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At the End of Emergency: An Exploration of  
Factors Influencing Decision-making  
Surrounding Medical Humanitarian Exit

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## Abstract:

*This paper presents the findings of a qualitative research project exploring medical humanitarian withdrawal and project termination following emergency response. In-depth key informant interviews were conducted with the goal of understanding the broad factors decisionmakers within medical humanitarian organizations consider, and are influenced by, as part of their determination of the end point of their organizations' emergency response. The resulting model of factors influencing decision-making provides insight into applications of organizational theories of decision-making to medical humanitarian organizations, while shedding light upon factors considered and their relationship to the humanitarian-development nexus and the temporal aspect of medical humanitarian space.*

## Table of Contents:

1. Introduction.....	5
2.Literature Review.....	7
2.1 Theories in Humanitarian Scholarship.....	7
A. Stages in Crises Response.....	7
B. Humanitarian Space.....	8
2.2 Current Understandings of Humanitarian Decision-making.....	8
3. Framing Factors in Decision-Making through Organizational Theory.....	11
3.1 Network Systems and Social Domains.....	11
3.2 Garbage Can Decision-Making.....	12
3.3 Adhocracy.....	12
4. Methodology.....	14
5. Findings.....	17
5.1 Modelling Findings Using Ecological Framing.....	17
5.2 The Decisionmakers.....	18
5.3 Factors Within Decision-making Organizations.....	19
A. Institutional Tools and Timeframes.....	19
B. Humanitarian Identity.....	20
C. Information and Indicators of Humanitarian Need.....	21
D. Capacity Building.....	23
5.4 Factors Within the Local Context.....	24
A. Security.....	24
B. Local Government.....	25
C. Protracted Crises.....	27
5.5 Systemic and Global Influences.....	29
5.6 Balancing Between Decision-making Determinants.....	31
6. Conclusion.....	33
7. Bibliography.....	35

## 1. Introduction

Medical humanitarians, working in "the field of biomedical, public health, and epidemiological initiatives undertaken to save lives and alleviate suffering in conditions of crises born of conflict, neglect or disaster" (Abramowitz and Panter-Brick 2015, p. 1), often make difficult choices in fragile contexts between withdrawal, recasting as development actors, or sustaining emergency paradigms (Abramowitz et al. 2014). These decisions are inherently political, speaking to the values, priorities, appropriate roles, consideration of relationships, and understanding of mandates within these organizations. The need for dedicated research into factors influencing these decisions is clear. In recent years, Piot has suggested that insufficient attention has been paid to the point at which medical humanitarians end projects (Piot 2015, p. x). Meanwhile, researchers have called for a debate "about the distinct space for medical interventions in crisis situations" (Philips and Dererian 2015, p. 6), and for explorations into the factors driving the actions of humanitarians who provide medical assistance (Hunt et al. 2014).

Humanitarian decision-making "involves difficult choices about life and death" (Heyse, 2006, p.1), and understanding possible determinants of their decisions is vital for understanding both the enactment of humanitarian roles which have been described as a "barely perceptible" boundary (Walters 2010, p.155), and for shedding light upon the constraints placed upon actors operating within a system principally based upon the institutional manifestation of an ethically-driven "moral and emotional reaction to suffering" (Dunn 2012, p.5).

The point at which humanitarian organizations decide to terminate emergency programming can also be understood as a temporal end to humanitarian space, a construct which is highly contested (Beauchamp 2008), but is most broadly understood as the "socially negotiated arena" (Hilhorst and Jansen 2010, p. 1136), in which humanitarians can operate without external constraints, which in practice is enacted through "repeated action of creating or sustaining a space through the justification that this action meets certain conditions..." (Yamashita 2004, p.9). A timespan-based view of the space in which medical humanitarian action occurs can provide insight into how this subset of humanitarian actors construct this space through their development of the operational parameters of their role.

This study uses interview data contextualized by organizational theory and existing scholarship on humanitarianism, including the concept of humanitarian space and the humanitarian-development nexus, to explore medical humanitarians' decision-making regarding the termination of emergency programming. This exploration will focus not on the specific bureaucratic mechanisms involved in any one non-governmental organization's decision-making processes, but rather on exploring and modelling broader factors which feed into decision-making and influence decisions regarding the point of medical humanitarian withdrawal. The central research question is as follows: **What factors contribute to decisions made by organizations providing medical assistance during humanitarian emergencies to terminate emergency-specific programming or withdrawal from areas which have experienced crisis or disaster?**

The structure of the remainder of this paper is as follows: Chapter Two will introduce the reader to relevant theoretical concepts in humanitarian scholarship, while Chapter Three will briefly explore existing work connecting humanitarian scholarship to through organisational theories. Chapter Four will introduce the methodology used in the primary research component of this study, which will be followed by the introduction of an ecological model of factors influencing decision-making regarding medical humanitarian withdrawal and a discussion of interview findings in Chapter Five. Chapter Six will conclude by examining the significance of these findings.

## 2. Literature Review:

### 2.1 Theories in Humanitarian Scholarship:

#### A. Stages in Crises Response:

While simultaneous relief and development work has become an accepted practice (O’Keefe and Rose 2008, p. 459), the phases involved in the process of emergency response and the relationship between humanitarian and development efforts have been conceptualized in a variety of ways. The degree to which humanitarian and development efforts intersect in this process of response – and where the limits of humanitarian operations should be within it – are disputed. Some have characterized emergency responses as “in isolation from the processes of mainstream development” (Khan et al. 2008, p.50), guided by separate by cycles of disaster response (Khan et al. 2008), wherein public health responders engage in preparation, response, and recovery (Lee et al. 2010, p. 3). This depicts humanitarian and development responses as rooted in different motivations, where humanitarianism’s role is limited to a specific kind of population vulnerability (Lewis 2006, Ch. 3), with the end of this kind of vulnerability determining the endpoint of response. Contrastingly, some have argued that these fields have “hybridized” (Benadusi and Riccio 2011, p.7). This includes descriptions of linear narratives of interlinking operations within a humanitarian-development nexus which has been conceptualized as a continuum between emergency relief, transitional rehabilitation, and long-term development (Audet 2014), or as a transitional process containing a “grey area” (O’Keefe and Rose 2008, p. 459), where recovery and relief are adjacent components of the disaster management cycle (Bealt and Mansouri 2018).

More than semantic divisions, these ways of conceptualizing how organizations conduct themselves in emergency contexts are ideologically driven, with the potential to manifest as a factor in organizational behaviour through decisionmakers’ relationship to understandings of their “ethical roles and responsibilities” (Deloffre 2010, p.196), and to shape the limits of the duration of their presence post-emergency. The point within crises response at which medical humanitarians terminate their projects provides insight into how theories concerning the relationship between humanitarian and development efforts manifest in practice, particularly in differences in program duration between organizations which only provide humanitarian relief and those which have a dual mandate for both humanitarian and development work.

**B. Humanitarian Space:**

Initially theorised as a secure operating space for external aid organizations (MacFarlane and Weiss 2000, p. 120), the idea of humanitarian space has become a tool through which humanitarian actors can be made separate from the perceived “politicization of international aid” (Beauchamp 2008). The boundaries of this space, like the boundaries between development and humanitarian work and the boundaries of ‘emergency’ more broadly, are conceptually fuzzy. Different understandings of the boundaries of humanitarian space have resulted in competing claims that it is expanding (Stoddard and Harmer 2006) or shrinking (Brassard-Boudreau and Hubert 2010). One of the sources of dispute surrounding the limits of the space stems from attitudes towards the relationship between humanitarian and development actors in fragile contexts which “constantly experience humanitarian emergencies” (Spiegel 2017), where some have presented the blurring between sectors as having a pernicious impact upon humanitarianism (Philips and Derderian 2015). Exploring the factors which contribute to humanitarian decision-making and withdrawal has the potential to speak to how external actors may limit or infringe upon this theoretically independent space, while contributing to debate concerning its blurred boundaries.

