



VOLUNTEERISM IN HUMANITARIAN ACTION

Supporting United Nations entities
and national governments towards realizing
the 2030 Agenda for Sustainable Development



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and national governments towards realizing
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ACRONYM LIST

AAP	Accountability to Affected Populations
AFAD	Disaster and Emergency Management Authority (Türkiye)
AoR	Area of Responsibility (GBV AoR refers to Gender-Based Violence coordination group)
CBPF	Country-Based Pooled Fund
CBE	Community-Based Education
CBPM	Community-Based Protection Mechanisms
CHW	Community Health Worker
DR	Democratic Republic of the Congo
ERR	Emergency Response Room
ETC	Emergency Telecommunications Cluster
FTS	Financial Tracking Service (OCHA)
GBV	Gender-Based Violence
GHO	Global Humanitarian Overview
GHRP	Global Humanitarian Response Plan
HCT	Humanitarian Country Team
HC	Humanitarian Coordinator
HNO	Humanitarian Needs Overview
HNRP	Humanitarian Needs and Response Plan
HRP	Humanitarian Response Plan
HPC	Humanitarian Programme Cycle
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
ISCG	Inter-Sector Coordination Group
JRP	Joint Response Plan
MAG	Mutual Aid Group
MHPSS	Mental Health and Psychosocial Support
MSNA	Multi-Sector Needs Assessment
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PSEA	Protection from Sexual Exploitation and Abuse
RCRC	Red Cross and Red Crescent Movement
UHF	Ukraine Humanitarian Fund
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
WGSS	Women and Girls Safe Spaces
WLO	Women-Led Organization

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EXECUTIVE SUMMARY

When crises strike, volunteers mobilize immediately because they are present, trusted and accountable to their communities. Their action is not contingent on the presence of formal humanitarian systems. Across emergency contexts, volunteers operate throughout the humanitarian programme cycle, from preparedness and immediate response to recovery and transition. As access constraints, insecurity and funding shortfalls intensify, volunteers increasingly remain the final delivery presence. Despite this operational reliance on volunteers, the research finds that their contributions remain weakly articulated within humanitarian planning instruments and insufficiently supported through resourcing, safeguarding and duty-of-care frameworks.

Against a backdrop of rising needs, constrained access and a hyper prioritized humanitarian response under the “Humanitarian Reset,” the current period has been described by humanitarian leadership as a turning point. Applied to localization, the findings indicate that continued reliance on volunteers without explicit recognition, resourcing or safeguarding reflects not an implementation gap, but a sign the system is misaligned. The result is a system that depends on volunteer-based delivery, while planning, financing and safeguarding in a way as if it does not exist.

What the research has revealed:

- ▶ Volunteers perform core and life-saving response functions across all phases of the humanitarian programme cycle, often outside formal system logic. In Sudan, volunteer-led Emergency Response Rooms (ERRs) and in Ukraine, civic, medical and municipal volunteer networks increasingly substitute for formal actors and where access is constrained.
- ▶ Volunteerism is weakly reflected in humanitarian planning instruments. A review of Humanitarian Needs and Response Plans (HNRP’s), flash appeals and pooled fund frameworks, across varied emergency typologies shows only 50 per cent explicitly name volunteers as actors; most rely on proxy language, and an average of 35 per cent omit volunteers entirely, despite clear operational reliance.
- ▶ Sectors including child protection, health and the Gender-Based Violence (GBV) Area of Responsibility demonstrate clearer visibility of volunteer engagement in planning instruments, reflecting the influence of sector guidance and minimum standards that define expectations around community-based and volunteer roles, functions and accountability.
- ▶ Early response effectiveness depends heavily on volunteer capacity yet remains poorly reflected in formal systems. In the Türkiye-Syria earthquake response, inter-agency evaluations document extensive reliance on volunteers during the initial phase, despite their near-absence from flash appeals and early planning frameworks.

- ▶▶ Planning cycles for 2025–2026 show increased attention to localization; however, volunteer roles central to last-mile delivery remain largely implied within broader local partner categories rather than explicitly identified, planned or costed.
- ▶▶ Duty of care and safeguarding for volunteers decline as institutional affiliation weakens. Case studies from Haiti, Sudan and the State of Palestine show that volunteers affiliated with United Nations agencies or international Non-Governmental Organizations (NGOs) are more likely to be covered by Protection from Sexual Exploitation and Abuse (PSEA) and Duty of Care systems, while non-affiliated volunteers perform comparable high-risk functions with limited or no protection.
- ▶▶ Trust and local legitimacy increasingly shape response effectiveness yet remain weakly recognized. In contexts such as Sudan and Haiti, collective community practices sustain responses through reciprocity and community accountability where institutional presence is limited or distrusted, although these locally legitimate volunteer models remain largely invisible to formal planning, coordination and financing frameworks.

Investing in preparedness improves readiness and responsiveness

Evidence from contexts where Member States and partners invest in volunteer frameworks ahead of crises shows improved volunteer visibility, integration and response effectiveness. In responses to Ebola, volunteer engagement is anticipated through preparedness frameworks with defined roles, training and supervision, enabling rapid mobilization and continuity. Similar outcomes are seen in disaster-prone settings such as Bangladesh, where volunteers are now clearly embedded within national disaster management systems and other frameworks.

Member States therefore have a central role to play. Volunteers operate first and most visibly within national territories, filling gaps where public systems are overwhelmed or disrupted. Operational reliance on volunteers without formal recognition, resourcing or duty-of-care and safeguarding arrangements creates systemic risk for volunteers as individuals, the communities they serve and the humanitarian system itself.

SUMMARY OF PRIORITY RECOMMENDATIONS:

These priority recommendations are directed at Member States, with corresponding responsibilities for United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Humanitarian Country Teams, donors, cluster leads, United Nations agencies and volunteer-engaging partners to advocate for, operationalize and support effective and accountable volunteer engagement as well as better meet localization commitments.

- 1. Explicitly mention volunteer-based delivery in planning instruments, sectoral guidance and standards:** move beyond proxy language to treat volunteerism as a legitimate capacity, enabling improved planning, costing, safeguarding, accountability and participation across the humanitarian programme cycle.

Key stakeholders: OCHA, United Nations agencies, cluster leads.

- 2. Develop or update National Volunteer Engagement Frameworks** that embed volunteer roles, risks and requirements into contingency and anticipatory action planning, aligned with existing national disaster management authorities (NDMAs) and volunteer systems ahead of crises.

Key stakeholders: Member States, NDMAs, OCHA, United Nations agencies.

- 3. Ensure humanitarian financing mechanisms are fit for volunteer-enabled, community-embedded responses:** including proportionate compliance and predictable access for smaller and volunteer-engaging actors. Reduce administrative, language, and due diligence barriers that exclude women-led organizations (WLOs) from pooled funds and Central Emergency Response Fund (CERF)-linked financing, and track how localization commitments, including the 25 per cent target, translate into direct funding access and governance influence, rather than continued reliance on sub granting.

Key stakeholders: donors, pooled fund managers, United Nations agencies.

- 4. Ensure frameworks and budget are in place for minimum, proportionate programme-level duty of care and safeguarding measures** including codes of conduct, training, supervision and accessible reporting mechanisms. Acknowledge the fact that women and girls may face specific risks as volunteers, making it critical to ensure feedback and response mechanisms are in place that are safe and accessible for female volunteers and that protection risks are addressed.

Key stakeholders United Nations agencies, iNGOs, Member States.

- 5. Continue to invest in mixed-modality UNV response structures and measure impact:** Expand first-phase deployment opportunities through mixed-modality structures including strengthened regional UN Volunteer rosters to increase robustness, while systematically tracking emerging critical needs and measuring the impact of support.

Key stakeholders: UNV and receiving United Nations agencies.

INTRODUCTION

The opening lines of the *2025 Global Humanitarian Overview* describe the current situation as a “moment of reckoning”,¹ marked by record levels of need, aid cuts and a growing strain on coordination mechanisms.

Faced with unprecedented funding cuts, in 2026 the Global Humanitarian Overview requested \$33 billion to reach 135 million people in need in a “hyper prioritized” appeal, with the humanitarian community standing with “local organizations aiding their own communities”.² In a letter to the Inter-Agency Standing Committee (IASC) Principals on their launch of the Humanitarian Reset, Emergency Relief Coordinator Tom Fletcher called on humanitarian actors to **“put people facing crises first, and provide as much funding as possible to local and national actors”** as part of efforts to reimagine how the system works for those most affected.³

Funding pressures coincide with longer-term trends of rising conflict, climate shocks, displacement and recurring public health risks, as reflected in recent Global Humanitarian Overviews.

Analysis is grounded in established frameworks for humanitarian coordination and reform, including United Nations General Assembly Resolution 46/182,⁴ the IASC Transformative Agenda⁵ and the Grand Bargain (2016)⁶ and its subsequent iterations, alongside reforms aimed at channelling more flexible financing through Country-Based Pooled Funds (CBPFs). While these reforms have strengthened coordination, leadership and accountability, they have also exposed persistent centralization and the limited inclusion of local actors and volunteer networks, particularly in terms of how delivery capacity is recognized, governed and supported within formal humanitarian systems.

Volunteerism represents a vast component of global social action. According to the UN Volunteers State of the World’s Volunteerism report, some 34.5 per cent of working-age people, or 2.1 billion individuals, engage in volunteer work each month.⁷ Analysis further reveals that engagement in volunteer activities primarily takes place through informal, community-based and crisis-related action rather than through formal organizations (Salamon et al., 2018; United Nations Volunteers, 2021b).⁸

As the United Nations enters the final stretch of the 2030 Agenda 2026-2029,⁹ the UNV Strategic Framework, 2026-2029¹⁰ reflects a consolidation of experience to date and a clear articulation of volunteerism as a cross-cutting delivery mechanism across the United Nations system, including in emergencies. The framework is aligned with the 2024 Quadrennial Comprehensive Policy Review and General Assembly resolutions on strengthening volunteerism for the achievement of the Sustainable Development Goals, leaving no one behind.

Within the humanitarian sector, organized volunteer engagement represents a smaller but highly structured subset of this broader landscape. The Red Cross and Red Crescent Movement alone reports approximately 17 million volunteers globally,¹¹ forming the largest organized humanitarian volunteer workforce in the world. Of all UN Volunteers in the UN system in 2025, 13,549 (79 %) served with IASC member agencies. One-third (4,979) served in countries covered by HNRPs. This reflects a strong upward trend in UN Volunteers supporting the United Nations humanitarian response in recent years (these same entities deployed 6,599 volunteers in 2020, meaning there has been a 105 % increase over the past six years). Looking more specifically at predominantly humanitarian entities in 2025 (Office of the United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), World Food Programme (WFP), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Office for Disaster Risk Reduction (UNDRR),

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), there were 1,706 United Nations Volunteers, of which 1,272 were nationals of the country in which they were volunteering (75 %) and 945 (55 %) were women.¹²

Alongside this, millions of additional volunteers operate through informal networks, mutual aid groups, faith-based organizations and spontaneous community responses, particularly in contexts of conflict, occupation and state fragility.

