage between HMR and this policy discourse on navigating principles versus practicalities points toward a potential gap in avenues forward for improving HMR practice. The field of HMR has traditionally focused on activities such as training, information sharing between civilian responders and armed/security actors about capacities and limitations, and forging relational linkages between civilian responders and armed/security actors with the aim of enabling effective operational working arrangements.¹⁹ What remains unclear is how civilian responders should navigate operational environments where principled humanitarian response is unworkable. This lack of clarity also points toward a lack of empirics. How do civilian responders seek to operationalize HMR principles in particularly challenging contexts? In what ways, and to what extent, are HMR principles successfully operationalized? Existing research has not adequately engaged with these questions.

A third key gap relates to the disconnect between the field of HMR and the emerging yet already robust policy discourse on re-envisioning and reforming humanitarianism, a strand of thinking and analysis that has gained traction over the course of the past half decade. A key moment in the evolution of this strand of humanitarian policy discourse was the Grand Bargain adopted at the 2016 World Humanitarian Summit. The Grand Bargain, adopted by donor governments and humanitarian organizations, was a commitment to increase the volume of direct funding to local humanitarian organizations.²⁰ This moment heralded a period of increased attention on the localization agenda, by which the international humanitarian system would broadly make more of an effort to empower

¹⁶ See Oslo Guidelines, MCDA Guidelines, and “Recommended Practices for Effective Humanitarian Civil-Military Coordination of Foreign Military Assets (FMA) in Natural and Man-Made Disasters.” UNOCHA, September 18, 2018. <https://www.unocha.org/sites/unocha/files/180918%20Recommended%20Practices%20in%20Humanitarian%20Civil-Military%20Coordination%20v1.0.pdf>

¹⁷ For an overview, see Labbé, Jérémie, and Pascal Daudin. 2015. “Applying the humanitarian principles: Reflecting on the experience of the International Committee of the Red Cross”. *International Review of the Red Cross* 97 (2016): https://international-review.icrc.org/sites/default/files/irc_97_1-2-8.pdf. As an example, fierce debate has emerged on this issue in the context of Syria. See “Taking Sides: The United Nations’ Loss Of Impartiality, Independence And Neutrality In Syria.” *The Syria Campaign*, June 2016, <http://takingsides.thesyriacampaign.org/wp-content/uploads/2016/06/taking-sides.pdf>

¹⁸ Brooks and Grace (2020), “Confronting Humanitarian Insecurity”, <https://www.manchesteropenhive.com/view/journals/jha/2/1/article-p11.xml>

¹⁹ Grace (2020) *Surmounting Contemporary Challenges*; Grace and Card (2020) *CMCS Assessment*, https://watson.brown.edu/chrhs/files/chrhs/imce/research/Re-assessing%20the%20Civil-Military%20Coordination%20Service_CHRHS%20Report.pdf

²⁰ “The Grand Bargain—A Shared Commitment To Better Serve People in Need.” 2016, https://interagencystandingcommittee.org/system/files/grand_bargain_final_22_may_final-2_0.pdf

local response organizations. Nevertheless, there has been great disappointment in stakeholders' reluctance to fulfill Grand Bargain commitments.²¹ In the midst of a largely stalled localization agenda, a more robust decolonization agenda has emerged, focused more broadly on ways that the international humanitarian system propagates unequal power dynamics, requiring widespread self-reflection among humanitarians about necessary systemic reform.²² This policy discourse has linked with a parallel strand of thinking on potentially revisiting or revamping humanitarian principles, especially in light of the aforementioned reality that civilian responders can struggle to actually operationalize humanitarian principles.²³

The inequities that have driven the localization and decolonization agendas are also evident in international humanitarian coordination structures. Indeed, criticisms have been levied that coordination structures privilege international responders and exclude local response actors.²⁴ Given that coordination between civilian responders and armed/security actors occurs within this broader coordination construct, these issues are inherently linked to HMR in a way that has persistently been under-examined. A related empirical gap in HMR is the dearth of data on local perspectives, including those of crisis-affected communities. For the field of HMR, the distinction between civilian responders and armed/security actors is seen as essential. However, there is scarce empirical data to confirm the extent to which this distinction matters to crisis-affected communities. Previous CHRHS/HRP research has taken steps to fill this empirical gap,²⁵ but generally, the reality persists that the voices of crisis-affected populations are largely absent in analyses of HMR.

A fourth key gap is the lack of gendered analysis related to HMR. There are two overarching ways in which this gap manifests itself. First, there is a wide body of work that examines the linkages between gender and humanitarian vulnerabilities relating to gender inequalities in the realms of economic livelihood and political marginalization.²⁶ An approach to HMR that centers the needs and

²¹ Bena, Farida. 2021. "Focus on the Frontlines: How the Grand Bargain Can Deliver on Its Promise to Improve Humanitarian Aid." <https://www.rescue.org/sites/default/files/document/5879/ircgrandbargainuslv6final.pdf>.

²² "Time to Decolonise Aid: Insights and Lessons from a Global Consultation - GFCF," *Global Fund for Community Foundations* (blog), accessed February 24, 2022,

<https://globalfundcommunityfoundations.org/resources/time-to-decolonise-aid-insights-and-lessons-from-a-global-consultation>.

²³ Clarke and Parris (2019), "VALE THE HUMANITARIAN PRINCIPLES: NEW PRINCIPLES FOR A NEW ENVIRONMENT" <https://ojs.deakin.edu.au/index.php/thl/article/view/1032/1021>; Hugo Slim, 2020, "You Don't Have to Be Neutral to Be a Good Humanitarian." *The New Humanitarian*, August 27, 2020; Hugo Slim, "Look Back and Learn: Notable Humanitarians Who Took Sides." *The New Humanitarian*, September 22, 2020; and Ali, Degan, and Marie-Rose Murphy, Roman. 2020. "Black Lives Matter Is Also a Reckoning for Foreign Aid and International NGOs." *Open Democracy*, July 19, 2020.

²⁴ Steets, Julia, Francois Grunewald, Andrea Binder, Veronique de Geoffroy, Domitille Kauffmann, Susanna Kruger, Claudia Meier, and Bonaventure Sokpoh. 2010. "Cluster Approach Evaluation 2: Synthesis Report." *Global Public Policy Institute*. <https://www.humanitarianresponse.info/system/files/documents/files/Cluster Approach Evaluation 2.pdf>. Grace (2020), "Surmounting Contemporary Challenges," p. 46 also discusses this issue.

²⁵ Kwaja et al. "Civilian perception of the role of the military in Nigeria's 2014 Ebola outbreak and health-related responses in the North East region,"

<https://militaryhealth.bmj.com/content/early/2021/09/14/bmjmilitary-2020-001696>

²⁶ Anderson (1994), "Understanding the Disaster-Development Continuum: Gender Analysis Is the Essential

perspectives of crisis-affected communities would benefit from a gendered analysis in order to understand the nature of the vulnerabilities at hand. Second, the security sector writ large is generally a male-dominated domain.²⁷ In this sense, relevant to HMR are analyses of how gender can shape interactions between civilian responders and armed/security actors, an issue that research on humanitarian negotiation has begun to address.²⁸ Overall, there is a great deal of existing literature—although little to no thinking within the field of HMR—on civilian responders and armed/security actors as perpetrators of sexual and gender-based violence in the context of humanitarian crises.²⁹

Taken together, there is an evident need for a holistic examination of HMR practices grounded in data to fill all the conceptual and empirical gaps discussed in this section. Research is needed that examines the full array of ways that armed/security actors contribute to HMR (including relief, access, security, and protection); probes a wider variety of response contexts (including public health emergencies and forced displacement crises); grapples with a broader array of armed/security actor types (surpassing the typical narrow focus on international armed forces); and captures perspectives of crisis-affected communities, placing these perceptions at the center of the analysis. Doing so, as in this research project and report, promises to represent a meaningful contribution to pushing forward thinking and analysis on HMR, with the ultimate aim of improving HMR practices.

Tool”; Madhavi Ariyabandu, *Gender Dimensions in Disaster Management: A Guide for South Asia* (2005); Elaine Enarson and Betty Morrow, *The Gendered Terrain of Disaster: Through Women's Eyes*; Greg Bankoff, Georg Frerks, Dorothea Hilhorst, *Mapping Vulnerability: Disasters, Development and People* (2013)

²⁷ Hugo Slim, “Masculinity and war—let’s talk about it,” 2018, <https://blogs.icrc.org/law-and-policy/2018/03/15/masculinity-and-war-let-s-talk-about-it-more/>

²⁸ Federica du Pasquier, “Gender Diversity Dynamics in Humanitarian Negotiations: The International Committee of the Red Cross as a Case Study on the Frontlines of Armed Conflicts,” 2016,

https://hhi.harvard.edu/files/humanitarianinitiative/files/atha_gender_diversity_dynamics_in_humanitarian_negotiations.pdf?m=1610041180; Reem Alsalem and Rob Grace, “Diversity and Humanitarian Negotiation,” 2021, <https://ojs.deakin.edu.au/index.php/thl/article/view/1070/1056>

²⁹ For example, see Chen Reis, “Sexual abuse during humanitarian operations still happens. What must be done to end it,” *The Conversation*, October 5, 2021,

<https://theconversation.com/sexual-abuse-during-humanitarian-operations-still-happens-what-must-be-done-to-end-it-169223>.

III. Methods

1. Ethics and Funding

Ethics approval was requested and granted from the Brown University Institutional Review Board (Protocol 1912002591), Université de Kinshasa École de Santé Publique Comité D'Éthique in the DRC (protocol ESP/CE/17/2020 and ESP/CE/17/2021), and the Philippine Social Science Council (Protocol CF-20-02). Local approval was not required in Jordan, which accepted approval by Brown University. All research was conducted according to best practice. All respondents were provided with an information sheet in their local language and provided written consent. Interviews were confidential and statements de-identified. All data (electronic, physical, and paper) was stored according to best practice.

Funding was provided by the US State Department Bureau of Population, Refugees, and Migration, which had no role in the design of the research study, the collection or analysis of data, and the final report preparation. Study researchers have no conflicts of interest to declare.

2. Data Collection

This research project primarily relies on the collection and analysis of confidential semi-structured interviews conducted with a range of relevant respondents. Interviewees were selected from civilian response actors, armed/security response actors, and crisis-affected communities from all three sites: the DRC, Syria/Jordan, and the Philippines.

Across respondent groupings and various data collection sites, a total of 175 interviews were conducted. The interviewee pool consists of 62 civilian response actors, 20 current and former armed/security response actors, and 93 members of the crisis-affected communities.

Researchers used similar interview techniques in all three country cases. Themes raised during interviews were considered and incorporated into subsequent interviews where they were considered relevant to the research project's objectives. Interviews were conversational and open-ended in nature, lasting approximately one hour each. The interview guides were iteratively elaborated on during the data collection process. Saturation was considered throughout. Interviews were audio recorded with interviewee consent, translated into English when necessary, and transcribed. For interviewees that did not grant consent to audio recording, a researcher took notes during the interview. Interviews were conducted in person when possible, via telephone, and over virtual platforms including Zoom, Google Meet, and Facebook Messenger, when necessary. See Table 1 for a breakdown by country and interviewee type.

Interview respondents			
Grouping	N	Breakdown by site	N
Humanitarian and public health actors	62	Jordan	25
		Philippines	17
		DRC	20
Military, security, and other armed actors	20	Jordan	--
		Philippines	12
		DRC	8
Crisis-affected community members	93	Jordan	19
		Philippines	35
		DRC	39
Total	175	Jordan	44
		Philippines	64
		DRC	67

Table 1: Breakdown of respondents by country and type of interview

3. Role of Researchers

The research team—including researchers and research assistants (RAs) from Brown University and the Pole Institute in DRC—divided the interviews, translation/transcription, coding, and memo writing as follows:

Role of Researchers Summary						
Site	Grouping	Subject Selection	Interviewer	Translation / transcript	Coding	Memo writing
DRC	Crisis-affected community members	Pole Institute	Pole Institute	Pole Institute	Boland	Boland
	Civilian response actors	Boland	Boland	Brown RAs	Nylen	Nylen
	Armed/security response actors	Boland	Boland	Brown RAs	Nylen	Nylen
Jordan	Crisis-affected community members	Tayyeb	Tayyeb	Brown RAs	Boland	Boland
	Civilian response actors	Tayyeb/Grace	Tayyeb/Grace	Brown RAs	Grace	Grace
	Armed/security response actors	N/A	N/A	N/A	N/A	N/A
Philippines	Crisis-affected community members	Alejandria	In-country RAs	In-country RAs	Alejandria	Alejandria
	Civilian response actors	Alejandria/Grace	Alejandria/Grace	In-country RAs	Grace	Grace
	Armed/security response actors	Alejandria/Grace	Alejandria/Grace	In-country RAs	Alejandria/Grace	Alejandria/Grace

Table 2: Research team responsibilities breakdown

4. Site Selection

a. Democratic Republic of the Congo (DRC)

The 2018-2020 Kivu Ebola Epidemic was selected to investigate HMR during an epidemic response in an area facing protracted conflict. This domestic conflict affected a significant and dynamic terrain in DRC's northeast, namely, the provinces of North Kivu and Ituri.³⁰

In-country site selection traced the course of the outbreak from its origins in Mangina and its spread to the subsequent epicenters of Beni and later Butembo. Several other peripheral but relevant areas were also selected, including the city of Goma, the location of the headquarters of the UN Organization Stabilization Mission in the DRC (MONUSCO) and the site of the Ebola response's national coordination for much of the outbreak.

Whether data was collected on-site or remotely depended on respondent grouping. Ebola-affected community members were interviewed *in-situ*; humanitarian and public health actors as well as military and security actors were primarily interviewed using remote methods (i.e., telephone, Zoom, Skype, or Microsoft Teams, according to the preference of the respondent).³¹

Civilian Response Actors

The DRC case study's coordinator worked between December 2018 and May 2019 in the 2018-2020 Kivu Ebola Epidemic. Therefore, several individuals known personally to the case study's coordinator were targeted for interviews first. Thereafter, a snowballing technique was used, wherein respondents were asked to suggest further respondents that might be able to speak to the research questions. A specific effort was made to maximize the diversity of organizational representation and to ensure sectional interests were not artificially highlighted. A total of 11 organizations are represented by the collected interviews, including three international NGOs (INGOs), one international organization, five UN agencies, and one academic institution.

Armed/Security Response Actors

As with the civilian responder interviews, initial military and security actor interviews were conducted with respondents known to the case study's coordinator, which was followed by a snowballing technique. Furthermore, a senior representative at the UN Department of Peacekeeping Operations (DPO) in New York City was contacted and asked to suggest relevant respondents,

³⁰ Several cases were also reported in Uganda. Provided how small the number of cases were in the country, the site was not considered for data collection, which remained focused on the Ebola-affected regions of DRC.

³¹ Remote data collection was necessary because data collection only commenced towards the end of the outbreak and continued beyond its official end (and therefore, a number of the individuals had already ceased working for the response and had left the area or country); and because the case study's Principal Investigator (PI) was unable to travel to DRC as planned due to the COVID-19 pandemic.

which resulted in several further interviews. This led to a total of eight interviews, including with UN security focal points,³² MONUSCO, and the US Department of Defense.

For several reasons, no interviews were conducted with national military actors. Namely, the case study's coordinator was unable to travel to DRC due to the COVID-19 pandemic, and it was not deemed responsible to ask local data collectors to identify and critically interview members of the Congolese Armed Forces (FARDC) due to the politically-charged nature of the research topic and an institutional history of repression and human rights abuses (which are later discussed). Moreover, despite efforts made, no FARDC personnel could be identified remotely for interviews. This remains a limitation of the DRC dataset.

Ebola-Affected Community Respondents

In-country data collection was required to collect interviews with Ebola-affected community members—those who either had Ebola or experienced Ebola within their household. Therefore, the Pole Institute—a Congolese research institute based in Goma—was identified and contracted to collect the Ebola-affected community member sub-set of interviews. This also mitigated several limitations related to access and language barriers.

The Pole Institute had experience collecting local data during the 2018-2020 Kivu Ebola Epidemic and was therefore deemed an appropriate partner. Pole Institute researchers were responsible for subject selection, collection of informed consent, conducting the interviews with the support of a guide, translation of audio recordings, and transcription. An initial tranche of 29 interviews was collected and reviewed by the case study coordinator. On review, several research gaps were identified, and 10 additional interviews were collected in order to reach saturation. Therefore, a total of 39 Ebola-affected community members were interviewed in this respondent grouping.

b. Syria/Jordan

This site allowed for an examination of HMR in a geopolitically charged setting of massive population displacement and where humanitarian aid workers confronted serious risks to aid worker security. Research at this site centered around the crisis in Rukban, located along the Jordan-Syria border. Starting in 2014, forcibly displaced populations fleeing violence from regime-controlled Syria fled to this location but became stranded, unable to enter Jordan. This location was selected—within the broader context of the Syrian refugee response in Jordan—because of the extreme difficulties that humanitarians faced in reaching this population, as well as the intensive engagement between civilian responders and armed/security actors required to navigate the context.

Due to the nature of the conflict and its associated geopolitical tensions, the Jordanian country team coordinator faced difficulties with approvals to interview both armed/security actors and community members. While the research team attempted to interview armed/security actors, none consented to an interview, evidently due to the sensitivity of the topic. Due to these challenges, the responder key informant interviews are limited to civilian response actors. The crisis-affected

³² As most agencies have only several security focal points, the specific agency/agencies represented has/have been withheld to ensure confidentiality.

community members interviewed for this report lived in Rukban before they were transferred into either Zaatari or Azraq refugee camps.

Civilian Response Actors

The interviewee pool encompassed the primary international humanitarian organizations that operated, or sought to operate, in the context of Rukban, as well as stakeholders able to speak to broader issues of refugee response in the context of Jordan. Snowball sampling was used to collect additional interviews. A total of 11 humanitarian organizations are represented by the collected interviews, including 5 INGOs and 6 UN humanitarian agencies. The interviewee pool also includes three interviews who engaged in this context for the US government.

Rukban Crisis-Affected Community Respondents

To sample the refugee community and document their perspectives of the Rukban crisis response, the research team conducted 19 interviews with individuals that lived in Rukban before they were transferred into either Zaatari or Azraq refugee camps in Jordan. It is important to note that crisis-affected community interviews were not conducted in Rukban itself, as it remains inaccessible.

c. Philippines

This site allowed for an examination of HMR during locally led natural hazard and pandemic responses in a domestic context dominated by counter-terrorism concerns. Four sites were selected in the Philippines to represent the lived experiences of community members during the COVID-19 pandemic and the Taal Volcano eruption. The cities of Batangas and Cavite were selected due to their proximity to Taal Volcano. Quezon City was selected as a key site for understanding the pandemic response, having been identified by the Philippines' Department of Health as an area with the highest positivity rate. Finally, Rizal Province was selected to be part of this study as a representative of the expanded quarantine bubble labeled by the Inter-Agency Task Force (IATF) as National Capital Region-Plus (NCR-Plus). This quarantine grouping was created after the increase in positivity rate in the National Capital Region (NCR), which was also observed in adjacent provinces of Bulacan, Cavite, Laguna, and Rizal. For this reason, participants from Cavite were also asked to discuss their experiences on the pandemic response.

Civilian Response Actors

The Philippines' country coordinator identified the first 12 participants through the network of humanitarian workers convened by Brown University in collaboration with Philippine Disaster Relief Foundation (PDRF) for the 2018-2019 training on localizing humanitarian coordination. Through purposive sampling, a total of 29 Philippine governmental actors, civilian non-governmental responders, and uniformed personnel participated in the study. Seventeen of these interviewees were civilians. Of these seventeen civilian interviewees, 5 worked in governmental roles, 7 were local civilian responders, and 5 were international humanitarian actors. Eleven of these civilian interviewees discussed their experiences on both the Taal and COVID-19 response, with five

of these interviewees discussing only the COVID-19 response. One of these interviewees offered contextual information about the Philippines as a conflict environment, with specific reference to Mindanao, and the overall role of international humanitarian organizations.

Armed/Security Response Actors

Twelve uniformed personnel participated in the study, representing the following units: Philippine National Police, Armed Forces of the Philippines (AFP), Philippine Navy (PN), Philippine Air Force (PAF), and Philippine Coast Guard (PCG). An AFP Reservist was also interviewed. Five of the participants had direct experiences in managing the Taal Volcano crisis while five performed functions related to the management of the pandemic. Two of the participants narrated their experiences in multiple crises, which also included flooding and insurgency. All of the military participants have training on disaster response. Three interviewees in this grouping had formal medical training.

Community Respondents Affected by COVID-19 and Taal Eruption Crises

A total of 35 crisis-affected community interviews were collected for this study. The characteristics used to pre-qualify a participant were as follows: 1) residence in the included areas, 2) direct experience with response actors, and 3) of legal age. Recruiting participants through community leaders became a challenge due to the discomfort of being associated in discussing a topic related to military personnel. The discomfort was evidently generated by the enactment of the Anti-Terrorism Act of 2020. The recruitment strategy shifted to a referral process facilitated by members of the researchers' networks.

5. Analysis

All interviews were transcribed (where necessary, this included translation into English) and input into NVivo or MAXQDA for coding.

Coding did consider the *a priori* themes from the interview guides but was primarily inductive, following the principles of grounded theory, wherein nodes were created as new themes arose in the data. Where relevant, statements were coded against multiple nodes. The codebook was developed iteratively and elaborated throughout the data collection process. Upon completion of the coding process, the codebook was re-evaluated, and nodes were aggregated or disaggregated where appropriate.

In line with this research project's two research questions, civilian response actor transcripts were coded alongside armed/security actor transcripts across all country contexts. A codebook specific to the interviewee type in each country context was produced, for a total of six codebooks.

Once all interviews had been coded as described above, memos were produced. These memos were then thematically compared in a series of extended discussions among the research team in order to begin identifying and mapping divergence and convergence between the perspectives of different

respondent groupings and to avoid siloing. After an initial large group meeting, the research team engaged in breakout sessions to discuss the findings and themes of individual country contexts. Findings informed the overarching themes and recommendations elucidated in this report.

6. Limitations, Risks, and Mitigation

Data collection across all three contexts presented various risks. Of considerable issue in both DRC and Syria/Jordan was in-country security and researcher access. The global COVID-19 pandemic posed an obstacle in all three country contexts and required revision of the original research plan.

In the DRC context, the COVID-19 pandemic prevented the case study coordinator from traveling to the country, and therefore, some data collection was conducted by a local partner, the Pole Institute, as already mentioned. Where the Pole Institute did not deem in-country locations sufficiently secure, data was not collected, mitigating risk of harm. In the Jordan context, the unique security environment and COVID-19 complicated access. CHRHS revised its original research plan so that in-country interviews could be collected by a Jordan-based research affiliate. A US-based researcher conducted the humanitarian responder interviews remotely. Lastly, in the Philippine context, challenges stemming from COVID-19 related travel restrictions were similarly surmounted by conducting interviews remotely.

The risk of compromised confidentiality spanned all three country contexts. This risk was mitigated through the voluntary and informed nature of participation, including the ability to revoke consent at any time, including after the interview had concluded; the confidentiality of participation; de-identification of statements provided; and data security best-practice.

IV. Results by Case Study

1. Kivu Ebola Epidemic in the Democratic Republic of the Congo: Epidemic Response in Conflict

a. Case Overview

The DRC has experienced 14 Ebola Virus Disease (EVD) outbreaks as of May 2022. However, the 2018–2020 Kivu Ebola Epidemic remains the country’s largest.³³ It is also the second largest Ebola outbreak to have occurred globally, after the 2013–2016 West Africa Ebola Epidemic.³⁴ The outbreak predominantly affected North Kivu and Ituri provinces, with a smaller number of cases in South Kivu.³⁵ Four cases and deaths were also confirmed in Uganda.³⁶

North Kivu and Ituri are characterized by extreme violence and entrenched conflict. In some locations, more than 99% of households report at least one member subjected to violence and displacement.³⁷ Child recruitment by armed groups is common.³⁸ Additionally, widespread sexual assault, including the incorporation of girls into militia forces as sex slaves, has been perpetrated against women in North Kivu and Ituri by all sides in the various ongoing conflicts.³⁹

Accordingly, the World Health Organization (WHO) summarizes the 2018–2020 Kivu Ebola Epidemic response as such:

The response to the outbreak was led by the Ministry of Health with support from WHO and partners... Challenges in establishing trust with affected communities, reticence for admission to Ebola treatment facilities, a high level of insecurity due to the presence of armed groups in the affected areas, as well as a series of attacks against health workers contributed to the difficulty of containing this outbreak.⁴⁰

³³ “WHO | Ebola Virus Disease – Democratic Republic of the Congo,” March 11, 2021, <https://web.archive.org/web/20210311194443/https://www.who.int/csr/don/26-June-2020-ebola-drc/en/>.

³⁴ “WHO | Ebola Virus Disease – Democratic Republic of the Congo.”

³⁵ “WHO | Ebola Virus Disease – Democratic Republic of the Congo.”

³⁶ “WHO | Ebola Virus Disease – Democratic Republic of the Congo.”

³⁷ Alberti KP, Grellety E, Lin Y-C, et al. Violence against civilians and access to health care in North Kivu, Democratic Republic of Congo: three cross-sectional surveys. *Confl Health* 2010; 4: 17.

³⁸ Press Releases 2013,

<https://web.archive.org/web/20131030092807/http://monusco.unmissions.org/Default.aspx?tabid=11430&ctl=Details&mid=14701&ItemID=20218&language=en-US> (accessed 10 November 2021).

³⁹ Refugees UNHCR for. Sexual violence on the rise in DRC’s North Kivu. UNHCR, <https://www.unhcr.org/news/briefing/2013/7/51f79a649/sexual-violence-rise-drcs-north-kivu.html> (accessed 10 November 2021).

⁴⁰ Ebola - African Region (AFRO), Democratic Republic of the Congo. 26 June 2020. World Health Organization (WHO), <https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON284>.

Despite these challenges, the outbreak was eventually contained and was declared over on 25 June 2020. Ultimately, there were 3,470 confirmed and probable cases of infection, amongst which 2,280 people are known to have died.⁴¹

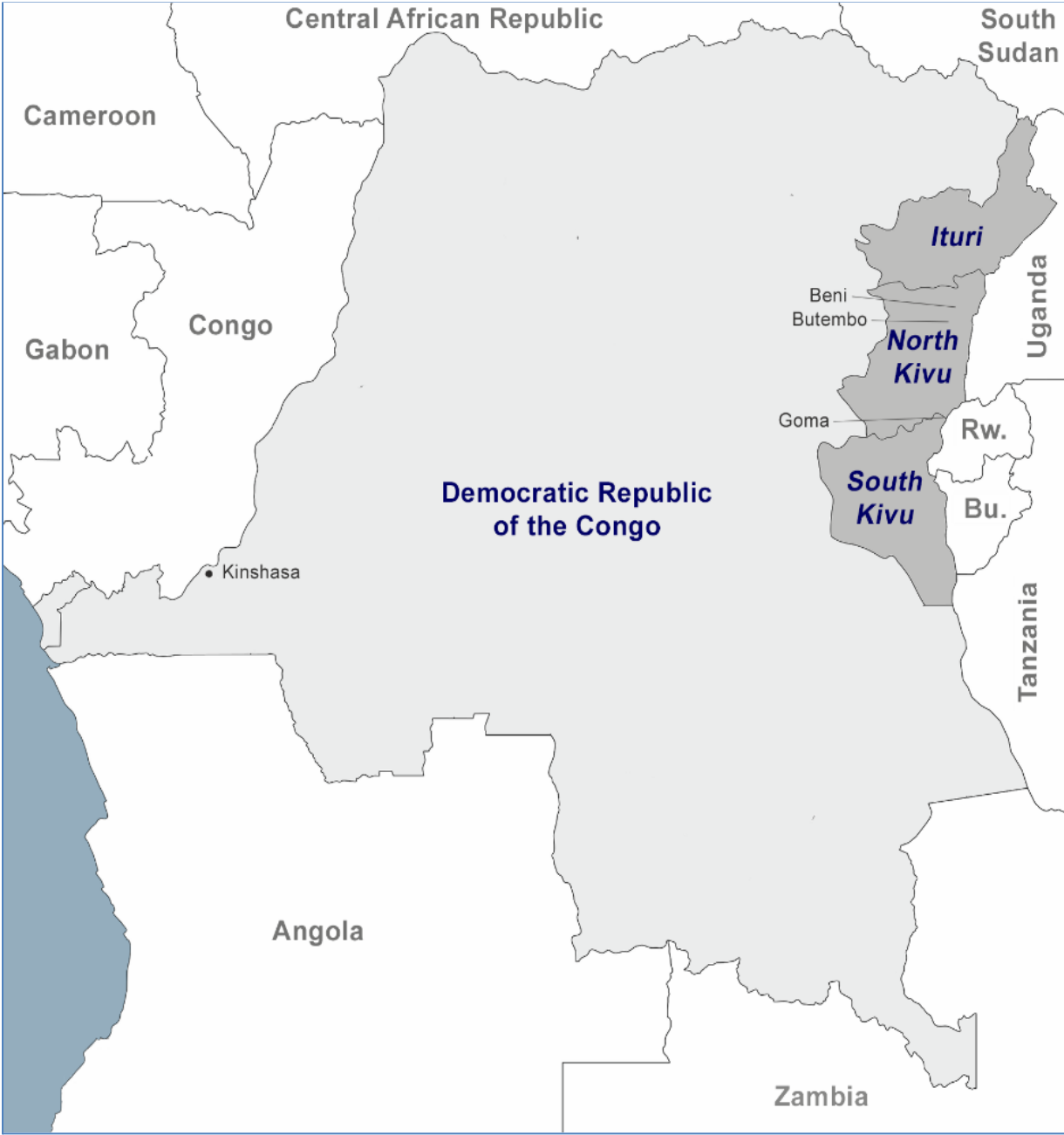


Figure 2: Map of DRC and sites relevant to the 2018-2020 Kivu Ebola Epidemic Response

⁴¹“WHO | Ebola Virus Disease – Democratic Republic of the Congo,” March 11, 2021, <https://web.archive.org/web/20210311194443/https://www.who.int/csr/don/26-June-2020-ebola-drc/en/>.

<i>Date</i>	<i>Event</i>
<i>July 2018</i>	Tentative probable cases of Ebola in the Mangina area of DRC go undetected and are identified following later investigations.
<i>28 July 2018</i>	DRC's Ministry of Health (MoH) is notified of 26 cases of hemorrhagic fever, including 20 deaths, in the Mangina area.
<i>1 Aug. 2018</i>	Médecins Sans Frontières (MSF) arrives in Mangina. ⁴² Oxfam announces their intention to support the response the following day. ⁴³ First coordination meetings with MoH are held to begin developing full response plan.
<i>8 Aug. 2018</i>	Vaccination efforts begin using the ring vaccination method
<i>13 Aug. 2018</i>	The first Ebola Treatment Center (ETC) is confirmed to be operational in Mangina.
<i>4 Sept. 2018</i>	The first Ebola death is confirmed in Butembo (a city of approximately 1 million people); ⁴⁴ one case in Beni is confirmed to have come from Kalunguta.
<i>22 Sept. 2018</i>	Rebels attack Beni (the WHO base as well as the location of the Ebola response's national coordination). ⁴⁵ The attack is supposedly by the Allied Democratic Forces (ADF) and grounds vaccination and contact tracing efforts to a halt for almost a week (due to the 'ville morte' lockdown that followed). ⁴⁶ At least 21 civilians are killed.
<i>26 Dec. 2018</i>	The DRC government declares that Ebola-affected areas of North Kivu and Ituri will not be permitted to vote, citing risks presented by Ebola. An Ebola assessment center in Beni is ransacked. All Ebola response activities are suspended for several days. The government cuts off internet connectivity in the region.
<i>29 Dec. 2018</i>	Oxfam declares that it will not work in DRC due to the ongoing violence. ⁴⁷ International Rescue Committee suspends their Ebola support efforts.

⁴²DRC: MSF treats 65 people with Ebola in the first month of intervention in North Kivu - Democratic Republic of the Congo. *ReliefWeb*,

<https://reliefweb.int/report/democratic-republic-congo/drc-msf-treats-65-people-ebola-first-month-intervention-north-kivu> (accessed 10 November 2021).

⁴³Oxfam responds to the new Ebola Outbreak in Beni, North Kivu, DRC - Democratic Republic of the Congo. *ReliefWeb*,

<https://reliefweb.int/report/democratic-republic-congo/oxfam-responds-new-ebola-outbreak-beni-north-kivu-drc> (accessed 10 November 2021).

⁴⁴Gulland A. Ebola death in city of one million prompts fears of urban spread. *The Telegraph*, 16 July 2019, <https://www.telegraph.co.uk/global-health/science-and-disease/ebola-death-city-one-million-prompts-fears-urban-spread/> (16 July 2019, accessed 10 November 2021).

⁴⁵"DR Congo Ebola outbreak: Beni attack halts outreach work." *BBC News*, 24 September 2018, <https://www.bbc.com/news/world-africa-45625735> (24 September 2018, accessed 10 November 2021).

⁴⁶"DR Congo Ebola outbreak: Beni attack halts outreach work." *BBC News*

⁴⁷"Oxfam suspends Ebola work amid protests over Democratic Republic of Congo vote delays". *Sky News*, <https://news.sky.com/story/oxfam-suspends-ebola-work-amid-protests-over-democratic-republic-of-congo-vote-delays-11593539> (accessed 10 November 2021).