**2.2: Current Understandings of Humanitarian Decision-making and Exit:**

Existing scholarship on factors influencing humanitarian organizations’ decision-making at other points in emergency responses provide a starting point for exploring factors influencing humanitarian exit. Here, research has included examinations of decision-making surrounding knowledge management (Zhang et al. 2002) and supply chain logistics during crisis (Ortuño et al. 2013). Research into decision-making surrounding specific key moments in emergency response timelines has also explored organizations’ use of evidence-based humanitarian needs assessments in determining disaster response levels (Darcy and Hofmann 2003; Gerdin et al. 2014), the consequences of project termination decisions as viewed through aftermath of humanitarian withdrawal (Abramowitz 2015), and factors influencing humanitarian entry. Humanitarian need, political, strategic, and geographic factors can all act as influencing factors in determining whether humanitarians begin an operation (Fink and Redaelli 2009), while long duration, competition for international attention, and misunderstanding of complex situations can contribute to neglect (Wisner and Gaillard 2009). Media influence, funders’ political and security interests, and humanitarian organizations’ pre-emergency connections to the operating area have also been cited as factors contributing to the extent of assistance provided (Olsen et al. 2003, p.110).

The small body of existing research dedicated specifically to the termination of 'humanitarian' interventions has focused primarily on decision-making regarding the withdrawal of military interventions which had been justified on humanitarian grounds, rather than the non-governmental organizations which are the focus of this research. This includes research into the significant role of partisan politics in determining the point of military withdrawal in humanitarian interventions (Koch and Sullivan 2010), and the limited significance of media attention in determining the point of project termination (Livingston 1997; Robinson 2000; Gilboa 2005).

However, some insight into factors influencing decision-making in humanitarian exit can also be drawn from other academic lines of inquiry into humanitarian and development issues, where scholars have encountered factors considered and dilemmas faced by organizations when determining whether to terminate emergency programming. This includes suggestions that strategic withdrawal of humanitarian assistance is rarely used as method of "influenc[ing] warring parties and reluctant major powers" (Stein 2001, p.36), and suggestions that that medical humanitarians can make decisions reactively to an "immediate present" (Redfield 2005, p.346) and need to be cognisant that their continued presence can be detrimental to development work by reducing demands for local health institutions to sustainably strengthen their capacities (Bantvala and Zwi 2000, p.104). Gonçalves highlights that mission duration is contingent upon the availability of resources to continue response, which can have organization-wide costs (Gonçalves 2011). Finally, Fredricksen suggests that the social construction of emergency is an ill-fit for protracted crises and "resists extension over time" (Fredriksen 2011), suggesting built-in temporal limitations to emergency program duration within their design.

Meanwhile, a proposed research agenda for the philosophical exploration of humanitarianism suggested that "distributive justice" (Hunt et al. 2014) impacts entry and exit, wherein decision-making reflects a sense of obligation to communities and their capacity, and responses to needs and the security environment (Hunt et al. 2014). Stein has urged organizations to ensure decision-making regarding strategic withdrawal treats local contexts ethically (Stein 2001, p.35), and Comes has suggested that "there is no clear definition of the underlying processes or goals" (Comes 2016, p.3) within humanitarian decision-making, and that informal processes, informed by limited information, characterize decisions surrounding how to "allocate their own time, their resources, and their budget." (Comes 2016, p.3)



When assembled, these findings hint at factors one might expect to find in a specific exploration of factors which might play a role in medical humanitarian withdrawal decisions, with organizational resources, timelines, and institutional capacities; international attention; and reactions to local contexts as possible candidates for decision-making determinants. What is missing in this literature review, however, is a robust evidence base supporting such factors as exit-point determinants and a unifying theory specific to decision-making surrounding project termination. In subsequent chapters, this paper will aim to begin to fill these gaps, using organizational theory as a framing device through which to view the relationship between decisionmakers and possible factors influencing their decisions.

### 3. Framing Factors in Decision-Making through Organizational Theory:

This paper explores decision-making determinants using organizational theory, which broadly seeks to explore and understand “the process and the structural aspects of organizations” (Shapira 2002, p.3), as a guide. Within this field, decision outcomes were historically understood as premediated, arising from structured systems (Mintzberg and McHugh 1985, p.160), however more recent scholarship has conceptualized organizational decision-making as complex, with actors and influencing environments intertwined, and multiple possible ways to understand decision processes (March 2002, p.10).

The subject of factors which shape humanitarian decision-making has historically been under-researched (Heyse 2006, p.3), a problem reflective of the broader “dearth of use of theory in humanitarian operations research” (Oloruntoba et al. 2016). A set of nascent proposed models of organizational behaviour for humanitarians are emerging, however, and together these models can be used as tools for providing insight into different aspects which feature inside the ‘black box’ of humanitarian decision-making.

#### 3.1 Network Systems and Social Domains:

Network systems are environment-based, with interorganizational interactions resulting in patterns of exchange featuring interdependence and information sharing (Powell 1990). NGOs operate within network systems by “connect[ing] with both political and societal actors” (DeMars and Dijkzeul 2015, p.4) and engaging in “transnational partnering...pursued in the name of a universal normative mandate.” (DeMars and Dijkzeul 2015, p.4). Seybolt describes humanitarians within networks as operating within a “complex open system” (Seybolt 2009, p.1029). He theorizes that these systems exist in complex environments where humanitarians are reliant on external resources, producing decision-making outcomes which generate a “gap between what people need and what aid agencies provide” (Seybolt 2009, p.1037). Here, humanitarian organizations responding to emergencies are accompanied by ethical codes, systems for sharing information, and stakeholder groups including donors and institutions (Olsen et al. 2003, p.114). At the point of humanitarian project termination specifically, these networks have also been theorized as possible avenues for actors participating in the transition out of emergency to exchange information in an “incumbent–successor relationship” (Oloruntoba et al. 2016).

Actors operating in emergency contexts, including humanitarian organizations, are diverse and are frequently participants within multiple systems, best understood through

social domains, which result in unpredictability in decision-making (Hilhorst 2003, p.40-41). Within the UN emergency coordination cluster system, organizational interests – including mandates and donor preferences – are heterogenous, which can result in tensions “between autonomy and effective coordination” (Health 2014, p. 269), and the generation of diverse decision outcomes by organizations which view situations through their unique positionality (Tatham and Houghton 2011).

These theoretical approaches suggest a role for networks of relationships and knowledge systems within sphere of humanitarian action as possible factors in organizations’ decision-making during humanitarian emergency response, while also suggesting that organizations’ ability to balance multiple sets of relationships imposing diverse demands grounded in partners’ varied social constructions of the operating context and emergency response may result in diverse decision outcomes between actors within these emergency response systems.