This research has confirmed that, in crisis contexts, volunteer engagement is driven primarily by collective responsibility, social obligation, survival and a shared moral duty rooted in long-standing social and cultural practices, rather than by crisis-specific incentives or humanitarian identity. Crises do not create these motivations; they expose, intensify and reconfigure existing norms of obligation, making volunteer action inseparable from community survival where state systems fail or exclusion persists.

Purpose and objectives of the report

This study forms part of a UN Volunteers' global research series led by the Volunteer Advisory Services Section (VASS), which generates evidence on the contribution volunteering makes to the implementation of the 2030 Agenda for Sustainable Development.¹³

The study examines the extent to which volunteers are recognized and integrated within humanitarian planning and coordination frameworks, and identifies practical entry points for strengthening this integration, including considerations for how volunteer contributions are monitored within existing planning and reporting frameworks. The term “recognized” refers to whether volunteers are explicitly named and described in formal planning and coordination documents such as HNRPs rather than being implied through proxy terms such as “community outreach” or “local capacity.” The term “integrated” refers to whether volunteers have defined roles within coordination and delivery structures, including participation in cluster or sector mechanisms, access to relevant training and protocols, inclusion in safeguarding and duty-of-care arrangements and clear lines of accountability.

The report also examines recurring approaches through which volunteer engagement has been successfully leveraged into humanitarian responses, as well as common challenges and constraints affecting such integration. While HNRPs provide an important reference point, the analysis reflects recent shifts in humanitarian planning, including the streamlining of HNRPs and the growing importance of the wider humanitarian architecture. Other critical spaces for advancing volunteer engagement that have been observed include pooled funding mechanisms, sector and cluster response plans and inter-agency coordination structures.

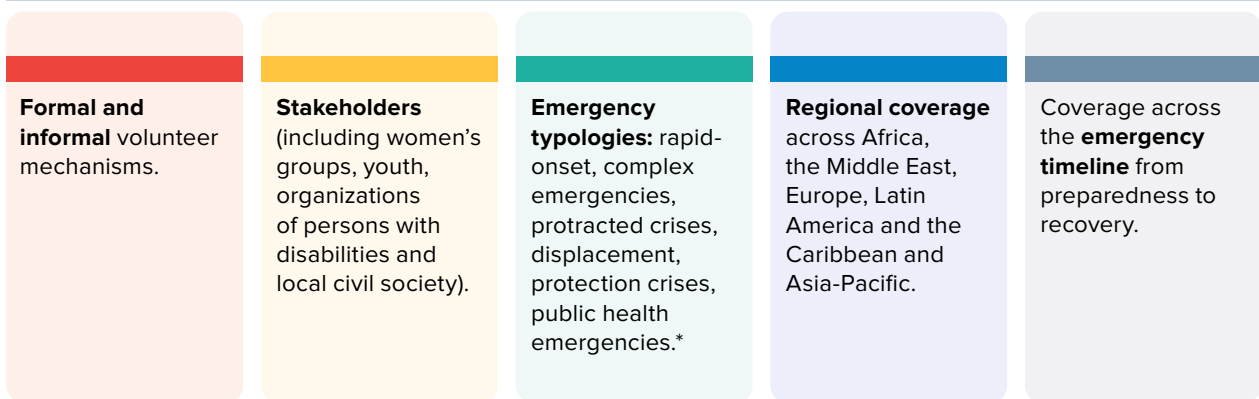
Finally, the report provides actionable recommendations for Member States and relevant national authorities, United Nations agencies (including OCHA and cluster leads), Humanitarian Coordinators and Humanitarian Country Teams, donors and international and national NGOs to support the systematic integration of volunteering within HNRPs and across the Humanitarian Programme Cycle (HPC).

Methodology

This study used a mixed-methods approach to examine how volunteerism is recognized and integrated within humanitarian planning and coordination frameworks. The research combined secondary and primary data. Secondary analysis included a desk review of 20 humanitarian planning and coordination instruments from 2021-2025 (see appendices for full list), including HNRPs, flash appeals and pooled fund frameworks, alongside selected academic and grey literature. Primary data comprised 35 key informant interviews with stakeholders from the United Nations Volunteers (UNV), United Nations agencies, IFRC and Red Cross/Red Crescent actors, international and national NGOs, researchers and formal and informal volunteer networks.

A comparative case study approach was used. Five primary country cases were selected: Sudan, Ukraine, the State of Palestine, Haiti and the Türkiye-Syria earthquake response. These were supplemented by two thematic mini-cases, namely Women and Girls Safe Spaces (WGSS) as a protection modality that is heavily reliant on volunteer engagement and responses to Ebola as public health emergencies in which structured volunteer integration has been central.

Figure 1: Case study selection criteria



**Slow-onset crises (e.g. drought, climate-related displacement, protracted food insecurity) are reflected within relevant typologies rather than treated as a stand-alone category.*

Ethical standards were applied throughout, including informed consent, confidentiality and secure data handling. Findings were triangulated across data sources and a light peer review process was used to strengthen analytical clarity and operational relevance.

Research limitations

The study relies primarily on the qualitative analysis of planning documents and interviews. Given ongoing and access-constrained crises, it does not attempt to quantify volunteer outputs or measure impact. Access restrictions, security conditions and uneven documentation across contexts affect the availability and consistency of information on volunteer engagement.

Defining volunteering in humanitarian action

For the purposes of this study, volunteering is understood in line with United Nations General Assembly resolution 56/38,¹⁴ which defines volunteering as “freely undertaken, non-compulsory activities carried out for the benefit of others, communities, and society, without expectation of financial gain”. This definition encompasses both formal volunteering, undertaken through organized entities and programmes and informal or self-organized volunteering, embedded in everyday community, social and cultural practices.

This framing aligns with humanitarian normative frameworks that recognize the central role of community and volunteer capacities in effective response. The Sphere Humanitarian Charter¹⁵ affirms that a “combination of official and voluntary action is essential to humanitarian response”, while the IASC Centrality of Protection policy¹⁶ highlights the role of community and volunteer actors in enabling early warning, safe access and protection outcomes.

To reflect the diversity of volunteer engagement observed across contexts, the analysis draws on the UNV modality framework, which conceptualizes volunteering across five interrelated dimensions: structure (formal/informal), site (on-site/online), intensity (episodic–regular), aspiration (community-building/self-building) and category (e.g. mutual aid, service, participation). These dimensions often coexist within a single response, reflecting the hybrid and adaptive nature of volunteer engagement in humanitarian settings.¹⁷

Defining emergencies and humanitarian action

For the purposes of this study, emergencies are understood, in line with United Nations General Assembly resolution 46/182¹⁸ and subsequent OCHA-led IASC guidance,¹⁹ as being situations in which humanitarian needs exceed national response capacity, requiring coordinated international support. These include natural disasters, complex emergencies, armed conflict, slow-onset emergencies, public health emergencies including infectious disease events emergencies and protracted crises.

The term “humanitarian response” refers to coordinated actions undertaken to save lives, alleviate suffering and maintain human dignity during and after crises. This includes preparedness and risk reduction, immediate life-saving assistance, protection and early recovery or transition activities, as articulated through OCHA-led humanitarian planning and coordination frameworks.

Understanding Humanitarian Needs and Response Plans (HNRPs)

HNRPs constitute the United Nations principal mechanism for coordinating and financing humanitarian action at country level. Led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), HNRPs are developed through inter-agency processes under the leadership of the Humanitarian Coordinator and the Humanitarian Country Team (HCT) and provide a shared strategic framework for humanitarian actors operating in complex emergencies.²⁰

According to the Global Humanitarian Overview 2024, coordinated humanitarian response plans covered more than 70 countries through a combination of HNRPs, regional response plans and flash appeals, collectively seeking tens of billions of dollars to assist over 180 million people in need of life-saving assistance and protection.²¹

Beginning with the 2024-2025 planning cycle, OCHA introduced a more streamlined, HNRP approach, characterized by tighter severity-based prioritization and reduced target caseloads in response to acute and sustained funding constraints, while maintaining the underlying analytical processes for needs assessment, prioritization, response planning and financial tracking. This shift reflected an explicit move towards more focused targeting of people in the most severe need, considering unprecedented global funding gaps, without compromising the integrity of the evidence base underpinning humanitarian decision-making.²²

For the purposes of this report, the term “HNRP” will be used to reflect the current humanitarian planning terminology and to align with the latest OCHA HPC guidance.

2 WHERE, WHEN AND HOW VOLUNTEERS APPEAR IN HUMANITARIAN PLANNING INSTRUMENTS

This section analysis presents and compares volunteer engagement across crisis typologies, humanitarian sectors and phases of the HPC, examining where volunteer roles are visible, implicit or absent within planning, coordination and financing instruments and how this visibility shifts over time.

2.1 Visibility in Humanitarian Needs and Response Plans (HNRP)

A missed entry point at the level of definition

Across humanitarian planning instruments and their corresponding guidance documents, HNRP, Country-Based Pool Funds and Flash Appeal reports, the research found little evidence or common terminology or functional definition that specifies who volunteers are, what roles they play or what responsibilities humanitarian systems hold towards them. Instead, volunteer engagement is absorbed into proxy categories such as “community mechanisms,” “local actors” or “outreach,” without distinction between voluntary, contracted or institutional roles.

This definitional gap is not due to the absence of policy precedent within the United Nations system. For example, other United Nations financing and programme frameworks such as United Nations Joint Programmes,²³ the Peacebuilding Fund,²⁴ and the United Nations Trust Fund for Human Security²⁵ explicitly require roles, sustainability and resourcing of local capacity – including volunteer engagement – to be defined at the design stage.

A review of 20 HNRP planning instruments (see Table 1) from 2020-2026 across emergency typologies assessed whether volunteer engagement was explicitly named, implicitly referenced through proxy language or absent. Only half of the plans reviewed explicitly referenced volunteers in the main narrative, seven made no reference at all, while the remainder relied on indirect functional language without naming volunteers as actors.

This absence represents a critical missed entry point. Actors who are not explicitly named are unlikely to be systematically planned for, costed, protected or meaningfully included in coordination and decision-making processes.