27 Nov. 2019	Armed groups kill several Ebola responders in a series of attacks concentrated in Biakato and Mangina that begin on 27 November. The dead include a vaccination worker, two drivers, and a police officer. Dozens of aid workers are evacuated and Ebola response work is halted. A Mai Mai group specifically targets the residence of Ebola responders in Biakato, with another attack on the Ebola response coordination center in Mangina. It is unclear whether the attacks were planned/coordinated.
25 June 2020	The 2018-2020 Kivu Ebola Epidemic is declared over after 42 days pass with no identified case of Ebola.

Table 3: Timeline of key events

b. Conflict Context

Armed/Security Actors

More than 70 armed groups, with some estimates putting the number at over 100, operate in North Kivu and Ituri provinces.⁴⁸ Most NSAGs are ‘Mai Mai,’ a diverse categorization that can be loosely understood as community defense militia. The most notorious NSAG—which is not a Mai Mai group—is the ADF, a fundamentalist Islamist group that conducts an ongoing insurgency in the Ebola-affected area.⁴⁹ UN peacekeeping forces (MONUSCO) work with governmental armed/security actors—FARDC (which is the Congolese military) and the Congolese National Police (PNC)—to contain and address the insecurity presented by the various NSAGs. Each of these actors has a complex relationship with the Ebola response and local populations. Details about each of these actors appear below.

United Nations Organization Stabilization Mission in the DRC

MONUSCO is a UN peacekeeping force established by the UN Security Council in two resolutions (1999 and 2000) to monitor the peace process at the end of the Second Congo War.⁵⁰ Thereafter, its focus was turned to the conflicts of Ituri, Kivu, and Dongo. Its current mandate was passed by resolution in 2017. As of October, 2017, the force numbered 18,300. This makes it the largest peacekeeping mission in operation. MONUSCO includes a military formation known as the Force Intervention Brigade (FIB), authorized in 2013. Therein, the use of force was authorized by the UN—the first UN peacekeeping operation specifically tasked to carry out targeted offensive operations to “neutralize and disarm” groups considered a threat to state authority and civilian security. MONUSCO often operates alongside FARDC efforts in eastern DRC.

⁴⁸ “Kivu: The Forgotten War,” The Mail & Guardian (blog), September 26, 2018, <https://mg.co.za/article/2018-09-26-kivu-the-forgotten-war/>.

⁴⁹ “The Allied Democratic Forces: The DRC’s Most Deadly Jihadist Group?,” IISS, accessed January 23, 2022, <https://www.iiss.org/blogs/analysis/2019/01/adf-jihadist-group-drc>.

⁵⁰ The original name of the mission was the United Nations Organization Mission in the Democratic Republic of the Congo, or MONUC. The name of the mission was changed to MONUSCO in 2010.

The FIB is often not well received by the inhabitants of North Kivu and Ituri.⁵¹ This is reportedly because MONUSCO has failed to prevent violence from the ADF and other armed groups against civilian populations. A violent popular protest in November 2019 that targeted and damaged UN compounds (including a WHO compound, which resulted in the evacuation of a number of personnel) was the specific result of public frustration over this issue.⁵² There is a concern that the UN's principle of neutrality is unworkable with an oppositional force like the FIB, and that as such, humanitarian aid workers might be targeted (as did occur during the Ebola response).⁵³ This had been raised as a concern before the 2018–2020 Kivu Ebola Epidemic.⁵⁴ Despite these concerns and criticisms, the Kivu Security Tracker argues that MONUSCO is the “main peace broker in the Congo.”⁵⁵

Congolese Armed Forces and Congolese National Police

The FARDC and the PNC are the principal military and security actors of the DRC state. The former was created following the end of the Second Congo War in 2003. The FARDC incorporated a number of armed groups, including the former government army and various armed groups, including many NSAGs as well as other government-determined military and paramilitary groups.

The insecurity with which the FARDC and the PNC grapple is widespread and multifaceted. In the far northeast, this results from the Ituri conflict and the Kivu conflict. However and tellingly, the Kivu Security Tracker writes:

The Congolese army is perhaps the most important actor in the violence, based on its abuses, its complicity with some armed groups, or simply its inaction when faced with insecurity... This has led to the perpetuation of what has been called “stable instability.”⁵⁶

⁵¹ Moloo Z. UN peacekeepers in the DRC no longer trusted to protect, <https://www.aljazeera.com/features/2016/11/18/un-peacekeepers-in-the-drc-no-longer-trusted-to-protect> (accessed 10 November 2021).

⁵² “Aid agencies evacuate DR Congo Ebola and measles hotspots as violence flares - Democratic Republic of the Congo.” ReliefWeb, <https://reliefweb.int/report/democratic-republic-congo/aid-agencies-evacuate-dr-congo-ebola-and-measles-hotspots-violence> (accessed 10 November 2021).; Maxmen A. Ebola responders killed as violence flares. *Nature*. Epub ahead of print 26 November 2019. DOI: 10.1038/d41586-019-03667-1.

⁵³ ISSAfrica.org, “Is the Force Intervention Brigade Neutral?,” ISS Africa, November 27, 2014, <https://issafrika.org/iss-today/is-the-force-intervention-brigade-neutral/>; “‘Intervention Brigade’ Authorized as Security Council Grants Mandate Renewal for United Nations Mission in Democratic Republic of Congo | Meetings Coverage and Press Releases,” accessed February 25, 2022, <https://www.un.org/press/en/2013/sc10964.doc.htm>.

⁵⁴ Müller, Lars. “The Force Intervention Brigade—United Nations Forces beyond the Fine Line Between Peacekeeping and Peace Enforcement.” *Journal of Conflict & Security Law* 20, no. 3 (2015): 359–80. <https://www.jstor.org/stable/26298173>.

⁵⁵ The Landscape of Armed Groups in Eastern Congo: Missed Opportunities, Protracted Insecurity, and Self-Fulfilling Prophecies, <https://kivusecurity.nyc3.digitaloceanspaces.com/reports/39/2021%20KST%20report%20EN.pdf> (2021, accessed 10 November 2021).

⁵⁶ “The Landscape of Armed Groups in Eastern Congo: Missed Opportunities, Protracted Insecurity, and Self-Fulfilling Prophecies,” <https://kivusecurity.nyc3.digitaloceanspaces.com/reports/39/2021%20KST%20report%20EN.pdf> (2021, accessed 10 November 2021).

Accordingly, the UN has previously found that the FARDC is responsible for approximately twenty percent of the human rights violations documented in North Kivu and Ituri, with the PNC responsible for approximately nine percent, collectively representing about a third of human rights violations in the Ebola-affected areas of North Kivu and Ituri.⁵⁷

The FARDC and the PNC were the primary agents responsible for providing escorts and other armed security services to the WHO and other civilian Ebola responders throughout the 2018–2020 Kivu Ebola Epidemic.

Allied Democratic Forces

The ADF is an armed group situated close to Beni in North Kivu. Formed in 1995, the ADF is “the central prism through which [one] can analyze insecurity around Beni.”⁵⁸ The group increasingly adopted militant Islamism; many credible researchers believe that the ADF is actively affiliated with the Islamic State.⁹³

At the time of the 2018–2020 Kivu Ebola Epidemic, the UN assessed the ADF to have about 450 fighters.⁵⁹ Despite its relatively small size, the ADF is extremely violent and disruptive to local populations. The Kivu Security Tracker reports:

Finding itself under FARDC and UN pressure, the ADF reacted with violence by massacring civilians, possibly as a means of retaliating against informers and to show the government’s inability to protect the population.⁶⁰

Further, the ADF has “no clear-cut political interests or ethnic allegiances, making a long-term response much harder to strategise.”⁶¹ The group responds to FARDC and MONUSCO offenses by indiscriminately killing civilians, which, when the ADF attacks are not prevented, significantly diminishes trust between civilians and state and UN forces.⁶²

General insecurity, including direct attacks on response infrastructure and personnel for which the ADF and various Mai-Mai groups bore responsibility, led some civilian Ebola responders to support

⁵⁷ OHCHR | DRC: UN reports hundreds of human rights violations as security situation in North Kivu deteriorates, <https://ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=24030&LangID=E> (accessed 10 November 2021).

⁵⁸ “The Landscape of Armed Groups in Eastern Congo: Missed Opportunities, Protracted Insecurity, and Self-Fulfilling Prophecies”, <https://kivusecurity.nyc3.digitaloceanspaces.com/reports/39/2021%20KST%20report%20EN.pdf> (2021, accessed 10 November 2021).

⁵⁹ “The Allied Democratic Forces: the DRC’s most deadly jihadist group?” IISS, <https://www.iiss.org/blogs/analysis/2019/01/adf-jihadist-group-drc> (accessed 10 November 2021).

⁶⁰ “The Landscape of Armed Groups in Eastern Congo: Missed Opportunities, Protracted Insecurity, and Self-Fulfilling Prophecies,” <https://kivusecurity.nyc3.digitaloceanspaces.com/reports/39/2021%20KST%20report%20EN.pdf> (2021, accessed 10 November 2021).

⁶¹ “The Allied Democratic Forces: the DRC’s most deadly jihadist group?” IISS, <https://www.iiss.org/blogs/analysis/2019/01/adf-jihadist-group-drc> (accessed 10 November 2021).

⁶² “The Allied Democratic Forces: the DRC’s most deadly jihadist group?” IISS, <https://www.iiss.org/blogs/analysis/2019/01/adf-jihadist-group-drc> (accessed 10 November 2021).

the use of hard security measures—such as armed escorts—to safely operate in the North Kivu and Ituri areas.

Mai Mai

Some suggest there are more than 100 active armed groups that fall within the category of ‘Mai Mai.’⁶³ This includes armed forces led by warlords, traditional tribal elders, village heads, and politically motivated resistance fighters. In 2001, the UN estimated that between 20,000 and 30,000 Mai Mai fighters were active in North Kivu and Ituri.

In an area of profound instability and violence, many do serve to genuinely protect communities. Others exploit communities through looting, cattle rustling, banditry, and kidnapping for ransom. Many are reported to engage in routine sexual violence.⁶⁴

As these groups are small (often village-level, consisting of between 20 and 200 fighters),⁶⁵ undocumented, and diverse, it is not possible to draw broad generalities applicable to all Mai Mai groups. Accordingly, some actively supported the Ebola response, and some actively contested it. The table below shows some of the roles various armed actors played in the Ebola response.

⁶³ Morgan A. “Rethinking rebel rule: How Mai-Mai groups in eastern Congo govern”. Conflict Research Programme Blog, <https://blogs.lse.ac.uk/crp/2018/10/03/mai-mai-groups-in-eastern-congo/> (2018, accessed 10 November 2021).

⁶⁴ Refugees UNHCR for. Sexual violence on the rise in DRC’s North Kivu. UNHCR, <https://www.unhcr.org/news/briefing/2013/7/51f79a649/sexual-violence-rise-drcs-north-kivu.html> (accessed 10 November 2021).

⁶⁵ Morgan A. “Rethinking rebel rule: How Mai-Mai groups in eastern Congo govern”. Conflict Research Programme Blog, <https://blogs.lse.ac.uk/crp/2018/10/03/mai-mai-groups-in-eastern-congo/> (2018, accessed 10 November 2021).

Actor	Relationship with the response
MONUSCO	<ul style="list-style-type: none"> ● Intelligence ● Risk mapping (e.g, which roads were safe to pass and which areas safe) ● Logistics (especially including helicopter transportation; the provision of several vehicles on loan to the response; medevac services; provision of fuel; communications and IT support; <i>et cetera</i>) ● Site security (e.g, outside UN hotels) ● Area security (e.g, patrols in Beni and Butembo) ● Escorts of Ebola responders (generally limited to specific ‘red’ roads, although most escorts were provided by the FARDC)
FARDC / PNC	<ul style="list-style-type: none"> ● Site security (e.g, outside MoH Ebola Treatment Centers (ETCs), national coordination office compounds, <i>et cetera</i>) ● Armed escorts ● Roadblocks / checkpoints where health screening occurred ● Note: the WHO was paying at least \$600,000 per month to military and security services during the response. These payments were not always well documented and were highly controversial⁶⁶
ADF	<ul style="list-style-type: none"> ● Highly disruptive through the creation of area insecurity ● No known specific targeting of ‘white’ (vs ‘black’) UN (i.e., civilian UN workers versus MONUSCO peacekeepers) ● Various ‘<i>ville mortes</i>’ were declared following ADF activity which disrupted (and sometimes prevented) Ebola response activities for limited periods of time
Mai Mai	<ul style="list-style-type: none"> ● Believed to instigate a number of the attacks against health workers and the response. ● As ‘gatekeepers’ to a number of communities, could prevent surveillance and other response activities from occurring ● Credible evidence that some Mai Mai groups supported the response by encouraging vaccination, raising awareness, <i>et cetera</i>

Table 4: Role(s) of armed actors in the Ebola response

c. Crisis-Affected Community Members: Perspectives and Themes

Four substantive themes emerged from the 39 crisis-affected community member interviews from the DRC context. These themes align with what participants reported as their key concerns

⁶⁶ “The Democratic Republic of the Congo’s 10th Ebola Response: Lessons on International Leadership and Coordination,” *Humanitarian Policy Group*, March 2021, https://cdn.odi.org/media/documents/The_Democratic_Republic_of_Congos_10th_Ebola_response_lessons_on_international_q0pMdk9.pdf

surrounding the Ebola response: 1) the involvement of NSAGs in the response; 2) perceptions of the securitized response; 3) the economy and possible corruption of the response; and 4) concerns and recommendations about communication and engagement with, and ownership of the response by, Ebola-affected communities.

Perceptions of Non-State Armed Groups in the Response

Unlike the civilian and armed/security response actor interviews (as described later in this section), a number of Ebola-affected community members spoke about the positive role or influence that various Mai Mai groups had in supporting the Ebola response. That included support with enforcing public health measures; raising public awareness and conducting community outreach; and the protection of public health infrastructure. The number of Ebola-affected community members noting these kinds of support from Mai Mai groups was roughly equivalent to the number that referenced specific disruptions caused. Notably, more Ebola-affected community members spoke positively about the role of NSAGs supporting the response rather than they did negatively about their role disrupting it.

There are several specific anecdotes of Mai Mai working proactively with the Ebola response to help people receive care, facilitate access to certain areas, or raise awareness in certain communities. The conversation below is broadly representative of these types of sentiments:

Wasn't the Mbau community full of armed groups at the time?

It's only the ADF that bothers us.

Not Mai Mai groups, for example in Samboko?

Yes, at the time, there were armed groups. They have conducted awareness [raising about Ebola]. Awareness, to say [the] disease can affect everybody, whoever you are, and wherever you are, [this] disease can affect you. The Mai Mai [also] agreed to allow healthcare workers to travel everywhere to follow up [on] cases.

Did these Mai Mai participate as sensitizers?

Yes, yes... They all collaborated. The security case was something else, but here it was a question of the disease [and not a question of security].

When considering armed actors together, Ebola-affected community members were remarkably split in being overall 'for' or 'against' the role of armed actors in the Ebola response. A small majority of the comments were negative, with a smaller number who said the response changed their impression of armed actors (generally for the better). Approximately a quarter of Ebola-affected community member respondents stated that armed actors should not be involved in public health matters at all.

Perceptions of Military Escorts and Armed Actors

There was a significant number of references by Ebola-affected community members to the DRC military and police's role providing armed escorts to civilian responders. However, there was also significant reference amongst this respondent grouping to other roles/responsibilities that armed

actors played, including but not limited to communication and outreach, enforcing public health measures, work in Safe and Dignified Burials, case management, and site security.

The roles referenced above primarily described the role of the FARDC specifically. Most Ebola-affected community members reported being hardly or not at all aware of MONUSCO's role in the response. Many said they were aware of MONUSCO performing either no or a very limited role, despite the fact that MONUSCO did provide a significant amount of background support (e.g., logistics, including airlift and intelligence). This is quite distinct from humanitarian and public health actors, who spoke more readily of the role that MONUSCO performed supporting the Ebola response, a disparity likely explained by the more backgrounded role the UN peace enforcement agency played.

The following excerpt from an interview illustrates a common view among many crisis-affected community interviewees toward FARDC and MONUSCO, that being a sense of disappointment, with a focus on inadequate protection and security outcomes:

Nothing can be said about the army except the disappointment of people who expect more from them in terms of protection. But they give the impression of not being up to their duties. Why can't they get us to safety?... This question has become a mystery to us, because no one can answer it. For the police, I think the problem is the number of employees. The country should have brought more policemen here. There are currently not really enough to carry out their missions. Talking of the MONUSCO, I think it's not even worth talking about. They are partners of the country, but we do not believe in them. They say they are there to support the military, but why don't they intervene in the event of an attack? No one believes in them here in Beni.

Rumors and 'Ebola as a Business'

There was also a relatively consistent consternation that was expressed by Ebola-affected community members regarding the notion that the military, in their Ebola response roles, were distracted from their principal role of mitigating insecurity and protecting civilians from the ADF. This applied to MONUSCO as well as the FARDC.

Relatedly, Ebola-affected community member respondents relayed rumors, conspiracy theories, and cynical views of the Ebola response. This included a frequently expressed notion that the Ebola response was primarily a 'business,' that is, it served the financial interests or needs of civilian and military responders alike, first and foremost when compared with the objective of containing the outbreak. This included a specific concern about armed actors being paid by the response's civilian responders (namely the WHO). Respondents perceived that payments to national military actors distracted these armed actors from their role in protecting communities (as noted above). Some respondents perceived that response actors were profiteering off the response, even to the extent that responders might have been intentionally encouraging the spread of the Ebola virus to further financial gain.

These and other rumors were often cited as the sources of misinformation resulting in violence against the Ebola response. Other rumors included that the UN helped supply and/or arm the ADF,

that the Ebola response and its agents brought Ebola to the region, that Ebola is a mythical illness or witchcraft, that Ebola is a disease deliberately brought to exterminate people for political purposes, or that Ebola simply is not real.

Several conversations between the researchers and those interviewed illustrated these views. For instance, when asked about the perception of the military during the response as compared to after the response, one interviewee said, “In fact, in the community, there is no change... They know that a soldier or policeman is always bad. They say they ate the Ebola money.” A similar view was taken of the peacekeeping missions, with one interviewee saying, “People say it is these missions that bring us diseases. It is through them that they send us diseases here.” These sentiments regarding Ebola as a ‘business’ and other rumors - including about its armed/security response actors - seemed to be the basis of much distrust and occasional violence, surrounding the response. When asked for the rationale behind attacks on the Ebola response, one interviewee noted that a widespread perception existed that Ebola responders “came in to make money on your blood, and so if they left, the disease could end.”

Community Communication, Engagement, and Ownership of the Response

When giving recommendations about prospective change for future crisis response, a significant proportion of Ebola-affected community member respondents spoke not to the role of armed actors directly, but rather called for the need for better community communication and engagement. A higher number still called for the related need for more community ownership, localization, and less foreign involvement in a hypothetical future response.

Ebola-affected community respondents raised a number of specific other considerations, including: the utility of having FARDC involved in order to investigate cases of Ebola that arose within army ranks; MONUSCO’s ability to access some areas that government forces could not; the notion of Ebola as a disease that is borderless or apolitical; the notion that it is perhaps acceptable for a UN force to protect international workers specifically; and various references to issues and concerns related to the response more generally not specifically related to the role/use of armed actors therein. When asked about challenges faced throughout the response, one interviewee expressed the following:

I don’t think there is anything to point out as a mistake. However, it should be noted that the local population was almost absent from the fight against Ebola. We can certainly count on the outside, but the success of any action depends more on local and endogenous commitment. This was not the case in the Ebola response process. If there were, for example, the involvement of local authorities and civil society organizations here locally, we would not face popular resistance. You know, here young people can be easily manipulated. And to force the population, we need the intervention of local leaders, because they are listened to more than anyone in this territory.

Additionally, some crisis-affected community members described the importance of women’s participation in the response. For example, one interviewee told a story about a Mai Mai leader who convinced women who sell pineapple to spread awareness about Ebola and to

encourage protective measures. Another interviewee described how mothers “quickly understood the danger” of Ebola, and since they are trusted within the community, their participation in spreading the word helped combat Ebola in Kalunguta.

d. Civilian and Armed/Security Responders: Perspectives and Themes

Four substantive themes emerged from the 28 civilian and armed/security responder interviews from the DRC context. These themes align with what participants reported as their key concerns surrounding the Ebola response: 1) the use of armed escorts; 2) differences in professional cultures between public health and humanitarian responders; 3) fiscal responsibility of the responders; and 4) general coordination difficulties.

The Use of Armed Escorts

Securitization was a common complaint amongst civilian response actors involved in the DRC Ebola Response. Responder interviewee comments on this theme pertained to the use of armed escorts. The parameters of this debate are essentially how to balance, on the one hand, security needs of staff and responders in an insecure environment with, on the other hand, community engagement, effective programming, and concerns about neutrality. On the dissenting side (against the wide use of escorts), the use of military escorts to distribute vaccines or transport staff was largely viewed as unnecessary and detrimental to the overall response. The assumption behind this concern was that the community members were afraid and/or suspicious of the military/police escorts due to these forces’ previous/ongoing involvement in community abuses, including gender-based violence. The majority of participants expressing this opinion belong to the humanitarian community, specifically NGO workers.

Amongst NGO workers and humanitarians more generally, one of the key issues with military escorts was that they infringe on their mandates and principles as neutral actors in conflicts. In this view of security, organizations argue that humanitarians ideally create their own security by gaining the trust of the local community by demonstrating that they can offer a social good to everyone, regardless of sides in a conflict.

The issue with military escorts for humanitarian actors then becomes the appearance of siding with a party to the ongoing armed conflict in the DRC. Many respondents referenced the FARDC in this regard, but some respondents mentioned MONUSCO as a perceived party to the conflict, given MONUSCO’s pre-existing in-country mission to fight the ADF alongside the DRC government.

Some respondents went as far as citing the loss of their neutrality as being to blame for attacks they endured from community actors. An example of this would be the attack against Ebola Treatment Centers (ETCs) in Katwa and Butembo in February 2019 that precipitated the evacuation of Médecins Sans Frontières (MSF) personnel. The nexus of the conversation was about the factors that led to distrust between the populations and Mai Mai (on the one hand) and response actors (on the other hand), which led to the attack. Factors included the politicization of the response by the government and the funneling of money into the region. Respondents from NGOs also noted that they were not given appropriate representation and inclusion in meetings related to

the wider response and that they felt unable to represent the importance of maintaining their neutrality, with one interviewee expressing the following:

And so I was shocked when I arrived and realized how militarized the response was because I would have thought—from the principle point of view—that [level] would have been inappropriate even in some of the more extreme contexts that I have been in, such as Yemen or Iraq. But I thought it was completely over-the-top, completely disproportionate to the ‘threats’ that were faced.

One interviewee noted that this militarized response might also have had gendered elements to it. The respondent described an instance they considered to be an overreaction to perceived need for security for expatriate women:

I remember one time [two female colleagues] were going out to the field, and they had never been out to the field in Butembo before. And everybody was really nervous about these two foreign women going out to the field, so they arranged a convoy or a truck of 10 [local] police to go with them.

A female interviewee, as a lone woman surrounded by armed men, described the reliance on armed escorts as unnerving:

Half the time, they [the local armed escorts] were drunk. They seemed incredibly untrained, unprepared. I don’t know what they were being... I just didn’t trust them. I was like I’d actually feel much safer – I would probably feel safer with some of the militia than I’d feel with the few organized groups. And the history that the FARDC has of sexual violence and murder is just terrific. I didn’t need to spend any more time around people I thought that I didn’t need to.

Moreover, according to interviewees, one of the most acrimonious parts of the escort debate was over the WHO offering local police and military actors cash payments for their services with little to no paper trail. In relation to the typical salary of a DRC soldier or policeman, the average amount of money that response actors paid these individuals (claimed at \$10 a day) was an enormous increase. This allegedly led to a situation in which the response itself was fomenting insecurity.

This unintended fomenting of insecurity reportedly occurred for three reasons. The first was that the money encouraged corruption within local partner security forces. Some respondents claimed that local military and police actors would ‘stage’ security incidents to make their services needed so they could continue earning money from the response. The second claim was that, after the WHO stopped giving these cash payments to local military and police actors, these actors became aggressive against the response itself. The third claim was that the money led to an increase in prostitution in response areas, elevating the risk of sexual exploitation by armed actors. An interviewee stated:

There [was], for obvious reasons, concern with the risk of manipulation and the risk of sexual exploitation and abuse committed by these security forces. The fact that

money had been brought into the whole thing then meant that we really had a very dangerous dynamic going on.

One consistently cited hypothesized reason for this cash-for-services approach blamed the overall informality of the WHO-led response. Critics argued that the WHO lacked the operational capabilities to lead a humanitarian response and lacked expertise in structured HMR. MONUSCO representatives interviewed expressed deep frustration at what they saw as disorganized service requests, attempts to gain tasking control over their forces, and the cash payment of local partners as a work-around.

The Ebola response initially lacked a designated CMCoord officer from UNOCHA, and some participants argued that this led to inappropriate, informal HMR practices such as the offering of cash-for-services to a local partner. Some respondents alleged that there were no in-country guidelines dictating how to interact with local police and military, and that the WHO was not basing its actions off the Oslo or MCDA Guidelines.

Many respondents expressed frustration that their concerns over the issue were not being heeded or taken seriously in meetings. One interview respondent spoke of this issue, saying: “The lack of transparency in cooperation, clarity, and coordination around funding for security was an area that definitely could have been better managed.” However, out of all the elements of the WHO-led response that were criticized, the policy of cash payments to local police and military actors caught the attention of donors at the World Bank. Some study participants hypothesized that this was the reason the cash-for-security policy eventually abruptly ended.

While no interviewees supported the cash payments, some did offer nuanced support for the escorts themselves. These individuals argued that the complex security situation in the DRC necessitated armed escorts, especially along certain roads (primarily Northern Beni/Northern reach of the response) where ADF fighters were known to be active. Out of all the security threats present in the response context, most pointed to ADF as the most dangerous but also the least likely aggressors against the response.

Since distrust in the government was reported as high by humanitarian responders, these actors also perceived that the community suspected nefarious national government involvement in the Ebola response, which led to treatment and vaccine hesitancy. Some described the visuals of treatment centers as being intimidating, since a community member could have a family member enter, never come back, and be denied culturally appropriate funeral rites.

Differences in Professional Cultures Between Public Health and Humanitarian Responders

The professional cultures and politics of the various institutions involved in the response also proved to be a major challenge to the mission. Interviewees discussed two particular issues in this regard: 1) operational challenges specific to the WHO, and 2) competing visions and modus operandi of public health and humanitarian responders.

There was a consistent view amongst humanitarian interviewees that the WHO did not have the operational capabilities or HMR experience to lead a public health response overlaid by a humanitarian crisis. Because UNOCHA is the recognized authority on CMCoord, several interviewees expressed concern and frustration over the fact that there was no designated CMCoord officer to oversee and coordinate how civilians interacted with military forces. The most critical of these evaluations portrayed this weakness in CMCoord as leading to informal coordinating relationships with security forces, which then resulted in the controversial cash payments discussed earlier.

Allegations of over-militarization of the response link back to perceived differences in public health and humanitarian cultures. Particularly, the variable that many interviewees noted was a different pace of work between public health officials and humanitarians. More specifically, ‘response speed versus accountability’ was a key tension between actors in the response.

Another important critique of the WHO-led response was the allegedly poor leveraging of preexisting in-country relationships. According to interviewees who identified this shortcoming, this was due to a lack of institutional knowledge regarding humanitarianism in DRC on the part of the WHO and a desire to expedite the public health mandates of stopping Ebola transmission. Some interviewees noted that the long history of international involvement in DRC meant that deep personal and professional relationships existed, but respondents reported that WHO did not take advantage of these networks, and thus felt they had to take more protective measures than they arguably would have otherwise. Interviewees who had other pre-Ebola missions in DRC expressed this sentiment particularly strongly. It is also possible that this dynamic compromised the non-Ebola work of other international NGOs that had been in the country for over a decade.

‘Science-Led’ Response vs ‘Humanitarian-Led’ Response

Public health-affiliated individuals interviewed stressed the importance of science-led approaches to combating infectious diseases. They essentially argued that while community engagement may be important, a humanitarian approach that would take time to fully engage communities in this way would be too slow in the face of viral spread. The public health workers expressed frustration at the overwhelmingly negative portrayal of the response by humanitarians since the response ultimately ‘worked.’ They argued that a humanitarian response cannot stop a virus, with one public health-affiliated interviewee saying the following:

I think you cannot stop Ebola with a humanitarian response. It’s as simple as that. I think, in order to stop a very, very dangerous and horrible disease like that, you have no other choice than to follow the science... You need decision-makers at the top reflecting on the science and putting it into the environment, including conflict environment, and understanding it... You need people who understand the science and the decision-making needs to be science-led, and then you look at that in your context of...where are people, and what’s the situation and environment around you,

and how does the environment affect both the development of the disease and the response.

Actors with a humanitarian background reported that the public health teams prioritized speed and science-based approaches over cultural sensitivity, nuance, and attention to the optics of the response. Put simply, the supposed guiding principle of the response was to ‘kill the virus at all costs.’ Humanitarian actors accused public health responders of using military escorts to force themselves into community contexts they should not have rushed into with the aim of fighting the virus before it spread. Some interviewees reported that MONUSCO’s limitation in fulfilling service requests quickly led to ‘impatient’ public health responders (in the absence of a robust CMCoord organizational guiding document) to resort to informal means of gaining access, such as through paying local security escorts. These views are expressed in the following interview excerpt:

I think the core issue is the epidemiologists only focus on one thing: killing the virus. Everything else is irrelevant. The consequences to what you do in order to do that [are] irrelevant, because the only thing that counts is eradicating the virus. So they don’t see the bigger picture. They don’t see the impact.

Fiscal Responsibility of the Responders

Fiscal responsibility and accountability in the response was another key theme to arise out of these interviews. This theme is broader than the one issue of cash payments to security partners. The large amount of money associated with the response led a few respondents to refer to “Ebola as a business,” which was incidentally much more strongly emphasized in the DRC community perceptions interviews.

Interviewees described that the Ebola response was relatively well funded from donors and that this was apparent to both international and national actors. A few interviewees reported that the local community doubted the motives of international responders and accused them of only wanting to make money. This sentiment is reported in the following interview excerpt:

In my mind, I just see WHO security officers kind of splashing around in pools full of cash and just like throwing it at everyone. We know that part of the work that we do is negotiation with people instead of when people stick out their hand, you just don’t give them everything they want, and there has to be a system; there has to be certain levels of transparency.

There was also concern that the large amount of international money in a domestic context prone to political and security corruption further destabilized the country. Because the system was not set up to equitably distribute this money, and the individuals who profited from it were already disliked by the local community, some interviewees reported that this bred resentment towards the response.

Connecting back to the accusations of over-securitization, some actors threw into doubt the true motivations of the DRC government in its insistence on armed escorts. At least one participant

hypothesized that the government's motive in requiring strict security was making money rather than partner security.

General Coordination Difficulties

Interviewees described several perceived shortcomings in coordination. These were due to structural, social, and political factors. First, chief amongst the coordination difficulties noted in the interviews was the indecisive leadership structure between WHO and MONUSCO. As noted earlier, while the response was led by WHO, the leadership structure included a large role for MONUSCO. MONUSCO-affiliated individuals discussed frustrations with not being given a larger role than security and logistics, since they had a much longer organizational presence in DRC than WHO.

Second, according to the interviewees, quite a few partners perceived coordination meetings, in general, to be not very useful or well organized. Some noted that the length of daily morning meetings did not optimize staff resources well. Others noted that advice and counsel given in meetings was not heeded or implemented in the response. In a specific example that ties the challenge of dual-leadership and coordination together, an individual from MONUSCO noted that they walked out of a meeting in protest that non-MONUSCO partners wanted tasking power over MONUSCO security personnel.

Third, some noted that the move of operational headquarters from Beni to Goma exacerbated these coordination challenges. While this sentiment was not echoed widely, some interviewees speculated that the reason for the controversial move from Beni to Goma was due to US Government employees not being allowed to participate in the response due to security concerns in Beni. Attempting to lead a public health response from a city (Goma) that was not as heavily impacted and very distant from the epicenter of the outbreak reportedly led to more coordination challenges.

Fourth, the fundamental issue in this case is how to conduct a responsible and effective public health response in a context plagued by long-standing violent conflict and unstable political and economic structures. Key foundational debates centered around whether to conduct the response as a primarily public health mission occurring in a humanitarian conflict, or whether to couch the public health response in the preexisting humanitarian mission. The complexity of the conflict in DRC cannot be overstated in terms of impeding the response.

Public health responders and humanitarians had very different orientations towards partnering with the DRC government. At least one public health worker noted that humanitarians and NGO workers, by design, do not work well with governments. On the other hand, public health workers described the most natural partners in a public health response as national ministries of health. This led to a criticism of humanitarians as being naïve at best and neo-colonial at worst in their insistence on not engaging with the government of the country within which they are operating. Recommendations from the public health side centered around better engagement with local government partners in complex humanitarian settings with a public health element. Such a vision can clash with the humanitarian principle of neutrality in conflict. The following interview statement is representative of this stated perception:

I think the world is moving away from the so-called, supposedly golden age of humanitarianism, where humanitarian organizations could pick a piece of territory and pretty much act without much engagement with the government. That's less the case in the world today, so I think we need to get much better at working with governments. What we've seen in public health emergencies will be more and more the future for all the work of aid as governments across the world reinforce their capacities and want to have a much greater say about what goes on in their territory.