### **3.2 Garbage Can Decision-Making**

Heyse’s modelling of the dominant patterns of decision-making within humanitarian organizations hypothesized that while humanitarian organizations may have preferred logics of decision-making based on consequences or appropriateness (Heyse 2006, p.54-55), incompatibility between internal and external decision-making determinants often results in organizational decision-making patterns which reflect the so-called ‘garbage can’ model (Heyse 2006, p.197). Often connected to “network thinking” (Peters 2002, p.6), organizations’ decision-making environments are defined by ambiguity including “unclear goals, unclear technology, and fluid participation” (Cohen et al. 1972, p.11), and the decision-making process is not guided by solution-oriented strategic planning, but rather by an organization’s reaction to a series of discrete events, which “fortuitously flow together” (Tarter and Hoy 1998, p.217). With respect to decision-making surrounding organizational withdrawal, Heyse suggests that humanitarian operations which reflect this model will result in varied project lengths (Heyse 2006, p.57) and a major determinant of decisions will be the “supply of alternatives for aid provision that are available” (Heyse 2011, Ch.21).

### **3.3 Adhocracy:**

Adhocracy describes behaviour resulting from decentralized organizations administering projects in unique, complex operating environments, reliant on the temporary deployment of expert teams whose knowledge and decision-making power are unevenly allocated (Mintzberg and McHugh, p.160-161). This approach, applied to open systems

(Miller 1990), has been used to critically explain incoherency within humanitarians' operational decision-making both in Haiti following the earthquake, where decision-making processes were characterized by information problems and "guesswork" (McAlister 2015, p.17), and in Georgian IDP camps, where this approach was used to describe how humanitarians and their donors made decisions while "rapidly predict[ing] the actions of hundreds of other actors without any central plan to reference." (Dunn 2012, p.12). The term has also been critically applied to the concept of organizational flexibility within the humanitarian sphere, where it has described "decisions not made...and the influence of politics on management decisions." (Reindorp and Wiles 2001, p.12-13). Viewing humanitarian decision-making through the lens of adhocracy has the potential to highlight inconsistency in decision outcomes brought about through factors considered without complete information and in haste.

#### 4. Methodology:

Investigations into issues related to humanitarian exit have been largely neglected by the academic community (Ahmed et al. 2018, p.5). Consequently, the phenomena of organizational decision-making surrounding medical humanitarians' exits and processes of project termination can be understood as a "little-known phenomena" (Stebbins 2001, p.6), best qualitatively explored through an inductive process of exploration and description" (Stebbins 2001, p.6).

Given the limited timeframe and resources available, the decision was made to limit the scope of inquiry to non-governmental organizations which are, as of June 2019, affiliated with the WHO-led Health Cluster used to coordinate responses to health emergencies.<sup>1</sup> Clusters have "clear responsibilities for coordination" (OCHA Services. Humanitarian Response n.d.) within humanitarian responses, and the actions of their members have been described as norm-setting, having the power to possibly "affect the accepted range of practices in future emergencies" (Heath 2014, p.253). Non-governmental members, observer members, and subsidiary organizations within these membership categories were considered for inclusion.

Primary data collection occurred in the form of in-depth, semi-structured key informant interviews, with this decision guided by Williams' recommendations for "small-scale or exploratory research" (Williams 2003). A purposive sampling of these organizations – chosen with the goal of ensuring a representative cross-section of organizations within a limited, but diverse, population (Lavrakas 2008) – were flagged as potential participants, with key informants then selected from within the organizations' current and former staff. Key informants were selected based on their ability to speak to the organization's decision-making processes and mandates. Given that organizations participating in medical humanitarian work have been described as driven by a range of motives, from principled absolutism to pragmatic and political factors (Stockton 1998), this sampling approach was key to ensuring that the reported factors in decision-making included in this analysis reflected those found in organizations whose work may be conducted based on a variety of underlying interpretations of the humanitarian principles and different approaches to the humanitarian-development continuum explored in section 2.2A.

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<sup>1</sup> Cluster participants can be found here: <https://www.who.int/health-cluster/partners/current-partners/en/>

Eight interviews were conducted with individuals speaking to experience with seven organizations linked to the WHO cluster. This is a small number of key informants, however the sample size is reflective of the small overall population of possible individuals who would be able to provide expertise on operational decision-making from the limited number of organizations who participate in the cluster, and of the barriers faced in seeking access to elite key informants within any given field (Littig 2009). Moreover, it is within the recommended range of subjects for “hard to access populations” (Baker et al. 2012), and category-based theoretical saturation (Vasileiou et al. 2018) was reached.

Interviews were guided by social constructivism, with the aim of “explor[ing] how individuals understand and experience” (DeCuir-Gunby, and Schutz 2017) their organizations’ humanitarian decision-making process. Analysis was driven by the “intersubjective” activities of discourse (Mills et al. 2010), and thematic analysis was used to discover key factors in decision-making, employing NVIVO-based and hand coding. Themes have been explored through tools from within the field of organizational theory, with the aim of developing an ecological modelling of factors involved in the process of medical humanitarian decision-making regarding project termination.

Interviews centred on five topics: organizational overviews, internal processes, external influences, protracted crises, and humanitarian space. The development of the interview guide was guided by findings from previous research into humanitarian decision-making at other points in humanitarian response timelines, including a ‘simplified model of humanitarian action’ (Dijkzeul et al. 2013, p.S4), a list of emerging challenges for health humanitarians (VanRooyen et al. 2001, p.217), and themes arising from Ford et al.’s work on ethics and limits-setting in medical humanitarian response (Ford et al. 2009).

Interviews were conducted as remote calls, with most using voice over internet calling platforms. Interviews were audio recorded and then manually transcribed, resulting in 39197 words of interview data. Consent for participation was obtained from interview participants, and interviews were conducted on the condition of anonymity for participants, who were informed that their organizations’ affiliation with the WHO Health Emergency Cluster and whether their organization also engaged in development work would be the only primary identifiers used.

It should be noted that this approach has significant limitations. Key informants typically represent a specific component of institutional power relations and having particular