Table 1: Visibility of volunteerism in humanitarian planning instruments

Category of visibility	Yes* (Explicit)	Implicit	No (Absent)
1. Visibility of the term “volunteer” in HRNP type narrative.	10	3	7
2. Visibility of volunteers in HNOs (needs framing sections)	5	5	10
3. Volunteer-type functions articulated in cluster / sector sections.	17	2	1
4. Volunteer-type engagement reflected in financing / costing sections.	11	6	3
5. Duty of care / safeguarding frameworks extending to volunteers.	8	8	4
6. Volunteer-type roles in monitoring, referrals or feedback mechanisms	13	5	2

Table key: “Explicit” indicates that volunteers are clearly named as actors (e.g. volunteers, community volunteers, volunteer networks, UN Volunteers). “Implicit” indicates that volunteer-type engagement is inferred through described functions or proxy terms (e.g. community outreach, peer support, local mobilization) without naming volunteers. “Absent” indicates no reference to volunteers or volunteer-type visibility, including cases where sections of information were missing or not specified.

Visibility by sector and typology in planning instruments

The visibility of volunteer engagement in planning instruments varies significantly by sector, coordination structure and emergency typology (see Tables 1 and 2). The clearest and most consistent recognition appears in the health and protection sectors (including Child Protection and Gender-Based Violence Areas of Responsibility (AoR)). In these settings, community-based roles are institutionally embedded within outbreak preparedness, surveillance and risk communication functions, resulting in more explicit references to volunteers and volunteer-like personnel in plans and strategies.

In the protection sector and particularly within the GBV AoR, clearer visibility reflects the existence of dedicated coordination guidance and standards that explicitly reference community-based and volunteer roles, define functions and set expectations for supervision, safeguarding, and accountability. Sector guidance such as the Handbook for Coordinating GBV in Emergencies²⁶ provides a structured basis for naming and integrating community and volunteer engagement within coordination, monitoring and service delivery frameworks, contributing to greater consistency in how these roles are articulated in planning instruments.

In the child protection and health clusters, sector strategies and standards provide a basis for community-level engagement that is more consistently visible in planning instruments. For example, the Minimum Standards for Child Protection in Humanitarian Action²⁷ explicitly frames community participation and accountability, supporting the inclusion of community-based actors in child protection planning. Similarly, the Health Cluster’s generic terms of reference emphasize a people-centred, community-focused approach that underpins the involvement of Community Health Worker roles and volunteer-like functions in health planning and response.

By contrast, in rapid-onset disasters and access-constrained contexts, visibility is uneven despite heavy operational reliance on volunteers during early response. At cluster level, volunteer roles are most clearly articulated in the WASH Cluster and Food Security Cluster, where delivery often depends on community access and local facilitation. In the Education, Shelter and Emergency Telecommunications (ETC) clusters, however, volunteer engagement remains weakly defined or absent in planning instruments, even where last-mile delivery depends heavily on community trust, local knowledge and informal networks.

Centralized, asset-intensive clusters demonstrate the lowest visibility of volunteer engagement. The Logistics Cluster shows almost no recognition of volunteers in the planning instruments reviewed. Where actors are referenced, they are typically framed as contracted labour or implementing partners rather than volunteers. This reflects a broader system pattern: volunteer engagement is most visible in sectors that depend on proximity, trust and social access and is least visible in clusters oriented towards infrastructure, assets and supply chains.

Table 2: Visibility of volunteerism in sectors and emergency typology

Emergency typology/ Sector	Health	Protection	WASH	Education	Shelter	Food security	ETC
Protracted conflict/state collapse.	●●●	●●●	●●	●	●	●●	○
Rapid-onset emergencies.	●●	●	●●●	●	●●	●●●	●
Civil society rich conflicts.	●●	●●●	●	●●	●	●●	●●
Occupation/access constrained emergencies.	●	●●●●●	●●	●	○	●●	○
Public health emergencies.	●●●		●●	●	○	●	●

Note: ●●● = explicit and substantive reference; ●● = partial or indirect reference; ● = implied functional role; ○ = no reference identified.

Visibility in financing and costing sections and flash appeals

The financing and costing sections of HRPs and flash appeals show a gradual increase in recognition, alongside a continued reliance on indirect articulation. Just over half of the plans reviewed included some reference to resourcing volunteer-type engagement (see Table 1). In earlier planning cycles (pre-2025), these costs were most often embedded within partner, localization or project activity budgets, with volunteers being captured implicitly under broad categories of local partners rather than explicitly identified as a distinct delivery modality. At cluster level, this indirect treatment limited the visibility of volunteer-related costs for training, supervision, safeguarding and duty of care.

More recent plans, particularly those developed in 2025 and plans for 2026, including the Myanmar 2026 Earthquake Flash Appeal^{xxviii} and the Sudan Humanitarian Fund report for 2025,^{xxix} include dedicated localization sections that report on funding progress. This reflects a shift towards the more deliberate treatment of local actors, even where volunteer roles continue to be only partially specified or subsumed within wider localization frameworks.

Visibility in referral and feedback sections of HNRPs and other instruments

Volunteer-type support is more consistently referenced in monitoring, referral and feedback sections of HNRPs. Eighteen of the 20 plans reviewed referenced or implied volunteer roles in community monitoring, Accountability to Affected People (AAP), protection referrals and information flows, particularly in Protection, Health and Nutrition clusters and in access-constrained contexts such as Sudan and the State of Palestine (See Table 1). Once again, better visibility is noted in more recent instruments, particularly the 2026 HNRPs. While this confirms volunteers' central role at the community interface, it also highlights a structural imbalance: volunteers are more readily recognized as data gatherers and referral intermediaries than as actors requiring formal resourcing, protection and support.

2.2 Levels of overall integration in humanitarian planning instruments

To further analyse how volunteer engagement is reflected in humanitarian planning and coordination, the study assessed the degree to which volunteer delivery is made visible and integrated across planning instruments using four integration states, from low to formal integration against crisis typology (see Table 3). These states describe system behaviours rather than differences in volunteer capacity or motivation.

The integration states show that volunteers perform critical delivery functions across all crisis types, yet their visibility and recognition fluctuate as formal systems scale. The resulting risks vary by integration state, rather than by volunteer capacity or intent.

Examples of low / informal integration: Sudan, the State of Palestine, Haiti

Typical contexts: protracted conflict, state collapse, occupation, severe access constraints.

System risk: core delivery functions are externalized to informal volunteer systems operating outside formal planning, costing, safeguarding and accountability frameworks, creating a persistent gap between response reality and humanitarian architecture.

Example of emerging integration: Türkiye-Syria earthquake

Typical contexts: rapid-onset disasters and early phases of conflict escalation.

System risk: early response effectiveness depends on unplanned and uncosted volunteer capacity that is subsequently displaced or overlooked, resulting in loss of continuity, institutional memory and local response assets as formal systems scale.

Example of localized integration: Ukraine, the State of Palestine

Typical contexts: civil-society-rich conflicts and settings with strong municipal or civic systems.

System risk: sustained delivery capacity operates parallel to HNRP architecture, limiting strategic alignment, financing access, influence despite high functional integration at local level.

Example of formal integration (sector or context-specific): Ebola, Bangladesh

Typical contexts: public health emergencies and prolonged camp-based displacement.

System risk: effective volunteer formalization remains sector-bound and difficult to replicate, leaving the broader system without scalable mechanisms to integrate volunteer delivery beyond specific emergencies or governance-stable settings.

Table 3: Level of volunteer integration by emergency and risk

Integration state	Type of emergencies	What volunteers do in practice	Primary risks	How they appear
Low / Informal integration	Protracted conflict; state collapse; access- and politically constrained contexts. (e.g. Sudan, State of Palestine)	Volunteers substitute for absent or inaccessible formal systems, sustaining protection, health outreach, access, coordination, service continuity under high risk.	High reliance without workforce recognition; safety, safeguarding and continuity risks transferred downward; minimal reflection in HNRP costing.	Sector coordination spaces most consistently; protection-related mechanisms; weak visibility at inter-cluster and HNRP narrative level.
Emerging integration	Dependent on context, rapid-onset disasters; early phases of conflict escalation. (Türkiye earthquake)	Volunteers dominate early rescue, evacuation, rapid needs identification, logistics support, first aid, but often displaced, less visible in planning instruments as formal systems scale.	Early operational risk absorbed without retroactive protection or recognition; early reliance largely absent from flash appeals and early HRP logic.	Early response coordination and civil protection interfaces; short-lived visibility in cluster strategies.
Localized integration	Civil-society-rich conflicts; some protracted crises with strong municipal or civic systems. (e.g. Ukraine)	Volunteer and civil-society ecosystems function as sustained core response capacity through trusted local arrangements, often operating parallel to formal systems.	Strong delivery capacity remains outside formal financing, coordination frameworks, limiting influence.	Municipal, civic and sectoral systems operating alongside HNRP architecture; partial visibility in protection and health.
Formal integration	Public health emergencies; long-term displacement and camp-based responses. (e.g. Ebola, Bangladesh)	Volunteers are embedded within sector or response systems with defined roles, training, supervision, safeguards and, in some cases, stipends.	Often remains sector-bound; sustainability, progression and cross-sector recognition gaps persist.	Health sector strategies and camp coordination frameworks where volunteer roles are explicitly named, standardized and costed.

Box 1: Why Ebola differs - from informal to formal volunteer integration

Responses to Ebola illustrate one of the few humanitarian contexts in which volunteer engagement evolved from largely informal reliance to formalized integration within humanitarian and national systems. The operational demands of controlling outbreaks made sustained community-level engagement indispensable, compelling actors to translate early volunteer reliance into defined roles, standards and protection.

Early evaluations of the West Africa Ebola response were critical of the initial approaches, highlighting that community members and volunteers were rapidly mobilized without standardized training, protective equipment or clear reporting lines raising personal risk, undermining trust and contributing to continued transmission (WHO, 2015).^{xxx}

Phase 1: informal / ad hoc engagement. During early Ebola outbreaks in West and Central Africa, community members, including traditional healers, burial volunteers, youth groups and informal health volunteers were mobilized for surveillance, outreach and care-seeking. Often serving as the primary interface between communities and responders, volunteers operated with limited training, unclear authority and minimal protection, taking on significant personal risk while performing essential functions.

Phase 2: transitional integration driven by public health necessity. As outbreaks escalated, governments supported by WHO, UNICEF, IFRC and Health Cluster partners recognized that effective control depended on sustained, standardized community engagement. Informal volunteers were progressively reorganized into Community Health Worker (CHW) or equivalent cadres, with defined roles in contact tracing, risk communication, referrals and community-based surveillance.

This transition was enabled by:

- Member State leadership, with Ministries of Health asserting oversight of surveillance and response
- Health Cluster coordination, supporting standard-setting, role clarity and alignment
- Civil society actors, notably national Red Cross societies, providing structured volunteer coordination
- Public health protocols, including standardized training, supervision and reporting.
- Sector anchoring, embedding volunteer roles within national health strategies rather than treating them as temporary humanitarian labour.