On the humanitarian NGO side, various interviewees pointed to national sovereignty and a government-led response as having an adverse effect on the mission. One key tension relates to not being able to resist the securitization of the response since the government has authority over deploying its troops and police. For example, in the words of one humanitarian interviewee:

I do see this [MOH-led response] as a way of essentially the big boot of Kinshasa coming and stomping on the local populations. I think this is just a way of yet another opportunity to assert power over an area that they consider quite troublesome.

e. Discussion

Eastern Congo has a history of profoundly disruptive conflict. This includes the Second Congo War (1998-2003), in which millions of excess deaths were recorded, as well as the ongoing Ituri (1999-) and Kivu (2004-) conflicts, in which thousands were killed and hundreds of thousands displaced. Low-level conflict, violence, and insecurity—including numerous human rights violations by government troops—is a near-constant reality for millions of the region's inhabitants. As participants in the conflict and ongoing violence, there is a commensurate number and diversity of armed actors: governmental (including the FARDC and PNC); UN (i.e., MONUSCO); and NSAGs. As a result of this highly unstable, violent, and dynamic context, there is a history of exceptionally low levels of public trust in national actors. This mistrust was compounded early in the 2018–2020 Kivu Ebola Epidemic, when the government decided to cancel presidential elections in Ebola-affected and opposition-stronghold regions. Taken together, these elements constitute a particularly troubling and insecure landscape onto which civilian responders were made to operate when the Ebola epidemic was confirmed in August 2018 and onto which assumptions about the appropriate role of armed actors in the response were grounded.

Civilian responders were most likely to raise concerns related to the role of armed actors, especially including the FARDC's role in providing armed escorts to Ebola responders. A majority felt these escorts and other armed security functions eschewed the humanitarian principles and furthered community mistrust, the latter being perceived to be particularly detrimental in the response to an infectious disease agent requiring close communication with, and the cooperation of, crisis-affected communities. This lack of trust was felt by many civilian responders to be significantly exacerbated for the often-informal cash payments that were made by some civilian response agencies for this armed protection.

Despite these concerns, a significant minority of civilian responders felt that armed actors provided necessary security to continue life-saving Ebola response interventions, such as when MSF was forced to evacuate the country after their two treatment centers in the contemporaneous epicenter of the outbreak were attacked. Other civilian responders highlighted the dilemma presented by the need to collaborate with the Congolese government, which—despite being party to the conflict and widely mistrusted by Ebola-affected populations—nevertheless maintained and exercised their sovereignty over Eastern Congo when they mandated the use of armed protection. This, in turn, meant that the humanitarian principles were unworkable for responding civilian agencies. Different agencies negotiated this in different ways. Some, as noted above, took significant issue, and responded commensurately up to and including refusing to participate in the response, even if this meant not providing life-saving assistance as part of a ‘do no harm’ approach. Others proactively worked with government actors with the goal of containing the epidemic despite these perceived costs and loosely referred to this as a ‘public health’ rather than ‘humanitarian’ approach. Lastly, others took a more middling approach, wherein they distanced their organizations to the extent possible from governmental and armed actors but continued to collaborate with them if and as required. Less controversial was MONUSCO’s role providing often significant logistical support and intelligence to civilian response agencies.

Armed/security response actors (i.e., MONUSCO) generally saw their role as akin to a service provider tasked by the response’s civilian agencies (which was the given mandate), and were therefore somewhat more circumspect in stating whether their role was or was not problematic for Ebola-affected communities. Many did raise several perceived challenges and provided several recommendations related to the response’s civil-military coordination.

Importantly and perhaps counterintuitively, Ebola-affected community members were more diverse in their perspectives on the Ebola response’s various armed actors. Many did raise concerns, with some communicating specific instances of violence that occurred; a roughly equal number had an overall net-positive association, for example, for the security that was provided to Ebola-affected communities’ local responders. Of note—and a unique perspective that was not shared by civilian and military responders—is the extent to which various NSAGs were felt by Ebola-affected community members to have supported the Ebola response. This was for various reasons, ranging from the provision of security, as noted above, to public influence campaigns encouraging people to get vaccinated for Ebola. Meanwhile, other Mai Mai groups were felt to be harmful to the Ebola response; the ADF was consistently perceived to be a profoundly violent and disruptive group. Also notable is the extent to which MONUSCO was widely criticized by Ebola-affected community members for the agency’s perceived inability to contain or prevent ADF violence but was generally not thought to have performed any significant Ebola response function.

While there was a lack of consensus amongst Ebola-affected community members over whether armed actors had an overall positive or negative effect on containing the crisis at hand, there was very clear consensus on the need to incorporate communities more proactively in the response to

hypothetical future crises. This included not only a widespread belief that response actors should have more effectively communicated with Ebola-affected community members but also a widespread belief that Ebola-affected community members should have been trained and supported to perform Ebola response functions within their respective communities, the added benefit being building resilience against future crises. Most agreed that sovereignty over the Ebola response's various functions fell not at the national level, nor at the provincial level, but rather at the village or sub-village level.

2. The Crisis in Rukban: Forced Displacement along the Jordan-Syria Border

a. Case Overview

The crisis in Rukban emerged in 2014 within the broader context of large-scale forced displacement fueled by the Syrian Civil War. Prior to the eruption of political unrest in Syria beginning in March 2011, Jordan was already a host country for hundreds of thousands of refugees, the vast majority of whom hailed from Palestine (including descendants of Palestinian refugees) and Iraq.⁶⁷ Beginning in March 2011, the Syrian government's severe crackdown on anti-government protests, and the armed conflict that followed, led over six million Syrians to flee the country, with an additional six million people forcibly displaced internally.⁶⁸ Consequently, the population of Syrian refugees in Jordan increased from fewer than 200 registered refugees in 2010 to over 660,000 by summer 2021.^{69 70} Today, Jordan has one of the highest per capita refugee populations in the world.⁷¹

⁶⁷ Géraldine Chatelard, "Jordan: A Refugee Haven," *migrationpolicy.org*, August 31, 2010, <https://www.migrationpolicy.org/article/jordan-refugee-haven>.; United Nations High Commissioner for Refugees, "UNHCR - Refugee Statistics," UNHCR, accessed November 18, 2021, <https://www.unhcr.org/refugee-statistics/>. Query Link: <https://www.unhcr.org/refugee-statistics/download?url=V4rKg1>

⁶⁸ "Syria emergency," UNHCR, <https://www.unhcr.org/en-us/syria-emergency.html>.

⁶⁹ United Nations High Commissioner for Refugees, "UNHCR - Refugee Statistics," UNHCR, accessed November 18, 2021, <https://www.unhcr.org/refugee-statistics/>. Query Link:

<https://www.unhcr.org/refugee-statistics/download?url=pUrD1v>. For summer 2021 figures, see "Who We Are," UNHCR, https://www.unhcr.org/jo/who-we-are#:~:text=Syria's%20ongoing%20war%2C%20with%206.6,registered%20with%20UNHCR%20in%20Jordan*. The total number of refugees residing in Jordan as of March 2021 was over 753,000. See "ECHO Factsheet - Jordan (31/03/2021) - Jordan," ReliefWeb, accessed November 18, 2021, <https://reliefweb.int/report/jordan/echo-factsheet-jordan-31032021>.

⁷⁰ United Nations High Commissioner for Refugees, "Refworld | Syrian Refugees in Jordan by Origin (Governorate Level) as of 30 September 2016," Refworld, accessed November 14, 2021, <https://www.refworld.org/docid/5899d50a4.html>.

⁷¹ See "Who We Are," UNHCR,

https://www.unhcr.org/jo/who-we-are#:~:text=Syria's%20ongoing%20war%2C%20with%206.6,registered%20with%20UNHCR%20in%20Jordan*. This was also the case even in the years leading up to 2011. See Géraldine Chatelard, "Jordan: A Refugee Haven," <https://www.migrationpolicy.org/article/jordan-refugee-haven>

Most Syrian refugees in Jordan—approximately 80%—reside outside of formal refugee camps.⁷² Of the Syrian refugees in Jordan residing in formal refugee camps, the vast majority live in Zaatari camp, in Al Mafrq governorate, which hosts approximately 80,000 refugees and is the largest Syrian refugee camp in the world, and Azraq camp, in Zarqa governorate, which hosts approximately 38,000 refugees.⁷³

In 2013-2014, after an initial period during which Jordan generally had an “open door” policy for Syrian refugees, the humanitarian and security dynamics shifted.⁷⁴ Driven by security concerns—especially given the rise of Islamic State in Iraq and Syria (ISIS) as a key actor in the Syrian Civil War—in 2013, Jordan began closing informal border crossings along the northwestern border.⁷⁵ Syrians then began fleeing toward the north-eastern border areas of Rukban and Hadalat, which lie along a demilitarized border region between Jordan and Syria.⁷⁶ This demilitarized zone—often referred to as the ‘Berm’—is an arid strip of land near the north-eastern border of Jordan.⁷⁷ Syrians were able to travel to Jordan via informal border crossings in northeastern Jordan until 2014, when the JAF began preventing entry.⁷⁸ In June 2016, a suicide car bomb attack by ISIS killed several Jordanians at a military base at Rukban.⁷⁹ In response, the Jordanian government permanently closed the border crossings and restricted humanitarian access to the area, citing security concerns and deeming the border zone a military responsibility.⁸⁰ The result was an acute humanitarian crisis for people stranded in Rukban and Hadalat. Initially, this population consisted of a few thousand people, but forcibly displaced Syrians continued to amass in these areas and population numbers rose, reaching approximately 70,000 people by 2016.⁸¹

⁷² “Jordan,” ACAPS, <https://www.acaps.org/country/jordan/crisis/syrian-refugees>

⁷³ “Jordan: Statistics for Registered Syrian Refugees (as of 15 November 2021),” UNHCR Operational Data Portal (ODP), accessed November 18, 2021, <https://data2.unhcr.org/en/documents/details/89670>.

⁷⁴ See Khetam Malkawi, “Pundits call on authorities to revisit open-door refugee policy,” *The Jordan Times*, <https://jordantimes.com/news/local/pundits-call-authorities-revisit-open-door-refugee-policy>; Nicholas Seeley, “Jordan’s ‘open door’ policy for Syrian refugees,” *Foreign Policy*, <https://foreignpolicy.com/2012/03/01/jordans-open-door-policy-for-syrian-refugees/>

⁷⁵ “Jordan: Syrians Blocked, Stranded in Desert,” *Human Rights Watch* (blog), June 3, 2015, <https://www.hrw.org/news/2015/06/03/jordan-syrians-blocked-stranded-desert>. See also “Plight of stranded Syrian refugees worsens as Jordan blocks aid: aid workers,” <https://www.reuters.com/article/us-mideast-crisis-jordan-border/plight-of-stranded-syrian-refugees-worsens-as-jordan-blocks-aid-aid-workers-idUSKCN0ZD25R>

⁷⁶ “The ‘buffer zone’ plan for 70,000 stranded Syrian refugees,” <https://www.thenewhumanitarian.org/analysis/2016/10/07/buffer-zone-plan-70000-stranded-syrian-refugees>

⁷⁷ Charles Simpson, “Competing security and humanitarian imperatives in the Berm,” <https://www.fmreview.org/syria2018/simpson-c> “Syria-Jordan Border: 75,000 Refugees Trapped in Desert No Man’s Land in Dire Conditions,” Amnesty International, September 15, 2016, <https://www.amnesty.org/en/latest/news/2016/09/syria-jordan-border-75000-refugees-trapped-in-desert-no-mans-land-in-dire-conditions/>.

⁷⁸ “Jordan: Syrians Blocked, Stranded in Desert,” *Human Rights Watch* (blog), June 3, 2015, <https://www.hrw.org/news/2015/06/03/jordan-syrians-blocked-stranded-desert>.

⁷⁹ “The ‘buffer zone’ plan for 70,000 stranded Syrian refugees,” *The New Humanitarian*, October 7, 2016, <https://www.thenewhumanitarian.org/fr/node/259101>.

⁸⁰ “The ‘buffer zone’ plan for 70,000 stranded Syrian refugees,” *The New Humanitarian*, October 7, 2016, <https://www.thenewhumanitarian.org/fr/node/259101>.

⁸¹ See “Jordan: Syrians Blocked, Stranded in Desert,” *Human Rights Watch* (blog), June 3, 2015, <https://www.hrw.org/news/2015/06/03/jordan-syrians-blocked-stranded-desert>; “The ‘buffer zone’ plan for 70,000

International humanitarian organizations working in this context faced a series of vexing operational conundrums. Access to these populations via Syria was not possible since Damascus-based humanitarian organizations lacked permission from the Syrian government. Access via Jordan, previously possible, was no longer feasible either. The question for international humanitarian organizations was how they would navigate this environment in which efforts to pry open access had only limited or qualified success. Any access that international humanitarian organizations were able to secure was heavily compromised in terms of humanitarian principles and fraught with security risks. Additionally, any humanitarian organizations seeking to continue operations in this context had to engage with a wide of armed actors, including the JAF, which was responsible for border security, and from the beginning, played a role in receiving and registering Syrian refugees; NSAGs in Syria; private security contractors with linkages to JAF and/or Syrian NSAGs; and US and coalition forces based in Al-Tanf, a US military base near Rukban in Syria (coalition forces also control a surrounding area in Syria known as the 55-kilometer zone).

stranded Syrian refugees,” The New Humanitarian, October 7, 2016, <https://www.thenewhumanitarian.org/fr/node/259101>.



Figure 3: Map of the Syrian-Jordan border and sites relevant to the Rukban response

<i>Date</i>	<i>Event</i>
<i>March 2011</i>	Unrest erupts in Syria, Syrian refugees begin to flee to Jordan
<i>2013</i>	Islamic State emerges in Syria, Jordan begins to restrict refugee flows into the country
<i>Summer 2014</i>	Forcibly displaced Syrians begin to amass in Rukban and Hadalat
<i>Summer 2016</i>	The forced displaced population in Rukban and Hadalat surpasses 70,000
<i>June 2016</i>	Islamic State claims responsibility for suicide attack at Rukban military base, Jordan closes its borders to refugees
<i>2016</i>	US-led coalition establishes Al-Tanf military base near the Jordan-Syria border
<i>August 2016</i>	International humanitarian organizations begin cross-border humanitarian deliveries via crane
<i>December 2016</i>	The UN begins constructing a health clinic near the Berm
<i>January 2018</i>	The first relief convoys reach Rukban via Damascus
<i>2019</i>	Supervised evacuations begin for Rukban residents choosing to return to regime-controlled Syria

Table 6: Timeline of key events

b. Crisis Context

The Securitization and Closure of the North-eastern Jordanian Border

Before the Syrian Civil War, the northeast Jordan-Syria border was porous, with a cultural affinity between and tribal linkages with Jordanians and Syrians.⁸² The rise of extremist NSAGs in the context of the Syrian Civil War—in particular, ISIS—led to the end of Jordan’s porous northeastern border.⁸³

Initially, when forcibly displaced Syrians began amassing—first at Hadalat and later also in Rukban—the JAF took the lead in providing relief services, including food, water, and non-food items. As the forcibly displaced population in Rukban and Hadalat continued to increase in size, the Jordanian government requested support from humanitarian organizations. In 2013, the International Committee of the Red Cross began working along the north-eastern border, providing food, water, and medical relief, before transitioning food and water deliveries to the World Food Program (WFP) and the United Nations Children’s Fund (UNICEF) in early 2016.⁸⁴ United Nations

⁸²Leila Vignal, The changing borders and borderlands of Syria in a time of conflict, *International Affairs*, Volume 93, Issue 4, July 2017, Pages 809–827, <https://doi.org/10.1093/ia/iix113>

⁸³ For an overview of the rise of ISIS, see “Foundations of Islamic State,” RAND, https://www.rand.org/pubs/research_reports/RR1192.html

⁸⁴ “Jordan: ICRC Adapts Operations at North-Eastern Border to Needs of Stranded Syrians and Efforts of Other Humanitarian Agencies - Jordan,” ReliefWeb, accessed November 18, 2021, <https://reliefweb.int/report/jordan/jordan-icrc-adapts-operations-north-eastern-border-needs-stranded-syrians-and-efforts>.

High Commissioner for Refugees (UNHCR) and International Organization for Migration (IOM) engaged in the northeast in registering incoming refugees to Jordan.⁸⁵ In May 2016, MSF began running a mobile clinic.⁸⁶ The JAF and Jordanian border security continued to support these operations.⁸⁷ During this period, people continued to amass at the Berm, fleeing violence from Syria. By June 2016, the estimated population of forcibly displaced people in the Berm was 77,000, with approximately 65,000 in Rukban and 12,000 in Hadalat.⁸⁸

This humanitarian crisis in Rukban and Hadalat coincided with a security crisis for the Jordanian government. One of the Jordanian government's gravest security concerns was that ISIS would exploit the humanitarian crisis along the north-eastern border, hiding among the forcibly displaced population to carry out a terrorist attack on Jordanian soil.⁸⁹ Indeed, ISIS had captured territory in southern Syria (near the Jordanian border), but US-backed tribal forces recaptured the territory in early 2016.⁹⁰ During this phase, the US initiated a significant military presence in southern Syria, near Rukban. The US military presence—at Al-Tanf military base—has been a component of Operation Inherent Resolve, the US-led military effort aiming to defeat ISIS, with military operations undertaken in Syria and Iraq.⁹¹ From Al-Tanf, the US has launched operations against ISIS and trained numerous anti-government rebel groups in Syria.⁹² The area around the base would later become known as the 55-kilometer zone, given an understanding struck between the United States and Russia that the US would retain control of a semi-circle area—which encompassed Rukban—stretching out 55 kilometers from the base. Because of the proximity of coalition forces to the Berm, there have been calls from within Rukban for the US to disarm militias in the area and assume responsibility for the protection and welfare of Rukban residents, an option that the US has

⁸⁵ "IOM Transports 350,000 Syrians from Border Areas to Refugee Camps in Jordan - Jordan," ReliefWeb, accessed February 22, 2022,

<https://reliefweb.int/report/jordan/iom-transport-350000-syrians-border-areas-refugee-camps-jordan>.

⁸⁶ "MSF calls for resumption of aid and protection for Syrian refugees stuck in the desert on the Jordanian border,"

<https://www.msf.org/syria-msf-calls-resumption-aid-and-protection-syrian-refugees-stuck-desert-jordanian-border>

⁸⁷ United Nations High Commissioner for Refugees, "Jordan Inter-Agency Update -September-October 2014,"

UNHCR, accessed November 19, 2021,

<https://www.unhcr.org/news/updates/2014/11/5465c15d9/jordan-inter-agency-update-september-october-2014.html>.

⁸⁸ "Jordan – Syrian Refugees - ECHO Daily Map | 28/06/2016 - Jordan," ReliefWeb, accessed November 18, 2021,

<https://reliefweb.int/map/jordan/jordan-syrian-refugees-echo-daily-map-28062016>.

⁸⁹ See Ian Black, "Jordan Seals Borders after Suicide Attack," *The Guardian*, June 21, 2016, sec. World news,

<https://www.theguardian.com/world/2016/jun/21/jordanian-soldiers-killed-by-car-bomb-outside-syrian-refugee-camp>, which notes this preexisting concern.

⁹⁰ Al Tanf garrison: America's strategic baggage in the Middle East,"

<https://www.brookings.edu/blog/order-from-chaos/2020/11/20/al-tanf-garrison-americas-strategic-baggage-in-the-middle-east/>;

"Syrian Rebels Seize Iraq Border Crossing from Islamic State: Monitor," *Reuters*, March 4, 2016, sec. Editor's Picks, <https://www.reuters.com/article/us-mideast-crisis-syria-al-tanf-idUSKCN0W62NG>.

⁹¹ For more information, see "About Us – The Global Coalition To Defeat ISIS," *United States Department of State*(blog), accessed February 25, 2022, <https://www.state.gov/about-us-the-global-coalition-to-defeat-isis/>.

⁹² "The Future of al-Tanf Garrison in Syria,"

<https://www.washingtoninstitute.org/policy-analysis/future-al-tanf-garrison-syria>; "Al-Tanf, Syria," Crisis Group,

December 14, 2017, <https://www.crisisgroup.org/trigger-list/iran-us-trigger-list/flashpoints/al-tanf-syria>. For more on Al-Tanf, see "Al Tanf garrison: America's strategic baggage in the Middle East,"

<https://www.brookings.edu/blog/order-from-chaos/2020/11/20/al-tanf-garrison-americas-strategic-baggage-in-the-middle-east/>

refused to pursue.⁹³ Al-Tanf fits within a broader strategy of creating a securitized “buffer zone” along the Jordan-Syria border. The aim has been to prevent the resurgence of ISIS along Jordan’s north-eastern border.⁹⁴

With the June 2016 car bombing at the Berm, the Jordanian government’s fears about its vulnerability to ISIS infiltration came to fruition. The ways that the Jordanian government balanced security and humanitarian concerns were forever altered. The concerns of the Jordanian government, including the JAF, shifted to focus on security rather than the humanitarian situation at hand, leading Jordan to close the border. Humanitarians would no longer be able to cross the border to Rukban. Forcibly displaced Syrians would no longer be allowed to cross into Jordan.

Humanitarians did not know how long the border would remain closed. Some humanitarians predicted, or merely assumed, that the closure would be temporary and that humanitarian operations could soon resume as they had before the bombing. Unfortunately, those who held this view were incorrect. The Jordanian government would not allow a return to the pre-June 2016 cross-border access environment. From the Jordanian government’s perspective, granting humanitarian organizations permission to enter Rukban would subject humanitarians to severe security risks for which Jordan would be deemed responsible. Humanitarian access to Rukban would not be entirely impossible, but it would henceforth be heavily constrained. Humanitarians were left to navigate the resulting ethical dilemmas, as the rest of this section explains.

Post-June 2016 Cross-Border Humanitarian Efforts

In the light of the constrained nature of the post-June 2016 access environment for the Berm, humanitarian organizations nevertheless still sought avenues to reach the populations in Rukban. These efforts required creativity and innovative thinking from humanitarians, as well as an acknowledgement of the pragmatic compromises necessary, especially given humanitarians’ limited ability to conduct needs assessments, deliver relief, and undertake monitoring and evaluation (M&E). Some humanitarian organizations found the access environment to be too compromised, leading to inter-organizational disagreements and debates about whether cross-border relief efforts should still be pursued, and indeed, whether operations could even be considered humanitarian at all, given the compromises made on access. This section later delves more deeply into these debates, which center around the operationalization of humanitarian principles while coordinating relief efforts with various armed actors, including the JAF, private contractors, and tribal forces in Syria. Nevertheless, humanitarian organizations pursued at least three broad approaches to grappling with these constraints, all of which are described below.

In one approach, several UN agencies—namely, UNHCR, WFP, IOM, UNICEF, United Nations Department for Safety and Security, UNOCHA, and United Nations Population Fund (UNFPA)—aiming to transfer relief items into the Berm without crossing the border themselves, delivered aid across the border by crane. Relief items—including food, water, and hygiene

⁹³ “Syrian Tribes Call for Coalition Help after Rukban Aid Convoy Met with ‘Aggression,’” *The Defense Post* (blog), September 17, 2019, <https://www.thedefensepost.com/2019/09/17/syria-rukban-coalition-protection-un-ocha/>.

⁹⁴ Nabil Sharaf, “Jordan’s Four Worst-Case Scenarios on Its Syrian Border,” Arab Center Washington DC, accessed February 25, 2022, <https://arabcenterdc.org/resource/jordans-four-worst-case-scenarios-on-its-syrian-border/>.

kits—were transferred over the border during these operations.⁹⁵ The JAF was present and assisted throughout the crane delivery process, providing security to humanitarian actors during the operation. One overarching challenge was that humanitarians were unable to undertake direct distribution. Consequently, there was no way to guarantee that people in need would actually receive the aid. There were some measures put in place in an effort to establish minimal M&E. For example, cameras were transferred into the Berm with the aim of obtaining some visual documentation that people in need received the aid. Additionally, UN actors observed the distribution via drones supplied by the JAF, although the JAF maintained control of the drones during this process. Nevertheless, it generally was still not possible to ensure that those in need received the aid, and it is almost certain that diversion of aid occurred, raising concerns about the impartiality of these operations.

A second approach undertaken by humanitarians seeking to undertake cross-border operations was to run programming through implementing partners. However, in negotiations with the Jordanian government, it was only possible to garner governmental consent if humanitarians used contractors closely associated with the JAF and/or the tribal army in Syria. Indeed, the JAF would vet subcontractors with whom humanitarian organizations sought to work.⁹⁶ For example, World Vision, as well as implementing partners of UN agencies, used a subcontractor linked to tribal army actors in Syria.⁹⁷ UN agencies, as well, would work in collaboration with for-profit private contractors that would be responsible for implementation.⁹⁸ After months of access negotiations between UN agencies and the JAF, UN agencies resumed remote operations to the Berm, constructing a new aid delivery area further removed from the border checkpoint, in November 2016.⁹⁹ The expectation was that the displaced population in the Berm would voluntarily relocate further from the Jordanian Rukban military base, creating a buffer zone between the settlements and the Rukban border crossing.¹⁰⁰

These arrangements also raise concerns about neutrality and independence, given the direct role that combatants to the conflict in Syria played in relief operations. Additionally, these operations did

⁹⁵ “Aid Dropped by Crane Reaches 75,000 Syrians on Jordan Border,” AP NEWS, August 4, 2016, <https://apnews.com/article/c8b032df75ac49daaeff4c15d8b00271>; “Cranes Deliver Life-Saving Assistance To Syrians Stranded At Jordanian Border Areas - Syrian Arab Republic,” ReliefWeb, accessed November 18, 2021, <https://reliefweb.int/report/syrian-arab-republic/cranes-deliver-life-saving-assistance-syrians-stranded-jordanian-border>

⁹⁶ “EXCLUSIVE: World Vision rattles aid groups with solo operation for Syrians at Jordan border,” <https://www.thenewhumanitarian.org/investigations/2017/01/24/exclusive-world-vision-rattles-aid-groups-solo-operation-syrians-jordan>

⁹⁷ “EXCLUSIVE: World Vision rattles aid groups with solo operation for Syrians at Jordan border,” <https://www.thenewhumanitarian.org/investigations/2017/01/24/exclusive-world-vision-rattles-aid-groups-solo-operation-syrians-jordan>

⁹⁸ “The ‘buffer zone’ plan for 70,000 stranded Syrian refugees,” The New Humanitarian, October 7, 2016, <https://www.thenewhumanitarian.org/fr/node/259101>.

⁹⁹ “Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O’Brien Statement to the Security Council on Syria, New York, 23 December 2016 - Syrian Arab Republic,” ReliefWeb, accessed November 18, 2021,

<https://reliefweb.int/report/syrian-arab-republic/under-secretary-general-humanitarian-affairs-and-emergency-relief-59>.

¹⁰⁰ “The ‘buffer zone’ plan for 70,000 stranded Syrian refugees,” The New Humanitarian, October 7, 2016, <https://www.thenewhumanitarian.org/fr/node/259101>.

result in significant security incidents, including a terrorist attack that targeted humanitarian actors and supplies.¹⁰¹

A third approach to grappling with these access constraints was to capacitate members of the population within Rukban to provide essential services and undertake M&E. The community of people who had fled to the Berm included well-educated people with a range of skills relevant to attending to the needs of the local population. Several organizations, including UNICEF, had conducted training of healthcare personnel within the camps.¹⁰² There have also been reports of training and collaboration between the Rukban medical clinics and the Al-Tanf Garrison.¹⁰³

Medical Evacuations and the United Nations Health Clinic

Another aspect of the UN's response to people stranded in Rukban was the construction of a health clinic, which opened in December 2016 on the Jordanian side of the Berm.¹⁰⁴ The purpose of the clinic has been to provide emergency medical services for the most vulnerable residents in the Berm.¹⁰⁵ The clinic—built by UNHCR and operated with the support of UNICEF—operated until March 2020, when UNICEF closed the clinic due to concerns related to COVID-19.¹⁰⁶ Through the UN clinic, there was also a large number of medical referrals that resulted in patients receiving treatment in Jordanian hospitals.

As with post-June 2016 cross-border humanitarian efforts, the UN health clinic also raised concerns about impartiality, neutrality, and independence. The process of triaging patients for evacuation to the UN clinic involved two layers in which armed/security actors controlled the process. First, tribal leaders, including tribal army entities, would screen residents in the Berm for evacuation to the clinic. Second, the JAF would undertake medical screening before letting people access the clinic. Some humanitarian organizations found this arrangement to be too heavily compromised. MSF, for example, issued a statement asserting, “[W]e are questioning medical aid delivery through the current set-up in the area, as the triage of medical cases should be carried out or overseen by qualified medical professionals.”¹⁰⁷

¹⁰¹ United Nations High Commissioner for Refugees, “Refworld | World Vision Rattles Aid Groups with Solo Operation for Syrians at Jordan Border,” Refworld, accessed February 25, 2022, <https://www.refworld.org/docid/5888b0044.html>.

¹⁰² “Syria Crisis January 2016 Humanitarian Highlights & Results.” UNICEF, 2016. <http://childrenofsyria.info/wp-content/uploads/2016/02/UNICEF-Syria-Crisis-Situation-Report-January-2016.pdf>

¹⁰³ “Stuck in No-Man’s Land: A Snapshot of the State of al-Rukban in Its Seventh Year,” *OPC* (blog), March 23, 2021, <https://opc.center/stuck-in-no-mans-land-a-snapshot-of-the-state-of-al-rukban-in-its-seventh-year/>.

¹⁰⁴ “Jordan UNHCR Operational Update.” UNHCR, March 2017. <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Jordan%20Operational%20Update%20March%202017%20FINAL.pdf>

¹⁰⁵ “JORDAN REFUGEE RESPONSE,” UNHCR 1 March 2017m <https://reliefweb.int/sites/reliefweb.int/files/resources/Berm%20update%201%20March%202017.pdf>

¹⁰⁶ “Clinics Close in Al-Rukban as Camp Braces for Coronavirus,” *Syria Direct* (blog), March 29, 2020, <https://syriadirect.org/clinics-close-in-al-rukban-as-camp-braces-for-coronavirus/>.

¹⁰⁷ “Syria: Crisis Update - 28 November 2016,” MSF, December 2016 <https://reliefweb.int/report/syrian-arab-republic/syria-crisis-update-28-november-2016>

Relief Convoys and Return Operations from Damascus

In 2018, a previously infeasible access possibility manifested: reaching the population of Rukban from Syria. Damascus-based relief convoys entailed extensive negotiation, planning, and coordination between the Syrian Arab Red Crescent (SARC), UN humanitarian agencies, the Government of Syria, the Government of Russia, US and coalition forces, the JAF, and tribal forces in Syria. The UN in Damascus played a leading role in coordinating these efforts, with the UN in Amman assuming a coordination role with the Military Intelligence and JAF to ensure a safe and smooth process through Jordan's allies inside Rukban. Relief convoys were undertaken in January 2018, November 2018, February 2019, and September 2019.¹⁰⁸

Damascus-based activities oriented toward Rukban have also entailed return operations, by which forcibly displaced residents in the Berm have been returned to Syria. Such programs entail safe transport for refugees through the 55-kilometer zone, where returnees are then taken to quarantine facilities in Homs governorate, which is under the control of the Assad regime in Syria. However, these operations raise serious concerns about the extent to which the returns can be considered 'voluntary'—given the difficult choice between remaining in the Berm settlements or returning to regime-held territory in Syria—and due to reports that returnees have been detained, interrogated, and disappeared by the Assad regime.¹⁰⁹

c. Crisis-affected Community Members: Perspectives and Themes

General Findings

Community interviews from the Jordan context can be roughly split into two main themes. The first theme is a narrative accounting of the dangers faced by the forcibly displaced populations as they fled Syria, before arriving at the Berm. The second theme focuses on their perceptions of armed actors involved in the conflict and the response.

Community interviews in Jordan generally trace the story of people's lives from Syria to refugee camps in Jordan. Research participants discussed the adjacency of military activity and conflict in Syria, with insecurity—as well as the aim of escaping mandatory conscription into the Syrian government's army—being the primary reasons for fleeing Syria. These interviews revealed that forcibly displaced people used human smugglers to reach the Jordanian border, often while hiding from Syrian armed forces at armed checkpoints. Upon arrival at the Berm, interviewees were

¹⁰⁸ For example, see: "Jordan_2020-02-07.Pdf," accessed November 18, 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/jordan_2020-02-07.pdf; and "Delivering Critical Humanitarian Aid to Rukban, Syria," accessed February 25, 2022, <https://www.redr.org.au/news-and-publications/field-stories/delivering-critical-humanitarian-aid-to-rukban-syria/>.

¹⁰⁹ See "Syria/Jordan: UN-Led Return Operation Will Put Refugees at Risk of Abuses in Syria," Amnesty International, September 10, 2021, <https://www.amnesty.org/en/latest/news/2021/09/syria-jordan-un-led-return-operation-puts-refugees-at-risk-of-abuse-s-in-syria/>; "UN and SARC Must Stop Participating in Forced Return of Displaced Syrians from Rukban," *Syrian Association for Citizens' Dignity* (blog), September 14, 2021, <https://syacd.org/un-and-sarc-must-stop-participating-in-forced-return-of-displaced-syrians-from-rukban/>.

received at that location by the Jordanian military. The JAF engaged in processing people before transferring them to a UNHCR camp reception center. Interviewees also discussed their entry in refugee camps, sometimes with further moves to other camps, as well as their life in refugee camps thereafter.