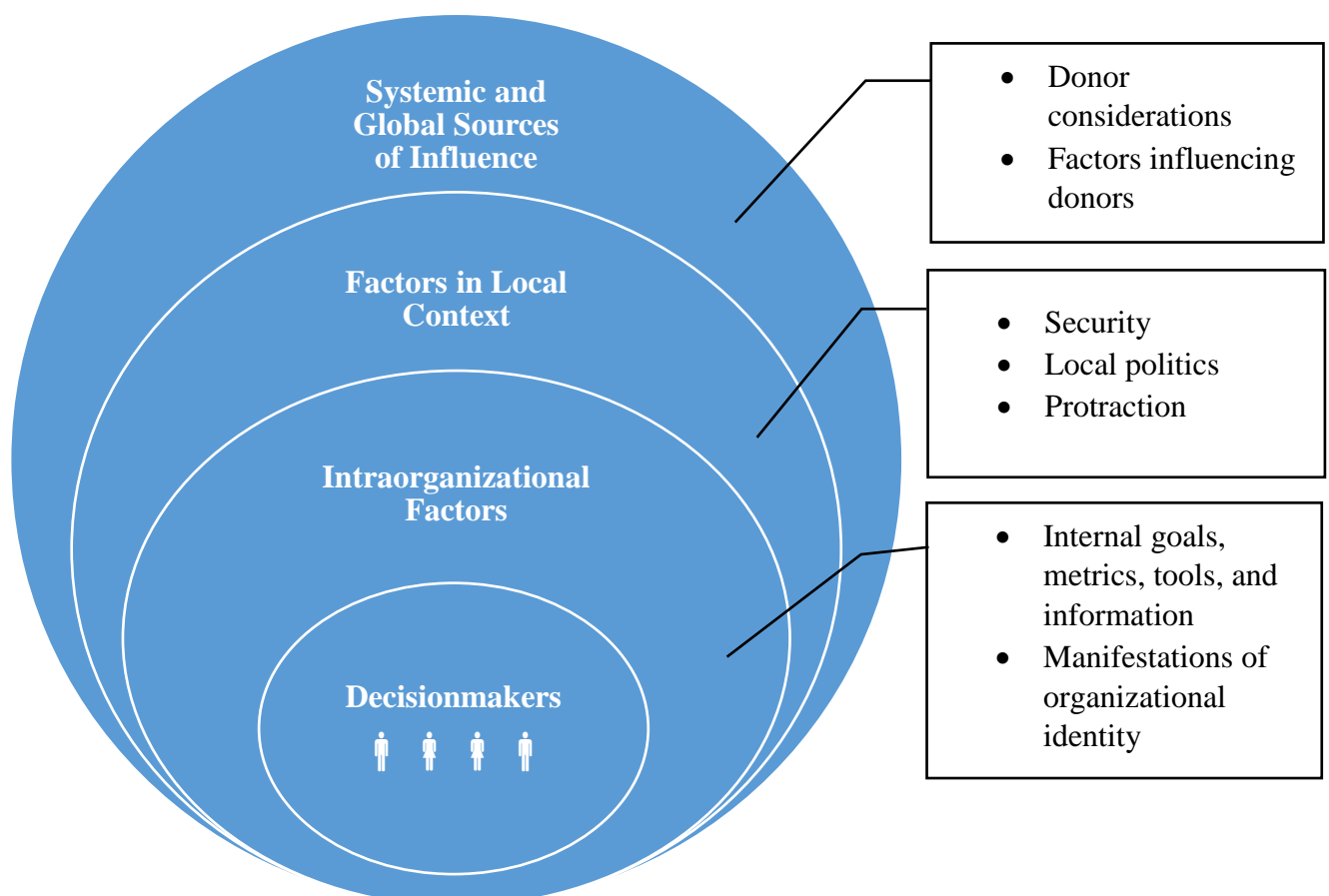
forms of knowledge (Payne and Payne 2004), and the information derived from such subjects is typically understood to have limited generalizability (Parsons 2008). Regardless of the level of generalizability of specific findings, however, this research provides insight into how a subset of decisionmakers in this field explain and understand their influences, and this knowledge is valuable in and of itself given the likely ramifications and influence of decisions made by these actors upon others within their operating space, including the beneficiaries impacted by project termination.

## 5. Findings:

### 5.1 – Modelling Findings Using Ecological Framing:

Ecological approaches are a modelling tool “used to help understand human systems and environments” (McLaren and Hawe 2005). As every interviewee suggested that multiple factors played roles in decision-making regarding the termination of emergency medical humanitarian programming, factors have been modelled based on their relationship to the decisionmaker within the system. These factors can contribute to humanitarian withdrawal decisions in different ways, and the influence they exert upon any single operational decision varies due to the realities of ad hoc information gathering, pressures within systems, and garbage can decision-making processes. Each will be explained in turn in the following pages, beginning with the decisionmaker and moving outwards. The model is as follows:

**Fig 1. Ecological Model of Factors Influencing Medical Humanitarian Decision-making Regarding Project Termination**



*Note: The design of this ecological model was influenced by an ecologically framed violence prevention model (WHO 2019).*



## 5.2 – The Decisionmakers:

Decision-making surrounding withdrawal was concentrated within certain actors within organizations. Individuals in roles such as “*team lead*” (KI1) were cited by interviewees as expected leaders of decision-making regarding project termination in their organizations. The degree to which these decisionmakers made withdrawal decisions autonomously of, or guided by, national and community actors within the context, i.e. systems sensitive decision-making, varied depending on the type of response and organization. One interviewee explained, “*some of these things are just driven by nationals, and some of them are this massive international presence*” (KI3).

Researchers in the field of organizational theory have highlighted that the roles of individuals and organizations in decision-making are intertwined, with key persons within organizations guiding decision-making processes (Shapira 2002, p.4). While one interviewee emphasized the level of autonomy in project specific decisions surrounding program continuation or termination given to decisionmakers, explaining “*you’re given more than enough rope to hang yourself. And, you kind of know what the organization would like you to do, but it doesn’t tell you what to do very often*” (KI5), decisionmakers within these organizations are primarily at the locus of the proposed ecological model for decision-making because of their role making sense of, and balancing between, various factors. Here, decisionmakers are the recipients of information, with “*clinicians*” (KI1) and staff “*from the field and also the headquarters*” (KI8) involved in providing the information which feeds into exit decision-making processes.

Decisionmakers fit within systems of networks and social domains reflected in the ecological model both through their organizations, which may have “*a network that we coordinate with*” (KI6) or have access to a “*network of community volunteers*” (KI4), and through individual connections gained through their past experiences, as those working within this field “*tend to move around different organizations, and make really good networks*” (KI1). Information provided to organizations through these “*wider networks*” (KI1) to specific decision-making individuals was described as possible factor influencing decision-making.

### 5.3 – Factors Within Decision-making Organizations:

#### A. Institutional Tools and Timeframes:

Some of the organizations interviewed deploy using programmatic tools or pieces of equipment which have built-in planned obsolescence periods. Time-limited programming may be linked to staff deployments, wherein, for example, “our clinicians are only committed to three weeks” (KI) or physical assets which are “*self-contained, they bring all their own equipment, their own logistics...*” (KI4), and beyond set lifespans of a few months, these resources “cease to be this standalone tool” (KI4). Tools of this type are developed for modular, flexible, efficiency (Jahre and Fabbe-Costes 2015), and organizations reliant upon them cited the duration of first phases of emergency assistance as roughly “*three weeks to three months*” (KI1), with these tools designed with “*sudden onset emergencies*” (KI4) in mind. Initial transition planning could be considered “*from day one*” (KI1) where response tools had specific limited lifespans. Where these tools delineated phases within emergency response, or even where organizations conceptualized of these phases more informally within their programmatic response, such as through phases in the disaster relief cycles of “*emergency, the recovery, reconstruction*” (KI2) rather than through a “*planning tool*” (KI2), these understandings of response processes were a factor in the initiation point of decision-making conversations surrounding possible program termination. Even here, however, adhocism’s flexibility was built into processes: “*we always have a plan going in. And the plan always changes.*” (KI6 2019)

Where response tools do not have built-in timeframes, full planning for exit “*doesn’t happen on the date of entry*” (KI8), but rather occurs as organizations “*start a recovery program*” (KI8) beyond the first rushed stage of life-saving relief. Closure of long-term protracted emergency projects could be “*opportunistic*” (KI7), brought about by “*some sort of defining moment*” (KI7) of resource or context-specific influences, or because “*we’re here just because we’ve never been promoted to have this discussion about leaving*” (KI7). Interviewees explained that disaster phases or humanitarian-development distinctions “*doesn’t really exist*” (KI6) from the perspective of beneficiary populations who have multiple concerns which do not neatly fit within scholars’ disaster cycle models. Accordingly, where organizations offered both humanitarian and non-emergency programming, determining what would be offered beyond emergency phases was an ongoing process, “*opposed to set...time frames*” (KI6), reflecting the pattern of recognizing multiple “*problems and alternative solutions to problems*” (Lunenberg 2010, p.10) of garbage can decision-making.