Phase 3: formalized integration. In later Ebola responses, CHWs were explicitly named in response plans, costed within appeals, trained under standardized curricula, equipped with personal protective equipment and linked to national health information systems. Clearer duty-of-care arrangements, supervision and accountability mechanisms transformed informal volunteer action into a formal component of outbreak response capacity.^{xxxi}

This formalization did not replace professional health staff. Rather, it clarified how clinicians, national health workers and community-based volunteers interacted within a single response architecture.

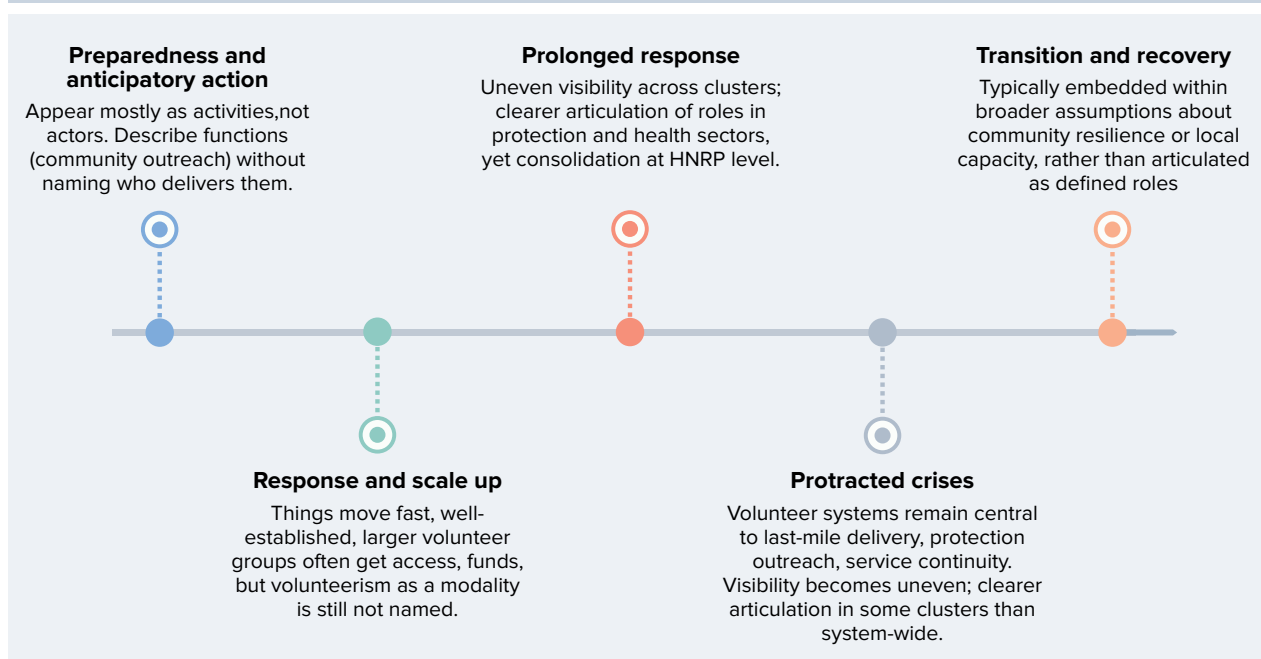
Enabling conditions and system learning. Key enabling factors included clear state authority over public health and surveillance, non-negotiable infection prevention and control standards, sustained health sector preparedness investments and repeated outbreak cycles that enabled institutional learning and role refinement.

Subsequent responses to Ebola also demonstrated that outbreak control depended on formally integrating community-based volunteers into national health systems as CHWs, with standardized training, protective equipment and supervision and reporting transforming informal volunteer engagement into a visible, costed, protectable component of response capacity.

2.3 Visibility and the integration of volunteers across the emergency timeline

The research confirms that volunteers and volunteer-based systems contribute at every phase of the emergency timeline, from preparedness and anticipatory action through to immediate response, sustained delivery, protracted crisis and transition and recovery (see Figure 1). What varies is not whether volunteers are present, but how their roles are recognized, planned for and resourced within formal humanitarian planning, coordination and financing instruments.

Figure 2: Emergency timeline and volunteer visibility in planning instruments



In the preparedness and anticipatory action phases, explicit recognition is clearest in public health and predictable climate-related contexts, where volunteer functions are formalized through training, supervision and preparedness frameworks, enabling early warning, evacuation support and the continuity of essential services and reducing reliance on improvised mobilization at crisis onset (see Figure 2).

During immediate responses, volunteers are consistently among the first responders, particularly in rapid-onset disasters, early conflict escalation and civil-society-rich or access-constrained contexts such as Ukraine and the State of Palestine. However, this centrality is weakly reflected in early planning instruments, as illustrated by the Türkiye-Syria earthquake, where the extensive volunteer mobilization documented in evaluations was absent from the flash appeal.

Box 2: Digital based volunteer management during the Türkiye earthquake response

Following the Türkiye-Syria earthquakes on 6 February 2023, the Volunteers Map, developed by the Turkish civil society organization, **İhtiyaç Haritası (Needs Map)**,²⁸ emerged as a key innovation for coordinating large-scale civilian volunteer mobilization. The platform mapped volunteers not only by location but by verified skills and competencies. Supported by the European Union, it functioned as a real-time decision-support tool, enabling disaster management centres to match evolving operational needs with appropriate civilian expertise through a centralized digital database. As a result, response efforts shifted from dispersed volunteer activity towards a strategic, skills-based deployment of civilian resources managed through a centralized mapping platform.

WhatsApp chatbot: During the same earthquake response, a WhatsApp chatbot, also developed by **İhtiyaç Haritası**²⁹ served as a critical interface for rapid needs identification. The AI-enabled system collected location data and primary needs through a familiar messaging platform, converting incoming messages into categorized aid requests for response actors.

The model was later applied during the 2024 floods in Valencia, where it supported humanitarian aid by facilitating the targeted distribution of food, clean water and hygiene kits. Across both contexts, the chatbot enabled a fast, reliable data flow between affected populations and relief organizations, improving the accuracy of last-mile delivery.

In sustained and protracted phases, volunteer systems remain critical to last-mile delivery and protection outreach, with clearer articulation in clusters such as health and protection than at system-wide levels, reflecting the sectoral patterns described in the previous section on cluster visibility.

During transition and recovery, it was difficult to identify volunteer visibility in planning instruments. Key informants noted that volunteer engagement is typically assumed rather than explicitly specified, often embedded within broader references to community resilience or local capacity. This limits visibility, resourcing and duty-of-care arrangements (see Figure 2).

2.4 UN Volunteers system readiness and responsiveness

Across all cases examined, key informants consistently highlighted the contribution of national and international UN Volunteers deployed both in-country and remotely to humanitarian responses. UN Volunteers were most often cited as adding value where proximity, language skills and contextual familiarity aligned with priority and critical operational needs.

Where the research points to further opportunity is in expanding flexibility in deployment options, notably through greater investment in cross-border and cross-regional mobilization. A best-practice example followed the August 2025 earthquake in Afghanistan, where a UN Volunteer deployed through UNDP crossed rapidly from Pakistan into Kunar and Jalalabad, providing immediate coordination, debris clearance support, restoration of water access and community-based psychosocial assistance.³⁰ Shared language, cultural familiarity and regional experience enabled rapid trust-building and effective action. Informants emphasized that such regionally proximate mobilization delivers operational value precisely because it can move faster than traditional international surge pipelines.

Evidence from Bangladesh similarly highlights the value of mixed-modality deployment. In 2024, community UN Volunteers funded through the Special Voluntary Fund supported the FAO post-cyclone response, complemented by Digital UN Volunteers providing remote information management, analysis and outreach. Informants linked these digital modalities to increased flexibility, expanded participation of volunteers with disabilities and strengthened enabling functions data, communications and translation that are increasingly central to effective emergency responses.

Taken together, these cases point to a clear area for investment: systematic strengthening of regional and cross-regional UNV rosters and mixed deployment modalities, aligned with the emphasis on agility, data and impact in the UNV Strategic Framework 2026-2029³¹. While mobilization remains a core strength of UN Volunteers, informants also stressed the need to pair faster and more flexible deployment with stronger impact measurement, including tracking deployment lead times, contributions to early response outcomes and structured learning through after-action reviews. Without this, the added value of the speed, flexibility and community-multiplier effect of UN Volunteers risks remaining under-evidenced, even where it is operationally decisive.

3 SHIFTING THE POWER: INCLUSION, REPRESENTATION AND LOCAL LEADERSHIP IN VOLUNTEERISM

Localization within the United Nations humanitarian reform agenda is framed as a shift of power, resources and decision-making towards local and national actors, in line with the Grand Bargain commitments. Findings from this study indicate that this shift has advanced unevenly. Local and volunteer-based actors are increasingly relied upon for delivery, yet remain far less consistently represented within coordination structures, financing mechanisms and decision-making spaces.

In Sudan, the emergence of Emergency Response Rooms (ERR) illustrates how localization can take the form of a redistribution of responsibility without a corresponding redistribution of power. Emergency Response Rooms (ERR) are rooted in *nafeer*, a cultural tradition in Sudan of collective mobilization through which community members come together to respond to shared needs or crises.³² Building on this social practice, volunteer-led neighbourhood networks rapidly assumed core humanitarian functions, including food provision, protection activities, evacuations and psychosocial assistance, often serving as the only functioning response capacity in highly insecure or access-constrained areas. Recent analysis, including the report entitled *We Are the System Now: How Sudan's Emergency Response Rooms Are Rewriting Aid*,³³ highlights that the legitimacy of ERRs is grounded in social trust, proximity and sustained accountability to affected communities rather than formal humanitarian mandates or organizational status. At the same time, the report and the cases explored in this research support how important it is to “treat ERRs as equal partners rather than implementers, basing recognition on the quality of their work and their legitimacy within communities rather than NGO registration or compliance standards.”

Similar dynamics are evident in the prolonged and repeatedly compounding crisis in Haiti, where collective social practices such as *konbit*³⁴ continue towards organizing community-based support. Through neighbourhood ties, reciprocity and shared responsibility these forms of collective action enable continuity of assistance in contexts where formal coordination structures or organizational presence are weak, disrupted or absent. Such practices function not as substitutes for humanitarian systems, but as embedded social mechanisms that sustain response capacity over time.

Together, these cases show that localization does not usually happen because the system enables it. More often, communities step in due to the necessity to fill gaps left by absent or inaccessible institutions, while remaining on the margins of the formal humanitarian system.

3.1 Access, scale and the limits of formal recognition

Access constraints reshape who delivers humanitarian assistance, but they do not automatically reconfigure who holds authority, resources or decision-making power.

In Ukraine, volunteers have been able to operate at scale through close alignment with municipal authorities and civil protection systems enabling large-scale mobilization for logistics, evacuations, shelter support and service continuity even as international access has fluctuated. While these arrangements have allowed volunteers to expand delivery rapidly and safely, they sit largely outside formal HNRP and cluster processes. As a result, volunteer systems function as essential operational infrastructure in practice, yet remain weakly reflected in system-wide planning, costing and workforce considerations.