Fleeing Large-Scale Violence in Syria

A significant majority of community interviewees described exceptionally challenging interactions with various armed groups in Syria. These incidents included both nearby military activity as well as indiscriminate and even direct targeting of respondents. The below interviewee quote is an emblematic vignette that illustrates the traumatic, life-threatening nature of the context in Syria from which these research participants fled:

The [Assad] regime and the other side, we were stuck between the two... Whoever got in between them was gone for good, and whoever did not die was very lucky... It was really a massacre. In Tadmor, we heard of a place called Rukban. Or, not even Rukban, I think it was called the 'Berm.' We didn't know back then that it was called Rukban or Ḥadalat, but we had heard of a thing called the 'Berm,' [and] that it was safe, [and] that it wasn't subjected to any shelling. And so, out of fear, we wanted to seek refuge in a tent. We wanted to go anywhere, just to get away, because of the fear we had lived through.

Another interviewed community member narrated a similarly harrowing episode, stating:

When they used to bombard us at night, my little girl would be terrified. And you can never tell if the missiles are hitting your house or your neighbor's. This is what made us leave, these night bombardments. My daughter was a year old back then. My wife and I took her and ran onto the street, because we didn't know where to go. Of course, at night, around midnight, there was no electricity, so you just had to accept the situation, make your shahādah, and wait for your fate. It's what forced us to leave. The terror, fear, the bombardment... And that you can't support or guarantee the safety of your children's lives. It's a difficult life. Imagine your child wakes up in the morning and asks for bread, just a slice of bread to eat, with nothing else, and you tell them to be patient till you go get them something, but there's nothing to get.

Similar stories and levels of violence and associated trauma (and also a dearth of basic goods and services) was experienced by the vast majority of respondents in Syria.

Accordingly, respondents made the decision to leave Syria. Many respondents noted that the journey through Syria to the border itself required navigating a complex network of NSAGs and the Syrian army. One respondent, for example, recalled lying to officers in charge of Syrian army checkpoints:

The day we left home, [we ran into] the military barriers we have in Syria... [The government] military, they thought the people were on their side. From their point of view and their beliefs, they're convinced that the people are on their side. But,

regarding the press, it was controlled for the military. [The government] wouldn't let them watch TV. They would tell them the people are on their side, and that any terrorist groups coming from other countries are there to ruin the country. They instilled this in their minds. So, when we were leaving and came across a military barrier, they would ask for IDs... If they were to ask me where I'm going, what am I supposed to do as a person? I don't want to tell them I'm leaving because of them. I just want to secure my family. I told them, "We're leaving due to the bombing and the terrorists." But practically speaking, who are we leaving because of? Due to Bashar Al-Assad and his supporters.

Once their usually difficult journey to the Jordanian border was over, as detailed in the following section, respondents consistently reported a sense of relief and safety upon reaching the Berm.

However, while violence resulting from armed conflict did not occur within the camps, the living conditions in Rukban were also very challenging for most respondents.¹¹⁰ Populations who had fled to these areas—the vast majority of whom (estimated to be approximately 80%) were women and children—were cut off from aid, including medical treatment. Consequently, residents of Rukban were living in makeshift tents, suffering from hunger and preventable diseases, driven by the lack of access to basic medical care.¹¹¹

Nevertheless, respondents indicated that the difficult living conditions within the Berm were far preferable to the even more dire situation from which they had fled. In the words of one interviewed community member, "We were content to sleep on the ground in the cold if it meant that we didn't live through the war and airstrikes. If it meant that there weren't people dying right in front of us." Accordingly, while respondents generally had either positive or neutral associations with Jordanian security forces, respondents often felt strongly critical of camp management and camp life resulting from perceived access barriers to basic services, including healthcare and education, as well as the general lack of meaningful professional opportunities.

Positive Perceptions of Jordanian Security Officials at the Berm

In contrast to the traumatizing events experienced at the hands of armed actors in Syria, many respondents described a sense of relief at seeing the Jordanian soldiers upon arrival at the Berm. Most interviewees described the Jordanian soldiers as respectful, making explicit references to the ways the Jordanian troops proactively helped and displayed moments of empathy, such as assisting elderly and immobile people, carrying people's personal belongings, or purposefully overlooking the movement of individuals crossing the border at times when the border was officially closed. One respondent recalled their arrival at the border, and how the Jordanian security forces

¹¹⁰ The has also been rioting at the 'Berm. See "Syrian Refugees Riot at No-Man's Land Camp near Jordan Border," Middle East Eye, accessed February 25, 2022, <http://www.middleeasteye.net/news/syrian-refugees-riot-no-mans-land-camp-near-jordan-border>.

¹¹¹ "Jordan: Syrians Blocked, Stranded in Desert," <https://www.hrw.org/news/2015/06/03/jordan-syrians-blocked-stranded-desert>; "Syria War: Aid Fails to Reach Civilians in Desert Camp - BBC News," accessed February 25, 2022, <https://www.bbc.com/news/world-middle-east-46031294>

...started moving us from checkpoint to checkpoint... You know, for us, security forces were a frightening sight. But here, I reached a point where I felt they were very close to us. They understood our predicament. They spoke the same language, [and] it was easy to communicate with them, so they kept walking along with us, step by step... My dream was to find a place to bathe and be able to pray, after 23 days of not being able to pray. And I was reading from a small Qur'an I had on me. And when he [the Jordanian military officer] approached, I thought he was going to say I wasn't allowed to pray or recite, as it was with the Syrian officers. He asked, "Are you reciting Qur'an?" Which completely frightened me. So then he brought a much bigger copy, and he said, "This is my gift to you, and whatever you need, tell me."

Another interviewee relayed similar sentiments toward the Jordanian military, stating:

There was an earthen berm that we passed, and there we found the Jordanian soldiers, the Jordanian military. Once you saw a different military uniform, then you relaxed. You knew you were on safe territory... When we saw them, there was a feeling of safety, like we arrived and crossed safely. The treatment was very nice, like, "Welcome, welcome." If a person had a young girl or boy, they would help carry them. If they saw an elderly woman, they would help her. Here [in Jordan], we felt comfort and safety. There [in Syria], they used to curse and hit. Whereas here [in Jordan], they're extending a helping hand... There was a [military] doctor to check out cases [of sick or injured people] immediately, so they can speed up the procedures for those with urgent [needs]. For people that were fine and had nothing wrong with them, they had to wait for them to record and finish the procedures, and [then] they would put us on buses and bring us to the [camp's] entry center.

Other respondents, meanwhile, reached the border and were initially denied entrance entirely. One respondent relayed an anecdote during which a military physician helped the respondent surmount this obstacle:

When we reached Hadalat, we came across some people. They received us, and they asked us, "Why did you come? We just buried 5 people here and 6 people over there, and the borders are closed, there's nothing for you here." ... Now, we were [in] two trucks. The gendarmerie, the Jordanian gendarmerie, came and spoke to the chauffeurs and told them they "shouldn't bring people here because there's nothing we can do, we can't let you in, so don't bring people here to die." Now, I had reached a state where I was expecting to reach my husband, and now I felt I was going to bury my child in this desert. So I started to weep, and I became hypotensive and I fainted. So then the gendarmerie gave me some water and tried to calm me down and asked who I knew on the inside. I said my husband. They asked for his phone number and contacted him, and reassured him that I was okay... By the third day, I still remember it very well, a young man... he was from the Jordanian gendarmerie, he came to us and said, "Look, we are going to ask the Colonel to come, and we think the women should go speak to him and describe their situation."... Then at

night, a few tanks approached, as well as an ambulance and some [military] physicians, so I went to have them look at my toe, and one of them said it needs to be amputated. He said, “There’s nothing wrong with you, but I’m saying this to find a way to let you in.” And he asked who I had with me. Now, I will never forget this. It was very humane of him, he said, “Nothing’s the matter with you, don’t be afraid... we just did this to get you in.”

These positive perceptions were not echoed in every interview. Some research participants referenced a sense of fear at seeing people in any sort of uniform, but such comments were consistently coupled with references to why and how these reactions stemmed from traumatic experiences faced in Syria. Interviewees also referenced concerns related to the Jordanian military. One interviewee relayed an anecdote involving a particularly harsh officer. Another interviewee mentioned an instance of predatory behavior of certain Jordanian soldiers towards a young woman:

And my eldest daughter... After they registered her information, they took pictures with her, and have these saved to this day. They asked me if I can leave her with them, and I said, “No way.” I left Syria primarily for my children. I’d never leave her.

Interviewees also raised concerns related to issues that were bureaucratic in nature (for example, frustration that people were not allowed more quickly to cross the border from Syria to Jordan and a wish that the Jordanian military could provide more help beyond that of security).

Nevertheless, respondents consistently characterized the Jordanian military in a positive light (for the sense of safety and security respondents felt after experiences of conflict and trauma in Syria) or a neutral light (in that respondents’ primary needs centered on access to basic goods and services). This finding contrasts significantly with respondents’ typical characterization of armed actors in Syria, who were associated with extreme levels of violence and trauma.

d. Civilian and Armed/Security Responders: Perspectives and Themes

Grave Humanitarian Stakes versus Severe Operational Constraints

A prominent theme that emerged in interviews with humanitarian responders is that humanitarians’ efforts in this context were generally driven by a deep concern for the severity of the humanitarian crisis in Rukban, and additionally, humanitarians experienced immense frustrations in light of the constrained nature of the operating environment. One humanitarian stated about the crisis, “It was chaos, literally. And the people on the ground were victims of that chaos.” Other humanitarian interviewees referenced “the impossible nature of the situation” and described “a desperate picture of human suffering, and [it] highlights the tragic consequences of the worst failure to serve responsibility for the global refugee crisis.” Humanitarian interviewees described the Berm as a “no man’s land.” One humanitarian responder interviewee described Rukban camp as “the worst camp I’ve ever seen in my life,” continuing, “These people are abandoned; they have entirely nothing, nothing. No facilities for them, nothing. No rights. They’re in the middle of the desert and no humanitarian aid can access them; no one can access them. It’s the worst situation I’ve ever seen.”

The key takeaway from these comments is that, although humanitarian organizations all struggled to operate in this context—and indeed, different organizations pursued different avenues, leading to inter-organizational debates about the most appropriate ways to respond—the needs of the populations of Rukban appeared to be central to thinking, planning, and decision-making. Humanitarian interviewees articulated immense frustration with the constraints of the context. “I use the analogy of being on a treadmill: you keep going and you keep going but you don’t get anywhere,” stated one humanitarian. “You wanna talk about going nuts in terms of what your real impact is?... I haven’t thought about this stuff forever, I realized maybe I’m still traumatized by it,” stated another. The rest of this section probes more deeply the difficulties that humanitarians faced and how they responded.

Navigating Humanitarian Principles versus Operational Realities

Humanitarians in this context faced a grave dilemma of principles versus operational realities. If it is not possible to operate in a purely principled manner, what types of compromises are acceptable as a matter of expediency? How should humanitarians make these determinations? In this context, there was intensive contestation around humanitarian principles, especially given the fact that humanitarian access was only possible with the intensive involvement, and control, of the JAF, the Tribal Army, and private contractors associated with these armed actors. Across humanitarian organizations, there were different approaches to managing the ethical considerations inherent in operating in or deciding to withdraw from an inherently constrained access environment.

On the one hand, humanitarian organizations that found the environment too constrained and decided not to continue operations were intensely critical of humanitarian organizations that decided to still try to serve the residents of Rukban.¹¹² One humanitarian noted the impossibility of ensuring that cross-border humanitarian efforts would be based on needs, “For us, as humanitarians, we found it unacceptable. Sometimes you have to do certain compromises. For us, this compromise was too high... It was not access to everybody. It was access only to the people linked to the tribal council.” Another humanitarian similarly stated of negotiations with the JAF:

What they were telling us is like, “We trust the tribal leaders, so you give it to the tribal leaders, and they distribute using their own network inside the camp.” But we were not comfortable with that, because we said, “We do not know what will happen. We may be feeding the devil there. And the population may not even get what is needed. So we cannot do that.”

On the other hand, many key informants from humanitarian organizations that did continue efforts to serve Rukban spoke with pride about their efforts, even despite the challenges encountered and compromises made. In the words of one key informant, speaking about UNICEF’s accomplishments in water, health, and sanitation (WASH), as well as the overall efforts of UN humanitarian agencies:

¹¹² See “The “Buffer Zone” Plan...” <https://www.thenewhumanitarian.org/fr/node/259101>

I think that in that context it was remarkable what they were able to do and it's remarkable what is still being done with water provision. UNICEF is still managing to provide quite significant quantities of water to their population... But I think that partners, both the UN partners and their implementing partners, were heroic in what was able to be done in a very difficult situation.

Another humanitarian key informant offered a powerful defense of continuing to operate in a compromised context, and overall, prioritizing the principle of humanity in such contexts:

You have to be in my shoes. You have to have the courage and go to this population, go to these women and starving children, and tell them, "Look, my humanitarian principles would disallow me to save your life." If you can do that, be my guest. So I will take that risk. Risk my career, actually. Because I am not a bureaucrat. I am not a breast-fed humanitarian... And there is just a thin line between life and death there. And in some situations, it's in your hands. It's your hands. So what you do? So come with me. Look at the situation. Look at the suffering of these people. And let's solve it.

These comments reflect an ongoing debate across the humanitarian sector about the nature of operationalizing humanitarian principles. On the one hand, if one strays too far from humanitarian and HMR principles, one sacrifices the humanitarian character of one's work. On the other hand, if one then refuses to operate given the impossibility of being principled, one is abandoning the population in need altogether.

Relational versus Confrontational Approaches to Humanitarian Access Negotiation

Considering the constrained nature of the operating environment, the crisis in Rukban has entailed extensive access negotiation from humanitarian responders. This context evokes a range of questions about how humanitarians can engage most effectively in access negotiation and illustrates difficulties of engaging with armed actors. When seeking principled solutions, should humanitarians adopt a softer, more relational approach? Or a more hard, adversarial, or confrontational approach, including public advocacy and media engagement efforts? If humanitarians err too far to the relational side of the spectrum, there is a risk of becoming 'too close' to their military counterparts. If humanitarians adopt more confrontational approaches, there is a risk of escalating tensions and damaging the relationship with the counterpart.¹¹³ Interviewee comments from humanitarian responders reflect this tension between relational and confrontational negotiation approaches, as well the challenges of synthesizing and coordinating relational and confrontational humanitarian negotiation efforts.

¹¹³ See Rob Grace and Alain Lempereur, "Four Dilemmas of Acceptance: insights from the field of humanitarian negotiation," GISF, 2021, p. 2-3, https://gisf.ngo/wp-content/uploads/2021/12/Four_Dilemmas_of_Acceptance_insights_from_the_field_of_humanitarian_negotiation.pdf, which examines this dilemma in the context of pursuing an acceptance approach toward security risk management.

Key informants from humanitarian organizations described relations between humanitarians and the JAF—at least in interpersonal terms—as generally positive, cordial, and not necessarily overly tense. “They were polite and chit-chatty,” said one humanitarian responder of the JAF. “They were always very courteous,” said another. Indeed, Jordan is a context in which the concept of ‘Wasta’ generally frames interpersonal professional relationships. ‘Wasta’ refers to a concept that “summarizes the personal and collective nature of the Jordanian society. It is also a personal exchange system between members of society that is entrenched in the tribal structure of the country.”¹¹⁴ In the words of one interviewed humanitarian responder, who highlighted the informal, interpersonal, and transactional nature of humanitarian negotiation in this context, “It’s all about patronage and clientelism and who you know and the ‘Wasta’ system. It isn’t about getting something signed on paper that grants you something.”

Moreover, the JAF exhibited a great deal of humanity and sympathy with the forcibly displaced residents of Rukban. This was especially true for members of the JAF who had engaged with Rukban residents directly, and hence, had observed firsthand the severity of humanitarian needs. There were also instances when the JAF would allow some aid to pass through in an ‘off the books’ manner, even if these activities had not been formally authorized. However, the scale at which these informally authorized deliveries occurred was minimal, at least compared with the immensity of the needs in Rukban.

Key informant interviews with humanitarian responders indicate at least four overarching challenges of access negotiations between humanitarian actors and the JAF. First, the humanity toward Rukban residents that military actors exhibited was not uniform across the JAF. Key informants mentioned that their engagements were more challenging with members of the JAF who had recently rotated in and had not had firsthand experience with the Rukban population. These interlocutors did not appear to be as connected to the sense of importance of the humanitarian needs in the ‘Berm.’

Second, there were instances in which humanitarians perceived that their Jordanian interlocutors deliberately drew out the negotiation process, which would entail a series of long, albeit cordial, meetings evidently never intended to lead to progress in the negotiation process. In the words of one humanitarian about this dynamic:

Their meetings go forever and achieve nothing... But the Jordanians loved it. Because it just extended out... and then they put throw another curveball in there. And then they would meet again, you know, every man and his dog would meet again, and they would discuss that... They could stretch it out as much as they wanted. They always knew what they were doing... They had a plan, and that was it.

Third, humanitarian negotiations sometimes entailed navigating the transactional nature of the relationship. To cultivate trust and buy-in from the JAF to humanitarian activities, or through efforts

¹¹⁴ For more on ‘Wasta,’ see Aseel Al-Ramahi, “Wasta in Jordan: A Distinct Feature of (And Benefit for) Middle Eastern Society,” *Arab Law Quarterly*, https://www.jstor.org/stable/pdf/27650608.pdf?casa_token=3xx-GZhv5owAAAAA:KHPI3wEPATJspwTutpwpU7EYE16bfjmrYOQn7ucmdtL--zGJV2IruqU-qjdCn9wuQe4nSCAbHVRrDdXnrSeCFeY2FhDqa8kXa6PtJTdMuqsIzzsgj40TkW

to negotiate around particular access constraints, humanitarians found themselves offering, or sometimes rebuffing interlocutors' requests, to donate items to the JAF, including shelter, busses, and drones (which were used for M&E purposes). These dynamics raise questions about the appropriate extent of transactionalism in humanitarian negotiation processes. Indeed, to what extent can one consider an operation to be truly humanitarian in nature if access hinges on humanitarians providing material items directly to military actors?

Fourth, as already made clear in this section, the generally non-acrimonious relationships forged between humanitarians and the JAF did not translate into agreements for unfettered access, at least to the extent required by the immense humanitarian needs that persisted in Rukban. Interpersonal relationships in this context were not enough, and humanitarians—as described below—also pursued extensive efforts to leverage third-party actors through social networks and applying pressure through more confrontational negotiation approaches.

Turning now to the intensive stakeholder engagement that humanitarians pursued, humanitarians brought a wide range of third-party actors into the access negotiation process. These efforts included engaging with third-party governments and leveraging relational networks to reach a social circle able to influence the king of Jordan, Abdullah II, considered the ultimate decision maker on access issues related to Rukban. Nevertheless, these efforts too did not produce the results that humanitarians sought. In the words of one interviewed humanitarian, “My team, we did anything possible. We touched any keys. Approach by proxies, the royal family. We met the US ambassador. I tried to lobby with many ambassadors: Italy, Spain. We did everything possible.” Another key informant noted, “We tried to find angles. We tried to see if there was linkage to the king, or even the queen – she has quite [some] influence. So we tried.... We did that to no avail. There was none.” The US (and other Western states) had little political will to push Jordan too hard on this issue, and an appreciation for the credibility of Jordan's security concerns. Some lower-level donor government officials were more supportive but lacked the clout to affect change, key informants noted.

Moreover, these third-party governments generally lacked credibility to push Jordan on allowing in more refugees because of their own refugee policies. Humanitarian access negotiations in this context became enmeshed with a geopolitically charged discourse and debate about the politics of refugee burden sharing. Jordan's overall view was, as one interviewed humanitarian responder explained, “Jordan has done enough, taken all these refugees, it's not our problem.” Indeed, Jordanian representatives asserted that other states—Germany, France, or the United States—should address the issue and themselves welcome Rukban residents to their countries. A humanitarian responder explained, “The [Jordanian] army talked to the UN: ‘You want to help the refugees of Rukban? Land a plane, take them to the United States.’” Another point of contention was the deal struck between the European Union (EU) and Turkey, by which the EU essentially rewarded Turkey for preventing refugees from reaching Europe. An interviewed humanitarian described the impact of this deal on humanitarian negotiations:

After the EU-Turkey deal... Turkey was getting billions of Euros. He [the King of Jordan] was not getting anything... I think that it was a very difficult environment to navigate in... You had to get the whole context. All these refugees being rejected from Europe and then you have Jordan being lectured, after taking so many refugees,

on letting more people in? All these donors, they could not even themselves advocate because they all came from governments that were refusing to take any Syrian refugees, or any other refugees, so it was very difficult.

More confrontational modes of humanitarian negotiation—applying pressure via public advocacy, for example—also had limited effectiveness. Key informants from humanitarian organizations discussed the use of media but expressed disappointment with the media, lamenting the fact that the media did not push the Rukban issue harder, which could have functioned as a form of soft pressure on the Jordanian authorities and the JAF. Public advocacy efforts by humanitarian organizations sometimes had a negative impact on ongoing confidential access negotiations. This point indicates the importance of coordinating approaches, even within individual organizations, in terms of confidential negotiations alongside public advocacy. Moreover, for humanitarian organizations seeking to continue operating in Rukban, there was a reluctance to err too far on the confrontational side of the humanitarian negotiation relational-confrontational spectrum. An interviewed humanitarian stated, “There was a big wariness in the UN and within the humanitarian system to upset Jordan... There was a lot of reluctance to go hard, while at the same time, also realizing that in all of the contexts that we saw, it’s very difficult for a humanitarian organization in Jordan to actually have leverage or influence.” An interviewed third-party governmental actor lamented this situation, noting that refraining from speaking out prioritizes short-term gains at the expense of finding long-term solutions. This key informant stated, “When people refuse to speak out, we think we’re helping. But there comes a point when you’re not helping the problem. You think that you’re just keeping a band-aid on it, but it can get out of control.”

Efficiency versus Effectiveness

This dilemma relates to the objective of effectiveness (i.e., meeting humanitarian needs) while also being efficient in terms of costs. To where should humanitarians devote their resources, to maximize their impact? This tension is especially evident in this context because the workarounds that humanitarians devised to navigate access constraints—including the cranes used for cross-border relief and the UN clinic—were very expensive. Key informants raised questions about the wisdom of directing so many resources toward these efforts, especially considering the compromises made on humanitarian principles, and the overall uncertainty about the extent to which the most vulnerable members of the Rukban population were being served. One interviewed responder, a Jordanian who engaged with the UN on humanitarian activities, levied scathing critiques of the entire UN response to Rukban, painting it as a “game” for the UN to bring in money, not actually driven by a desire to serve people’s needs.

These comments indicate the reputational risks for humanitarians evident when resources are spent in highly politicized contexts. Indeed, regarding the UN health clinic, interviewees criticized the clinic as very expensive and not necessarily the most efficient use of resources because of the fact that the most vulnerable were evidently not able to access the clinic because of the multi-layered screening processes in place that were controlled by the JAF and tribal forces in Syria. Similarly, the crane operations were very expensive and lacked the ability to confirm whether those most in need received the aid.

As with the debate about principles versus practicalities, these comments point toward another normatively charged debate within the humanitarian sector. The needs in Rukban have been immense. The human toll has been dramatic, and residents in Rukban have found themselves abandoned, caught within a web of security and political interests that, for actors controlling access, superseded considerations rooted in the humanitarian imperative. In one humanitarian actor's passionate words, "The situation at the Berm offers a grim snapshot of consequences of the world's abject failure to serve responsibility for the global refugee crisis." Nevertheless, the depth of human suffering evident in Rukban fits within the broader context of the massive humanitarian crisis perpetuated by the Syrian Civil War. One humanitarian actor, reflecting on the broader context, noted that the Rukban population was "actually a relatively small portion of millions in Syria" and pondered, "Why are people paying so much attention to this portion of the population?" Questions of efficiency are inherently interlinked with the tension between principles and operational realities.

Humanitarian-Military Coordination and Information-Sharing

In this context, humanitarian and military responders also encountered more traditional challenges of humanitarian-military relations. One dimension in this area entailed basic issues of humanitarians and military actors struggling to understand one another in terms of their respective modes of operation, capabilities, and limitations. One humanitarian actor noted of engagements with the JAF that "they also were not really sensitized to the way they humanitarians think," meaning that—even despite the generally positive tone of humanitarian-military relations in this context—humanitarians needed to devote energy to ensuring that the JAF understood how humanitarians operate, in terms of the principled nature of humanitarian programming. Additionally, there were challenges of humanitarians lacking an understanding of the nature of military capacities and their limitations. These challenges emerged in the context of Damascus-based convoys for Rukban. A key informant noted that, in these operations, humanitarians held unrealistic expectations of what security guarantees coalition forces could and could not grant, as well as unrealistic ideas of coalition forces' capacity limitations. Indeed, humanitarians sought to change plans mid-convoy without sensitivity to what that would mean for military assets playing a role in facilitating the convoys.

A second dimension is the general lack of coordination among humanitarians in their negotiations in this context. Indeed, especially given the constrained nature of the context, and the differences across organizations in how to navigate principles versus pragmatic realities, many humanitarian organizations negotiated for access on their own, seeking to differentiate themselves from other humanitarian organizations. Humanitarian responder interviewees described coordination between humanitarian organizations, especially in the wake of the June 2016 bombing, as particularly poor. One interviewee mentioned that a JAF representative directly informed humanitarians that humanitarian organizations needed to coordinate more effectively and that humanitarians were sending mixed messages, with different organizations offering different proposals, confusing and complicating negotiations with the JAF. UNOCHA stepped in to take a lead role in negotiation in 2016, but in line with inter-organizational tensions that have emerged in other contexts as well, not all humanitarian organizations appreciated or welcomed UNOCHA assuming this role.

These challenges extended to CMCoord officers deployed to this context, who encountered a reluctance from humanitarian organizations to leverage CMCoord, at least during periods during the crisis. More generally on the lack of sufficient coordination between humanitarian organizations, various key informants mentioned with frustration, “There was no coordination at all,” NGOs and UN agencies “failed by not having a common front,” and humanitarian organizations “wasted a lot of money and a lot of time through incompetence, and just not coordinating enough, and agencies going off and doing their own thing.”

The Perceived Role of Gender on the Response

Gender emerged as a factor in numerous ways when civilian responders referenced the needs of the Rukban population. Indeed, gender dynamics shaped interactions between humanitarians and military actors in this context in a way that humanitarians did not always perceive to be enabling. One interviewee, a humanitarian with a military background, stated of her interactions with Jordanians:

And also being a woman too... It worked well for me [in other contexts], but not so much in Jordan, I don't think... They were very polite, very good, you know, and recognized my military service and all of that, but I just... I probably wasn't taken as seriously, as I previously had been, you know? Previously, I had been treated as an equal [in other contexts]... But with the Jordanians, I just kind of felt that that wasn't quite the case.

For one civilian responder, frustration resulted from the lack of access, which hindered the ability to advocate due to the lack of substantiated information, even though there had been reports of women and babies dying from poor obstetric health. On a general level, interviewees discussed gender in relation to the composition of the Rukban population, which they perceived to be mostly women and children. According to one interviewee:

But we need to look at the bigger picture here. You need to look at the situation of these people. You need to look at the composition of the population in the camp. These are children and women. Elders. Sick people... But the majority of the population actually are women and children. And they are not like living in a situation where you can get ... access to anything there.

For numerous interviewees, gender shaped their perceptions of community members' vulnerabilities, with many interviewees highlighting the specific vulnerabilities linked to maternal healthcare. One civilian responder stated:

The last humanitarian convoy allowed into the berm by the Syrian government... and it was dated back to September 2019. That's extraordinary. A lack of maternal healthcare, which means that pregnant women in need of a Caesarian sections, are being forced to travel to give birth in territory controlled by the Syrian government. These women are then prevented by Syrian security forces from returning to their families in the camp. They're treated like hostages.

Related to the coordination challenges above, an interviewee mentioned that UNOCHA's involvement in the response had a counterproductive effect, with negative impacts on maternal healthcare:

OCHA took over: so now the humanitarian access for the Berm is ours, we are dealing with it, and then what they were dealing with of course suddenly there was absolutely no more discussion about people being brought in, there was no discussion about people being medevaced inside the Jordan. I mean maybe it happened very few times but then they were sent back inside. Like women who got a c-section and then after 2 days, discharged, back into the middle, you can imagine, middle of nowhere, no water, no sanitation. I'm sure these women died. There's no way a woman would survive after a c-section without having any post-natal care, but that's the way it became with OCHA.

Another responder, when questioned about what humanitarian organizations could have done differently in the Rukban response, struggled to respond but articulated a general sense that perhaps a more gendered approach could have allowed humanitarians to offer more assistance to women and children, in a sense dividing them out from the male adult residents more likely to raise security concerns for the Jordanian government. This interviewee stated, "perhaps one of the things that would have been helpful is if we could have got the women and children at least to come to Jordan. And the men stay there. That would've helped some aspects to ... reduce the problem."

Another civilian responder referenced more broadly the vulnerabilities of women and children worldwide and the UN's efforts to address this issue, with specific reference to prevention:

And I think the UN in general all over the world now is really pushing and advocating for the prevention agenda, I think it's very important. And then of course empowering the community to become self-resilient for any potential crisis. Particularly those we expect to be most affected by crisis. Women, girls, youth, and adolescents. It's really important.

Lastly, one responder reported that in efforts to engage the local community via tribal elders in response efforts, men evidently played a predominant role in discussions and planning. A civilian responder stated, "So what they would do was they would bring the tribal elders over for a meeting at the clinic. So it would be about thirty people, some women, mostly men, talking about what was done, what was important. That was done a couple of times. To harmonize the process."

e. Discussion

Ground-Level Impact of High-Level Political Gridlock

A key aspect of this case is that the challenging context that humanitarian responders encountered at the ground level flowed directly from the geopolitically charged gridlock that emerged at the political

level. Indeed, this dynamic is inherent throughout the humanitarian operational environment related to the Syrian Civil War, including in Syria, as well as refugee responses in neighboring countries. Two overarching elements have fueled this reality. First, the conflict has pitted the United States and Russia on different sides of the conflict, with Russia supporting the Assad regime and the United States siding with, supporting, and arming various factions of the Syrian opposition. Consequently, the UN Security Council has inadequately engaged to enable an effective response to the enormous humanitarian needs that persist in this context. Although the UN Security Council did authorize cross-border humanitarian operations to Syria, even in the absence of the Syrian government's consent, the Council was not able to act in an effective manner to address the situation at Rukban.

Second, the operational difficulties discussed throughout this section flowed directly from the geopolitics of refugee burden sharing, and the politics of balancing the needs of refugees alongside various states' concerns about security and sovereignty more generally. This was the case for Jordan, which articulated security concerns that clashed with the humanitarian imperative to attend to the needs of residents of Rukban. Additionally, this was also true of Western third-party states that themselves prioritized combating ISIS, creating a securitized buffer zone along the Jordan-Syria border not initially intended to become a humanitarian enclave. These third-party states (including the United States and various Western European countries) also lacked credibility to push Jordan on taking in refugees, given that these states had themselves vigorously sought avenues to prevent refugees from reaching their own shores.

The residents stranded in Rukban were the victims of this high-level political gridlock. As indicated by the interviewee data from community members who entered Jordan via Rukban, these populations suffered the dual trauma of fleeing from violence in Syria and then finding themselves caught at the Jordan border, unable to enter with ease, or at all. The extreme violence that caused people to initially flee, and the barriers they faced when trying to cross the Syria-Jordan border, was enabled by the inability of political actors at the diplomatic level to address and resolve the situation.

Humanitarian Organizations' Need to Institutionalize Discussions about Compromises on Principles

For international humanitarian organizations, this context is a case study for how individual humanitarian professionals, the organizations for which they work, and the international humanitarian system respond when principled humanitarian action is not possible. Situations like the crisis in Rukban reveal the fact that different humanitarian practitioners, and different humanitarian organizations, differently weigh the various complex dimensions of the resulting ethical dilemmas. As noted in this section, some humanitarian organizations deemed the situation to be too compromised, criticized responders for straying too far from humanitarian principles, and believed the response to entirely lose its humanitarian character. Meanwhile, others who continued engaging in the context noted with pride the relentless efforts they pursued to continue aiding the populations of Rukban.

This case study points toward the importance for humanitarians of not shying away from these dilemmas, and indeed, the need to grapple with these issues head-on. This does not necessarily mean that all humanitarian practitioners, and all humanitarian organizations should reach consensus about

“red lines” that divide acceptable from acceptable compromises. Indeed, humanitarian organizations famously draw their “red lines” in different places along the principles-to-pragmatism spectrum. However, this context indicates the importance of humanitarian organizations engaging in very purposeful internal discussions about the costs and benefits of different courses of action.

The interview findings suggest two key elements of these internal discussions about costs and benefits. The first element relates to perceptions of humanitarian actors. A core notion at the heart of humanitarian-military relations has been that humanitarian organizations should distance themselves from militaries in response contexts that are politically charged. However, the context of Rukban indicates that Syrians crossing (or aiming to cross) the Syria-Jordan border did not care whether the people receiving them were military or humanitarian. Indeed, interviewees spoke positively about Jordanian military at the border, only speaking negatively of the JAF if they witnessed members of the JAF specifically mistreating people at the border. A second dimension is the actual ability of humanitarian organizations to operationalize humanitarian principles in practice. This context suggests the importance of distinguishing between these two dimensions, as they may point in different directions.