Thus, while time-bound responses and immediate relief resembles traditional limitations of humanitarianism, weighing of factors influencing organizational departure beyond that point typically reflected garbage can models responding to context-specific constraints and flexible adhocism as information was obtained concerning how to “*accompany the affected people through that process*” (KI6) of recovery. In the latter cases, the limit to humanitarian roles were less clear.

### **B. Humanitarian Identity:**

Interviewees from almost all the humanitarian-only organizations and one of the two dual-mandate organizations identified humanitarian principles, including “*independence, impartiality*” (KI1), “*transparency*” (KI8), and being “*neutral*” (KI3) as central factors in their organizations’ work and decision-making processes. These principles were decision-making factors “*not just in the exit, but continuously*” (KI8).

The primary way in which the importance of humanitarian principles arose as a factor in decision-making regarding withdrawal was as in placing the needs of the local population receiving support into categories, one of which was “*humanitarian need*” (KI4) – which necessitated response from humanitarian actors. For the interviewees from single-mandate humanitarian organizations, decision-making surrounding mission termination was made in context of organizational understandings of the roles for humanitarianism and development actors, and root causes of need. One interviewee explained:

*“...it might be a country that even though it’s a low-income economy country anyway and has really poor health outcomes. And you know, the emergency finishes and then we’ll hand over and exit, even though the health indicators may still be poor. Because that’s a development issue then, so we purely keep to the humanitarian principles, and our work is based on need. That need is linked back to the cause of the humanitarian emergency. I suppose the big part is distinguishing between what’s normal development or underdevelopment, and then what’s humanitarian.”* (KI2).

Understanding the origin of need and categorizing it as either humanitarian or development based was linked into organizations’ understandings of the limits of the humanitarian space, described elsewhere as practically concerned with “the context of needs” (Collinson and Elhawary, 2012, p.2). Here, one interviewee highlighted their organizations’ criticism of dual mandate organizations in this context, emphasizing “*quite frankly I’m not convinced that that’s possible... I don’t think you can be in a place like South Sudan and one*

*day be a development actor...and then the next day conflict breaks out and ...the state is a belligerent and all of a sudden you've claimed to be a neutral and impartial, independent humanitarian organization"* (KI7). In this context, limiting work in a purposeful way by categorizing needs acts as a way of determining when to terminate a response on the grounds that *"programming that was designed to meet short term humanitarian needs is no longer relevant..."* (KI7), while affirming the organizations' principles and belief in a separate space for humanitarianism for organizations which *"don't do development"* (KI2).

The only organization which did not invoke humanitarian principles as an underlying factor for consideration in decision-making was a dual-mandate organization, with understanding of organizational values instead being viewed through the broader lens of *"identity"* (KI5). Rather than a humanitarian identity, the interviewee explained that decision-making was grounded in identity as *"a local question"* (KI5), rather as universal across an organization. Here, the senior team was expected to consider *"what are our values?"* (KI5 2019) as an implicit *"key"* (KI5) in *"making decisions, like big strategic decisions like that in the country program"* (KI5). This highlights the continued importance of values as a factor in decision-making. However, the interviewee contrasted their approach to that of solely humanitarian organizations explaining that taking a value-based approach rather than specifically a humanitarian value-based approach led to decision-making which was *"much more variant. It depended on circumstances, and the cast of characters you had"* (KI5).

Thus, while the identities involved were variable, the role of identity – and the relevance of an organization's mission to its work – is a consistently vital factor in decision-making regarding the point of humanitarian withdraw. The continual interrogation of whether work conducted in the name of a specific identity appropriately mirrors that values inherent within that identity also reflects the questioning of organizational values inherent in garbage can models of decision-making (Cohen et al. 1972, p.11).

### **C. Information and Indicators of Humanitarian Need as Decision-making Factors:**

Mirroring the descriptions of adhocracy described by Dunn in their description of humanitarian response (Dunn 2012), the indicators used for determining levels of humanitarian need, one of the *"most important things"* (KI4) in determining whether to begin discussing termination of emergency programming were ad hoc. While there are *"different assessment tools out there"* (KI4), one interviewee explained *"...I wouldn't say that there are set indicators. It's more of observation, and working with people, and then issues and learning points that we're drawing out from that"* (KI1). This closely mirrored the language

of another interviewee's explanation of how the organization flexibly incorporates systems-level factors and weighs decision-making factors in project termination more broadly, explaining: "*Yeah, there's really no formal indicators, I would say. ...it's... not really an overly structured process. It's more based on contextual factors than anything else...*" (KI7) Possible sources of information feeding into this context-based process included "*the international community, the different records that the UN or other organizations issue*" (KI8 2019), "*local information from the local government*" (KI8), "*local volunteers*" (KI4) and "*having teams on the ground*" (KI8).

While staff on the ground, including clinicians, are used as "*eyes and ears*" (KI1), one these information sources, like all others including this study's interviewees, likely have their own interests. One interviewee shared a story where a decisionmaker felt that humanitarian response may no longer be justified, but local staff expressed that they "*felt that we should continue doing good work and of course keeping them in jobs*" (KI5). Tensions like this shape the information organizations receive and use as a factor in systems-sensitive decision-making.

The information gathered through these informal processes was used to "*understand the baseline*" (KI6). Unless the medical team is responding to a health emergency where the baseline goal is to remain until "*disease goes down, or goes down to zero*" (KI6 2019), distinguishing humanitarian versus development need could, for example, stem from understanding the typical burdens on local health infrastructure, such as "*the baseline is this hospital receives an average 100 patients a month, and these are the types of illnesses, or things that the hospital treats*" (KI6). In determining the starting point for discussions surrounding the possibility of project termination and the end of emergency response, the starting point was thus "*...have you approximated the baseline essentially? Are people no longer worse off than they were before?*" (KI4). Here, humanitarian projects often choose to terminate projects even where "*the baseline level of needs are quite high*" (KI7), because the source of needs is significant to decisionmakers. Here, decisionmakers may decide that "*fundamentally the issues are related to long term sustainable development, which is less...uh, of a focus for us as an emergency organization*" (KI7), again highlighting humanitarian–development divides as a decision-making factor.

The informal processes taken to gathering information to determine baseline levels of need were justified based on a chaotic operating environment, mirroring descriptions of the

social construction of emergency conditions (Dynes and Rodriguez 2007). Viewing themselves as constrained by the operating environment, one interviewee explained, *“I mean that’s the definition of emergency, right? It is chaos, and we’re trying to make sense of the chaos”* (KI6). Another explained that formal indicators are “probably a little bit more in the development context” (KI1) because *“from the emergency response side – that it’s, it’s about the information and data that’s gathered on the ground at the time of the response.”* (KI1)

Informal sources of information, flexible reliance on external data sources, and decision-making processes which respond to the nature of the environment, reflect theories of adhococracy in decision-making (Miller 1990). The picture of this use of ad hoc indicators in determining an exit point also mirrors findings from the use of “judgemental data” (Tofighi et al. 2016) in post-disaster decisions and a case study of Timor-Leste, where the strategy for humanitarian exit was based on achievement of goals measured through “personal ‘evidence’” (Lothe and Peake 2010, p.S439) linked to “anecdote and gut feeling” (Lothe and Peake 2010, p.S439).