In the State of Palestine, access constraints linked to occupation, movement restrictions and an intermittent humanitarian presence have resulted in sustained reliance on youth and community volunteers for outreach, peer support, protection activities and information-sharing. Through

UNFPA-supported platforms and youth engagement mechanisms, young volunteers contribute to service continuity under extreme constraints.³⁵ However, their formal entry into the humanitarian system is largely channelled through AAP mechanisms, rather than embedded across planning, coordination or financing frameworks. As a result, volunteer engagement depends on sustained advocacy and programme-specific arrangements, rather than routine system recognition.

Taken together, these contexts demonstrate that access constraints consistently push delivery responsibility downward without a corresponding shift in influence or resources. While volunteers enable a humanitarian response to continue under conditions where formal access is limited, planning and funding mechanisms continue to prioritize actors already legible to humanitarian coordination and compliance systems. This produces a recurring pattern in which volunteers scale delivery and absorb operational, protection and psychosocial risks, while remaining peripheral to decision-making and resource allocation.

3.2 Women-led volunteerism

The crucial role of WLOs/WROs (as well as IDP and refugee-led organizations) is increasingly recognized. Moreover, the IASC Gender Policy 2024³⁶ contains a new emphasis on WLOs in terms of their participation in coordination structures, access to funding and space to inform the response. The 2024 IASC Policy stresses the meaningful participation and leadership of women throughout the programme cycle, noting that response efforts will otherwise “not uphold the core humanitarian principles and standards”.

WLOs and volunteer networks play a central role in humanitarian response, particularly in GBV prevention, response and recovery and in sustaining community protection networks in access-constrained settings. Across crisis contexts, WLOs are often among the first responders and, in many cases, the only actors able to maintain survivor-centred services when formal access is limited. As women and girls are disproportionately affected by crises, their lived experience gives them a unique and practical ability to shape effective programmes. Despite this, evidence shows that WLOs remain systematically marginalized within humanitarian planning, financing and governance structures.

Findings from the United Nations Population Fund Regional Survey on Access to Pooled Funding for Women-Led Organizations in the Arab States (2025),³⁷ covering 201 organizations, reveal the persistent structural barriers that limit WLO participation in CBPFs and access to CERF-linked funding. These barriers include limited access to timely information on funding opportunities, exclusion from donor and coordination networks, lack of feedback on rejected proposals and eligibility, compliance, and due diligence requirements designed for larger international actors rather than community-based organizations.

The survey further highlights systemic donor bias favouring established international NGOs, with WLOs frequently being perceived as “high-risk” or “insufficiently capacitated” despite deep community reach and contextual expertise. Uniform compliance standards, English-language application processes and requirements for audited financial systems and banking infrastructure also work to disproportionately exclude WLOs operating in conflict-affected and displacement settings. As a result, many WLOs are relegated to subgrantee roles or are engaged only at the implementation stage, limiting their ability to influence priorities, budgets and strategic direction.

These exclusions carry tangible risks. Anticipated contractions in humanitarian funding under the Humanitarian Reset threaten to further erode limited resources for GBV programming, one of the most underfunded sectors, thereby placing front-line WLOs at risk of closure and disrupting life-saving services for women and girls. Without explicit safeguards for GBV financing and targeted investment in WLOs, the Reset risks reinforcing existing inequalities rather than redistributing power.

At the same time, emerging practice demonstrates that structural inclusion can shift influence. In Yemen, HNRP planning instrument³⁸ partners have supported WLOs to ensure they are formally integrated into humanitarian governance and planning, with reserved representation in coordination structures and pooled fund mechanisms linked to the HCT Localization Strategy (2024-2026). Similarly, evidence from the Venezuela Humanitarian Fund report (2024)³⁹ shows how the inclusion of WLOs and organizations of people with disabilities in advisory and review bodies improved the visibility of underserved and high-risk communities in funding decisions.

Taken together, the evidence underscores that where WLOs are excluded from planning, coordination and pooled fund governance, humanitarian responses risk losing trusted delivery channels, expertise on the lived experiences and risks unique to women and girls and accountability to women and girls, undermining both localization commitments and protection outcomes.

What is needed now is more women-led volunteer actors that can shape response priorities and resource allocation. This includes the participation of women-led organizations in Country-Based Pooled Fund advisory boards and co-leadership roles within humanitarian clusters and sectors.

4 DUTY OF CARE STANDARDS AND SAFEGUARDING

Protection From sexual exploitation and abuse as a system-wide responsibility

Protection from Sexual Exploitation and Abuse (PSEA) policies and practices aim to prevent, reduce the risk of and respond to sexual exploitation and abuse by United Nations personnel, NGO partners and other actors, including volunteers. Recent harmonized reporting on sexual exploitation, abuse and harassment (SEAH) trends in the aid sector, as documented in the CHS Alliance and Harmonised Reporting Scheme SEAH trends report (October 2024-March 2025) indicates⁴⁰ that “two in five alleged perpetrators are outsourced personnel or providers, such as volunteers, contractors or partner staff”, underscoring the need for consistent safeguarding standards across all roles. In line with the first of the six IASC core principles relating to PSEA,⁴¹ volunteers should be considered as part of the applicable definition of “humanitarian workers”. As volunteers deliver aid and work in positions of proximity and influence with affected populations, their inclusion in PSEA accountability frameworks is essential.

Across contexts, the research has found that while PSEA safeguarding systems have strengthened at the institutional level, they remain uneven in how they address volunteer engagement. Safeguarding frameworks are typically designed around humanitarian staff, partners and organizations, rather than explicitly extending to unaffiliated volunteers performing humanitarian functions. The CHS Alliance calls volunteers a “high-risk group” which “underscores the need for stronger oversight and clear safeguarding expectations.”

This reflects a recurring practical dilemma for Member States, specifically humanitarian donors and humanitarian actors. Volunteers often occupy an ambiguous space between civic engagement and formal employment. Without agreements, they may lack protection; with contracts, they risk being treated as employees; and where stipends or allowances are used, concerns arise about reliance on volunteers as low-cost labour. In practice, this ambiguity has frequently resulted in risk being carried by volunteers themselves rather than addressed through clear, proportionate duty-of-care and safeguarding arrangements.

Case evidence illustrates both progress and limitations. In Haiti, the crisis response expanded system-wide safeguarding architecture through a large PSEA network, joint complaint mechanisms, training and dedicated financing. Similarly, the Myanmar 2026 HNRP⁴² includes one of the most comprehensive system-wide risk management and PSEA frameworks observed.

By contrast, in Bangladesh, Rohingya response plans⁴³ represents a rare example where volunteer engagement is anchored in government-endorsed guidance, namely the Guidance on the Engagement of Volunteers (2022),⁴⁴ where volunteers are explicitly included in child safeguarding, PSEA and Code of Conduct training. The framework also acknowledges risks faced by refugee and host-community volunteers, demonstrating how advance planning can clarify roles, risks and protection prior to large-scale mobilization.

Where local organizations or community-based groups lack formal safeguarding systems, cluster leadership and international NGOs can also play a critical facilitative role. This includes enabling access to adaptable codes of conduct, shared training resources and linkages to inter-agency PSEA networks and referral pathways, aligned where possible with national safeguarding frameworks. When such inclusion is lacking, the humanitarian system risks relying on volunteer delivery while externalizing safeguarding responsibilities.

In summary, safeguarding measures – including PSEA accountability, supervision and information protection – are frequently applied indirectly, leaving volunteer-specific responsibilities and coverage implicit. Volunteers delivering front-line assistance in insecure environments carry out high-risk roles without full incorporation into safeguarding architectures. These gaps are particularly acute for female volunteers, who face intersecting gendered risks including sexual exploitation and harassment, physical insecurity and psychological harm.

What is needed now is for frameworks to be more systematically extended to volunteers, in line with the IASC policy which has been clarified to be inclusive of volunteers.

Duty of care - safety, security, health and well-being considerations

While exposure to stressors is a feature of humanitarian work overall, research indicates meaningful differences in psychological outcomes between volunteer and professional humanitarian personnel. Studies have found that volunteers experience higher levels of psychological morbidity than paid staff, including increased symptoms of stress, anxiety and trauma-related distress.⁴⁵

Volunteers are frequently positioned at the front line of humanitarian responses, operating near affected populations and exercising significant influence over access to assistance, information and protection. This proximity amplifies exposure to harm and intensifies duty-of-care responsibilities. While the humanitarian system has made substantial progress in strengthening safety, security, health and psychosocial support frameworks for staff through measures such as the United Nations Mental Health and Well-Being Strategy,⁴⁶ key informants from Sudan, the State of Palestine, Ukraine and Haiti consistently shared that protection thins out as engagement moves further from formal contractual arrangements, precisely where reliance on volunteers is often greatest.

This gap is reinforced by a persistent policy dilemma faced by Member States and humanitarian actors. Volunteers often occupy an ambiguous space between civic engagement and labour regulation: without contracts they may lack protection and liability coverage; with contracts they risk reclassification as employees; and where stipends are provided, concerns arise around the use of volunteers as low-cost labour. In practice, this ambiguity frequently results in risk being absorbed by volunteers themselves rather than resolved through proportionate duty-of-care arrangements.

By contrast, this research has also identified best-practice examples where investment in duty-of-care frameworks has reduced risk and strengthened volunteer engagement. In Ukraine, the Ukrainian Red Cross Society⁴⁷ has integrated volunteers into structured psychosocial support (PSS) systems, with large-scale training in psychological first aid and basic PSS, supported by clear supervision and referral pathways. Similarly, movement-wide frameworks such as the IFRC Psychosocial Centre 2024 Strategic Operational Framework,⁴⁸ provide guidance to strengthen volunteer well-being, quality assurance and accountability across diverse contexts. Similarly, UNFPA investment in a duty-of-care checklist for volunteers in the State of Palestine further demonstrates that when duty-of-care systems are intentionally extended to volunteers, risks can be mitigated rather than displaced.

Without the inclusion of volunteers in shared PSEA responsibility, humanitarian responses risk relying on volunteer delivery while externalizing protection obligations. What is now needed is for organizations affiliated with or mobilizing volunteer support to ensure that volunteer needs are incorporated into safeguarding systems to ensure assistance is delivered safely and with dignity and that those delivering aid are supported and protected from harm.

Box 3: WGSS Philippines: safeguarding standards and volunteer integration

Women and Girls Safe Spaces (WGSS) rely heavily on trained local women volunteers and peer facilitators to provide outreach, group activities and trusted entry points for support, particularly where formal services are inaccessible or mistrusted. As such, WGSS represents one of the most widespread examples of volunteer-enabled protection and psychosocial support in humanitarian action. It is advised that every staff member collaborating with WGSS, whether on a long-term or ad hoc basis, should be informed and familiar with the PSEA / safeguarding policy and reporting mechanism of the WGSS.⁴⁹

In the Philippines, WGSS are embedded within GBV coordination structures, operating with clear referral pathways and safeguarding standards while leveraging local women volunteers for outreach and peer support.