Humanitarian Organizations’ Need for Proactive Contingency Planning

This context indicates the importance of contingency planning at multiple levels. For humanitarian organizations, as noted in this section, when the border was closed, many humanitarians anticipated that it would soon reopen. Consequently, humanitarians were ill prepared for protracted access negotiations that followed, and lost time given that they had not anticipated the difficulties that would subsequently emerge. Moreover, at the political level, the plan to create a buffer zone at the Jordan-Syria border did not account for the possibility that displaced people might someday flee there, and what the humanitarian consequences might be. Finally, at the geopolitical level, this context indicates the knock-on effects for states neglecting their obligations for refugees, considering the impact of the EU-Turkey deal, as well as the lack of credibility that Western states had in pushing Jordan because they themselves were not willing to take in refugees. In this sense, HMR is not merely operational in nature. Rather, there are greater efforts needed to advocate at higher levels to push senior diplomats and policymakers into incorporating humanitarian dimensions and considerations into security and foreign policy planning processes.

3. The Taal Volcano Eruption and the COVID-19 Pandemic in the Philippines: Locally Led Disaster Management in a Conflict-Affected Country

a. Case Overview

The Philippines ranks among the world’s most vulnerable countries to natural hazards, regularly experiencing typhoons, earthquakes, large-scale floods, and landslides.¹¹⁵ In 2020 alone, Filipinos

¹¹⁵ Tilly Alcayna et al., “Resilience and Disaster Trends in the Philippines: Opportunities for National and Local Capacity Building,” *PLoS Currents* 8 (September 14, 2016): ecurrents.dis.4a0bc960866e53bd6357ac135d740846, <https://doi.org/10.1371/currents.dis.4a0bc960866e53bd6357ac135d740846>.

faced not only the Taal Volcano eruption and the COVID-19 pandemic—the two crises on which this section focuses—but also multiple typhoons, including Super Typhoon Goni, and a 6.6-magnitude earthquake.¹¹⁶

Moreover, the Philippines faces multiple protracted non-international armed conflicts. Instability in Mindanao, an island situated in the southern portion of the country, has persisted for decades, driven by a range of NSAGs, including the Moro Islamic Liberation Front (MILF), as well as various splinter groups, such as the Bangsamoro Islamic Freedom Fighters, the Maute Group, and Abu Sayyaf.¹¹⁷ The Islamic State has had influence in Mindanao stretching back to 2014, leading to the Battle of Marawi in 2017. This months-long military confrontation occurred between the Islamic State-linked groups and the Philippine military and caused the forcible displacement of hundreds of thousands of people.¹¹⁸ In 2019, peace talks between the Philippine government and the MILF culminated in the establishment of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).¹¹⁹

There are also Maoist NSAGs in the country, such as the Communist Party of the Philippines - New People's Army (CPP-NPA).¹²⁰ These multiple conflicts color domestic politics in the country, fueling a counter-terrorism policy focus that has intensified especially since the Philippine government adopted an anti-terrorism law in July 2020.¹²¹ This dynamic has led to the widespread phenomenon of 'red-tagging,' the practice of labelling individuals 'terrorists' within the country.¹²² A 2020 OHCHR report states that: "for decades, red-tagging—labelling individuals and groups as communists or terrorists—has been a persistent and powerful threat to civil society and freedom of expression."¹²³ The government's use of red-tagging has resulted in killings, threats, harassment, arbitrary detention, and forced disappearances of human rights defenders, journalists, and other civil society actors and has hindered the work of human rights activists and humanitarian organizations working in conflict areas, due to perceived collusion with NSAGs.

¹¹⁶ See "Philippines: 2020 Significant Events Snapshot," OCHA, 14 January 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/210115_OCHA%20PHL%202020%20Humanitarian%20Highlights%20Snapshot.pdf. Additionally, Super Typhoon Goni was known as Super Typhoon Rolly in the Philippines.

¹¹⁷ See generally, "The Mindanao Conflict in the Philippines: Roots, Costs, and Potential Peace Dividend," World Bank, February 2005, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.954.6236&rep=rep1&type=pdf>

¹¹⁸ "Philippines," ACAPS, accessed 20 February 2022

<https://www.acaps.org/country/philippines/crisis/mindanao-conflict>

¹¹⁹ Engelbrecht, Georgi. "Bangsamoro's Potential for Regional Gains," CrisisGroup, 10 February 2021,

<https://www.crisisgroup.org/asia/south-east-asia/philippines/bangsamoros-potential-regional-gains>

¹²⁰ See Raymundo B. Ferrer and Randolph G. Cabangbang, "Non-international Armed Conflicts in the Philippines," International Law Studies Volume 88,

<https://digital-commons.usnwc.edu/cgi/viewcontent.cgi?article=1063&context=ils>

¹²¹ "Philippines: Dangerous anti-terror law yet another setback for human rights," Amnesty International, 3 July 2020 <https://www.amnesty.org/en/latest/news/2020/07/philippines-dangerous-antiterror-law-yet-another-setback-for-human-rights/>

¹²² Oliver Haynes, "Deadly 'Red-Tagging' Campaign Ramps Up in Philippines," VOA, accessed February 22, 2022, https://www.voanews.com/a/east-asia-pacific_deadly-red-tagging-campaign-ramps-philippines/6202221.html.

¹²³ "Annual Report of the United Nations High Commissioner for Human Rights and Reports of the Office of the High Commissioner and the Secretary-General: Situation of Human Rights in the Philippines." United Nations High Commissioner for Human Rights, June 29, 2020. Page 10.

<https://www.ohchr.org/Documents/Countries/PH/Philippines-HRC44-AEV.pdf>

Considering the country’s vulnerability to natural hazards, as well as continued political instability, the Philippines has undertaken extensive efforts to build up domestic capacity for disaster response. These efforts have included the creation of a national cluster system modeled after the UN humanitarian cluster system.¹²⁴ International humanitarian organizations (in particular, WFP, UNICEF, Food and Agriculture Organization of the United Nations, IOM, UNHCR, UNFPA, WHO, the International Federation of Red Cross and Red Crescent Societies, and Save the Children) are directly integrated into this system, with each humanitarian agency playing a supporting role for particular government agencies.¹²⁵ This system also entails institutionalized roles for uniformed personnel, with the AFP leading the search and rescue cluster and the Philippine National Police (PNP) leading the law and order cluster.¹²⁶ Given the overall strong national capacity in the Philippines, international humanitarian organizations—which have had a long-standing presence in the country—generally play a peripheral role in disaster response, with the Philippine government and local response organizations and networks taking the lead in response efforts.¹²⁷

The Philippine government’s adoption of the cluster system was largely an attempt to address coordination gaps identified during the response to Typhoon Durian in 2006.¹²⁸ Additionally, in 2010, the Philippine Disaster Risk Reduction and Management Act created the National Disaster Risk Reduction and Management Council (NDRRMC), which operates under the Department of National Defense.¹²⁹ This act also outlines guidelines for creating Disaster Risk and Management Councils (DRRMCs) at regional, provincial, municipal/city, and barangay (or village) levels.¹³⁰ These systems are complemented and guided by the 2011 National Disaster Risk Reduction Management Plan (NDRRMP), which outlines strategic goals and long-term priorities through 2028.¹³¹

The Philippine government regularly updates these systems and plans upon identifying further gaps. In 2013, Typhoon Haiyan struck the country, and a massive international response followed,

¹²⁴ Mikael Raffael T. Abaya, Loïc Le Dé & Yany Lopez (2020) Localising the UN cluster approach: the Philippines as a case study, *Environmental Hazards*, 19:4, 360-374, DOI: 10.1080/17477891.2019.1677209

¹²⁵ See “Toward a Predictable Model,” p. 140, Humanitarian Advisory Group, 2020

https://humanitarianadvisorygroup.org/wp-content/uploads/2021/01/RCG_Towards-a-predictable-model_2nd-ed_Final_electronic.pdf

¹²⁶ See “Toward a Predictable Model,” p. 140, Humanitarian Advisory Group, 2020,

https://humanitarianadvisorygroup.org/wp-content/uploads/2021/01/RCG_Towards-a-predictable-model_2nd-ed_Final_electronic.pdf

¹²⁷ For information on localization efforts in the Philippines, see “Moving Forward Localisation of Humanitarian Action in the Philippines,” ReliefWeb, February - July 2021

https://reliefweb.int/sites/reliefweb.int/files/resources/211001_Localisation%20of%20Hum%20Action%20PHL.pdf

¹²⁸ “Localising the UN Cluster Approach: The Philippines as a Case Study,” *Environmental Hazards*, accessed December 19, 2021, <https://www.tandfonline.com/revproxy.brown.edu/doi/abs/10.1080/17477891.2019.1677209>. ; Tudlo, “NDCC Memo Circular No. 05 s 2007 (2) Cluster Approach,” 2007,

<https://www.slideshare.net/tudlo/ndcc-memo-circular-no-05-s-2007-2-cluster-approach>. Typhoon Durian was known as Typhoon Reming in the Philippines.

¹²⁹ “2021 Philippines Disaster Management Reference Handbook - Philippines,” ReliefWeb, accessed December 19, 2021, <https://reliefweb.int/report/philippines/2021-philippines-disaster-management-reference-handbook> ; <https://ndrrmc.gov.ph/index.php/ndrrmc-response-directives.html>

¹³⁰ The exception is the Bangsamoro Disaster Risk Reduction Management Council (BDRRMC), which operates independently as part of the BARMM. See “2021 Philippines Disaster Management Reference Handbook - Philippines.”

¹³¹ “The National Disaster Risk Reduction and Management Plan,” n.d., 69. 2011,

https://www.dilg.gov.ph/PDF_File/reports_resources/DILG-Resources-2012116-420ac59e31.pdf

involving 58 other countries and 29 foreign militaries engaging in response activities.¹³² It was also widely reported that the typhoon increased the vulnerability of women and children to sexual exploitation by relatives, local officials, non-state armed actors, and humanitarian workers.¹³³ In the wake of the response, the NDRRMC released an updated National Disaster Response Plan, which further detailed the roles and responsibilities of each cluster and of partner agencies, such as the AFP.¹³⁴ This plan—which created the Civil-Military Coordinating Center for disaster response—helped foster greater coordination between responding agencies and further solidified the role of civil-military coordination within the Philippine disaster response system.¹³⁵

Another key entity in the Philippine national disaster response structure is the Office of Civil Defense (OCD). The OCD, as a report on national disaster response structures in the Philippines notes, “is the Executive Arm and Secretariat of the NDRRMC. OCD’s primary role is to administer the national civil defense and disaster risk reduction and management programs. It also provides leadership on the development of strategic approaches and measures to reduce vulnerabilities and risk. The OCD coordinates the AFP in the utilization of military assets and provision of assistance in disaster response.”¹³⁶ A final important element is the country’s adoption of the Incident Command System (ICS). The ICS, the same report notes, “is a standardized, on-scene, all-hazard incident management concept. It is designed to enable effective and efficient incident management by integrating facilities, equipment, personnel, procedures, and communications within a common organizational structure.”¹³⁷

All these domestic response structures—as well as the domestic counter-terrorism environment and the peripheral role of international humanitarian organizations—frame the context of the twin crises

¹³² Parker T, Carroll SP, Sanders G, King JE, Chiu I. The U.S. Pacific Command response to Super Typhoon Haiyan. *Jt Force Q*. 2016;82(July 2014):1-8.

http://ndupress.ndu.edu/Portals/68/Documents/jfq/jfq-82/jfq-82_54-61_Parker-et-al.pdf. Typhoon Haiyan was known as Typhoon Yolanda in the Philippines.

¹³³ See “WATCH: ‘Yolanda’ survivors flee from ‘looting, raping’ armed men,” *Philippines Star*, November 2013, <https://www.philstar.com/test-microsite-clone/video-features/2013/11/15/1257078/watch-yolanda-survivors-flee-looting-raping-armed-men>; Thurston AM, Stöckl H, Ranganathan M. Natural hazards, disasters and violence against women and girls: a global mixed-methods systematic review. *BMJ Glob Health*. 2021;6(4):e004377.

doi:10.1136/bmjgh-2020-004377; Nguyen HT. Gendered Vulnerabilities in Times of Natural Disasters: Male-to-Female Violence in the Philippines in the Aftermath of Super Typhoon Haiyan [published online ahead of print, 2018 Aug 16].

Violence Against Women. 2018;1077801218790701. doi:10.1177/1077801218790701; Violence Against Women;

“Responding to Typhoon Haiyan: women and girls left behind - A study on the prevention and mitigation of violence against women and girls in the emergency response,” Global women institute, 2015,

<https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/REPORT%20Responding%20to%20Typhoon%20Haiyan%20-%20women%20and%20girls%20left%20behind.pdf>

¹³⁴ “Localising the UN Cluster Approach.”

¹³⁵ Julius Cesar I Trajano, “BUILDING RESILIENCE FROM WITHIN: ENHANCING HUMANITARIAN CIVIL-MILITARY COORDINATION IN POST- HAIYAN PHILIPPINES,” 2016, 38. ; “The Typhoon Haiyan Response: Strengthening Coordination among Philippine Government, Civil Society, and International Actors,” n.d., 87.

¹³⁶ “Toward a Predictable Model,” p. 138,

https://humanitarianadvisorygroup.org/wp-content/uploads/2021/01/RCG_Towards-a-predictable-model_2nd-ed_Final_electronic.pdf

¹³⁷ “Toward a Predictable Model,” p. 139,

https://humanitarianadvisorygroup.org/wp-content/uploads/2021/01/RCG_Towards-a-predictable-model_2nd-ed_Final_electronic.pdf

that this section addresses. The first crisis is the Taal Volcano eruption. Taal Volcano is in Batangas province in the northern island of Luzon, approximately 50 kilometers from Manila, the capital, and south of Quezon (the country's most populous city) and Cavite. The volcano erupted on January 12, 2020. The eruption led to the forcible displacement of over 300,000 people; disrupted critical infrastructure including transportation lines, power, and water supplies; and damaged over 14,000 homes.¹³⁸ By the evening of January 12, the government had declared a 14-km hazard zone. The volcano erupted once again on July 2, 2021, displacing an additional 22,000 individuals.¹³⁹ The NDRRMC managed the response, with the OCD playing a prominent leadership role in coordination. Various uniformed personnel were also key actors in the response including the AFP, the PNP, Philippine Air Force, Philippine Coast Guard, Bureau of Fire and Protection, and Philippine Navy.¹⁴⁰

The second crisis on which this section focuses is the COVID-19 pandemic, which began just ten days after the Taal eruption, when the Philippines recorded the first case of COVID-19 in the country. The first death in the Philippines due to COVID-19 was recorded on March 12. That same day, President Rodrigo Duterte announced a “community quarantine” that would apply to all of Metro Manila—also called the National Capital Region (NCR)—an area on the island of Luzon that includes Manila city (the country's capital), Quezon city (which the Philippines' Department of Health would later identify as the city with the highest positivity rate in the country), fourteen other cities, and the municipality of Pateros. On March 16, President Duterte announced an “enhanced community quarantine” (ECQ) that would apply to the entire island of Luzon, as well as certain additional locations. The imposition of the ECQ by uniformed personnel, as well as other restrictions later imposed throughout the entire country, aimed at restricting the mobility of millions of residents to curtail the spread of the virus. As with the Taal Volcano response, uniformed personnel played a prominent role in the COVID-19 response, engaging chiefly in enforcing quarantine measures while also providing medical and logistical support to local government units (LGUs).

Overall, the Philippines constitutes a case study on the dynamics of humanitarian-military relations in contexts where disaster response is locally led, with the government playing a central role and with the institutionalized involvement of uniformed personnel. The Philippines is far from *sui generis* in this regard. Indeed, there is a trend of countries—many in the Asia-Pacific region—building up their local response capacities and involving uniformed personnel directly in these efforts. Singapore, Indonesia, Bangladesh, Myanmar, and Nepal are other notable examples.¹⁴¹ In this sense, the

¹³⁸“Philippine scientists warn of another eruption at Taal Volcano,” Al Jazeera, 2021, [https://www.aljazeera.com/news/2021/7/4/philippine-scientists-warn-of-another-eruption-at-taal-volcano#:~:text=Taal%20last%20erupted%20on%20January,according%20to%20the%20provincial%20government;see%20also%3A%20%22Situational Report #87 re Taal Volcano Eruption” NDRRMC, March 2020, https://ndrrmc.gov.ph/attachments/article/4007/Sitrep_No_87_re_Taal_Volcano_Eruption_as_of_06March2020_8AM.pdf](https://www.aljazeera.com/news/2021/7/4/philippine-scientists-warn-of-another-eruption-at-taal-volcano#:~:text=Taal%20last%20erupted%20on%20January,according%20to%20the%20provincial%20government;see%20also%3A%20%22Situational%20Report%20%2387%20re%20Taal%20Volcano%20Eruption%22%20NDRRMC%2C%20March%202020,https://ndrrmc.gov.ph/attachments/article/4007/Sitrep_No_87_re_Taal_Volcano_Eruption_as_of_06March2020_8AM.pdf)

¹³⁹“Philippines: Taal Volcano Alert Level 3 Snapshot As of 09 July 2021 - Philippines,” ReliefWeb, accessed December 19, 2021, <https://reliefweb.int/report/philippines/philippines-taal-volcano-alert-level-3-snapshot-09-july-2021>.

¹⁴⁰“Philippines: Taal Volcano Eruption - Final Report (N° MDRPH043) - Philippines,” ReliefWeb, accessed December 20, 2021, <https://reliefweb.int/report/philippines/philippines-taal-volcano-eruption-final-report-n-mdrph043>.

¹⁴¹Gibson-Fall, Fawzia. “Military responses to COVID-19, emerging trends in global civil-military engagements.” *Review of International Studies* 1–16. 21 Jan. 2021, doi:10.1017/S0260210521000048; and “Toward a Predictable Model,”

dynamics at play in the Philippines during the Taal and COVID-10 responses are emblematic of response contexts likely to feature prominently in the landscape of humanitarian-military relations for years to come.



Figure 4: Map of the Philippines and relevant sites

<i>Date</i>	<i>Event</i>
2006	Typhoon Durian exposes gaps in disaster response.
2010	Philippine government passes the Philippine Disaster Risk Reduction and Management Act.
2011	National Disaster Risk Reduction Management Plan developed.

https://humanitarianadvisorygroup.org/wp-content/uploads/2021/01/RCG_Towards-a-predictable-model_2nd-ed_Final_electronic.pdf

2013	Typhoon Haiyan hits the Philippines.
2014	Influence of Islamic State emerges in Mindanao.
2017	The Philippine government fights forces aligned with Islamic State in the Battle of Marawi in Mindanao.
2019	Peace talks between the Philippine government and the Moro Islamic Liberation Front (MILF) culminate in the establishment of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).
2020	Taal Volcano erupts, government declares 14-km hazard zone. (Jan. 1)
2020	First case of COVID-19 in the Philippines. (Jan. 22)
2020	Community quarantine declared for Metro Manilla. (March 12)
2020	Enhanced Community Quarantine declared for entire island of Luzon and some nearby areas. (March 16)
2020	President Duterte signs Anti-Terrorism Act. (July 3)
2021	Taal Volcano erupts again. (July 2)

Table 7: Timeline of key events regarding the Taal Volcano and COVID-19 responses

b. Crisis Context: The Taal Volcano Eruption

Leading up to the Taal Volcano eruption, there was substantial pre-eruption monitoring and contingency planning. The Philippine Institute of Volcanology and Seismology (PHILVOCS), as well as the Philippine government—in particular, OCD—had monitored Taal for years. Moreover, OCD had undertaken worst-case-scenario contingency planning in coordination and collaboration with the relevant LGU and the relevant OCD regional office. After the eruption, the main dimensions of the response were to evacuate people from the hazard zone, ensure that evacuees had access to necessary services and supplies, and monitor the area to make sure people did not enter the hazard zone.

The eruption did not unfold as expected. First, the eruption occurred more quickly than had been anticipated, escalating very quickly from Level 1 to Level 4 in just a few hours. Second, while experiential knowledge set the hazard zone to, at most, a 10-km radius, which informed the earlier evacuation protocols, the PHILVOCS later declared a permanent hazard zone spanning a 14-km radius. This change, in effect, generated the need to re-evacuate those who were initially brought to designated centers within a 12 km radius.

Due to their proximity to the area, participants from the Philippine Air Force and the PNP were the first responders. Within 24 hours, there was a steady succession of arrivals of other uniformed personnel units in the area, including AFP, the Philippine Navy, the Philippine Coast Guard (PCG), and the Bureau of Fire and Protection (BFP). Local civil society organizations (CSOs) and other local response organizations—including the Philippine Red Cross—also played a role in the

response.¹⁴² International humanitarian organizations (in line with the aforementioned overall peripheral role in Philippines’ disaster response) played a supporting role in various ways. For example, later in January, UNOCHA organized a three-day inter-agency assessment to determine needs of displaced people. Responders used World Food Program trucking to transport relief supplies, including food and non-food items. Rehabilitation and recovery programs were scheduled to begin implementation in March 2020 but were put on hold due to the COVID-19 outbreak in the country.

The distinction in the roles among uniformed units was determined by their mandate. For example, PNP was under the guidance of the LGU, while the other military actors directly reported to their head, who sits in the Regional Disaster Risk Reduction and Management Council. On January 13, the Joint Task Force Group Taal was created. This Task Force allowed for the deployment of uniformed personnel based on four quadrants: north, east, west, and south. The creation of the quadrant-based response addressed the issue of duplication of efforts, as specific uniformed units were assigned to particular locations. The assignment for quadrant management was also related to the logistical capacity of the uniformed unit. For example, the Philippine Navy (PN) was assigned to the south quadrant, which covers Taal Lake.

Uniformed personnel played a variety of roles in the response, all of which are detailed below.

Role of Armed Security Actors	Description
Management of relief supplies	Uniformed personnel participated in the delivery of relief packages to crisis-affected individuals, both civilian and uniformed. Engagement in relief distribution also included the military loaning mobility resources to other actors for delivery of relief goods to evacuation centers, as well as feeding programs, which entailed AFP cooking food for survivors.
Evacuation, search, and rescue	Uniformed personnel spearheaded search and rescue operations for people who were directly affected by the eruption. These activities included evacuating residents living within the volcano island, as well as those within the permanent danger zone of the volcano. Rescues and evacuations encompassed both humans and animals. Uniformed personnel also served as escorts for individuals who returned to their homes to care for livestock left behind.

¹⁴² “Philippines: Taal Volcano Eruption - Final Report (N° MDRPH043) - Philippines,” ReliefWeb, accessed December 20, 2021, <https://reliefweb.int/report/philippines/philippines-taal-volcano-eruption-final-report-n-mdrph043>.

Security, checkpoint management, and patrols	Security activities included manning checkpoints to make sure people did not enter or re-enter the area; providing security for CSOs that came in with supplies and services; patrolling the lake around the volcano (undertaken by the PN and PCG) to ensure that people were not returning to the island; and providing security, including enforcing peace and order, in evacuation centers (undertaken by the PNP, within the scope of the PNP’s mandate as the lead entity for the law and order cluster).
Building temporary shelters and facilities	In the initial phase, uniformed personnel participated in building temporary shelters and evacuation centers, including building latrines, before later turning these activities over to civilian and humanitarian agencies.
Clearing operations	Uniformed personnel engaged in clearing roads of debris to facilitate transportation, an important activity given that volcanic ash can make roads slippery and dangerous to traverse.
Communication, situational awareness, and assessment	Uniformed personnel—including AFP, PNP, and the BFP—played a role in communications between different stakeholders in the response, deploying to different areas to provide hourly situation reports regarding the situation on the ground. Additionally, since an on-the-ground assessment was not initially possible due to the inaccessibility of the area, the PAF provided the government with personnel and mobility to undertake an aerial assessment.
Psycho-social support	Uniformed personnel were also involved in psychosocial support. Activities included the AFP bringing in their Civil Relations Services band to provide entertainment for survivors.

Table 8: Role of armed/security actors in Taal response

c. Taal Crisis-affected Community Members: Perspectives and Themes

Dissatisfaction with Various Facets of the Overall Response

Interviews with community members in Batangas and Cavite who were affected by the Taal Volcano eruption revealed various ways that people were dissatisfied with the overall response. First, a common theme relates to the gap in hazard management of the national and local government associated with insufficient information dissemination pre-eruption. On this issue, one participant said that, as Taal was erupting, “We didn’t know what to do because everyone was shocked. It’s been a long time since the last eruption took place... I, together with my family, were not well-oriented on what to do.” Another participant noted the fact that people were not alerted about the eruption in a timely manner, stating, “We were also shocked because there was no notification from the town nor

from the PHILVOCS.” Most of the research participants mentioned that they relied on their experiential knowledge in gauging the timeline for evacuation. Those who lived on the island evacuated prior to the official mandate as the tremors increased.

Second, most research participants noted that the LGU and military personnel were late in deploying rescue operations and information campaigns. However, certain research participants who worked for the LGU, as either employees or elected officials, painted a different portrait of the response, asserting that the government was instead responsive and well prepared. Nevertheless, the fact that the majority of research participants did experience delays and expressed general frustrations with the response suggests extensive shortcomings, at least as experienced by those affected.

Third, interviewees mentioned that relief supplies were not aligned with the needs of the evacuees. The interviewee pool included different types of evacuees. For Batangas, there was an equal representation of participants who evacuated to government prescribed centers and to homes of relatives in safe zones. Only a few evacuated to other provinces. In contrast, participants from Cavite evacuated to Manila or other provinces. Most participants from both areas reported voluntarily evacuating. Those who initially refused to evacuate reported experiencing forced evacuation. These individuals’ hesitation in evacuating was due to fear of looting, uncertainty in the condition of evacuation centers, and worry for their livestock.

Forced evacuation was only implemented in Batangas due to its proximity to the hazard. Evacuees experienced the disjunct between relief items and needs in various ways, in part because of the role that civilians played in the evacuation, albeit in an uncoordinated way. This gap in delivery of supplies could also be attributed to the issue with the registry of evacuees, which uniformed personnel also mentioned in their interviews.

Indeed, some evacuation centers reportedly received more relief goods while others lacked sufficient supply. An interviewee who worked for the LGU stated:

On the side of the government, it was even more difficult for us to control when the relief was directly brought and given to the people. So by the time that it just happened, the command centers didn’t have much structure. So, there is no system being implemented or followed. There are relief centers or evacuation centers that have too much food. There are those areas that are difficult to reach and access and the average person doesn’t even know these places. That is it, either there is really nothing or only the ones that come from us or the host barangays and municipalities are the ones that can provide or distribute. But the external ones, the other sources, the other donations, there were none. So it’s not balanced, there are places that have many donations then there are places that receive only a few.

The influx of in-kind donations at levels not actually needed by recipients received a great deal of media coverage and attention on social media. For example, an evacuee posted on social media that, due to the excessive supply of relief goods, he was able to start a sari-sari store (a small grocery) in his home. Additionally, many people received unusual in-kind donations, such as security guard

uniforms or formal business suits, leading to an abundance of viral social media posts.¹⁴³ Conversely, those who chose to evacuate to the homes of relatives or friends reported not having received any relief supplies from the government. One such interviewee stated, “We were not in the evacuation centers—the reason why we were not able to receive relief goods from the government.”

Fourth, participants discussed poor conditions in evacuation centers. Various issues that research participants discussed include crowding in evacuation centers, poor WASH facilities, and inconsistent evacuation policies and protocols. There were also mentions of events during which civilians took advantage of the chaos and looted abandoned properties. This became a trigger for other civilians to violate the evacuation protocol by returning to their homes in hazard zones to check on their properties and livestock. Uniformed personnel escorted civilians returning to their homes to ensure their safety.

Overall Positive Perceptions of the Role of Uniformed Personnel

Despite expressing dissatisfaction with various aspects of the response overall, research participants generally spoke positively about the role of uniformed personnel. Indeed, research participants perceived that the presence of the military in the communities promoted peace and order. However, it is important to highlight that these sentiments were limited to respondents from Cavite and were not also articulated by respondents from Batangas, which was the center of the Taal Crisis. Nevertheless, for participants from Batangas, the presence of the military brought feelings of relief, as the military is known to be dependable during periods of emergencies. One interviewee stated:

We were also thankful to the military that they were able to give the main calmness or the assurance that someone would help us. That moment when we were about to leave our place, we failed to get a ride with my husband’s relative. We lost the opportunity to go out of town at the same time. That was where we received help from the military fleeing the town.

In the words of another research participant, “I was very happy because I knew we would be receiving help from other people. We were glad to know that we had a support system in these rescue operations. The military is not just about chaos, I believe that the military helps for humanitarian reasons like rescuing and relief operations.”

d. Taal Civilian and Armed/Security Responders: Perspectives and Themes

General Coordination and Response Challenges

¹⁴³ “Taal Evacuees Make the Most of ‘Unusual’ Clothing Donations, Leaves Online Users Laughing,” accessed February 27, 2022, <https://pop.inquirer.net/85555/taal-evacuees-make-the-most-of-unusual-clothing-donations-leaves-online-users-laughing>

In line with community perspectives on the response, responder interviewees described a generally chaotic response fraught with a wide array of difficulties related to implementing the large-scale evacuation and ensuring that evacuees had access to essential services and relief items. This perception was not uniform among responder interviewees. According to one interviewee, an international humanitarian responder involved in only a peripheral way in the response, “the authorities reacted extremely well,” and this interviewee described it as “a rather successful response.” But other interviewees who were local actors engaged in the government response were more self-critical. According to one governmental responder, “It was not that successful with the planning. The only thing that we did very well was evacuating the people from the island. But we were not able to fully plan for ... an incident that large of a scale...” Another governmental stakeholder asserted, “The scale of the problems was huge. The contingency plan did not work.” This interviewee said, “There was very poor planning. We need to have a better plan ahead of time.”

Indeed, numerous responders referenced in interviews that preparedness measures and planning fell short, even though stakeholders in the response had anticipated and planned for the Taal eruption for years. One Philippine governmental interviewee noted, “We were able to successfully evacuate most of the population, but the evacuation was chaotic. It was not systematized. The evacuation that we included in the plan was not followed. People were running everywhere.” Families became spread out during the evacuation, evacuating to different provinces, and in the process, sometimes became separated from one another. Given that many people evacuated to relatives’ houses, as opposed to evacuation centers, house-to-house visits were necessary to determine where evacuees had fled. Moreover, people did not always evacuate to their designated location, sometimes drawn by a ‘pull factor’ of anticipated donated goods. A Philippine governmental responder stated of the Batangas sports complex, which was the largest evacuation center that the government managed in the wake of the eruption, “People are gathering there, even though they are not assigned to that specific evacuation center. The people know that most of the donations, the big donations, are going to be delivered there. They’re going there and people are cramming... People are going there to just to get ... donations coming from big groups.”

Uniformed personnel confronted a range of issues that affected the quality of their engagement during the operations. The unprecedented volume of evacuees for the Taal eruption and the delayed arrival of resources required uniformed personnel to work longer hours. Uniformed personnel in interviews narrated exhaustion that hampered their capacity to perform their duties. One interviewee, who served as uniformed personnel on the response, stated:

It took around two to three days since our asset vehicles have reached around 59 vehicles. Those vehicles that we have used are sent by the National Headquarters of the Philippine Army. The vehicles that were sent are composed of long beds, 10-wheeler trucks since most of our trucks that are in the location are just KM450s, KM 6x6 trucks, and the capacity of which are 25 persons, even though it is already overloaded. So during that scenario, you can really see the degree of tiredness and exhaustion of the drivers. Since they are constantly working un-relentlessly. After picking up civilians, they must immediately be brought to the evacuation centers. After that, they will get another instruction with regards to where to bring the next batch that they will be picking up.

Along similar lines, a member of the AFP who participated in the response stated of the general inadequate state of coordination and the lack of clarity about plans, responsibilities, and roles, “It will be a better idea if, during the start, we were told about the plans, since we have the Task Group Taal. It will be a better idea if, prior to the disasters, we know where to go and what we are going to do. That was the initial confusion that happened in the first three days.”

These comments reflect a strong congruence between the perceptions of responders and the community perceptions discussed above. On the one hand, the overall response was successful in that hundreds of thousands of people were effectively evacuated from the danger zone. On the other hand, even despite extensive foresight and preparation, planning did not play out as anticipated on the ground in the wake of the actual eruption.

Engagement between Civilian Responders and Uniformed Personnel

Responder interviewees discussed various dynamics of engagements between civilian responders and uniformed personnel who engaged in the response. Generally, uniformed personnel who responded during the Taal crisis were seen as humanitarian actors due to the roles that they performed, which included rescue and delivery of relief supplies. One civilian responder emphasized the importance of establishing relations with uniformed personnel as a component of building linkages with different stakeholders present in the response environment to enable relief operations. This interviewee noted that, while he and his team were engaged in health response activities in the wake of the Taal eruption, there were times that members of the team were questioned by uniformed personnel. These interactions, he noted, seemed “odd” to some of his colleagues but did not necessarily disrupt their activities. He stated of the effort required in building and maintaining these relations to maintain mutual situational awareness with uniformed personnel:

While we were doing the medical missions, there would be times that there would be a policeman—or I’m not sure anymore, if it were a policeman or military personnel—would come over and just look around, and then start taking pictures of us, as well as of the posters, or the banners that we had, that state what organization we belong to. And I think, while we’re on break, like, those who are having lunch, sometimes, they would approach and ask them about our medical mission, where are we from, and how long we’ve been doing charity work like that, and are we going somewhere else after serving that community? ... I, personally, I’ve seen such questioning approaches before. Maybe for some of the volunteers whose first time it was to see such activities—it was a little odd for them on why it seemed that they were being questioned for what they were doing... So for some, it was a little odd. But I’ve experienced that even before, but it wasn’t really new for me. But I guess it was just a little strange that every time that before you actually start doing the medical missions that one of the people you actually have to explain what they’re going to do is not just with the civilian authorities, but even with the with the commanders or the higher-ranking officials, it always seems like a doubling of the task that you’re already doing.