#### **D. Capacity Building:**

Capacity building was, due to its associations with development, historically “one of the sharpest points of disagreement in the humanitarian system” (Audet 2011, p.1153). However, the majority of interviewees cited strengthening local capacity as an organizational aim prior to withdraw, explaining *“when we start a program we don’t want to go in, start a program, and then rely on us and leave. We want to go in and build capacity.”* (KI2 2019) Reflecting the Sendai Framework emergency recovery principle of “build back better” (Stamnes 2016, p.2), the attitude of single-mandate medical humanitarian organizations was often that *“I don’t think we’d ever actually leave and have it be at the previous state”* (KI1 2019). Here, the success of capacity building efforts was used as an indicator for some organizations that it would be appropriate to consider project termination. Once departure decision-making began, questions such as *“what is the capacity nationally to absorb this?”* (KI4 2019) were key to organizations’ exit planning, with one interviewee explaining that while it *“can be difficult to set objectives around capacity building around the exit criteria... you’d certainly try and factor that in to what you try to achieve once you make the decision to close a project.”* (KI7 2019). In addition to suggesting an enlargement of the space for humanitarian action and the self-creation of a role for humanitarians in capacity building within the humanitarian-development nexus, factoring capacity building into withdrawal decision-making bridges internal and external decision-making influences. The mandate to

capacity build prior to departure is self-imposed by organizations as an internally driven goal, but its success is heavily reliant upon the cooperation and capabilities of other actors within the system.

## 5.4 – Factors Within the Local Context

### A. Security:

Security and access concerns are often described as infringing upon humanitarian space. Humanitarian access has been described as “fundamental yet increasingly threatened” (Labonte and Edgerton 2013), and both the “militarization of emergencies” (Väyrynen 1999, p.180) and the denial of access to humanitarian actors where emergency assistance is contrary to “domestic military and/or security goals” (Labonte and Edgerton 2013) have been characterized as determinants of humanitarian organizations’ ability to respond.

Yet surprisingly, the role of security concerns in determining whether to terminate a humanitarian project was limited. One interviewee from a dual-mandate organization gave an example of “*reducing the operation*” (KI8), where the organization “*pull[ed] out*” (KI8) of a development project due to security concerns (KI8), however, interviewees indicated this was only a last resort consideration in determining whether to terminate a humanitarian program. Instead, security was “*...more an operational question. It’s not a ‘shall we, or shan’t we?’ question, it’s a ‘how should we?’ question*” (KI5). Here, security concerns most commonly result in project reformulation rather than termination, with one interviewee explaining that “*we have to adapt our programming slightly as the security context changes, but we don’t change what we’re doing.*” (KI3). Ways of adapting programming included switching to “*cross border operations*” (KI2) and “*using local personnel to run the program*” (KI2).

The limited degree to which heightened security concerns are a causal factor for humanitarian exit may be linked to the consideration of security concerns in determining the initial selection of an emergency for response by these organizations, with one interviewee emphasizing that “*there are quite a number of countries [organization] doesn’t work in just because it’s too dangerous*” (KI2). Thus, security concerns are unlikely to push these organizations to terminate a project, because the types of contexts where these concerns are likely to arise do not offer the degree of “*humanitarian access*” (KI2) required for response to begin. However, reflecting recent calls for organizations to find ways to remain in insecure areas (Egeland et al. 2011), decisions based on security assessments are not a binary between secure or insecure operating environments, but a curve, with points at which insecurity may even act as a reason not to terminate a project. One interviewee explained that “*often if you*

*have enough security to work, but you still have an ongoing level of insecurity, it generally makes the urgency of the project more important” (KI3).*

This ongoing level of background insecurity in areas earmarked as high priority for continued humanitarian programming reflects descriptions of growing organizational determination to remain in insecure contexts (Duffield 2012), while explaining the way in which security does factor into the project termination equation: the approach taken to, and the timeline of, the withdrawal period. Areas of heightened insecurity are likely to be complex operating grounds, where responses to sudden onset emergencies occur in environments facing “*armed gangs or armed combatants*” (KI3). When organizations begin to scale down humanitarian projects in these areas, turning infrastructure over to governments and terminating the provision of free services, the cost-benefit trade-offs for actors who had permitted humanitarian access in that insecure environment shift. One interviewee explained: “*Sometimes, you – security will cause you...you’ll have to stop activities a bit earlier because, as you reduce activities, your access becomes more difficult. Because the same combatant groups say ‘what’s the value in you coming? If you used to come every day and now you come once every two weeks and it’s not good enough...’*” (KI3). In this way, external actors who are possible sources of insecurity are part of the system present in the operating context, with security shocks promoting systems-wide feedback that only rarely are a determining factor causing departure of humanitarians from the system, but which often change how they act within it or carry out withdraw.

### **B. Local Government:**

Within a systems approach, local government is “*the most important partner outside of the affected communities*” (KI6) for organizations responding to humanitarian emergencies and is a vital external actor within humanitarians’ social domains. The facilitation of humanitarian access and creation of space for humanitarian response is often reliant on the cooperation of local political actors, governments, and institutions (Brassard-Boudreau and Hubert 2010). Taking cues from external actors who create space for response was highlighted by one interviewee: “*So when the Mozambique government declares a state of emergency, or when they request for international assistance, the [organization] also does the same thing.*” (KI6). The nature of this relationship means that the degree of cooperation from local government – and the interests and identities of local government actors – can shape how medical organizations decide when to terminate humanitarian responses.



In straightforward cases, this is because stable local governments with the capacity to, and history of, effectively managing their own institutions outside of emergency situations, play “*leading*” (KI1) roles in managing response, with medical humanitarian organizations acting as partners to fill gaps created by the emergency. Here, the goal of humanitarian organizations is guided by the idea that “...*the Ministry of Health they own their Health system and we always see it as ourselves going in to support that, and not going in to change it or overrun it, or go in and provide a service which is going to leave a gap when we then exit*” (KI1). Consequently, where “...*there’s not other political issues there... Then there may be a shorter period of time where the government can get control again, and life-saving interventions aren’t needed as long*” (KI2). Here, just as when aiming to capacity build, humanitarian organizations will assess government action as an indicating factor as to whether it is time to withdrawal: “...*if the government are strong enough or start using their institutions again. Well then that’s another indication that, well yeah, that it’s probably time to leave*” (KI2).

In other cases, local political realities push humanitarians out of an operating context, leading organizations to terminate projects due to lack of operational space in which programming could continue. Here, a project could be terminated because “*the control of the government changed*” (KI2) with the organization deciding it “could no longer support a terrorist-based regime” (KI2). More commonly, organizations may be pushed out because “*politically, the country wants to declare the emergency phase over. They want to move on and say we’re now in sort of kind of a recovery phase...*” (KI3). This is likely linked to the political costs of emergencies for governments where they are viewed by publics as failing to lead effective, fast responses (Waugh 2006) Interviewees suggested that politically driven transition occurs at a point after emergency’s peak, where distinctions between emergency relief work and recovery work is less clear, distinct space for humanitarian operation less obvious, and deciding whether there is a continued role for humanitarians involves a degree of context specific judgement indicative of adhocacy. The “*transition from emergency to non emergency is pretty vague*” (KI3), and humanitarian organizations may already be in the process of evaluating whether there is a continued need for their presence when the decision is made on their behalf by local authorities – at which point government preferences becomes the top factor in determining program termination. As one interviewee put it: “*I mean, if we’re looking ‘okay, time to end’, then basically, if they force you to leave...*” (KI8). This highlights both the ability of external actors within open systems in constraining the array of

choices available to humanitarians in decision-making, and the role of these external actors in limiting humanitarian space temporally through the discontinuation of allowing access.