This model demonstrates that volunteer engagement is most effective when anchored within sector architecture rather than when it is treated as informal community mobilization. Furthermore, government support of some of the spaces in the Philippines allowed for community-based protection systems to be embedded and replicated in other emergency situations.

5 CONCLUSIONS

This research demonstrates that volunteerism is a core delivery modality operating across the full emergency cycle. Across all contexts examined, volunteers and volunteer-based systems consistently mobilize before formal humanitarian mechanisms are activated, sustain last-mile delivery under access and security constraints and often remain operational where international actors cannot enter or are forced to withdraw. Their presence is driven by proximity, trust and responsibility to the community rather than by humanitarian plans or funding instruments.

At the same time, case studies from Haiti, Sudan, the State of Palestine, Ukraine and Türkiye-Syria, as well as the numerous other examples presented, illustrate a persistent structural contradiction. Humanitarian systems rely operationally on volunteer delivery while planning, financing and safeguarding systems perform as if volunteers were incidental. Volunteer roles are frequently implied but rarely named in planning instruments. Costs, risks and duty-of-care obligations are not systematically articulated and accountability for volunteer protection remains diffuse. This gap is most pronounced for volunteer actors operating outside formal organizational affiliation across all contexts studied.

The research further shows that response effectiveness increasingly depends on trust and local legitimacy. In contexts marked by prolonged crisis, insecurity or community scepticism towards formal institutions, such as Haiti, Sudan and Ukraine, locally rooted volunteer practices sustain access and accountability where institutional presence is limited or contested. And yet, these models remain marginal within formal coordination and financing frameworks, even as localization commitments expand rhetorically.

Evidence from contexts where stakeholders have invested in preparedness actions such as across West and East Africa to support the recurrence of Ebola, as well as in Bangladesh, demonstrates that this outcome can be improved. Where Member States and partners have invested in volunteer frameworks in advance of crises and integrated volunteer needs within national disaster management and public health preparedness systems, their roles are clearer, risks are reduced and response effectiveness improves.

Taken together, the findings indicate that the challenge facing the humanitarian system is not whether volunteers should be engaged, but whether the humanitarian system will assume responsibility for how volunteer-based delivery is enabled, governed and safeguarded. Without this shift, localization risks functioning as a transfer of responsibility without the necessary transfer of power, protection or resources, once again placing the greatest burden on those already closest to the crisis.

The recommendations that follow respond directly to these gaps. They cover priority yet minimum practical actions for different stakeholders without over-formalizing volunteer action or applying compliance models designed for institutional NGOs. The aim is to ensure that, where volunteer delivery is relied upon, visibility, proportional resourcing, safeguarding and participation keep pace with this critical, life-saving dependence.

6 RECOMMENDATIONS

1. Recognize volunteer engagement as a legitimate capacity within humanitarian planning, coordination instruments and guidance.

Primary actors: OCHA; cluster leads.

Supporting actors: donors; UNV; Member States.

- ▶ Make volunteer delivery explicit in HNRPs, flash appeals, cluster strategies and guidance, rather than subsuming it under proxy “local partner or outreach” language.
- ▶ Embed volunteer-engaging actors in coordination, risk analysis and solution design across the programme cycle (assessment, planning, implementation, monitoring).
- ▶ Align planning practices with sector examples where guidance and minimum standards (e.g. GBV AoR, Child Protection, Health) already define volunteer-type roles.

2. Strengthen national volunteer frameworks ahead of emergencies

Primary actors: Member States; National Disaster Management Authorities (NDMAs).

Supporting actors: OCHA, UNV, volunteer-engaging organizations.

- ▶ Integrate volunteer engagement into national contingency plans, anticipatory action frameworks and sector preparedness strategies, including clear role definitions, activation triggers and coordination arrangements with humanitarian actors.
- ▶ Align volunteer frameworks with existing NDMA registries, civil protection mechanisms and sector systems, ensuring consistency with national risk profiles and hazard typologies.
- ▶ Enable pre-crisis readiness for volunteer rapid activation by clarifying resourcing, liability arrangements, testing and link national frameworks to humanitarian planning and coordination structures.

3. Align financing with volunteer-based delivery and localization commitments

Primary actors: donors; pooled fund managers (CBPFs, CERF).

Supporting actors: OCHA; United Nations agencies; Member States.

- ▶ Ensure humanitarian financing mechanisms are fit for volunteer-enabled and community-embedded response, with modalities adapted to context
- ▶ In settings of conflict-driven state collapse or access-restricted areas, this includes low-threshold, flexible and rapid funding that supports volunteer-led delivery without requiring NGO-style formalization
- ▶ Across all contexts, track how localization commitments, including the 25 per cent target, translate into direct access to funding and governance influence for volunteer-dependent delivery models, rather than continued reliance on sub-granting and intermediary arrangements.

4. Ensure duty of care and safeguarding for volunteer engagement

Primary actors: Member States, volunteer-engaging organizations.

Supporting actors: United Nations agencies, donors, UNV

Where volunteers are engaged, ensure minimum, proportionate duty-of-care and safeguarding frameworks are in place and accessible from onset of an emergency including:

- ▶▶ Apply and budget for programme-level PSEA and child safeguarding measures, including codes of conduct, training, supervision, accessible reporting and response mechanisms.
- ▶▶ Ensure safeguarding and PSEA systems are immediately accessible to volunteers, including in rapid-onset and access-constrained contexts.
- ▶▶ Clearly define accountability for duty of care and safeguarding across government, United Nations, NGO and other volunteer-engaging arrangements, particularly in fragile or conflict-affected settings where institutional roles may be weak, contested or disrupted prior to emergencies.
- ▶▶ Ensure that where women and girls are engaged as volunteers, feedback and reporting mechanisms are safe, accessible, and responsive to gender-specific protection risks and enable safeguarding and duty-of-care measures to be costed, monitored and adjusted as the risks, scale or modalities of volunteer engagement change.

5. Strengthen UN Volunteer rapid response and evidence of impact

Primary actors: UNV.

Supporting actors: United Nations receiving agencies.

- ▶▶ Strengthen mixed models of deployment, particularly cross-border/regional UN Volunteers to provide immediate, robust support while longer second phase deployments are prepared.
- ▶▶ Work with partners to systematically track and document volunteer contributions and operational effectiveness, including performance against deployment standards.
- ▶▶ Undertake after-action reviews that include measuring dimensions such as social cohesion, civic engagement and community resilience that also inform learning and sustain institutional investment in volunteer-based mechanisms.

6. Measuring progress and the impact of volunteer integration in humanitarian response

Primary actors: all partners mobilizing volunteer support.


Track a small set of common indicators across sectors, including:

- number of organization-affiliated volunteers engaged (by role, modality, duration).
 - proportion of last-mile access or service coverage supported by volunteer networks.
 - referrals, follow-up actions or information flows facilitated by community volunteers (e.g. protection, health, nutrition).
- ▶▶ Establish a light, central repository analogous to standby partner network global surge tracking to capture high-level data on organization-affiliated volunteer deployments
 - ▶▶ Record basic information only (roles, modality, duration, geography) to improve preparedness, coordination and duty-of-care planning
 - ▶▶ Use aggregated data to support system-wide learning and visibility of volunteer-enabled delivery across crises
 - ▶▶ Undertake action reviews and include volunteer feedback in post emergency inter-agency evaluations and other evaluation studies.

Volunteer integration checklist for stakeholders across the HPC cycle

The checklist that follows translates these priorities for key stakeholders into practical, field-applicable actions across the HPC, adaptable across crisis contexts.

Phase: Preparedness and risk analysis			
✓	Action	Lead Stakeholder	Other stakeholders
<input type="checkbox"/>	Develop or update a National Volunteer Engagement Framework that embeds volunteer roles, risks and duty-of-care requirements into contingency and anticipatory action planning	Government (NDMA / relevant line ministries)	OCHA, United Nations agencies, civil society, volunteer networks
<input type="checkbox"/>	Align humanitarian preparedness and contingency plans with existing NDMA and civil protection volunteer systems, including registries, training standards and duty-of-care arrangements	United Nations agencies, OCHA	Government, NDMA
<input type="checkbox"/>	Ensure organizations likely to mobilize volunteers have minimum duty-of-care, safeguarding and PSEA measures in place with considerations for women's led organizations	iNGOs / governments	United Nations agencies, civil society, UNV
<input type="checkbox"/>	Build pre-crisis readiness of local partners and volunteer-engaging organizations to meet minimum requirements for humanitarian financing and activation	iNGOs, United Nations agencies	OCHA
<input type="checkbox"/>	Invest in UN Volunteer and other critical profiles for rosters (national, regional, remote) for rapid deployment	UNV	United Nations agencies, iNGOs
Agree on the scope of analysis and costing approach			
<input type="checkbox"/>	Ensure the HNO clearly identifies where responses rely on volunteers and that related risks and costs (training, supervision, safeguarding, duty of care) are included in costing	OCHA, HC/HCT	Cluster coordinators / sector leads, working groups
Undertake secondary data review			
<input type="checkbox"/>	Engage with volunteer-engaging partners and networks to ensure secondary data reviews reflect volunteer-based delivery and identify information gaps	Clusters, working groups	Volunteer partners and iNGOs
<input type="checkbox"/>	Plan and collect primary data (as appropriate)	Clusters, working groups	Volunteer partners and iNGOs
<input type="checkbox"/>	Involve volunteer-engaging partners in cluster-led data collection, especially in access-constrained areas	Clusters, working groups	Volunteer partners and iNGOs