Uniformed personnel, despite the broader coordination challenges referenced above, expressed appreciation for civilian responders and emphasized the important role that uniformed personnel play in disaster response in the country. A member of the Philippines Air Force stated, “The CSO brings a huge help, especially in those situations. During the Taal Volcano eruption, I don’t have any hesitations since I’m the one who receives the calls for assistance. I didn’t perceive any apprehension, since what prevails that time is the sense of wanting to help. So, if they know there is a unit available that can help, they will approach it. Now, CSO is still our partner in our projects.” A civilian responder articulated a similar sentiment, drawing attention to the fact that the identity of the responder, as civilian or military/police, is less important than the responder’s sense of duty to respond to the humanitarian imperative. This interviewee stated:

What is the biggest value at the end of the day is being the person, being the humanitarian person, regardless of [whether] you are... from the military, or being a big person in an organization. That doesn’t matter. If you are a president of an organization, if you’re a military leader in the past, it doesn’t matter. At the end of the day, it’s you being a humanitarian person, understanding the whole context, and you’re doing that because you have a cause. You want to help. Regardless of the politics, you have to find a way to pursue. How to pursue. How to really relay this assistance, these efforts, to our constituents who are needing assistance. And at the end of the day, it’s still you... At the end of the day, I’m just happy doing what I have to do to assist. Being a humanitarian person.

Nevertheless, civilian responder interviewees did mention particular challenges related to engagements with uniformed personnel. These challenges, in contrast to the COVID-19-related challenges discussed later in this section, were more operational in nature—whereas the issues that arose during COVID-19 were much more politically charged—stemming from the organizational and cultural differences between civilian and military actors. One issue relates to the hierarchical nature of the military and the resulting difficulty of civilian governmental actors to coordinate in the military, given the civilians’ lack of authority, in practice, to influence or direct military actors during the response. One civilian governmental interviewee mentioned that, for civilian entities, they can adapt their organizational structures more easily as needed for coordination during a response. For the military, however, this organizational fluidity does not happen as easily. “In civilian agencies, it is easy because we meld into a temporary organization, but with military it’s difficult,” this interviewee stated.

Along similar lines, a different civilian governmental interviewee referenced examples of when civilian governmental actors struggled to engage with military actors. The interviewee stated that there was a need to essentially communicate through an intermediary to convey messages—for example, about locations to which particular people would be evacuated or transferred—to a military actor of a particularly high rank. According to this interviewee:

I had a hard time coordinating some things because I was talking to someone with a high rank. And so what I [did] that time was to first talk to someone at my level, and then let that person Be the one to deliver the message that I want to be delivered

to that high-ranking official, particularly for those matters that need decision-making on their end.

There were also instances of uniformed personnel entering the ‘danger zone,’ an especially problematic issue when photographs were published, leaving the impression with members of the public that it would be safe for them to return as well. A civilian governmental interviewee stated of uniformed personnel who entered the ‘danger zone’ (and posted publicly about it on social media), “Yes, we alerted them, we warned them not to go there, and they didn’t listen. Some didn’t listen.”

e. Crisis Context: The COVID-19 Pandemic

The first COVID-19 cases in the Philippines—a married couple who had traveled to the country from China—were confirmed in late January and early February 2020.¹⁴⁴ The Philippine government, despite evident concern about sparking tensions in relations with China, on January 31, banned travel to Hubei Province and other areas in China to which COVID had spread.¹⁴⁵ Over the course of the next several weeks, there were only a few cases detected and no evidence yet had emerged of community transmission within the country.¹⁴⁶ During this period, President Rodrigo Duterte dismissed and downplayed the threat that COVID-19 posed for the Philippines.¹⁴⁷

This situation in the country, as well as the government’s response, changed drastically in March 2020. Undeniable evidence of community transmission arose, COVID-19 case numbers increased, and President Duterte shifted from downplaying the virus to embracing militarized rhetoric to demonstrate a commitment to defeating COVID-19.¹⁴⁸ By the end of March, President Duterte had declared a state of public health emergency; a “community quarantine” for Metro Manila (the national capital region); and then an “enhanced community quarantine” throughout all of Luzon (where Manila is located), as well as a “State of Calamity” throughout the country.¹⁴⁹ President Duterte also banned all travel to and from Manila, and the Congress of the Philippines passed the “Bayanihan to Heal as One Act,” which granted additional powers to the president to deal with the COVID-19 outbreak, including the ability to reallocate funds toward low-income households in

¹⁴⁴ Aguilar, Preparedness, Agility, and the Philippine Response to the Covid-19 Pandemic The Early Phase in Comparative Southeast Asian Perspective, 2020, pp. 383-385; WHO, 2020, pp. 1-2, <https://reliefweb.int/sites/reliefweb.int/files/resources/who-phl-sitrep-1-covid-19-9mar2020.pdf>

¹⁴⁵ “Philippines: Rodrigo Duterte’s Response,” Council on Foreign Relations, accessed February 27, 2022,

<https://www.cfr.org/blog/philippines-rodrido-dutertes-response>.

; Nick Aspinwall, “Police Abuse, Prison Deaths Draw Concern as Philippines Tightens Lockdown Measures,” accessed February 27, 2022,

<https://thediplomat.com/2020/04/police-abuse-prison-deaths-draw-concern-as-philippines-tightens-lockdown-measures/>.

¹⁴⁶ Aguilar, Preparedness, Agility, and the Philippine Response to the Covid-19 Pandemic The Early Phase in Comparative Southeast Asian Perspective, 2020: 389

¹⁴⁷ Lasco, “Medical Populism and the COVID-19 Pandemic” 2020, <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1807581>

¹⁴⁸ Lasco, “Medical Populism and the COVID-19 Pandemic” 2020, <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1807581>

¹⁴⁹ Aguilar, Preparedness, Agility, and the Philippine Response to the Covid-19 Pandemic The Early Phase in Comparative Southeast Asian Perspective, 2020: 391-392

need.¹⁵⁰ Other notable elements of the response include various quarantines initiated at the local level by provincial governors,¹⁵¹ as well as a second stimulus—referred to as the “Bayanihan II” Act—passed in September.¹⁵²

Presidential proclamations triggered the involvement of the AFP and the PNP. Proclamation 922, which declared a state of public health emergency, included the following provision: “The Secretary of Health may call upon the Philippine National Police and other law enforcement agencies to provide assistance in addressing the COVID-19 threat.”¹⁵³ Proclamation 929, which declared a “state of calamity,” proclaimed, “All law enforcement agencies, with the support from the Armed Forces of the Philippines, are hereby directed to undertake all necessary measures to ensure peace and order in affected areas, as may be necessary.”¹⁵⁴

Key existing governmental coordination entities—including OCD and the Inter Agency Technical Working Group for the Management of Emerging Infectious Diseases (IATF-EID)—played a role in managing the response. Additionally, in March 2020, President Duterte created a COVID-19 National Task Force led by Defense Secretary, Delfin Lorenzana, a retired military general.¹⁵⁵ The COVID-19 National Task Force was granted responsibility for leading the government’s response. Coordination has been necessary between civilian and military entities, including various branches of the Philippine military, as well as the PNP; national and local governmental actors; and national and international entities.

Overall, the uniformed personnel have played a very visible role in the Philippine government’s COVID-19 response. In addition to placing ex-military officials in charge of leading the response, President Duterte has employed wartime rhetoric and imagery, appearing in public with uniformed military personnel while discussing the government’s COVID-19 response.¹⁵⁶ In summer 2020, a new anti-terrorism law brought forth concerns of a chilling effect on humanitarian work, given that the law criminalizes “material support” for people designated as terrorists (referred to by some as

¹⁵⁰ Republic Act No 11469, <http://legacy.senate.gov.ph/Bayanihan-to-Heal-as-One-Act-RA-11469.pdf>

¹⁵¹ Israel 2020, Cebu placed under enhanced community quarantine <https://newsinfo.inquirer.net/1249115/cebu-placed-under-enhanced-community-quarantine>; Petinglay 2020, “Antique under enhanced community quarantine”, <https://www.pna.gov.ph/articles/1097530>; Yasa 2020, “STAY AT HOME: ECQ in Negros, Bacolod starts,” <https://dailyguardian.com.ph/stay-at-home-ecq-in-negros-bacolod-starts/>

¹⁵² IMF 2020, “Policy Responses to COVID-19” <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>

¹⁵³ Proclamation No. 922, COVID-19 Law Lab, <https://covidlawlab.org/wp-content/uploads/2020/10/Proclamation-No.-922.pdf>

¹⁵⁴ Proclamation No. 929, <https://www.officialgazette.gov.ph/downloads/2020/03mar/20200316-PROC-929-RRD.pdf>

¹⁵⁵ Sandongdong “Lorenzana Heads COVID-19 National Task Force”, Manila Bulletin, 2020, <https://mb.com.ph/2020/03/25/lorenzana-heads-covid-19-national-task-force/> ; “What We Know so Far: PH ‘National Action Plan’ on the Coronavirus Outbreak,” *RAPPLER* (blog), March 27, 2020, <https://www.rappler.com/newsbreak/iq/256033-things-to-know-philippines-national-action-plan-coronavirus-outbreak/>.

¹⁵⁶ Lasco, “Medical Populism and the COVID-19 Pandemic” 2020, <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1807581> ; Cagula, 2020, <http://davaotoday.com/main/politics/groups-hit-ph-military-led-action-plan-vs-coronavirus/>

‘red tagging,’ as noted earlier in this section), a provision in the law that could encompass certain types of humanitarian programming.¹⁵⁷

Insecurity in the country persisted as the COVID-19 pandemic unfolded. The government and the CPP both unilaterally announced a ceasefire in the early weeks of the pandemic, but the ceasefire did not hold.¹⁵⁸ Violence in Mindanao has continued as well.¹⁵⁹ There has also been ongoing violence between the government and Islamic State-affiliated groups, including bombings in Jolo (a city in Mindanao) in August 2020.¹⁶⁰ Natural hazards during 2020 included a severe earthquake in the Masbate province in August and Super Typhoon Goni, which struck the country in November.¹⁶¹

Uniformed personnel were involved in the response in various ways, all of which are detailed below:

Role of Armed Security Actors	Description
Evacuation of stranded civilians	Uniformed personnel, including AFP and the PNP, provided transport for stranded civilians, in particular, in the early weeks of COVID-19 and as quarantine measures were introduced in March 2020. These activities included efforts by the navy to bring stranded tourists from islands to the mainland.
Transportation, distribution, and supply chain support	Uniformed personnel and military assets have been used for a wide array of activities related to transporting and distributing supplies and relief. For example, military assets were used in support of the government’s efforts to import personal protective equipment (PPE) into the country. Activities of uniformed personnel in these efforts included coordination and logistics. Uniformed personnel and military assets have also been used for the transport of medical equipment and supplies, equipment for testing laboratories, vaccines, and relief items. The AFP has also supported the response in other ways as well, for example, by dropping leaflets with recommendations about how to slow the spread of COVID-19. Uniformed personnel assisted in the distribution of food packages (locally called ayuda) to quarantined households. Uniformed personnel have also established

¹⁵⁷ Republic Act No. 11479, <https://www.officialgazette.gov.ph/downloads/2020/06jun/20200703-RA-11479-RRD.pdf>; “Duterte’s Anti-Terror Law a Dark New Chapter for Philippines, Experts Warn | Philippines | The Guardian,” accessed February 27, 2022, <https://www.theguardian.com/world/2020/jul/09/dutertes-anti-terror-law-a-dark-new-chapter-for-philippines-experts-warn>.

¹⁵⁸ “What’s Happened to the UN Secretary-General’s COVID-19 Ceasefire Call?,” Crisis Group, June 16, 2020, <https://www.crisisgroup.org/global/whats-happened-un-secretary-generals-covid-19-ceasefire-call>; CPP 2020, Philippine Revolution Web Central, <https://cpp.ph/statements/ceasefire-order-00-00h-of-26-march-2020-to-23-59h-of-15-april-2020/>

¹⁵⁹ “Protecting the Most Vulnerable Families in Mindanao from COVID-19,” UNHCR Philippines, accessed February 27, 2022, <https://www.unhcr.org/ph/18507-apr2020-eneews-mindanao.html>.

¹⁶⁰ “COVID-19 and Terrorism in the Southern Philippines: More Trouble Ahead – The Diplomat,” accessed February 27, 2022, <https://thediplomat.com/2020/08/covid-19-and-terrorism-in-the-southern-philippines-more-trouble-ahead/>.

¹⁶¹ “Philippines: 6.6-Magnitude Masbate Earthquake Snapshot (As of 24 August 2020),” ReliefWeb, August 2020, <https://reliefweb.int/report/philippines/philippines-66-magnitude-masbate-earthquake-snapshot-24-august-2020>; “Philippines: Typhoon Goni, Strongest Storm of 2020, Kills at Least 10 | CNN,” accessed February 27, 2022, <https://www.cnn.com/2020/11/01/asia/philippines-super-typhoon-goni-landfall-intl-hnk/index.html>.

	personally-funded community pantries to address gaps in food allocations from LGUs in congregated areas. Community kitchens were also established by Reservists in collaboration with CSOs when Typhoon Goni hit the country.
Direct medical assistance and staffing quarantine centers	Military medical personnel (including nurses and doctors) played a direct role in engaging with and treating patients. Uniformed personnel also played a key role in building and staffing quarantine facilities.
Security for civilian operations and COVID-safe burials	Uniformed personnel have provided security for civilian response efforts, in particular, for government responders working in areas where security risks are high. Uniformed personnel (including AFP and PNP) have also been responsible for security during COVID-safe burials, including escorting people to burial sites and ensuring that protocols are implemented properly.
Quarantine implementation / checkpoint management	Uniformed personnel have played a dominant and very visible role in managing quarantine implementation, including the management of checkpoints and in community disinfection.
Building homes	Uniformed personnel, specifically members of the PNP, have engaged in funding and constructing homes for survivors of typhoons and landslides during the COVID-19 pandemic.

Table 9: Role of armed security actors in COVID-19 response

There was significant military presence in all four areas analyzed. Participants from Batangas Province and Quezon City reported heavier presence especially in checkpoints. In the case of Batangas, this is associated with the strict regulation of entering the hazard zones. For Quezon City, it was related to the multiple border entry points connecting it to other cities like Rizal Province.

Only Authorized Persons Outside of Residence have been allowed to cross borders, and violators were threatened with sanctions and repercussions ranging from requirements to attend a seminar on COVID-19 protocols from (at the less severe end of the spectrum) to paying fines (at the more severe end of the spectrum). Civilians have developed protocols in dealing with uniformed personnel who were running the checkpoints. During the first 3 months of the implementation of the ECQ, participants noted that a significant number of members of their communities have resisted quarantine protocols. This behavior has led to arrests by the local government officials, as escorted by the uniformed personnel.

The ‘law-and-order’ role of uniformed personnel has been the subject of fierce criticism from local and international advocates. Indeed, in the context of implementing quarantine protocols, uniformed personnel have been responsible for killings, mass arrests, and detainee abuse.¹⁶² The

¹⁶² “Investigate Humiliating Abuse of LGBTI People during Curfew in the Philippines,” Amnesty International, April 8, 2020, <https://www.amnesty.org/en/latest/news/2020/04/philippines-investigate-humiliating-abuses-curfew/>. ; Aspinwall, 2020, “Filipinos turn on Duterte as coronavirus fears spread”. Foreign Policy, 10 Feb. <https://foreignpolicy.com/2020/02/10/wuhan-china-philippines-tsinoy-filipinos-turn-on-duterte-as-coronavirus-fears->

media in the Philippines has also reported on sexual abuse, for which uniformed personnel are allegedly responsible, that women have suffered while trying to cross through checkpoints.¹⁶³ A report published by the Institute of Peace and Conflict Studies notes, “As part of mandatory travel restrictions, the government extended quarantine passes to individual members of every family, often to the head of the household: usually a male. These passes have to be shown at every checkpoint, staffed by male enforcement officers. Given that the majority of Filipino women do not have access to such passes, there have been reports of female harassment and exploitation by male officials, in exchange for safe passage.”¹⁶⁴

Apart from the highly securitized role that the uniformed personnel performed during the pandemic, personally-funded projects like the community pantry and building of homes highlights attempts of uniformed personnel to amicably engage with the community.

f. COVID-19 Crisis-affected Community Members: Perspectives and Themes

Quarantine Protocols and Implementation

Community members noted in interviews that there was observable panic among members of their communities when the government began introducing quarantine measures in March 2020. This reaction was driven by community members’ concerns—in all areas in which interviewed community members lived: Cavite Province, Quezon City, and Rizal Province—about mobility restrictions and access to basic services. Quezon city is part of the National Capital Region, and was the first region in the country placed under the ECQ. Workers from the adjacent provinces of Rizal and Cavite were caught at the heavily guarded check points in the entry ways of the region. The stringent quarantine protocols did not hit these areas until May 2020 when cases in the two

spread/; “Groups Hit PH Military-Led Action Plan vs Coronavirus,” Davao Today (blog), March 27, 2020, <http://davaotoday.com/main/politics/groups-hit-ph-military-led-action-plan-vs-coronavirus/>; “Philippines: Curfew Violators Abused,” Human Rights Watch (blog), March 26, 2020, <https://www.hrw.org/news/2020/03/26/philippines-curfew-violators-abused>.; “Philippine Children Face Abuse for Violating COVID-19 Curfew,” Human Rights Watch (blog), April 3, 2020, <https://www.hrw.org/news/2020/04/03/philippine-children-face-abuse-violating-covid-19-curfew>.; Lagrimas, “Violators of Quarantine can be Arrested even Without Serious Resistance” 2020 <https://www.gmanetwork.com/news/news/nation/730131/violators-of-quarantine-can-be-arrested-even-without-serious-resistance-doj/story/>; “‘Toxic Lockdown Culture’ of Repressive Coronavirus Measures Hits Most Vulnerable,” UN News, April 27, 2020, <https://news.un.org/en/story/2020/04/1062632>.; Benjamin M. Vallejo and Rodrigo Angelo C. Ong, “Policy Responses and Government Science Advice for the COVID 19 Pandemic in the Philippines: January to April 2020,” *Progress in Disaster Science* 7 (October 1, 2020): 100115, <https://doi.org/10.1016/j.pdisas.2020.100115>.

¹⁶³ Cathrine Gonzales, “‘Sex-for-Pass’ Victims in Checkpoints Have to Come out in Open Court — PNP,” INQUIRER.net, May 25, 2020, <https://newsinfo.inquirer.net/1280459/victims-of-sex-for-pass-scheme-in-checkpoints-have-to-come-out-in-open-court-pnp>.

¹⁶⁴“COVID-19: Impact on Women in the Philippines - Philippines,” ReliefWeb, accessed February 27, 2022, <https://reliefweb.int/report/philippines/covid-19-impact-women-philippines>.

provinces started increasing. The panic over limited mobility was exacerbated by the imposition of the ‘one-quarantine pass per household’ rule. With the suspension of the mass transport system, those without personal vehicles were further isolated and rendered dependent on the government’s social amelioration program.

All of the quarantine protocol issues—discussed in the section previously—shaped community members’ perceptions of uniformed personnel and the role that armed actors have played in implementing quarantine protocols. Information on the pandemic and the programs of the government were typically received from mainstream media outlets. Rizal Province and Quezon City participants added that other sources of information included NGOs and other private organizations. Only Quezon City participants mentioned receiving information from the LGUs. The interviews revealed that these reports affected community members’ views of uniformed personnel. In the words of one interviewee, “Lately, I felt sad with the news about our police... We saw abusive police like that [Senior Police Officer] SPO1 in the news.¹⁶⁵ I have no firsthand experience, but I heard those from social media, they have different training.” The shooting of a mentally ill retired soldier by policemen in Quezon City was among the cited cases by the participants.

Furthermore, several participants discussed instances of gendered harassment in encounters with uniformed personnel. For instance, according to one interviewee, “The fact that you hear reports about these guys using their authorities to rape women at the checkpoint, that’s the thing that gets me emotional.” In another checkpoint encounter, a participant mentioned how women experienced harassment and how this informed her interactions with uniformed personnel:

Then this military person when I rolled down the window came out as aggressive. It was like direct interaction and that bothered me. Women, especially women of marginalized groups, were being harassed so I guess there was this notion in my head so when they stopped me, I should have my defenses out. I was like for me there was a bit of anxiety.

Participants noted that they struggled to distinguish between uniformed personnel in terms of their identification with the military or the PNP. Participants mentioned that two key indicators that helped them to distinguish that the personnel on checkpoints were from the military, as opposed to civilian barangay officials, were the usage of camouflage uniform and display of weapons. In Batangas civilians were able to identify deployed reservists in evacuation centers due to the absence of their weapons. However, the PNP began wearing camouflage uniforms as well.

This policy of outfitting uniformed personnel in what the participants called “full battle gear” was not just confusing but also threatening. One participant from Quezon City said, “And a lot of people assume that they are military. But if you really think about it, those were actually policemen wearing camouflage.” Another shared the anxiety he felt, stating, “I was fearful because they have guns, firearms. One wrong move and you are done.”

¹⁶⁵ Senior Police Officer ranking within the Philippines National Police.

Disjointed, Delayed Response, and Preferential Treatment

Community member interviewees also referenced perspectives about the more general response, including issues related to quarantine implementation and receiving relief. Commenting on the local government response, Cavite participants highlighted the delayed response of officials in rolling out protocols and support for the vulnerable communities. However, dissatisfaction was not universal among research participants. Indeed, participants mentioned receiving relief supplies from the LGU through the barangay (village) officials. ”

In both Rizal Province and Quezon City, participants described unequal treatment of residents, as relief supplies did not reach those living in gated communities or areas tagged as above poverty lines. A resident from Quezon city narrated:

I don't know if it is a factor that I live in a village. It felt like our village was not prioritized, maybe because they assumed that [the] majority in our village belongs to the middle-class groups. That is why we rarely receive emergency reliefs. We have Facebook groups and I'm the admin of that so I can see posts of various people, even those from the other streets. It seems there was an unequal distribution of relief goods.

However, an advantage for these communities was more lenient implementation of quarantine protocols, as roving uniformed personnel and barangay officials generally did not enter private subdivisions. A participant from Rizal attested, “No military entered the area. Maybe there are some guards from barangay. Maybe only once or twice did the police enter as if they were just patrolling.” Another example of preferential treatment cited by several participants related to the more stringent checks conducted on motorcycle owners compared to car owners. An interviewee stated, “I am not sure but in Taytay [an area in Rizal], if you have private cars, you could still go out. Motorcycles are not allowed, only private cars.”

On the role of the national government during the pandemic, participants from Rizal Province and Quezon City identified lockdown as the chief protocol of the government to address the crisis. Since the implementation of policies has been relegated to LGUs, participants have articulated the perspective that the government's response had been disjointed. This was a common response from participants from Rizal and Cavite. As an example, participants mentioned that the Pasig City Mayor was caught in a policy disagreement with the national government after deciding to allow tricycles for transportation at the height of suspension of all public transportation, which disenfranchised commuters.¹⁶⁶

¹⁶⁶ See “Sotto prays gov't will allow tricycles to operate in Pasig City,” <https://newsinfo.inquirer.net/1244533/sotto-prays-govt-will-allow-tricycles-to-operate-in-pasig-city>

g. COVID-19 Civilian and Armed/Security Responders: Perspectives and Themes

General Comments about the Role of Uniformed Personnel

Uniformed personnel during research interviews described numerous overall aspects of their engagement in the COVID-19 response. During 2020, uniformed personnel assigned to COVID-19 related posts observed the increase in cases both through local transmission and through positive cases documented among returning overseas Filipino workers (OFWs). The officer in charge of the swabbing and quarantine protocols in the country's ports of entry mentioned extended work hours to cope with the high volume of OFWs. Participants also noted that there have been shifts in quarantine protocols, which affected the types of tasks and deployments required of uniformed personnel. Alignment meetings were conducted as much as twice a week to cascade new policies from the IATF for implementation. As these comments suggest, the response required intensive, concerted efforts by a wide range of actors: civilian, military, and police. This statement by a PNP representative highlights a recognition of the PNP's gaps, which could be complemented by another agency: "They [AFP] do not just transport supplies and equipment, although they are the ones equipped to do that. We collaborate with other uniformed personnel because the PNP won't be able to handle all the work, especially during this pandemic."

On the issue of coordination, this statement from a Coast Guard representative highlights coordination activities with civilian governmental agencies, such as the Department of Health (DOH), related to quarantine and testing for returning OFWs: "So we chase after them [OFWs] in hotels [when they attempt to violate quarantine, when there are testing backlogs]. All hotels in NCR were labeled as hotel-based quarantine facilities by DOH in collaboration with the Overseas Workers Welfare Agency and the Department of Tourism since all hotels are under them."

Collaborating with community leaders during periods of crisis was also highlighted by the participants as a marker of success in coordination. From local village chiefs to executives such as mayors, participants narrated how stakeholders requested their services. The 'Pulis Sa Barangay' program led to more engagement with community members. A member of the PNP said in an interview:

We were able to identify our beneficiaries with the help of the personnel within the barangay, since we only have limited funds, meaning that we won't be able to provide for everyone, unlike the fund from the government, which can provide to all. With that, the barangay personnel endorse beneficiaries from the community who are considered as indigents, people with disabilities, incapacitated, and ill.

Related to the COVID-19 crisis (and relevant during the Taal response as well), participants discussed the significance of the role played by military reservists. Some of the roles they performed relate to provision of additional manpower, transportation, and logistics. The linkage of the reservist to the private sector allowed for the increase in resources and personnel for mobilization during mitigation efforts. It is also interesting to note that reservists would tend to negotiate their identities in their efforts to attain their objectives during response efforts. When engaging in logistics, they

would typically use their civilian status, allowing them to draw on connections with private entities in a position to provide logistical support. When implementing interventions like medical missions or feeding programs, reservists would revert to their uniformed status, which is perceived to provide the necessary authority in the eyes of civilians.

An additional aspect of the response was that, for those assigned in COVID-19 related posts, personnel testing positive for COVID-19 limited the number of available staff to provide support during the crisis. An AFP nurse who managed the COVID-19 ward for infected uniformed personnel described a particularly challenging period during which many colleagues had tested positive for COVID-19:

So, there's only two of us, nurses or officers that are negative, one doctor that is negative, and an administrative officer that is also negative, one triage nurse that is also a soldier—almost one soldier each. Then, mostly were positive, then the nursing service. Thank God our civilians, all of them, had negative results.

Moreover, civilian responders in research interviews discussed challenges related to the creation of the COVID-19 National Task Force as a new entity created to address COVID (as opposed to drawing on the resources of the existing disaster response structure). On the resulting challenges, a civilian governmental interviewee noted, “The challenge is that they’re basically starting from scratch, they are identifying people. Basically it took them a while... It took a while of building up this organization.” Another civilian governmental responder stated, “There was duplication, because as it works, as disaster management should work, it should be the NDRRMC. It should be taking the lead.” These comments are indicative of a seemingly widespread sense of frustration among certain civilian responders that, amidst an urgent crisis that required swift action, time was lost during the process of devising new coordination and leadership structures. Responders additionally expressed frustration over some limitations of the Philippines’ disaster response system more generally. “We need a one-system response,” an interviewed civilian responder stated, continuing, “You need to eliminate the political boundaries in times of disaster... The main problem is that we don’t have one response.” Another civilian responder stated poignantly, “It is important for us to have disaster preparedness as our way of living. And I say that because even though we are doing this annually, we have programs set forth for enhancing disaster preparedness in that specific region, particularly for the Taal Volcano eruption. It’s not being absorbed by the Philippines.”

Overly Securitized Response

Civilian responders discussed the sense that the response had been overly securitized, spanning the full spectrum of the response, from the role that ex-military leaders played in heading the COVID-19 National Task Force to the highly visible presence of uniformed personnel in managing checkpoints. One civilian responder offered the following reflection on the government’s response: “We tried to advocate for a more humanistic, more community-oriented response, especially in enabling people, as well as creating that environment where people are not really treated as prisoners or treated as merely people who have to obey, but rather people that should actively take part in their own health.” Another civilian responder articulated a similar critique, stating:

The focus was really about just doing the checkpoints, wearing the facemask, wearing the face shields, and staying at home. That was mostly the overwhelming response to the pandemic. And what a lot of people saw was, again, the prevalence of those checkpoints, that there were police manning the checkpoints with high-powered rifles, and it was a really weird site to see, especially when they were doing their rounds in the community with that, coming from a society that saw a lot of violence because of drug-related concerns, especially with the police brutality, when it came with the drug war the year before.

These sentiments were not universal across responder interviews. Uniformed personnel in interviews mentioned the benefits of incorporating ex-military personnel into the coordination leadership structure via the National Task Force. A military interviewee stated of the benefits of bringing a military mindset into a large-scale health response: “If you come from a structured organization, always flexible, scenario-based, we are hard-trained scenario-based decision-making, as early as lieutenant, captains, major.” Moreover, an interviewed AFP representative explained that the mentality of people in the AFP had shifted and broadened over time. In the past, he said, the “mentality” was one of “warriors.” However, over time, implementing a counterinsurgency strategy—in particular, relating to the decades-long occupation of the NPA in the area—had bolstered a sense within the AFP of the importance of in-depth community engagement. He stated:

Now, we have warrior teachers who teach [Alternative Learning Systems] ALS, which is a literary program in the far-flung areas. We also have warrior doctors who visit areas that medical assistance cannot be reached. We are the ones who are helping there. We also have warrior engineers who are building schools, roads, and electrification. If we only bring combat teams to combat the enemies of the state *per se*, nothing will happen, and it will just become a war of contrition. So what we need to do is to develop our communities, the countryside, since we have seen the formation of roads in the old insurgency base or guerilla base where cemented roads and lights can be seen. NPAs also disappeared since they were being evicted by the people due to the development happening in the area. Once we develop the barangays, we want them to be resilient in regards to the persuasion of NPA terrorists.

Additionally, not all responder interviewees had a negative experience and negative association with uniformed personnel in the COVID response. A civilian responder stated of interactions with police in the area where she lives, “So far our policemen here... [are] more disciplined, kinder and more responsive to the needs of the community... Even before the pandemic, even before any disaster that we are encountering in our community, we can always rely on our policemen, on our firemen. They are really responsive in terms of any disaster or in terms of any pandemic in our community.”

Moreover, although criticism of the overly militarized approach was a theme that emerged from responder interviewees, one civilian responder favored what he termed “an aggressive approach.” He said, “Ever since day one, I’ve always recommended an aggressive approach... like arresting people, detaining them who are not following social distancing.” His concern was that, as quarantine

enforcement measures had become more lax after the initial period of strict enforcement during 2020, the virus would have more of a chance to spread.

A final important related issue is the great deal of concern that civilian responder interviewees expressed about the chilling effect of anti-terrorism laws. A prominent theme among interviewed civilian responders was concern about “red-tagging.” One civilian responder said, “I don’t want to be red-tagged. As much as I am not in the front line, or front scene, or main scene, or the main actor. But I have organizations that I’ve collaborated with in the past, I have friends in protests, I am there, photos of me, et cetera.”

Another civilian responder mentioned of his organization that the entity is “listed as one of those being ... tagged by the military. I don’t know if they already erased our name, but, you know... in military operations, once you are tagged, it’s always there.” He stated that, because of these dynamics, “We have to be more careful with our handling with our engagement” in advocacy on issues such as social and economic inequality and the environment. The same interviewee mentioned more broadly: “There are human rights workers really killed, and some are being red-tagged or being accused of simple crimes. The process of criminalization of ... criminalization of development workers and human right workers. That is a trend now here.”

Another civilian responder discussed the risk of red-tagging in relation to advocating on issues related to the COVID-19 response, and in particular, efforts to push the government to expand testing efforts. The interviewee stated:

There has been a wave of those viewing dissent or showing criticism as too politically charged, that they have been red tagged, tagged as communists. There is always that threat, which is something we worry about. Especially since some advocates, for example, are calling for wider testing, or what we call mass testing... It was seen initially as a positive thing, but since it was used to criticize the government a lot, some of the criticism is seen... as a very politically charged or communist-related activity. I guess that’s a little concerning as well. Whenever I do speak out publicly, there is always that threat really that my views might be misconstrued as such.

Another civilian responder mentioned similar concerns about red-tagging and activism:

I don’t want to be red tagged as well. Me, for example, working as an activist, and working in Manila. So kind of calibrating what would be my ... would I be red tagged? Because personally, I am associated with individuals and organizations that really are red tagged by the government. And really called for investigation by Congress. And friends of mine... abducted.

Indeed, civilian responders discussed concerns about engaging in certain activities, including advocacy efforts that entail openly criticizing the government’s response. A civilian responder, who serves in a leadership position, stated of the difficult balancing act between, on the one hand, living up to one’s role as an activist, and on the other hand, mitigating the risks of ‘red-tagging’: “I’m an

activist. But I am striking a balance, I am carrying the organization. So I think that's one big challenge for me.”