### **C. Protracted Crises:**

Unlike most sudden onset natural disasters, where organizations can operate and plan their departure timelines based on the understanding that “*in theory every day should be a little bit better than the previous one*” (KI4), protracted emergencies are “*semi-permanent crises....chang[ing] the way in which humanitarian aid is conceptualized*” (Hilhorst 2018, p.38) . Humanitarian responses in these contexts typically resulted in longer emergency response missions. For most of the interviewees, responses to protracted emergency situations resulted in heightened linkages with beneficiary communities, with one interviewee explaining that they “*make an effort to say, ‘we will stay with you as a community’*” (KI3). Consequently, in determining the point of project termination, and in determining how to go about the process of withdrawal, systems factors, specifically community linkages, featured prominently.

Understanding the limits of the humanitarian space – and distinctions between humanitarian work and projects more typically taken on by development actors – were fuzzier in these protracted contexts. For dual mandate organizations whose multiple programmatic branches allowed for clear distinctions between humanitarian emergency responses and other work conducted along the spectrum of service provision, relief, and transition towards recovery, organizations were able to signal the end of the humanitarian phase while maintain organizational presence through programmatic divisions. Here, humanitarian exit could involve “*hav[ing] the local development program, uh, brought in.*” (KI8). “*A good program would have an exit strategy*” (KI8) with a “*smooth transition*” (KI8), where during termination of emergency programming “*the local team already started preparing for the development programs afterwards*” (KI8). Here, “*the people [implementing the program] could be similar, but the programming could be different.*” (KI8). However, this distinction between humanitarian and development work can be merely symbolic. One interviewee explained that, while working with an organization providing routine services in long term refugee camps in a protracted emergency, the country team decided to address concerns that delivery of humanitarian emergency paradigms had extended the acceptable temporal limits by deciding “*we will consider this a developmental program, not a humanitarian program. These people have been in these camps by 15 years at this point. What we have to treat them as development actors in their own right*” (KI5). Time –

“*because it’s been going on so long*” (KI5) – was the primary factor considered in making this decision.

For organizations which solely engage in humanitarian work, the reality of organizational practices tended to be more at odds with traditional understandings of the limits of humanitarian response. Recognizing that “*while people may want a short term, or a really time bound response, the context you’re describing is going to mean we’re going to need to be there for a really, really long time*” (KI3), interviewees typically described their work in responding to protracted emergency as consisting of two phases: an initial surge of one type of programming at the point at which the situation was selected by the organization as an emergency to respond to, followed by a second wave of programming designed to be more ongoing, and more linked into the community.

For some organizations this can mean two programmatic withdrawals. The format of these two stages – one more resource intensive, and the other more focused on community level and supporting local capacity – can differ, but the format of two tiers of emergency response was constant across most organizations engaging exclusively in humanitarian work, and loosely resembled disaster cycle models. One interviewee explained that their organization begins by implementing time-limited surge responses which do not have the capacity to be extended and are inappropriate for long-term project continuation, but that “*after exit and during the exit*” (KI1) of that programmatic stage, further needs assessment occurs, which can be followed by seeking additional funding for the organization to “*kind of come back and do follow up stuff*” (KI1). Meanwhile, another explained that their organization “*would scale back from that initial emergency in terms of operations, but we would try to stay in place,*” (KI3), with the organizational approach being to have “*longer term activities to stay put. And then you’ll have these periods of peak activity*” (KI3), where surge resources are brought back in.

One interviewee explained the increased emphasis on community-based humanitarian-run programming in protracted crises as driven by recognition that in these circumstances “*there isn’t a sudden trigger to say, okay, now it’s an emergency, or now we need this surge response. Um, and so, our surge tools are not adapted to that. Because you can’t – I mean you couldn’t send in a hospital, and then four months later say, oh, well I guess we’re done here*” (KI4). Decisions to invest in infrastructure, day-to-day service provision, and deepened involvement with the local communities in lieu of terminating

emergency response or hand over programming actors more traditionally involved in long-term aid provision was also based on recognition that humanitarian principles created operating space which might not be available to other actors: *“intuitively you kind of know that nobody is going to be able to step in and kind of to have access to many of these places. So, it’s not really a conversation about leaving because you know what the gap would be”* (KI7). Here, few alternatives and the lack of a robust system in which other appropriate actors are present results in garbage can decisions which have the possibility to extend the space for humanitarian action beyond the typical.

Under ideal circumstances, when organizations do withdrawal from providing responses to protracted emergency, interviewees explained that project termination is *“still the same process, it’s just shorter or longer”* (KI6 2019). Factors considered here which may not affect program termination, but which will impact the timescale of termination and withdrawal, are centered around the *“reputation”* (KI6), *“relationship”* with both the community and local actors (KI6) and *“institutional memory”* (KI6) involved, which result in an increased need for consultation. While Comes has suggested that humanitarians may also wish to stay longer in these circumstances due to a *“sunk cost fallacy”* (Comes 2016, p.6), the longer temporal duration of emergency also means that *“it’s much harder to get private funding – you know – to continue a protracted response. Um, particularly if there’s less media attention involved”* (KI2). Organizations *“can only stay as long as funding is available”* (KI2) Under these circumstances, organizations may choose to cast themselves as *“never really disengag[ing]”* (KI3), remaining in contact with systems of community networks developed and *“stay[ing] involved”* (KI3) through exercises of solidarity while having *“to pull teams back and say there’s no more money”* (KI3). The role of funding will be further explored in subsequent paragraphs, but from this alone it is evident that donor attention within humanitarian systems is a factor in project termination in some cases, and fuels garbage can processes in open systems.

## **5.5– Systemic and Global Influences**

There is a growing gap between levels of humanitarian need and the funding available within the global system to address it (UNOCHA 2017). While non-governmental humanitarian organizations are the *“principal conduit of assistance”* (Stein 2001, p.22) for funders of this system, donors including foundations and governments have system-distorting preferences (Wakolbinger and Toyasaki 2011, p.43-47) and donate selectively (Binder 2009). Influenced by factors ranging from stakeholder relationships to security interests (Olsen et al.,

2003), their donation choices create “dependency restrictions” (Seybolt 2009, p.1032), which limit the array of choices available to humanitarian decisionmakers and imbue these options with political consequences for beneficiaries and organizations alike (Väyrynen 1999). It is therefore unsurprising that funding considerations were consistently cited as a major factor influencing humanitarian project termination.

Donor preferences were described as “loom[ing] large” (KI5). Admitting that funding as their “driving factor” (KI2), one interviewee highlighted that “*even if there is a need if we don’t have funding, we can’t respond, we can’t continue the response*” (KI2). For some of these organizations, funding considerations play an outsized role at the point of project termination, as compared to other points in the humanitarian response cycle, because of how organizations’ funding processes are structured. As one interviewee explained:

*“... most large organizations like [organization], we have our own internal funding, we also apply for funding from other donors, to continue programs. So funding is an important factor. So, if we have all intentions to stay for five years, but we run out of funding in year two, well then that’s a pretty easy decision, that we don’t have funding” (KI6 2019).*

Here, internal funding and non-earmarked funds held within organizations allows for a degree of organizational independence, in alignment with independence as a humanitarian principle (Bagshaw 2012), in determining the initial selection of crises for response. Organizations can use their own resources to commence work while seeking to “communicate about the crisis and access money” (KI3), however, if funding appeals are unsuccessful, the organization may have to scale back or terminate programming due to insufficient funds. Consequently, “*the donor responses is really, really important in terms of driving how an agency acts*” (KI3), particularly as a factor in determining withdrawal points. Where funding is unavailable, it is “*a pretty black and white decision that we won’t stay*” (KI6) for these organizations.