Conduct joint intersectoral analysis			
 Action	Lead Stakeholder	Other stakeholders	
<input type="checkbox"/> Ensure joint intersectoral analysis reflects where volunteer and WLO delivery underpins access, continuity and protection outcomes	Cluster leads / United Nations agencies	Civil society, WLOs, volunteer networks, UNV	
<input type="checkbox"/> Synthesize sectoral findings on volunteer delivery, reliance, and risk into intersectoral analysis (JIAF/HNO)	OCHA / ICCG	Cluster, Government	
Define the scope of the HRP and formulate initial objectives (volunteer integration)			
<input type="checkbox"/> Ensure HRP scope and strategic objectives reflect where response feasibility, access and continuity depend on volunteer and volunteer-enabled delivery modalities	Cluster leads HCT (approval)	Volunteer-engaging partners	
Response			
<input type="checkbox"/> Assess response feasibility based on reliance on volunteer-enabled access, speed and continuity and reflect this in response design and targeting	Cluster and working group members (including volunteers)	HCT for approval	
<input type="checkbox"/> Mobilize UN Volunteer and other volunteer support, including interregional, remote modalities, to reinforce overstretched United Nations agency teams and iNGOs	Volunteer-deploying organizations	Volunteers	
Formulate projects/activities and estimate cost of the response plan			
<input type="checkbox"/> Cost volunteer-based delivery when relied upon, to ensure realism, continuity and duty-of-care compliance within project design, ensure to include percentage for WLOs	Cluster coordinators / United Nations agencies	HC/HCT	
Monitoring and after-action review			
<input type="checkbox"/> Integrate volunteer-supported delivery, access constraints and risk into cluster and intersectoral monitoring using existing AAP and other feedback mechanisms. Disaggregate data to levels of actors.	ICCG / ISCG	All actors involved in delivery of the response	
<input type="checkbox"/> Ensure after-action reviews systematically capture lessons from volunteer-supported delivery to inform improvements to future HPC cycles	ICCG / ISCG	Cluster coordinators, working group	
Recovery and transition			
<input type="checkbox"/> Ensure volunteer roles and community-based delivery systems are consulted when developing national- led recovery, resilience and service delivery frameworks, including roles, safeguards and continuity arrangements	Member States / Governments	United Nations agencies, iNGOs	

REFERENCES

Alliance for Child Protection in Humanitarian Action. (2020). *Minimum Standards for Child Protection in Humanitarian Action (2019 edition)*. Geneva: The Alliance for Child Protection in Humanitarian Action. Available at: https://alliancecpha.org/en/CPMS_home

Barbelet, V., Bryant, J., & Spencer, A. (2021). *Local humanitarian action: Evidence, approaches and challenges*. London: Overseas Development Institute. Available at: <https://odi.org>.

Barnett, M., & Weiss, T. G. (2011). *Humanitarianism contested: Where angels fear to tread*. London: Taylor & Francis Group. Chapter 6: "Humanitarian past and future: Ten guiding questions" (pp. 144–167).

CARE International. (2023). *Women and girls' safe spaces: Promising practices guide*. Available at: <https://care.org>.

CHS Alliance & Harmonized Reporting Scheme (HRS). (2025). *Trends in sexual exploitation, abuse and harassment (SEAH) in the aid sector: A six-month overview (October 2024–March 2025)*. Available at: <https://d1h79zlgft2zs.cloudfront.net/uploads/2025/06/SEAH-HRS-Analytical-Report-S12025.pdf>.

Civil Society Fund Sudan. (n.d.). *The role of nafeer and social networks in Sudan's humanitarian response: Challenges for international humanitarian actors in adapting to local mechanisms*. Available at: <https://csf-sudan.org/the-role-of-nafeer-and-social-networks-in-sudans-humanitarian-response-challenges-for-international-humanitarian-actors-in-adapting-to-local-mechanisms/>.

Collaborative Futures. (n.d.). *We are the system now: How Sudan's Emergency Response Rooms are rewriting aid*. Available at: <https://collaborative-futures.com/research/p/we-are-the-system-now-how-sudans-emergency-response-rooms-are-rewriting-aid>.

Connorton, E., Perry, M. J., Hemenway, D., & Miller, M. (2012). *Humanitarian relief workers and psychological distress: a systematic review*. *Journal of Nervous and Mental Disease*, 200(6), 491-501.

European Union Civil Protection and Humanitarian Aid Operations. (2023). *A story of two volunteers in Ukraine*. Available at: <https://civil-protection-humanitarian-aid.ec.europa.eu>.

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services. (2025). *United Nations Volunteers Strategic Framework, 2026–2029 (DP/2026/9)*. New York, United Nations.

Felci, V., & Altom, A. (2022). Oral history study of social memory and flood resilience in Tuti Island, Greater Khartoum, Sudan. *International Journal of African Historical Studies*, 55(3), 347–372.

GBV Area of Responsibility. (2020). *Women and girls' safe spaces: Guidance note*. Available at: <https://gbvaor.net>.

Global Protection Cluster, Gender-Based Violence Area of Responsibility (GBV AoR). (2010). *Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings*. Geneva: United Nations. Accessible at: https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf

Guidance on the Engagement of Volunteers for the Rohingya Refugee/FDMN Camps, 21 August 2022, endorsed by the Government of Bangladesh / Inter-Sector Coordination Group (ISCG). Available at: <https://rohingyaresponse.org/wp-content/uploads/2023/05/Final-Guidance-on-Volunteer-engagement-NTF-21-Aug-2022.pdf>

Humanitarian Outcomes. (2023). *Solidarity at scale: Local responder perspectives from the first week of the Türkiye–Syria earthquake response*. Available at: <https://humanitarianoutcomes.org>.

İhtiyaç Haritası (Needs Map). (2023). *Gönüllüler Haritası (Volunteers Map)*. <https://gonullulerharitasi.org/>

İhtiyaç Haritası (Needs Map). (2023). *Needs Map WhatsApp Chatbot for disaster response*. <https://needsmap.global/>

- International Council of Voluntary Agencies (ICVA). (2023). *Rebalancing the reset: Realigning humanitarian action for local leadership and accountability*. Available at: <https://www.icvanetwork.org/resource/rebalancing-reset/>.
- International Council of Voluntary Agencies (ICVA). (2024). *Rebalancing the reset: Reflections on a 33% increase to country-based pooled funds*. Available at: <https://icvanetwork.org>.
- Inter-Agency Standing Committee (IASC). (2016). *Policy on protection in humanitarian action*. Geneva. Available at: <https://interagencystandingcommittee.org/iasc-policy-protection-humanitarian-action-2016>.
- Inter-Agency Standing Committee (IASC). 2016. *IASC Transformative Agenda*. Available at: <https://interagencystandingcommittee.org/iasc-transformative-agenda>
- Inter-Agency Standing Committee (IASC). 2016. *Grand Bargain*. Available at: <https://interagencystandingcommittee.org/grand-bargain>
- Inter-Agency Standing Committee (IASC). 2019. *IASC Six Core Principles Relating to Sexual Exploitation and Abuse*. Available at: <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse-2019>
- Inter-Agency Standing Committee (IASC). (2020). *Global humanitarian response plan: COVID-19*. Available at: <https://interagencystandingcommittee.org>.
- Inter-Agency Standing Committee (IASC). (2021). *Guidance on strengthening participation, representation and leadership of local and national actors in humanitarian coordination mechanisms*. Available at: <https://interagencystandingcommittee.org>.
- Inter-Agency Standing Committee (IASC). (2024). *IASC gender policy*. Available at: <https://interagencystandingcommittee.org/gender-policy2024>.
- International Federation of Red Cross and Red Crescent Societies (IFRC) (PS Centre). 2024. *State of the Field (SOF) 2024: A Global Overview of Mental Health and Psychosocial Support in Crisis*. Available at: https://pscentre.org/wp-content/uploads/2024/03/SOF_2024.pdf
- International Federation of Red Cross and Red Crescent Societies (IFRC). n.d. *Mental Health and Psychosocial Support (MHPSS)*. Available at: <https://redcross.org.ua/en/mhpss/>
- International Federation of Red Cross and Red Crescent Societies (IFRC). (2020). *Community engagement and accountability in emergencies: Volunteer roles and approaches*. Available at: <https://ifrc.org>.
- International Federation of Red Cross and Red Crescent Societies (IFRC). (n.d.). *About us: Our volunteers*. Retrieved 15 January 2026 from <https://www.ifrc.org/who-we-are/about-ifrc>.
- International Medical Corps (IMC) & International Rescue Committee (IRC). 2020. *Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings* (EN/UK). Available at: <https://reliefweb.int/node/3633323>
- International Rescue Committee. (2025). *Sudan: The cost of neglect*. Available at: <https://www.rescue.org/sites/default/files/2025-04/Sudan%20-%20The%20Cost%20of%20Neglect%20-%20FINAL%20DRAFT.pdf>.
- Kuka, H. (2024). A mutual aid volunteer reflects on a year of war in Sudan. *The New Humanitarian*. Available at: <https://thenewhumanitarian.org>.
- Lokossou, V. K., Usman, A. B., Okunromade, O., Sombie, I., & Aïssi, M. A. 2026. *Ten years after the Ebola outbreak: Lessons, progress, and preparedness and response in West Africa*. *Journal of Interventional Epidemiology and Public Health*. Available at: <https://afenet-journal.org/10-37432-jiaph-d-25-00222/>
- Louino Robillard, L., & Carlson Robillard, S. (2020). No angels, no devils: A view on “localization” from Cité Soleil. *CDA Collaborative Blog*. Available at: <https://www.cdacollaborative.org/blog/no-angels-no-devils-a-view-on-localization-from-cite-solei>.

Omoto, A. M., Snyder, M., & Hackett, J. D. (2010). Personality and motivational antecedents of activism and civic engagement. *Journal of Personality*, 78(6), 1703–1734. <https://doi.org/10.1111/j.1467-6494.2010.00667.x>.

OCHA. (2023). *Pulse of humanitarian coordination*. Available at: <https://humanitarianaction.info/document/pulse-humanitarian-coordination-2023>.

OCHA. (2025). *Global humanitarian overview 2025: The cruel math of aid cuts*. New York: United Nations. Available at: <https://www.unocha.org/publications/report/world/global-humanitarian-overview-2025-cruel-math-aid-cuts-hyper-prioritized-report-june-2025>.

OCHA. (2026). *Global humanitarian overview 2026*. Available at: <https://humanitarianaction.info/document/global-humanitarian-overview-2026>.

Rab, M., et al. (2025). Motivational factors in emergency volunteer engagement. *BMC Medical Education*. Available at: <https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-025-06676-z>.

REACH Initiative. (2023). *Ukraine multi-sector needs assessment*. Available at: <https://reach-initiative.org>.

Roots of Development. (n.d.). *About Group Konbit*. Available at: <https://rootsofdevelopment.org/about-gwoup-konbit/>.

Salamon, L. M., Haddock, M. A., Sokolowski, S. W., & Tice, H. S. (2018). *Measuring the economic value of volunteer work globally*. Baltimore: Johns Hopkins University, Center for Civil Society Studies.

Shabaka. (2023). *Localization evidence review*. Available at: <https://shabaka.org>.

Sharfi, Mazin (2025) “Working Paper: The Role of Nafeer and Social Networks in Sudan’s Humanitarian Response and the Challenges for International Aid,” *The Journal of Social Encounters*: Vol. 9: Iss. 1, 55-69. DOI: <https://doi.org/10.69755/2995-2212.1330> Available at: https://digitalcommons.csbsju.edu/social_encounters/vol9/iss1/16

Sphere Association. (2018). *The Sphere handbook: Humanitarian charter and minimum standards in humanitarian response*. Available at: <https://spherestandards.org>.