Difficult Checkpoint Negotiations

Civilian responders—in particular, non-governmental response actors—described great difficulties in navigating checkpoints for various response activities, including medical and relief activities. Indeed, a key theme that emerged throughout the interviews was that the bureaucratic processes for obtaining the necessary paperwork to pass through checkpoints was burdensome, requiring a great deal of energy and effort from responders to address. The interviews also revealed that there have been disparities in what types of organizations have been more easily able to navigate the checkpoint process. The interviews with civilian responders suggest that this ability depends heavily on pre-existing inter-personal connections and the ability to leverage one's network to secure necessary paperwork. There are disparities between international and local organizations (in Mindanao, an interviewed civilian responder mentioned, a large international NGO with a longstanding presence in the area can generally pass through a checkpoint more quickly than a smaller local NGO). Moreover, health workers are also more easily able to move through checkpoints, enabled by showing a medical identification card.

To grapple with challenging checkpoint navigation issues, one civilian responder noted that a member of the navy volunteered to help her organization with logistics. During this time, she explained, “the government was not very cooperative with” CSOs. With the navy volunteer's assistance, the interviewee explained, “our goods were delivered on time.”

Conversely, uniformed personnel have mentioned that some civilians have been quite confrontational in checkpoints. A PNP participant mentioned that he and his team have received scathing statements from some civilians.

h. Discussion

Distinct Types of Challenges Manifested for Humanitarian-Military Relations in the Taal versus the COVID-19 Responses

The Taal versus COVID-19 crises exhibit different types of HMR challenges. In the Taal response, the key overarching takeaway is that HMR-specific challenges, at least according to interviewees, were minimal. When challenges did arise, they manifested along the lines of traditional HMR challenges: civilians needing to develop relationships with uniformed personnel as part of stakeholder engagement, civilians struggling to coordinate with military actors in light of military hierarchy, and civilian responders finding military actors unresponsive to the needs of the response unless they are able to go through particular channels of communication to leverage the hierarchy. There were indeed significant coordination challenges in the Taal response, but they related to the effectiveness of coordination structures more broadly, as opposed to HMR more specifically.

In contrast, for the COVID-19 response, the challenges were more complex, relating to the overall role that uniformed personnel played in leading the response (via the National Task Force), as well as quarantine enforcement and checkpoint management. The difficult checkpoint negotiations required of civilian responders indicate that the procedures in place inhibited civilian actors from responding effectively. Additionally, the prominent role of uniformed personnel has had a chilling effect. Civilian response actors expressed concern about being labelled terrorists ('red-tagged'), and these fears impact their advocacy (in terms of advocating for a more health-centered response).

The Disaster Response Expertise and Humanity of Uniformed Personnel

In both crisis contexts, uniformed personnel exhibited high levels of disaster response expertise, as well as, in many cases, an overall sense of humanity. In the Philippines, uniformed personnel have an institutionalized role in disaster response and have a high degree of disaster response competence and logistical capacity. The humanity of uniformed personnel is evident, for example, in the voluntary donations that members of the military directed toward the response (for example, some AFP personnel donated a portion of their salary to the OCD).¹⁶⁷ Additionally, a civilian responder interviewee referenced an 'adopt-a-family' program that the PNP created to send relief to poverty-stricken families in Banaue. Of course, all of these dynamics contrast sharply with the role of uniformed personnel in managing quarantine implementation during COVID-19, at least in particular areas where an overly securitized approach was adopted and where serious abuses occurred.

This contrast illuminates a core challenge underlying the broader field of HMR. Armed/security actors can be a great asset to disaster response efforts. The military mindset (with a focus on proactive advanced planning and thinking) can indeed further the end of meeting people's needs during large-scale responses. However, this military mindset can also be a great liability if not channeled in a manner that allows for accountability for any abuses that might occur and that does not match those capabilities with a human-centered notion that places people's needs at the core of all response activities.

The Effectiveness of Humanitarian-Military Relations is Limited by Flaws in Broader Coordination Structures

For both the Taal and COVID-19 responses, the HMR challenges identified sit within a broader set of response coordination challenges that are not HMR-specific. In both contexts, it is difficult to separate the HMR component from the broader set of non-HMR-specific coordination challenges. The essential takeaway is that one cannot quite get HMR right without getting coordination right writ large. There are significant concerns in the Philippines about the state of coordination, particularly relating to coordination across different government levels, and particular issues at the local level that interviewed civilian responders identified (lack of knowledge of disaster response mechanisms, lack of capacity, lack of competence, prioritization of political interests over

¹⁶⁷ Nestle Semilla, "Hard Lockdown Starts in Cebu City," INQUIRER.net, June 25, 2020, <https://newsinfo.inquirer.net/1296999/hard-lockdown-starts-in-cebu-city>; "AFP Plays Key Role in Gov't Covid-19 Response: Gapay," accessed February 27, 2022, <https://www.pna.gov.ph/articles/1126037>.

humanitarian interests). These issues fall outside the scope of HMR but are crucial to address for HMR to be meaningful in the first place.

In this sense, there are two sides to the Philippines as a case study of HMR, and humanitarian coordination more broadly. On the one hand, the country has built up its domestic disaster response capacities, systematized coordination structures with the national cluster system, the ICS, the NDRRMC, and councils at the regional and local levels. As noted, this scaling up of domestic capacity has led to a situation where international humanitarian response actors have scaled down.

On the other hand, there is still so much more that needs to be done to bolster domestic response capacities. Interviewed responders mentioned that the government disaster response system in the Philippines is still stymied by a lack of adequate planning and resourcing, overly burdensome bureaucracy, and in some cases, preferential treatment in the distribution of relief items. There is also a need for a more community-inclusive approach to disaster response in the country. These comments suggest that the path forward for addressing the issues mentioned throughout this section are not merely about resourcing and pushing forward increased efforts to bolster competencies and devise more effective institutionalized coordination structures. Rather, there is a cultural element as well, one relating to the cultural mindset that drives and shapes how a country approaches disaster response.

V. Cross-Cutting Themes

This section presents nine cross-cutting themes that emerged from the analysis of the three cases examined in this report. The discussion of these themes suggests important avenues for rethinking HMR. Indeed, the analysis presented in this section points to the need for a more holistic, empirically grounded analysis of the key challenges faced in HMR; directions for how best to surmount these challenges; and the importance of linking the sometimes-siloed policy discourse on HMR from other important strands of policy discourse ongoing throughout the humanitarian sector.

Theme 1: The Continued Relevance of Traditional Challenges of Humanitarian-Military Relations

Traditional HMR, as a field, has focused primarily on the question of how to incorporate armed/security actors, as well as military assets, into humanitarian response while still retaining the overall civilian-led, principled nature of humanitarian efforts. As Section II of this report described in detail, relevant challenges flowing from this question relate to: 1) sensitizing armed/security actors to HMR principles, as well as humanitarian principles more broadly; 2) building relationships, trust, and mutual awareness of capacities and limitations between humanitarian responders and armed/security actors; 3) grappling with cultural issues, given that humanitarian responders and armed/security actors are embedded within distinct professional cultures, working for entities whose overarching organizational aims are not necessarily always aligned; and 4) navigating coordination between military actors (who tend to operate within a hierarchical organizational structure) and humanitarian actors (who work in an organizationally fragmented field in which coordination operates in a more horizontal fashion). This classical focus of the field of HMR has centered around armed/security actors using their logistical and organizational capacities in service of relief operations, including for the provision of security.

All three case studies presented in this report illustrate the continued relevance of these traditional HMR challenges. Turning first to the Philippines, the AFP is highly trained and experienced in disaster response. This training and experience yielded positive results in terms of the AFP's engagement in the Taal and COVID-19 responses, at least in terms of the AFP's direct role in supporting response and relief activities. However, the Philippine context also illustrates the overarching challenge of how to harness the "good" without tainting the response with the "bad" in HMR. This was especially the case with the government's response to COVID-19, and in particular, the robust critiques that the response has been overly militarized in planning, strategizing, and

execution. In Jordan, military actors played various roles in receiving, registering, transporting, and providing relief for forcibly displaced populations fleeing violence in Syria, in a sense demonstrating the value of the JAF's organizational and logistics capacities. However, all of this occurred within the context of an overall response to the crisis in Rukban that strayed quite far from humanitarian principles. Similarly, in the DRC, civilian responders engaged in debates about the merits and potential costs of using armed escorts that echoes HMR debates that have unfolded in other contexts for years.

Also relevant to these classical HMR issues is evidence of armed actors' 'humanity,' even if not coupled with a broader appreciation for other humanitarian principles and CMCoord principles. In Jordan, civilian responder and crisis-affected community interviewees discussed the fact that JAF responders exhibited a great deal of humanity and sympathy with the forcibly displaced populations, especially those who had engaged with these populations firsthand. Indeed, there were instances when the JAF would let some aid go through into the Berm in an 'off the books' manner, even if it was not formally authorized. In the Philippines, uniformed personnel exhibited a great deal of humanity as well. This was not always the case, of course, as evidenced by the abuses for which uniformed personnel were responsible, especially in relation to checkpoint management. Nevertheless, one can discern humanity at play in the drive to help that uniformed personnel exhibited, including in the form of various voluntary donation initiatives initiated by various AFP and PNP actors. The phenomenon of armed/security actors exhibiting humanity toward the crisis-affected community was also seen in more limited ways in the DRC context: for example, several crisis-affected community members noted instances of MONUSCO personnel handing out food parcels and other small gifts; other armed group personnel (including NSAG members) intervening on their own initiative to raise awareness about the virus and how to mitigate risks; and armed actors generally contributing to the response as collaborative team players. As all these examples illustrate, the "good" that can be harnessed from armed/security actors for HMR is not only about logistics and capacity but can also include a genuine empathetic orientation of armed/security actors toward crisis-affected communities and a sincere drive to help and assist.

Each of these three cases also illustrates the importance of building relationships between civilian responders and armed/security actors, as well as the gaps and difficulties inherent in efforts to forge linkages across the humanitarian-military divide. In Jordan, humanitarian responders explained taking measures to forge relationships with JAF, while also not being afraid to leverage more confrontational tactics such as public naming and shaming. In the Philippines, the data showed how pre-existing relationships and networks are key to effective HMR. Indeed, health responders leveraged networks in their efforts to navigate the bureaucratic process required to move through checkpoints in the context of the COVID-19 response. In the DRC context, such difficulties were often mitigated through substantial pre-existing relationships between UN actors involved in the Ebola response and UN peace enforcement troops in situ (while various challenges arose with the FARDC, for example, which is an entity with which civilian actors had little-to-no prior experience or relationships).

Classical HMR challenges also relate to difficulties that derive from humanitarian actors. These issues include lacking awareness of the capacities (and limitations) of what armed/security actors can and cannot do. These issues arose in the context of running convoys to Rukban from Damascus, for

example. In this context, humanitarian responders appeared to lack realistic expectations of security guarantees that armed/security actors could and could not provide and sought to revise planned activities in a manner that was unworkable for the armed/security actors involved. Additionally on the humanitarian side, there is the broader issue of humanitarian non-coordination. This challenge—an uncoordinated plethora of civilian actors engaging with armed/security actors who themselves are embedded within a more hierarchical organizational unit—lives at the core of HMR.

All these comments indicate that the classical issues that traditionally have dominated the discourse of HMR are still relevant, and indeed, remain vexing aspects of relations between civilian responders and armed/security actors that require continued reflection and analysis. Nevertheless, as the rest of this section will examine, these issues constitute just one slice of the broader HMR landscape. The themes examined below illustrate the importance of fleshing out a fuller operational and analytical picture for understanding and grappling with the issues at play for the field of HMR.

Theme 2: Envisioning a Broader Typology of Response Contexts for Humanitarian-Military Relations

Traditional modes of thinking about HMR have devoted insufficient attention to the full array of response contexts in which HMR is relevant. Indeed, analysis and policy development has traditionally envisioned a bifurcation between natural disaster contexts and complex emergencies. One can observe this duality in two of the core HMR guidance documents: the Oslo Guidelines (applicable in natural disasters) and the MCDA Guidelines (applicable in complex emergencies). Additionally, the Three C's framework envisions HMR across a spectrum spanning from natural disasters (during which cooperation between civilian responders and armed/security actors can be appropriate) to complex emergencies (during which coexistence is preferred between civilian responders and armed/security actors, at least according to this framework).

The three case studies presented in this report underscore the importance of considering a range of response context that surpasses what one can surmise based on the natural disaster-to-complex emergency spectrum. Indeed, the case studies in this report encompass a large-scale disease outbreak in which international humanitarian responders played a significant role (DRC), locally led natural disaster and pandemic response efforts in a conflict-affected country (Philippines), and responses to forced displacement in a country bordering a state beset by protracted civil war (Syria/Jordan). Examining these cases together evokes the question: how can and should one re-envision a typology of HMR response contexts to capture the broader array of issues at hand? Should one look at disease outbreaks, natural hazards, complex emergencies, and refugee responses as distinct from one another, evoking unique challenges and requiring distinct approaches, guided by principles specifically tailored to the nature of the response context? Can one devise a new typology—one that complements, extends, or even replaces the Three C's framework—to understand differences and similarities across context types? The field of HMR has begun to grapple

with these questions, but nevertheless, the three case studies presented in this report suggest the need for deeper analysis and reflection.¹⁶⁸

The DRC Ebola and Philippines' COVID-19 case studies demonstrate how public health emergencies, including epidemics and pandemics, are a unique kind of humanitarian emergency, requiring individualized guidance that is currently lacking in existing guidelines and the broader HMR discourse. In more typical acute onset disasters, such as a volcanic eruption, or even in a protracted conflict, such as Syria, the primary humanitarian mission is to alleviate the suffering of individuals through provision of a wide variety of programs (nutrition, WASH, health, protection, livelihoods, etc.) In a public health emergency, this primary humanitarian mission exists alongside a secondary (and some might consider co-primary) mission of containing an outbreak by stopping, or at least slowing, transmission of an infectious agent in the population. Often this second mission is framed as requiring an 'expert-led, top-down operational response' (not unlike a military response against a human enemy) versus the 'horizontally organized consensus-decision-making model' more typical of humanitarian responses. However, there is nothing, *per se*, to indicate that these two missions cannot be applied in conjunction with one another, which is perhaps the resolution to the dilemma that is otherwise presented by placing them in contrast with one another.

One can discern that public health emergencies are distinct from other types of humanitarian crises in important ways, including the risks presented to responding actors (who may themselves become infected) and the risks of escalation of the crisis in the absence of effective containment measures. In the DRC context, many civilian responders considered these factors, leading to the implementation of a relatively top-down and securitized response, designed to respond to both the insecurity facing civilian responders and to efficiently end the outbreak shortly after it emerged. An implication of this case is that better mechanisms are required for understanding when a public health emergency can be 'stamped out' quickly using top-down strategies and when there is significant risk of the emergency becoming a protracted crisis, thus requiring more sustainable models of engagement with communities, communication, and (depending on the circumstances) the closer involvement of humanitarian (versus public health) actors (in the case of a public health emergency unfolding in the context of a broader humanitarian crisis, as was the case in DRC). Clearly, more nuanced guidance is needed for HMR in this specific type of humanitarian emergency.

The Philippines constitutes a response context that is markedly different than those traditionally considered by the field of HMR in that disaster response is locally led, with institutionalized civilian government structures, local civilian responders taking the lead in response activities, a formalized role for uniformed personnel, and a national cluster system by which the peripheral role of international humanitarian organizations as supporting actors has been institutionalized. This domestic-oriented nature of the context leads to an overarching political dynamic that differs from international contexts. Indeed, the Philippine government, especially in relation to the COVID-19 response, has had a definitive political stake in demonstrating its ability to effectively manage the pandemic. In this sense, the traditional HMR approach—which centers the aim of maintaining the apolitical nature of the response—is not really possible. The fact that uniformed personnel

¹⁶⁸ For an example, see Horne and Boland, "Understanding medical civil-military relationships within the humanitarian-development-peace 'triple nexus': a typology to enable effective discourse," *BMJ Mil Health*. 2020 <https://pubmed.ncbi.nlm.nih.gov/32152207/>

(including military and police) played such a prominent role in the response further complicates the applicability of traditional HMR principles. Yet domestically led responses, even to large-scale humanitarian emergencies, are likely to be the norm rather than the exception in coming years, pointing towards a need for greater HMR guidance in these situations.

Moreover, in the Philippine context, the overlap of the COVID-19 pandemic and the impacts of successive hurricanes points to the need to develop more efficient mechanisms for engaging military assets. With uniformed personnel deployed and focused on COVID-19 activities, a trend further aggravated by the proliferation of COVID-19 variants, military capacities were overstretched, suggesting the necessity of actively engaging civilian responders, moving away from the securitized nature of the response, and implementing on-the-ground decisions to augment the disconnect in national policies. To illustrate with an example, the case of the Philippine Coast Guard being assigned in airports to undertake swabbing of returning overseas Filipino workers while simultaneously stationed to provide security in quarantine facilities was perceived as a shift in their typical response portfolio. However, the securitized pandemic approach of the government has predicated the deployment of all uniformed personnel to the public health response. The protracted impact of the pandemic has centered military non-combat activities around public health response. The protracted use of the military in a public health emergency, as opposed to its use in short-lived crises brought about by natural hazards, raised new concerns around the boundaries between military and humanitarian activities.

In Jordan, civilian responders engaged with a military not actively engaged in conflict, but rather focused on border security management, as Jordan is adjacent to a conflict-affected country. These dynamics, as well, are somewhat different than the types of response contexts traditionally envisaged by the field of HMR. In this context, engagements between civilian responders and armed/security actors were heavily laden by the geopolitically charged high politics of refugee burden-sharing, as well as Jordan's specific border security concerns, stemming from the rise of ISIS in Syria during 2013 and the June 2016 bombing at the Rukban military base.

All these cases point toward a richer, more nuanced, and more varied array of response environments than the typology envisioned by the one-dimensional Three C's framework, which places contexts on a spectrum from natural disasters to complex emergencies. To understand and grapple with the fundamental dynamics at play across different HMR response contexts, there is an evident need to reimagine this typology and push forward deeper thinking about how responders (including civilians, as well as armed/security actors) should understand the similarities and differences across the different types of crises in which they have, do, and will engage.

Theme 3: Managing Humanitarian-Military Relations Across Issue Areas (Relief, Access, Security, and Protection)

Navigating HMR entails grappling with engagements between civilian responders and armed/security actors across issues related to relief, access, security, and protection. Expanding one's conception of HMR to this broader array of thematic areas reveals difficulties that have been insufficiently addressed in previous literature, analysis, and thinking on HMR.

A core tension evidenced by all three cases relates to cultivating an enabling environment with armed/security actors while simultaneously engaging in civilian protection, public advocacy, and more confrontational approaches to humanitarian negotiation when obstacles arise. In Jordan, international humanitarian organizations faced the dilemma of how to engage in public advocacy directed toward the Jordanian government while not harming ongoing access negotiations. Humanitarian interviewees discussed how humanitarian organizations did not always address this issue in a coordinated manner. Even within individual humanitarian organizations, efforts at public advocacy sometimes stymied confidential access negotiation efforts with the military.

A similar dynamic has played out in Philippines, with local health response actors feeling a normative drive toward speaking out on the shortcomings of the government's response (in particular, the securitized nature of the COVID-19 response) while also feeling the chilling effect of that very securitization and of the domestic anti-terrorism legal and policy framework. Given that the response was locally led, the risks for local responders have been particularly acute, especially with the risk of being 'red-tagged' by the government.

This same pattern is observable in the DRC case study in terms of the debate over response securitization. In this case, humanitarian actors reported very negative associations with what they described as a heavy use of armed escorts, an approach that interviewed civilian responders characterized as compromising their neutrality and ability to engage with the local community. Interviewees reported tense conversations in meetings and behind-the-scenes interactions between humanitarians, public health actors, and security personnel. Meanwhile, other civilian responders (including those who raised concerns about armed escorts compromising neutrality and hindering engagements with local community members) stated clearly that they felt a need for hard security due to the insecurity of the surrounding context and the inability to guarantee responders' safety. This is evident in the decision taken by some INGOs to depart DRC, deciding that it was unacceptable to operate with armed escorts and site security in the provision of humanitarian services but untenable to operate in an area without them due to risks to staff.¹⁶⁹

Furthermore, access in DRC presented its own HMR considerations, especially when Ebola response activities needed to occur in areas controlled by NSAGs. At times, this meant that civilian responders had bespoke arrangements to ensure access (for example, by leaving armed escorts at the border of a community).

In this sense, the DRC case illustrates in a very stark manner the complexities that can arise when managing HMR across different issues areas (namely, relief, access, security, and protection). In the DRC, navigating one issue had direct consequences for one's ability to navigate other issues. For example, the need for security and protection led civilian responders to use armed escorts. On the one hand, the use of armed escorts improved access, as civilian responders were able to traverse otherwise-dangerous roads. On the other hand, crisis-affected communities perceived the presence of these armed actors in a negative light, even perceiving armed/security actors to be belligerents.

¹⁶⁹ "Medical Activities Suspended after Ebola Treatment Centre Attack | MSF," Médecins Sans Frontières (MSF) International, accessed February 27, 2022, <https://www.msf.org/medical-activities-suspended-after-ebola-treatment-centre-attack>.

The effective provision of relief, therefore, was predicated on the relative balance of these priorities, which did not always elevate the needs of crisis-affected communities.

Theme 4: Conceptualizing Humanitarian-Military Relations across Different Armed/Security Actor Types

Existing guidance documents on HMR focus very narrowly on the role of international military forces in disaster response. In line with this narrow focus, there has been a lack of analytical attention paid to the wider array of armed/security actor types relevant to HMR. Analyses of HMR will be incomplete if they do not sufficiently probe the dynamics at play in engaging with a wider array of armed/security actor types.

This section turns first to NSAGs, which were relevant in each of the three cases that this report has discussed. In some circumstances, NSAGs proactively support humanitarian responses or even perform humanitarian-type activities. However, NSAGs are unaddressed in the global guiding documents on HMR, which has been previously highlighted as a specific limitation.¹⁷⁰ Additionally, among international humanitarian actors, there has been intense disagreement about the overall relevance of NSAGs to the field of HMR, which has manifested, for example, in debates about the role that the UN Civil-Military Coordination Service should or should not play in NSAG engagement.¹⁷¹

NSAGs are diverse, even within a single context. In Jordan, NSAGs played a role in the response to the Rukban crisis in various ways. Syrian NSAGs were engaged in relief efforts, as well as medical evacuations of patients at the Berm into Jordan. Humanitarian organizations also used sub-contractors as implementing partners, many of whom had indirect or even completely direct linkages to Syrian NSAGs and/or the JAF.

In the DRC, the ADF and its affiliates were not only actively disruptive of the Ebola response but also widely feared by local communities (and civilian responders, who responded to this risk by resorting to the use of armed escorts). Meanwhile, various Mai Mai groups have been integral to the social fabric of certain communities, for better or for worse, and have at times been perceived as important public health actors. This was primarily the case for crisis-affected communities, who were most aware of these public health contributions being made at the local level, often in informal ways. In the DRC, navigating or understanding how to address these groups and their diversity was often undertaken in an ad hoc and unguided way by civilian responders and crisis-affected communities alike, further illustrating the need for guidance in this area.

¹⁷⁰Boland ST, McInnes C, Gordon S, *et al* Civil-military relations: a review of major guidelines and their relevance during public health emergencies *BMJ Mil Health* 2021;**167**:99-106.

¹⁷¹ See Grace and Card, "Re-assessing the Civil-Military Coordination Service of the United Nations Office for the Coordination of Humanitarian Affairs: Findings and Recommendations Based on Partners' Perspectives," pp. 16-17, https://watson.brown.edu/chrhs/files/chrhs/imce/research/Re-assessing%20the%20Civil-Military%20Coordination%20Service_CHRHS%20Report.pdf

In the Philippines, the presence of NSAGs such as the NPA fueled certain complexities in the COVID-19 and Taal responses, as military responders have been continuously managing the threat of insurgency while delivering services to crisis-affected communities. Similar to responses to the ADF in the DRC, humanitarian workers and local civilian responders are wary of the presence of the NPA. In the Muslim Region of BARRM, the presence of extremists, and the resulting political instability, has required a highly militarized presence, as evidenced by the erection of numerous checkpoints. Humanitarian workers in conflict zones are left with the task of balancing the threat of NSAGs and the securitized response of military personnel. Additionally, in the Philippine context, the MILF was observed to have active engagement with the state actors during the pandemic. Indeed, the BARRM, led by members of the MILF, has been informally integrated in the government's network of support.

Any HMR guidance related to NSAGs must accommodate this diversity of NSAG types and recognize the difference between antagonistic terrorist groups at one extreme, and community defense forces or militia at the other. Nevertheless, NSAG engagement constitutes an area for which there is a rich and growing body of policy-relevant analysis that, if more vigorously integrated and synthesized with HMR thinking, could bridge an important gap between, on the one hand, guidance and thinking in the field of HMR, and on the other hand, operational realities that civilian responders confront in their engagements during crisis in which NSAGs are present.

Additionally, there is ambiguity over the role of police and their relative distinction from militaries during humanitarian-type activities. This is particularly the case in areas when police are militarized (e.g., gendarme-type police forces). As with NSAGs, national police are generally not addressed in global guiding documents, and what 'police' means in a given domestic context, much like NSAGs, is highly diverse. This can be optically ambiguous too, for example, when police are closer to gendarme and have camouflage uniforms that can be mistaken for military ones, as was described by community respondents in the Philippine case. Meanwhile, in the DRC, the PNC are visually distinct from the FARDC but are nevertheless associated with several historical human rights abuses and are armed with military-grade weapons.¹⁷²

Also notable from the DRC case is specifically negotiating HMR with peacekeeping and peace enforcement troops. This spanned a number of unique considerations. For example, MONUSCO troops were directly mandated to support the WHO in the Ebola response. To humanitarian agencies including INGOs—which could only participate in response decision making at EOC meetings taking place in MONUSCO-protected compounds—this meant unavoidable co-location with armed actors, despite any institutional preferences to the contrary. Furthermore—and perhaps unique to the DRC case, though plausibly relevant in any complex environment that includes both a UN peacekeeping mission and another UN agency as civilian lead responding to the crisis at hand—is the challenge of dual leadership structures. In DRC, the United National Ebola Emergency Response Office was established later in the outbreak to better coordinate the various UN agencies (including MONUSCO) performing Ebola response activities. However, simultaneously, the WHO was mandated to lead the response in collaboration with the national Ministry of Health. This

¹⁷² “OHCHR | DRC: UN Reports Hundreds of Human Rights Violations as Security Situation in North Kivu Deteriorates.” OHCHR, December 2018, <https://ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=24030&LangID=E>

presented various challenges to coordination as interpersonal conflict did arise between key stakeholders in overlapping leadership positions.

From the point of view of crisis-affected communities, though, the relatively backgrounded role of MONUSCO in their support to the WHO and other UN actors (e.g., airlift, logistics, and risk analysis), meant that MONUSCO's role in the response went largely unnoticed. However, several crisis-affected community members referenced their dissatisfaction with MONUSCO's Ebola response function, specifically for the ways that they felt it distracted the organization from fulfilling their core mandate of protection of civilians from the ADF. Of additional note, and as seen in the DRC case, is that an international peacekeeping mission might have associated standards (e.g., an office of human rights, or procedures for not paying military personnel with a record of human rights abuses) that a national army might not. Taken together, there are clear and unique factors seen in the DRC case as related to HMR with peacekeeping or peace enforcement troops, which suggests the need for specific consideration of this actor type in guiding documents.

Theme 5: Incongruity between Responders' and Crisis-Affected Communities' Concerns

As noted at various points throughout this report, an overarching concern of the field of HMR has been how to retain the overall civilian-led, principled nature of a response, even when incorporating military assets. This report has sought to fill a crucial empirical gap—as described in Part II of this report—that being that scarce data exists about perceptions of crisis-affected communities on issues related to HMR. A key question is: to what extent do crisis-affected communities care about the civilian-led, principled nature of a response? When and why should this consideration matter? Probing findings from crisis-affected communities reveals a disparity between the views of civilian responders on this issue and the views of the affected population themselves.

Among crisis-affected communities, as discussed in the three case studies, there was often a relative indifference to the role of military responders performing humanitarian-type activities. For example, crisis-affected community members in Jordan were grateful for the security provided by the Jordanian military, but other priorities (e.g., the alleviation of suffering; meeting of basic needs; or frustration with government or coordination writ-large rather than the military specifically) were much more significant. These respondents had a consistently negative association with Syrian armed actors (based on lived trauma forcing their displacement from regime-held areas in the country) and consistently positive or neutral association with the Jordanian army, which was framed as an actor that resolved insecurity. Negative perceptions of the JAF were not associated with actors' military identity, but rather, were linked to specific instances when respondents witnessed members of the JAF engaging in abusive behavior. International humanitarian responders, in contrast, were gravely concerned about the role of the JAF in the response, because the role of the JAF meant that humanitarian organizations could not be assured of the principled nature of the response.

In the DRC case, community interviewees were not indifferent to the role of military actors. Respondents generally expressed strong opinions about military actors on one side or the other to analysts. However, respondents felt strongly about issues that were not necessarily raised by

humanitarian actors, such as the positive role of certain NSAGs and the need for the localization of response activities. Among DRC humanitarian responders, as well as crisis-affected community members, opinion was very split on the effect of military actors performing humanitarian-type activities or otherwise supporting the public health response. In addition, most crisis-affected community members who were interviewed were unaware of MONUSCO's role in the Ebola response, despite MONUSCO performing a number of key (though backgrounded) services.

Additionally, it is important to note that there are, anecdotally, unambiguously negative interactions between crisis-affected communities and military responders performing or supporting humanitarian-type activities. For example, several DRC community level respondents noted examples of violence (including violence resulting in deaths) at the hands of government soldiers enforcing public health measures or responding to instances of unrest (while others noted examples of NSAGs proactively destabilizing environments, including through armed attacks to public health infrastructure to the detriment of the Ebola response).¹⁷³ As previously described, in Jordan, almost all crisis-affected community members described being either adjacent to or directly experiencing violence perpetrated by Syrian armed/security actors. In the Philippines, there were widespread reports of abuses toward civilians committed by uniformed personnel at checkpoints during the COVID-19 response.

In the Philippines, furthermore, communities were wary of expressing concern about the securitization of the COVID-19 pandemic response due to the silencing impact of the Anti-Terrorism Act. With the implementation of rigid checkpoints and curfews resulting in arrest, compounded by ongoing programs against insurgents, the activities of civilian humanitarian responders were curtailed, impacting the timely delivery of services. This was different for the Taal crisis, where communities generally preferred the presence of uniformed personnel as it was associated with safety. Both orientations signal the inherent problem of having an exclusivist approach to HMR which discounts the capacity of communities to be humanitarian workers by relegating them as either passive recipients or groups that need to be controlled.

This theme coalesces around the idea that crisis-affected community members' particular objective is more 'holistic' than that of responding groups. Their interest may center on the military if those militaries are creating the burden of need. When the militaries are not causing the burden of need (or are alleviating it), focus is primarily centered on the addressing that need regardless of the HMR implications or considerations.

Theme 6: Reimagining the Principle of Last Resort

This report reveals an evident disconnect between HMR principles and the actual dynamics of HMR as they play out in operational settings. On the one hand, HMR guidance documents and conceptual frameworks have been primarily focused on the role of international militaries in disaster response and oriented toward a one-dimensional view of a spectrum of response contexts spanning from

¹⁷³ Fruedenthal, 2019, "In Congo, a 'militarised' Ebola response has fuelled community resistance" <https://www.thenewhumanitarian.org/news-feature/2019/10/02/Congo-militarised-Ebola-response-community-resistance>

natural disasters to complex emergencies. On the other hand, as this section has described, the operational realities of the contemporary HMR landscape encompass a broader array of context types (including public health emergencies, forced displacement responses, and locally led disaster responses) and entail engagement with a wide array of armed/security actor types (including not only militaries but also NSAGs, police, peace operations, and private security contractors). Consequently, there is a disconnect between, on the one hand, guidance, and conceptual thinking, and on the other hand, the realities that responders confront during disaster response. There is no appetite for ‘re-opening’ core HMR principles due to concerns that revising the core guidelines—including Oslo and MCDA—could wind up diluting them. However, the field of HMR is thus left with the resulting disconnect between principles and operational realities. The rest of this section examines this disconnect as it manifests for the Principle of Last Resort.

According to the Principle of Last Resort—as articulated in the Oslo and MCDA Guidelines—military assets “should be requested [by humanitarian responders] only where there is no comparable civilian alternative and only the use of military or civil defense assets can meet a critical humanitarian need.”¹⁷⁴ Humanitarian responders often assume that this principle is meant to apply equally to domestic engagements (i.e. the global guidance documents are not intended to apply to domestic militaries but are nevertheless often used to frame arguments against integration with military actors operating within a humanitarian or public health crisis).

The three case studies examined in this report demonstrate the limited applicability of the Principle of Last Resort to a broader array of response contexts and armed/security actor types. In the Philippine context, the Principle of Last Resort was not implemented for both the responses to the pandemic and Taal crisis. Indeed, uniformed personnel have institutionalized roles as first responders in the country, the very opposite of what is implied by the ‘last resort’ principle. The function of the civilian-led OCD is confined to the coordination of humanitarian response. The uniformed institutions remain the manager of the deployment of services and resources on the ground. In this context, the fact that the government did not even explore the possibility of a non-militarized approach to the crisis has meant that the extent of the benefits (such as logistical capacity, as well as proactive, systematic planning and strategizing), as opposed to the costs (including physical or structural violence) experienced by the communities remain unknown. This echoes the DRC context. For example, MONUSCO—the largest UN peacekeeping operation in the world—was *in-situ* before the epidemic began. Therefore, MONUSCO’s role in providing considerable support to logistics (including airlift) and security to civilian response actors was automatic.