Contrastingly, in protracted crises, donor politics may also act as a reason why organizations decide not to terminate projects which may have otherwise been closed due to the incompatibility of projects with organizational understandings of humanitarian space and identity. One interviewee explained that certain projects may have lasting traction with the bureaucracies which handle government donations, where it is easy renew project funding because “*they don’t have to worry about it....they get money out the door, which is what they*

*get promoted for...*” (KI5). Here, organizations may choose not to terminate projects on the grounds that vested donor interest in humanitarian response, even if the context can no longer be considered appropriate for emergency response, to keep their organization competitive: “*if you withdraw someone else will just take the money... It’s a bit like shipping my coal, if I don’t mine it someone else is going to mine it...*” (KI5). Here, decision-making factors internal to the organization are at odds with external influencing factors, and the context-specific weighing of importance of these different components of the system within a specific decision will result in variable decision outcomes as highlighted by garbage can theory (Heyse 2006). Where funding considerations outweigh humanitarian principles, the humanitarian space may be understood as being distorted by these external influences.

Sources of funding can also have symbolic meaning related to organizational understandings of humanitarian-development nexus which can place constraints upon organizational action. In delineating between humanitarian and development work, the labels attached to funding – both by donors and by organizations themselves – can be used to signify the end of a humanitarian response stage. In determining their point of humanitarian withdrawal, cues can be taken by determining which type of donor is providing funding for response in that area, and project scale downs align with decreased availability of humanitarian funding as the organization “*wouldn’t be seeking funding from those development donors*” (KI2).

Interviewees were aware of the influence of external factors in determining donor preferences, highlighting “*geopolitics*” (KI5) and “*media attention*” (KI2) as possible influences. As previously discussed, literature demonstrates the role of these factors in influencing humanitarian behaviour (Olsen et al. 2003, p.110), however interviewees stressed that media attention and geopolitics did “*not really*” (KI7 2019; KI5 2019) act as factors in decision-making surrounding humanitarian exit beyond their indirect impact upon donor funding priorities.

## **5.6 Balancing Between Decision-making Determinants:**

Interviewees described context-specific uniqueness in humanitarian project termination decisions made by organizations, emphasizing that “*each project is going to be different*” (KI7 2019) and “*each response is different*” (KI2 2019). This mirrors previous findings that “there is no single pattern of response” (Väyrynen 1999, p. 175) to humanitarian emergencies, as each is “unique and novel” (Tatham and Houghton 2011). While broad factors considered by organizations in determining when to terminate emergency responses

were similar across organizations, the weight given to each of these factors in determining withdrawal points was variable, both between organizations and between responses within organizations.

As predicted by Heyse's modelling of humanitarian garbage can decision-making (Heyse 2006) interviewees frequently cast external factors within their network systems, including funding flows and local politics, as constraining organizations' ability to independently determine the trajectories of their own responses. These factors interfered organizations' ability to consistently make decisions which accordance with organizational principles, such as decision-making based upon humanitarian need. Here, "*the humanitarian need balanced with acuity balanced with local capacity and all of these things*" (KI4 2019), in determining organizational decision-making. This emphasizes the extent to which organizations' abilities to act in a manner which is consistent with their principles can be constrained. Reflecting on the influence of donors upon organizations' decisions concerning project continuation, one interviewee emphasized "...*in a situation where you have this massive crisis, but we haven't had a great deal of donor response, there's not a great deal of interest from the general public, while according to our fundamental principles we would want to respond and stay, we're challenged. We don't have the funding; we don't have the resources to do that.*" (KI3 2019).

These tensions between organizational ideology and organizational practices in determining when to terminate projects can limit the humanitarian space via the termination of access or funding, with impacts both upon the enactment of organizational principles and the lives of beneficiary communities: "*Those sort of things become very difficult, because um, what happens in that phase is we told those communities we're here to help you, because of these humanitarian needs. And then two years later we begin to explain that we're pulling back out. But the humanitarian needs haven't changed.*" (KI3 2019) This tension between meeting humanitarian need and sensitivity to external factors was perhaps made clearest by one interviewee's explanation of what meeting the humanitarian principle of accountability involves in practice for their organization: being "*accountable to the community, and to the donor, and to the people we serve*" (KI8 2019). That humanitarian project termination is influenced by the multiple interests within their networks matches findings of other scholars' investigations into NGOs more broadly, wherein organizations are "ontologically interwoven with their partners" (DeMars and Dijkzeul 2015, p.19).

## 6. Conclusion:

This paper sought to explore factors contributing to the end of humanitarian emergency responses through an examination of influences upon decisions made by a set of medical humanitarian organizations when determining whether to terminate emergency-specific programming or withdrawal from areas which have experienced emergency.

Answering this question involved consolidating relevant existing findings on phases in disaster response, humanitarian decision-making, and humanitarian exit, and then seeking to deepen this small body of knowledge by contextualizing research largely based in theory and single-case studies with the insight gained through discussions with an array of individuals who have experienced these decision-making processes within their organizations. Factors which arose as possible decision-making influences in these interviews were largely consistent with those predicted by theoretical models and existing literature, though the ways in which those factors influenced decision-making was not always consistent with what had predicted, as was illustrated by the role of security considerations.

The result of this investigation is a model which indicates that factors influencing humanitarian decision-making come from a range of places surrounding decisionmakers, arising both inside their organization as a consequence of tools, goals, and principles; and externally via the realities of other considerations and actors in their organization's operating context and the global system. While an ecological model has been developed as a tool through which to make sense of the sources of influence upon these organizations, there is no single formula or combination of these factors which is consistently used to produce a decision-making outcome concerning whether or not to terminate an emergency-specific medical humanitarian program. Rather, this paper found that organizations make sense of these factors, and translate them into decision outcomes through a set of processes which are flexible, emerge in chaotic, context-specific environments, and which can best be understood through the insight provided by organizational theories related to systems, adhocracy, and garbage can decision models.

Medical humanitarian organizations hold a specific position as politically socialized entities perceived as authorized to "diagnose crises and propose remedies" (Herzlich 1995 p.1618). The findings of this study may not be generalizable to other organizations or kinds of humanitarian actors, particularly those outside the cluster system including "*smaller, local organizations that don't speak, let's say English or French*" (KI6) who may operate



differently. However, it is hoped that shining light onto the factors which even a few actors within the humanitarian system believe influence their organizations' decisions may provide limited, but useful, insight into an subject where the consequences of decisions impact beneficiary populations and have norm-setting ramifications upon our understanding of what humanitarianism entails. Humanitarian principles, and understandings of debates surrounding the humanitarian space and the humanitarian-development nexus "*read like theoretical*" (KI3) but were salient and "*fundamental*" (KI3) to organizations making decisions surrounding project termination. Despite their salience, this research highlights that the duration of the humanitarian space, and where the line is drawn between humanitarian and development work, fluctuate, and are rarely decided by medical humanitarians within a principally driven vacuum, but rather are informed and influenced by both the tools humanitarians use and by external forces which have their own interests.

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