In the context of Jordan, the JAF played a role in border management, including engagement in relief activities for forcibly displaced persons approaching Jordan’s border, long before the crisis in Rukban emerged.¹⁷⁵ In this sense, as with the Philippine and DRC contexts, the JAF was not

¹⁷⁴ “Guidelines On The Use of Military and Civil Defence Assets In Disaster Relief – ‘Oslo Guidelines.’” UNOCHA - CMCS, November 2006.
https://www.ndsu.edu/fileadmin/emgt/Civil_and_Military_Guidelines_and_Reference_for_Complex_Emergencies__a.k.a._the_Oslo_Guidelines_.pdf

¹⁷⁵ See “Jordan Provides Hospitality and Brotherhood for All,” National Guard, accessed February 27, 2022, <https://www.nationalguard.mil/News/Article/574362/jordan-provides-hospitality-and-brotherhood-for-all/>.

deployed to engage with forcibly displaced persons only when civilian alternatives were not available. Rather, the JAF's engagement on these issues reflected a more historically rooted and institutionalized role in border management that has also encompassed engagement with refugees, other forcibly displaced persons, and asylum seekers.

How should civilian responders think about the principle of 'last resort' in these contexts? One option to push forward thinking on this issue could be to draw in insights from discourse of the 'just war' theory, which has examined similar issues of the ethics of last resort in decisions about waging war.¹⁷⁶ Another possibility would be to understand that the Principle of Last Resort does indeed only have limited applicability to the use of international military forces and assets. However, there do appear to be potential costs and/or risks associated with the use of armed/security actors in response efforts. The Principle of Last Resort aims to mitigate those risks by ensuring that the option of integrating armed/security actors into a response is only done when absolutely necessary. The broader question is how to balance potential benefits with potential costs/risks in practice.

Theme 7: Navigating Compromises on Principles

Another important cross-cutting theme is that the difficulties of HMR are not merely about sensitizing and capacitating actors on both sides of the humanitarian-military divide regarding relevant principles, but also about determining how to respond when purely principled approaches are not possible. For effective HMR, it is important for responders to understand relevant principles and how to implement them. But additionally, especially for civilian responders, there is also a need to navigate personal, organizational, and inter-organizational decisions about how and if to operate in constrained environments where principled action is evidently not possible.

This tension between principles and practicalities played out in all three cases. For civilian humanitarian workers engaging in service delivery in conflict areas in the Philippines, the challenge was to constantly prove to military responders their non-affiliation to insurgent groups. Despite some organizations not wanting to be associated with the military or the state, a compromise often made was to have uniformed personnel escort civilian responders. This mode encroaches upon the principle of maintaining a neutral, non-politicized intervention. Civilian responders also cited personal connections with the local government or influential community members as an effective mode for gaining access/passage to restricted areas. As this reality indicates, humanitarian and HMR principles are only one component of a broader array of factors that frame how and when response actors can operate effectively.

This 'principles versus practicalities' dilemma played out in the Jordan case as well. Humanitarians had to make decisions around whether they should continue to try to serve the community in Rukban or end their mission on principle. In DRC, humanitarians were faced with what they described as a loss of their autonomy and neutrality due to the DRC government's involvement in the response and the fact that both FARDC and MONUSCO were viewed by many as parties to the ongoing conflict. However, many civilian responders also cited the need for these security actors

¹⁷⁶ For example, see Aloyo, E. (2015). Just War Theory and the Last of Last Resort. *Ethics & International Affairs*, 29(2), 187-201. doi:10.1017/S0892679415000064

given the insecurity (and at times targeted violence) they faced. In both Jordan and DRC (albeit under very different circumstances), some organizations decided to withdraw from the response instead of compromising on core organizational principles, including neutrality.

How should civilian response actors navigate this tension between principles and practicalities? One approach is to accept the constraints to serve the needs of whoever it is possible to serve, even if relief will not be impartial (as UN agencies did during the Rukban crisis). A second approach is to accept the constraints but use continued presence as an opportunity to pry open further humanitarian space. Several interviewees in the DRC case described such an approach in the face of perceived loss of neutrality, while one interviewee in Jordan expressed regret that their organization did not use this approach. A third approach is to withdraw from the context. MSF in both Rukban and the DRC pursued this pathway.¹⁷⁷

The navigation of the humanitarian principles by humanitarian responders is especially untenable in situations where sovereign governments intervene in a crisis militarily. This is particularly the case when the scale of a given crisis—such as an epidemic or pandemic—requires a ‘whole-of-government’ response, thereby requiring that humanitarian actors proactively cooperate with military and security services. In such response environments, civilian responders cannot remain neutral, independent, impartial, or fully distinct from armed/security actors. Impartiality is particularly challenging too when a government is a proactive political actor in relation to the conflict at hand, such as when the DRC government canceled presidential elections in North Kivu and Ituri, using the Ebola outbreak as justification.

Given the general resistance to revisiting or revising HMR principles (as described above), civilian responders are left to grapple with the realities of principles as they are. The predominance of sovereignty in response contexts frames this dilemma. States and international humanitarian organizations approach their relations from two not necessarily compatible frameworks of normative considerations (with states prioritizing sovereignty and international humanitarian organizations driven by humanitarian principles).¹⁷⁸ International humanitarian organizations, and local civilian responders as well, cannot enforce their preferences on the response security apparatus. There is a need to crystalize thinking about how to weigh humanity and the humanitarian imperative against the other humanitarian principles when life-saving assistance is required but cannot be provided in a way that is fully impartial, neutral, or independent. The case studies in this report illustrate the importance of bringing this challenging strand of discourse into the core of HMR thinking and planning.

Theme 8: The Need for a Gendered Approach to Humanitarian-Military Relations

¹⁷⁷ Terry (2002) probes this same issue for post-Rwanda Goma

¹⁷⁸ For an in-depth examination of this notion, see Andrew J. Cunningham, *International Humanitarian NGOs and State Relations: Politics, Principles, and Identity* (Routledge, New York: 2018).

A gendered approach in understanding disasters and humanitarian work is crucial in promoting a holistic and relevant intervention, and indeed, to understanding key aspects of the dynamics at play in HMR. Analyses of humanitarian action through a gendered lens—including the ongoing policy discourse on diversity, inclusion, and equity across international humanitarian organizations—have thus far been largely uncoupled from the HMR policy discourse.

There are two overarching ways that gender dynamics are relevant to HMR, both of which are evidenced by the cases presented in this report and / or in other studies. First, it is well documented that, during humanitarian crises, gender-specific needs arise, meaning that women, men, boys, girls, and members of the LGBTQIA+ community each experience unique vulnerabilities linked to their gender identity, sex, and sexuality. Men and boys often face greater exposure to armed attacks, whereas women and members of the LGBTQIA+ community perpetually confront sexual harassment, gender and sexual-based violence, and prostitution during disasters and in post-disaster periods in the Global South.¹⁷⁹ The vulnerabilities of women and members of the LGBTQIA+ community are exacerbated by the social structures that govern their identities, and indeed, analysts have emphasized the link between gender and societal power differentials, pointing toward the value of analyzing how gender-based societal power dynamics can fuel particular vulnerabilities for women, men, girls, and boys.¹⁸⁰

As the field of HMR pushes deeper into integrating gender analysis into HMR work and research, it will be important to grapple with the wide array of challenges prevalent in this issue area to ensure that gender analysis is undertaken in a holistic and responsible manner. One key issue is how to identify and analyze gender-specific vulnerabilities without falling into overgeneralizations. For example, emphasizing the risks from sexual and gender-based violence that women and girls face, as well as the vulnerabilities applicable to men as the traditionally primary participants in warfighting, can obscure the risks that men and boys confront related to sexual and gender-based violence,¹⁸¹ as well as the role that women often play in planning and fighting wars.¹⁸² A second key issue is how to frame the notion of ‘victimhood’ in a way that empowers, rather than denies, victims’ agency. As one analyst has written about the notion of ‘victimhood’ as a mechanism of agency, “[T]he category of ‘victim’ can itself be a political status, rather than a passive, depoliticizing label that automatically forecloses all agency.”¹⁸³

Across the three cases presented in this report, there is ample evidence of particular humanitarian vulnerabilities linked to gender identity, sex, and sexuality. For example, during the aftermath of

¹⁷⁹ Phoebe Donnelly, “How to Do a Gender Analysis: Practical Guidance for the UN Community,” International Institute of Peace, February 12, 2021, <https://theglobalobservatory.org/2021/02/how-to-do-gender-analysis-practical-guidance-for-un-community/>; Delphie Brun, “A failure to address the vulnerability of men and boys,” Norwegian Refugee Council, March 30, 2021, <https://www.nrc.no/expert-deployment/2016/2021/a-failure-to-adress-the-vulnerability-of-men-and-boys/>.

¹⁸⁰ Margalit, A. (2018). Still a blind spot: The protection of LGBT persons during armed conflict and other situations of violence. *International Review of the Red Cross*, 100(907-909), 237-265. doi:10.1017/S1816383119000201

¹⁸¹ Dustin A. Lewis, “Unrecognized Victims: Sexual Violence Against Men in Conflict Settings Under International Law,” *Wisconsin International Law Journal*, 27(1), 2009: 1-49.

¹⁸² Carol Cohn (ed), *Women and Wars: Contested Histories, Uncertain Futures* (Polity Press, Malden, MA, 2013).

¹⁸³ Roxani Krystalli, “Women, Peace, and Victimhood,” International Institute of Peace, October 22, 2020, <https://theglobalobservatory.org/2020/10/women-peace-and-victimhood/>.

Super Typhoon Haiyan in the Philippines, gender-based abuses were often perpetrated by male relatives, local officials, and even humanitarian responders themselves. The reporting system for abuses experienced challenges related to power dynamics, such as the fact that victims were silenced by perceived or actual threats related to accessing relief supplies or health interventions. There were numerous reports in the Philippines of abuses by uniformed personnel at checkpoints, often targeting women of marginalized groups in the context of COVID-19. In the DRC, the FARDC and the PNC are both known to have committed a significant number of human rights abuses, including through sexual violence. It has also been widely reported in the DRC that there were significant instances of civilian responders—namely, the MoH and WHO—either assaulting local women, or primarily, coercing them into sexual activity with the promise of employment. Interviews with crisis-affected community members in Jordan revealed one vignette in which a member of the Jordanian military behaved inappropriately towards a young woman. These examples are indicative of the broader reality of gender-based and sexual violence prevalent in the context of humanitarian emergencies.

The second overarching way that gender dynamics are relevant to HMR is the way that gender, sex, and sexuality can shape engagements between civilian responders and armed/security actors, as well as how responders (humanitarians and armed/security actors alike) relate to the crisis-affected population. The humanitarian sector is male-dominated, as is the landscape of armed/security actors. This marginal representation of non-male humanitarian leaders compounds challenges in addressing specific needs of community members, as policies and interventions remain generalized in approach, insufficiently infused with gender analysis. With fewer female responders, there can be a reluctance on the part of women and girls who have suffered from sexual and gender-based violence to report and to seek aid. Broadening representation to include women and members of the LGBTQIA+ in both leadership and implementation roles in humanitarian response could promote holistic responses for communities by framing disaster and recovery as a nuanced experience.

On the role of women as armed/security actors, in the Philippine case, women in uniformed agencies found that, in addition to their training in the medical field, their identity as women was seen as advantageous in addressing gender-based needs of patients. Even in conflict zones, the roles assigned to women were largely centered around providing care-related services. The social construction of women in the country created challenges in exercising authority for women assigned at checkpoints.

Gender disparities were also relevant in the Jordan context, particularly amongst the Jordanian military. The border guards are mostly men, while there are few female guards that were called in during certain situations to accompany or escort female residents outside the UN service area if referred to hospitals inside Jordan. There were some female military personnel working inside the UN clinic who supported the provision of medical treatment for female patients. However, interviewees highlighted the overall male-dominated landscape of Jordanian security forces, including decision-making military officials.

Turning to interactions between humanitarian responders and armed/security actors, in Jordan, a humanitarian responder stated that she perceived that her gender negatively affected her ability to be taken seriously during her access negotiations and engagements with the JAF. In the DRC, several

female civilian responders reported feeling unsafe around the armed/security actors involved in armed escorts. One should consider these examples in the context of the broader literature on gender and humanitarian negotiation, which has emphasized the complexities of gender dynamics during humanitarian negotiation processes, pointing toward the importance of a holistic assessment of opportunities, challenges, and risks (including security risks) that could arise, depending on the cultural context and the nature of the interlocutor, as a result of factors related to gender.¹⁸⁴ Such analyses should also consider how gender dynamics intersect with other identity characteristics (for example, nationality and ethnicity).¹⁸⁵

In light of all the considerations mentioned throughout this section, it is important to draw linkages between the field of HMR and the growing literature on the role of identity characteristics in humanitarian negotiation processes. There is also a growing discourse on diversity, inclusion, and equity across the humanitarian sector. Gender disparities, including in relation to senior humanitarian leadership positions, have been an important component of these policy discussions, as Section II of this report discussed. Given the typically male-dominated nature of the field of armed/security actors, the issues at play in this discourse should be given greater consideration within the field of HMR. Gender analysis will offer HMR practitioners a more comprehensive understanding of the vulnerabilities faced by the crisis-affected population, the factors that shape relationships between responders and the crisis-affected population, and the dynamics at play in interactions between civilian responders and armed/security actors.

Theme 9: The Linkage Between Humanitarian-Military Relations and Ongoing Policy Discourses on Localization and Decolonization

As with the discussion above on gender, HMR as a field has thus far remained largely siloed from ongoing policy discourses in the humanitarian sector on localization and decolonization of response efforts. The localization agenda emphasizes the importance of transferring ownership and funding to local response organizations. The decolonization agenda embraces a more robust self-examination of the ways that international humanitarian organizations propagate power asymmetries at the expense of local response actors and populations affected by humanitarian crises.

In various ways, the cases examined in this report speak to important linkages between the field of HMR and these ongoing parallel policy discourses on localization and decolonization. As a clear example of this linkage, many crisis-affected community members in DRC raised the presence of ‘foreigners’ as their most significant concern with past experiences, in that they were wary of outsiders and felt excluded and left out of ownership over an issue affecting them locally. This need

¹⁸⁴ Federica du Pasquier, “Gender Diversity Dynamics in Humanitarian Negotiations: The International Committee of the Red Cross as a Case Study on the Frontlines of Armed Conflicts,” Harvard Humanitarian Initiative, 2016, https://hhi.harvard.edu/files/humanitarianinitiative/files/atha_gender_diversity_dynamics_in_humanitarian_negotiations.pdf?m=1610041180; EISF. (2018) Managing the Security of Aid Workers with Diverse Profiles. European Interagency Security Forum (EISF).

¹⁸⁵ Reem Alsalem and Rob Grace, “Diversity and Humanitarian Negotiation,” The Humanitarian Leader, April 2021, <https://ojs.deakin.edu.au/index.php/thl/article/view/1070/1056>.

was cited more frequently than concerns over the presence or role of armed actors, even though the area is one affected by protracted conflict and armed actors have a history of human rights abuses.

In the Philippines, there was a need to engage domestic militaries on the normative humanitarian and HMR framework that has been devised at the global level. Although the ICS framework has established permanent seats for humanitarian organizations, the engagement of local stakeholders in policymaking during periods of crisis is still marginal. Community-based organizations performing humanitarian work are also excluded from the coordination network. In most cases, CBOs are passive recipients of policies from local government units, which were cascaded from the national government. This approach precludes immediate response during crises that CBOs could provide when the mobility of uniformed personnel is limited, as was in the case of Taal volcanic eruption. Such systemic non-inclusion also disenfranchises CBOs from receiving capacity-building training that could enhance their services and coordination protocols. Nevertheless, the Philippines is also a context that, in many ways, illustrates the power of locally led crisis management. The national government has indeed undertaken a deliberate effort to build up its capacity to reduce the country's need for international humanitarian support. Even despite the numerous challenges and difficulties that this report has described regarding the Taal Volcano eruption and the COVID-19 response in the Philippines, the fact that international organizations are scaling down their presence indicates the extent to which these local efforts have been successful.

Due to major pushbacks on aid delivery and access to Rukban camp following the closure of borders and suspension of the UN clinic due to the pandemic, the UN turned to their allies inside Rukban (the tribal army and community representatives) and successfully enhanced the engagement of local actors in the coordination of voluntary departure, exchange of information, and needs assessments, as well as other elements that require advocacy at high levels. Post-June 2016, international humanitarian organizations could access Rukban via cross-border operations only if they used local private contractors, which had links to tribal army actors in Syria. Additionally, as discussed in the case study, international humanitarian organizations were not able to conduct monitoring and evaluation (M&E). One approach was to train community members in Rukban to do so themselves.

All three cases evidence the extent to which power differentials are inherent in an outside intervention, when a more resourced group (by definition) has capabilities to alleviate suffering amongst a crisis-affected community lacking the resources to adequately address a local crisis. One of the ways that such power differentials can be overcome is through the more robust inclusion of local actors in not only day-to-day activities but also tactical, operational, and strategic decision making. This might require the close support, coaching, and training of intervening groups, which would also serve to address some of the issues raised above while also helping vulnerable communities to become more resilient. Beyond the normative imperatives, inclusive responses also increase the capacity of local networks and practitioners to respond to future crises. Local actors can be more robustly included if and when the architecture of coordination is functioning well, and oversight and accountability structures are in place.

VI. Recommendations

This section articulates seven key recommendations around which actors engaged in humanitarian-military relations should center their energy and activities. These seven recommendations follow from the in-depth case studies presented in this report, as well as the analysis of cross-cutting themes presented in the previous section. These recommendations are relevant for all actors operating in the HMR space, including civilian responders (international and local), armed/security actors, as well as governments.

Recommendation #1: Redouble Efforts to Cultivate a Community of Practice

There is a need to redouble efforts to cultivate a community of practice spanning a broad set of actors in the HMR space at the local, regional, and global levels. There are, of course, already expansive competencies and capacities for HMR spanning countries and regions across the globe. There are trainings, workshops, and forums aiming to bring together civilian and military responders to exchange with one another, learn lessons from past experiences, and build and sustain professional relationships across organizations and even across the humanitarian-military divide. However, the case studies in this report—echoing previous CHRHS research findings on HMR—suggest a widespread need for further efforts to ensure that the growing level of activities in this area coalesce into a robust community of practice in this domain.¹⁸⁶

At the national level, in the Philippines for example, many interviewed local civilian responders were all grappling with similar issues, including the challenging process of navigating the bureaucratic checkpoint process during COVID-19 and the need to balance advocacy with concerns for personal safety given the counter-terrorism environment and the risk of ‘red-tagging.’ Individual responders and organizations were largely left to their own devices to grapple with these challenges. In this sense, the case evidences the need for a more deeply enmeshed interconnected network of local responders in the country, which would offer forums for exchange between responders grappling with similar challenges.

¹⁸⁶ For CHRHS’ previous research findings on this issue, see Grace and Card, 2020, https://watson.brown.edu/chrhs/files/chrhs/imce/research/Re-assessing%20the%20Civil-Military%20Coordination%20Service_CHRHS%20Report.pdf

At the regional level, the Asia-Pacific region is the most developed in terms of regional engagement on HMR, with forums and institutions such as the Regional Consultative Group on Humanitarian Civil-Military Coordination for Asia and the Pacific: Mid-term Consultation Presentations and the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management. It will be important to leverage these forums to discuss the challenges faced in the Taal and COVID-19 responses in the Philippines, placing these responses in conversation with challenges faced during other responses in the region. It is also important that these professional exchanges be evidence-based, rooted in an honest engagement with the challenges faced, including those examined in this report. Other regions lack forums such as these, and regional organizations in other areas of the world can and should view the Asia-Pacific regional engagement on HMR as a model. This is especially important for the other two contexts examined in this report. Both the complex emergency in the DRC and the forced displacement crisis along the Jordan-Syria border are not response contexts confined to single countries, but rather, regional issues with heavily internationalized dimensions.

At the global level, the key question will be how global-level actors in the HMR space can support efforts to forge communities of practice at national and regional levels. HMR, as a field, will benefit from embracing a vision of a global community of practice populated by various sub-communities at national and regional levels. An important element of moving closer toward this vision will be striking the right balance between, on the one hand, continuing to develop global-level policies and guidance to synchronize the global field of HMR around a core understanding of the issues at hand, and on the other hand, ensuring that there is a bottom-up approach that uses frontline experiences, challenges, and successes as an empirical starting point.

Recommendation #2: Concretize Modes of Ethical Decision-Making

The case studies in this report point toward the importance of concretizing modes of ethical decision-making when engaging on HMR issues. There is an overarching dilemma that civilian responders perpetually face, and indeed, one that has long vexed the international humanitarian community. On the one hand, humanitarian response should be guided by core principles: humanity, impartiality, neutrality, and independence. On the other hand, in many response contexts (including each context examined in this report), perfect operationalization of these principles is impossible. The same is true for more HMR-specific principles, such as the Principle of Last Resort. Different practitioners and different organizations navigate this overarching tension between principles and practicalities in different ways. During the Rukban crisis (a response context for which this tension has been central), some organizations refused to continue engaging on Rukban, viewing the constrained access environment to be too heavily compromised. Others continued to operate, driven by the severity of the needs, even despite the compromises necessary (and the heavy involvement and control of access by armed/security actors) to operate.

It is understood that different practitioners and organizations can and should navigate this dilemma differently, according to their own application of an ethical framework to the situation. The key recommendation is to concretize these modes of ethical decision-making. Rather than making principles-versus-practicalities decisions in an ad hoc or individual manner, it is important to systematize a framework for discussions and considerations around these issues. For example, one

civilian responder in the Rukban context noted that their organization had an in-house ethicist that guided organizational discussions about how to navigate this overarching dilemma. It should be understood and anticipated that humanitarians will perpetually confront this dilemma, and there should be organizational processes in place to facilitate ethical decision-making. These processes should be rooted in evidence-based considerations of the likely short- and long-term consequences of different courses of action. It will also be important to revisit and learn from previous experiences and decisions. Even the civilian responder who had engaged with an in-house ethicist articulated regrets, in retrospect, about how their organization had handled Rukban. The goal should not necessarily be perfection but rather to make decisions that are as ethically and empirically informed as possible. This reality will only be actualized by implementing lessons learned from past experiences.

Finally, the principle of ‘do no harm’ tends to guide decision-making for humanitarians, either implicitly or explicitly. However, the evaluation of how harms and benefits weigh against one another is complex and, in challenging response contexts such as those examined in this report, likely fluid. Civilian responders could benefit from reframing this underlying principle, focusing on a principle of ‘do least harm,’ which would center thinking around maximizing benefits for crisis-affected communities. A ‘do least harm’ approach could be a viable conceptual lens through which to evaluate the value (or lack thereof) of a given civilian response intervention. Such considerations can, and should, include the input of crisis-affected communities themselves, so that responders can privilege the crisis-affected community’s needs to the extent possible. Additionally, HMR practitioners would benefit from applying an analytical framework along the lines of the HISS-CAM tool. Developed by World Vision, this tool offers a framework for analyzing the extent to which one’s plans for HMR are driven by legitimate aims, how potential compromises align with those aims, and how one can understand the short-term and long-term ramifications of different choices.¹⁸⁷

Recommendation #3: Meaningfully Engage Crisis-Affected Communities

This report has sought to begin addressing a glaring empirical gap for the field of HMR, that being the lack of evidence on crisis-affected communities’ perceptions of HMR issues. For an entire field devoted to serving the needs of these populations, this empirical gap is crucial to fill. It has also argued for the creation and maintenance of a global community of practice. Key to doing this effectively will be to bring the views of crisis-affected communities into these discussions as well, so that the continued development of HMR as a field will be centered around crisis-affected community members’ concerns and needs.

The incongruence between the respective concerns that drive civilian responders versus crisis-affected communities offers a key knowledge-building opportunity to expand HMR. The data collected for this research project suggests that crisis-affected communities are dynamic in their characterization of armed groups, and many prioritize the provision of services over the difficulties associated with the presence of these armed groups. This was evident in all three case studies. To include crisis-affected communities in decision making in a more robust manner, therefore, would

¹⁸⁷ “HISS-CAM: A Decision-Making Tool,” World Vision International, 2008.

help to overcome some of the fundamental HMR dilemmas discussed in this report. Civilian responders ought to feel more confident that mitigating a principled approach is acceptable when this is what is requested by a community in need of humanitarian relief. Meanwhile, armed actors (or rather, politicians taking decisions to deploy armed actors to the crisis) may feel more circumspect about a more militarized approach when they are able to hear from crisis-affected communities that it would be counterproductive to do so.

Of course, crisis-affected communities are extraordinarily dynamic. Indeed, even delineating their boundaries is usually unworkable, especially as one community may imbricate with another. Each community, in turn, may hold different opinions about the appropriate way to balance the approaches. This can even be true within one community, as was seen in DRC. Despite these limitations, this kind of incorporation would provide important feedback on which civilian responders could make more informed decisions about such complex and dynamic issues. Furthermore, to incorporate community actors in this way would permit the scaling of a response to a larger number of actors and help to empower them so as to be more resilient in the face of future crises. In short, placing crisis-affected communities at the center of decision-making should be considered a crucial component of adequately addressing many of the key vexing challenges facing HMR.

Recommendation #4: Invest in More Robust High-Level Diplomatic Organizational Engagement

Humanitarian actors should invest in more robust efforts to engage governments at high diplomatic levels on issues of humanitarian and public health response. The cases studies examined in this report make clear that humanitarian considerations often do not factor into high-level political and security decision-making. The Rukban crisis illustrates this reality in particularly stark terms. The overall strategy of creating a securitized buffer zone along the Jordan-Syria border (via trained NSAGs in Syria and a US-led coalition presence at Al-Tanf), was evidently pursued in the absence of considerations about the possibility that forcibly displaced populations might flee to the area, turning the securitized buffer zone into a de facto civilian protection zone. The Rukban crisis arose, in part, as a result of this strategy, including the fact that there was no anticipation of or contingency planning undertaken for mitigating this risk.

More robust engagement with high-level governmental decision-makers could have injected humanitarian considerations into relevant decision-making processes. The aim of implementing this recommendation should not necessarily be to push states to always make decisions that will maximize humanitarian outcomes. In an ideal world, this would of course be the case. However, it is understood that states will in some way balance humanitarian concerns with the political and security concerns that tend to dominate decision-making. The key issue at hand is that states must be pushed to bring humanitarian concerns—including contingency planning for different humanitarian scenarios—into the decision-making equation.

Recommendation #5: Continually Adapt and Resource Evidence-Based Guidance

There is a need for updated guidance on various aspects of HMR. This is especially true considering the reality that there are numerous ways that conceptual thinking on HMR has focused on a somewhat narrow scope of issues, compared with the broader array of actor types, response contexts, and issues facing practitioners in the field.

In terms of issue areas, it is important for guidance to span the full scope of substantive issues on which civilian and armed/security actors engage, including relief, access, security, and protection. In terms of context types, guidance should address not only responses in natural disasters and complex emergencies but also public health emergencies, responses to forced displacement, and locally led responses. For example, public health emergencies are currently missing entirely from the Oslo and MCDA Guidelines. There is a deep need to create guidance specifically for these types of contexts, given that they will be increasingly common in the years ahead. These types of additions should occur simultaneously at the global and local level.

In terms of armed-security actor types, it is important for guidance to focus not only on militaries but also on NSAGs, police, private security contractors, and peace operations. It will also be important to bring a gendered analysis and concerns around localization into HMR guidance.

This recommendation is very much linked to the reference included above on cultivating a more robust community of practice. As previous CHRHS research has highlighted, guidance will be more useful if informed by a deep understanding of the challenges that HMR practitioners are experiencing and how they have strived to surmount them.¹⁸⁸ Additionally, guidance will need to be continually adapted based on new challenges and experiences that arise. These continual efforts will require resourcing to ensure the perpetual development and adaptation of guidance. Finally, as with all of the recommendations included in this report, the perspectives of crisis-affected communities should be central to HMR guidance. HMR approaches and strategies should be oriented around meeting crisis-affected community members' needs and informed by the considerations and concerns that affected populations bring forth.

Recommendation #6: Continually Adapt and Resource Evidence-Based Planning

There is a need for more proactive, realistic planning and thinking for issues related to HMR. Each of the three contexts examined in this report point toward this recommendation. In the Rukban context, interviewees described the need for contingency planning around the issue of forcibly displaced people amassing at the Berm. Many interviewed humanitarian responders described the humanitarian organizations' activities as reactive, rather than proactive. Additionally, this need for

¹⁸⁸ See Grace and Card, 2020, https://watson.brown.edu/chrhs/files/chrhs/imce/research/Re-assessing%20the%20Civil-Military%20Coordination%20Service_CHRHS%20Report.pdf

proactive thinking and planning was also evident at higher diplomatic levels, as mentioned earlier in this section in Recommendation #3. At every step of the way, high-level diplomats and frontline responders alike responded in a reactive manner to developments on the ground.

In the Philippines, there was a great deal of planning related to the Taal Volcano eruption, given the clear expectation held for years that the Taal Volcano would eventually erupt. However, planning proved insufficient when the eruption occurred and escalated more quickly than had been anticipated, leading to an initially very chaotic response. Similar dynamics were also evident in the management of the COVID-19 pandemic, which has remained reactive, instead of proactive, over the course of the crisis. The gap in planning for the pandemic response has been widened by the oft-criticized economic-driven approach to public health.¹⁸⁹ This approach backfired to the uniformed personnel implementing the protocols designed by IATF. For example, the strict implementation of the highly controversial face shield policy that required every person to wear it in public places added to the negative image of the AFP and PNP. The requirement for PNP officers to wear their camouflage-style uniform, which is commonly associated with combat-related activities, while working on checkpoints further aggravated public fear of uniformed personnel. These examples from the pandemic response highlight the need for evidence-based, proactive planning from policymakers, as the flaws of the government's response efforts have adversely affected not just the communities but also uniformed personnel.

In the DRC case—especially with MONUSCO *in situ* and readily aware of the operational reality when the Ebola response began—consideration should have been given at the very beginning of the outbreak as to how best to navigate the area's insecurity in a way that would least aggravate crisis-affected communities. One respondent recalled how the WHO, for example, had only a very small handful of experienced security experts, and decisions were often made in an ad-hoc manner. Due to the pace of the escalating crisis, the often poorly informed and informal decisions taken in the field were then applied forward, which was evident in the use of FARDC personnel being paid to provide armed escorts. Notably, the IASC's Level 3 System Wide Activation Procedure for an Infectious Disease Event does not specifically describe that these considerations should be made when situational assessments and response planning are put in place.

These examples show how on-the-shelf crisis response plans are routinely disregarded when an emergency arises. This creates opportunities for positive and adaptive operational systems as well as detrimental confusion amongst those actors who are pushed aside. This was seen across all three contexts and is a well-understood and well-described phenomenon. However, despite the fact it is an identified issue, there seems to be little resolution. Perhaps the most important lesson-learned herein is that there is a degree of futility in pulling specific plans together. Therein, focus should perhaps be placed on training, gaming, relationship-building, and developing sets of principles rather than on step-by-step operational plans for how to address a specific crisis. That is not to say that Terms of Reference /Statement of Works have no utility, but that in the context of responding to a high-speed emergency, few people have the bandwidth to take a plan off a shelf and dust it off. Having that plan, in some ways, results in the abjection / frustration by actors who felt they should have been

¹⁸⁹ The public health policy of the Philippines on COVID-19 has been highly influenced by economic managers who serve as advisers to President Duterte.

responsible but then, in the heat of the moment, found out they were not going to have the mandate to take the responsibility they believed themselves to have. In this sense, a core consideration is ensuring that preparedness is actionable, striking the right balance between the need for clear procedures and the need for flexibility amidst the fluidity inherent in complex disaster responses.

A second, related, core consideration is that plans need to be resourced. Even though the Taal Volcano eruption was long anticipated, response actors (uniformed personnel, in particular) lacked adequate transportation vehicles and communication devices, leading responders to use small vehicles that could only transport a few people at a time and to use their own personal cell phones for communication purposes. This example illustrates the importance of matching resources to preparedness plans, in order for plans to be effectively implemented.

Recommendation #7: Leverage Research Toward Innovative Conceptual Thinking and Knowledge Sharing

For the field of HMR to effectively manage and address all the challenges described throughout this report, it will be important to continue to build synergies between researchers, scholars, policy actors, and practitioners. Previous CHRHS/HRP research has emphasized the need for building more robust bridges between academia and practice in the realm of HMR.¹⁹⁰ The analysis presented in this report validates this finding. Indeed, as this report has described, analysis, thinking, and guidance on HMR has not been aligned with the on-the-ground realities of HMR practice. As described, this has been true in terms of the issues on which HMR practitioners engage, the types of armed/security actors that are relevant to disaster response, the scope of response contexts, and the relevance of existing principles.

Bringing scholars and researchers more deeply into an ongoing conversation and discourse on HMR can also aid in efforts to push forward analytical thinking, especially as HMR practitioners consider how to grapple with the full array of thematic issues, response contexts, and armed/security actor types that this report has addressed.

All these comments point toward the evident need for a greater synthesis between research and practice on HMR. There is a need for nimble, responsive research to capture perspectives of civilian responders, armed/security actors, and crisis-affected communities on the issues that they face. This report has sought to contribute toward this end. However, this effort should be one step along a longer pathway toward building a robust body of empirical findings on HMR practice.

¹⁹⁰ Grace, 2020, p. 49,

https://watson.brown.edu/chrhs/files/chrhs/imce/research/Surmounting%20Contemporary%20Challenges%20to%20Humanitarian-Military%20Relations_Grace.pdf

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