United Nations. (2023). *United Nations Trust Fund for Human Security guidelines* (Revised July 2023). Available at: <https://www.un.org/humansecurity/wp-content/uploads/2023/07/FINAL-UNTFHS-Guidelines-Annex-Revision-July-2023.pdf>

United Nations. (n.d.). *Strategy for a healthy UN workforce 2023–2027*. Available at: <https://www.un.org/en/healthy-workforce/strategy>

United Nations Development Coordination Office. (2022). *Guidance Note on a New Generation of Joint Programmes*. United Nations. Available at: <https://unsdg.un.org/resources/guidance-note-new-generation-joint-programmes>

United Nations General Assembly (UNGA). (1991). *Strengthening of the coordination of emergency humanitarian assistance of the United Nations*. Resolution A/RES/46/182, 19 December 1991. Available at: <https://docs.un.org/A/RES/46/182>

United Nations General Assembly (UNGA). (2001). *Recommendations on support for volunteering*. Resolution A/RES/56/38, 5 December 2001. Available at: <https://www.unv.org/publications/unga-resolution-5638-recommendations-support-volunteering>

United Nations Office for Disaster Risk Reduction (UNDRR) – Regional Office for the Americas and the Caribbean. (2024). *Regional assessment report on disaster risk in Latin America and the Caribbean (RAR24)*. Geneva: United Nations.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (n.d.). *Humanitarian Programme Cycle overview*. OCHA Knowledge Base. Available at: <https://knowledge.base.unocha.org/wiki/spaces/hpc/overview>

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2024). *Humanitarian needs overview and humanitarian response plan guidance*. New York: United Nations.

United Nations Peacebuilding Fund. (2023). *PBF Project Progress Report Template* (updated May 2023). United Nations.

United Nations Peacebuilding Support Office. (2023). *Peacebuilding Fund project progress report* (updated 5 May 2023). Available at: <https://www.un.org/peacebuilding/content/pbf-project-progress-report>

United Nations Population Fund (UNFPA). (2026). *Regional Survey on Access to Pooled Funding by Women-Led Organizations (WLOs) in the Arab States Region*. Available at:

<https://arabstates.unfpa.org/en/publications/regional-survey-access-pooled-funding-women-led-organizations-wlos-arab-states-region>

United Nations Population Fund (UNFPA) – Palestine. (2025). *UNFPA Palestine case study*. Available at:

<https://palestine.unfpa.org/sites/default/files/pub-pdf/2025-09/UNFPA%20Palestine%20Case%20Study%20final%20for%20web%2011-9-2025.pdf>

United Nations Trust Fund for Human Security (UNTFHS). (2016, updated 2023). *Revised Guidelines for the United Nations Trust Fund for Human Security*. United Nations. Available at:

<https://www.un.org/humansecurity/wp-content/uploads/2023/07/FINAL-UNTFHS-Guidelines-Annex-Revision-July-2023.pdf>

United Nations Volunteers (UNV). (2014a). *Peacebuilding and volunteerism: Considerations for the post-2015 development agenda*. Bonn: United Nations Volunteers.

United Nations Volunteers (UNV). (2014b). *Social inclusion and volunteerism: Considerations for the post-2015 development agenda*. Bonn: United Nations Volunteers.

United Nations Volunteers (UNV). (2020). *Policy blueprints: Next generation volunteering in humanitarian contexts*. Background document for the Global Technical Meeting on Volunteering.

United Nations Volunteers (UNV). (2021). *State of the world's volunteerism report 2021: Building equal and inclusive societies*. Bonn: United Nations Volunteers.

United Nations Volunteers (UNV). (2022). *State of the world's volunteerism report 2022*. Available at:

<https://swvr2022.unv.org>

United Nations Volunteers (UNV). (2026). *State of the world's volunteerism report 2026: Volunteerism and its measurement*. Bonn: United Nations Volunteers. Available at: <https://docs.un.org/en/dp/2026/9>

United Nations Volunteers (UNV). (n.d.). *Volunteering practices in the 21st century*. UNV Knowledge Portal. Available at: <https://knowledge.unv.org/evidence-library/volunteering-practices-in-the-21st-century>

UNV Strategic Framework 2026–2029. (2026). United Nations Volunteers, 19 January 2026. Available at:

<https://www.unv.org/news/introducing-unv-strategic-framework-2026-2029>

United Nations Volunteers (UNV). (2026). *UN Volunteers in Afghanistan's post-earthquake recovery*. UNV Exposure.

Available at: <https://unvolunteers.exposure.co/un-volunteers-in-afghanistans-postearthquake-recovery>

Vallières, F., Dammann, K., Tamrakar, T., Dinesen, C., Wiedemann, N., Murphy, J., Hansen, M., Elsidig Badr, E., & Reid, T. (2019). *Caring for the mental health of humanitarian volunteers in traumatic contexts: The importance of organizational support*. *European Journal of Psychotraumatology*, 10(1), 1694811. <https://doi.org/10.1080/20008198.2019.1694811>

World Bank Group. (2020). *Strategy for fragility, conflict, and violence 2020–2025*. Washington, DC: World Bank. Available at: <https://worldbank.org>

World Health Organization (WHO). (2015). *Ebola response: What needs to happen in 2015 – Updated spotlight on lessons learned from the West Africa outbreak*. Available at:

<https://www.who.int/news-room/spotlight/one-year-into-the-ebola-epidemic/ebola-response-what-needs-to-happen-in-2015>

COUNTRY-LEVEL HUMANITARIAN PLANNING INSTRUMENTS REVIEWED

Afghanistan Humanitarian Country Team. (2025). *Afghanistan humanitarian needs and response plan 2025*. New York: United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Available at:

<https://www.unocha.org/publications/report/afghanistan/afghanistan-humanitarian-needs-and-response-plan-2025-december-2024>

Bangladesh (Rohingya Crisis)

Inter-Sector Coordination Group (ISCG). (2024). *Bangladesh: Joint response plan for the Rohingya humanitarian crisis 2024*. United Nations. Available at:

https://rohingyaresponse.org/wp-content/uploads/2023/04/bangladesh_2023_jrp_rhc_appeal_en-1.pdf

Burkina Faso

Burkina Faso Humanitarian Country Team. (2025). *Burkina Faso humanitarian response plan 2025*. New York: United Nations Office for the Coordination of Humanitarian Affairs. Available at:

<https://reliefweb.int/node/4118042>

Cameroon

Cameroon Humanitarian Country Team. (2025). *Cameroon humanitarian response plan 2025*. New York: United Nations Office for the Coordination of Humanitarian Affairs. Available at:

<https://reliefweb.int/node/4141437>

Democratic Republic of the Congo

Humanitarian Country Team, Democratic Republic of Congo. (2025). *Democratic Republic of the Congo humanitarian response plan 2025*. New York: United Nations Office for the Coordination of Humanitarian Affairs. Available at:

<https://reliefweb.int/node/4135975>

Guinea

International Organization for Migration (IOM). (2021). *Guinea: Flash appeal – Ebola virus disease outbreak (February–July 2021)*. Available at:

<https://reliefweb.int/node/3721037>

Haiti

United Nations Office for the Coordination of Humanitarian Affairs. (2025). *Haiti humanitarian needs and response plan 2025*. New York: United Nations. Available at:

<https://humanitarianaction.info/plan/1257/article/haiti-hnnp-2025#page-title>

United Nations Office for the Coordination of Humanitarian Affairs. (2026). *Haiti humanitarian needs and response plan 2026: Executive summary*. New York: United Nations. Available at:

<https://reliefweb.int/node/4192123>

Myanmar

United Nations Office for the Coordination of Humanitarian Affairs. (2025). *Myanmar earthquake: Humanitarian needs and response plan (HNRP) flash addendum*. April. Available at:

<https://www.unocha.org/publications/report/myanmar/myanmar-earthquake-hnnp-flash-addendum-issued-april-2025>

United Nations Office for the Coordination of Humanitarian Affairs. (2026). *Myanmar humanitarian response plan 2026*. Available at:

<https://humanitarianaction.info/plan/1505/document/myanmar-humanitarian-needs-and-response-plan-2026>

Nigeria

Nigeria Humanitarian Country Team. (2025). *Nigeria humanitarian needs and response plan 2025*. New York: United Nations Office for the Coordination of Humanitarian Affairs. Available at:

<https://reliefweb.int/report/nigeria/nigeria-2025-humanitarian-needs-and-response-plan-january-2025>

State of Palestine

United Nations Office for the Coordination of Humanitarian Affairs. (2023). *Occupied Palestinian Territory: Flash appeal, October–December 2023 (first revision)*. New York: United Nations. Available at:

<https://reliefweb.int/report/occupied-palestinian-territory/flash-appeal-occupied-palestinian-territory-october-december-2023-first-revision-november-2023>

United Nations Office for the Coordination of Humanitarian Affairs. (2025). *Occupied Palestinian Territory: Flash appeal 2026 (at a glance)*. New York: United Nations. Available at:

<https://www.un.org/unispal/document/ocha-flash-appeal-2026-at-a-glance/>

Sudan

United Nations Office for the Coordination of Humanitarian Affairs. (2024). *Sudan humanitarian needs and response plan 2025*. New York: United Nations. Available at:

<https://reliefweb.int/report/sudan/sudan-humanitarian-needs-and-response-plan-2025-executive-summary-december-2024-enar>

United Nations Office for the Coordination of Humanitarian Affairs. (2025). *Sudan: Summary of the humanitarian needs and response plan and the regional refugee response plan*. February 2025. Available at:

<https://reliefweb.int/node/4132820>

Syrian Arab Republic (Earthquake)

United Nations Office for the Coordination of Humanitarian Affairs. (2023). *Syrian Arab Republic: Flash appeal – Earthquake response, February–May 2023*. New York: United Nations. Available at:

<https://response.reliefweb.int/turkiye-cross-border/turkiye-syria-earthquake-response>

Ukraine

United Nations Office for the Coordination of Humanitarian Affairs. (2026, January 13). *Ukraine Humanitarian Needs and Response Plan 2026* (EN/UK). Relief Web. <https://reliefweb.int/node/4193856>

United Nations Office for the Coordination of Humanitarian Affairs. (2025, January 14). *Ukraine Humanitarian Needs and Response Plan 2025* (EN/UK). United Nations. <https://www.unocha.org/publications/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2025-january-2025-enuk>

Venezuela

United Nations Office for the Coordination of Humanitarian Affairs. (2024). *Venezuela Humanitarian Fund Annual Report* Available at: <https://www.unocha.org/publications/report/venezuela-bolivarian-republic/venezuela-humanitarian-fund-annual-report-2024>

Yemen

Yemen Humanitarian Country Team. (2025). *Yemen humanitarian needs and response plan 2025*. New York: United Nations Office for the Coordination of Humanitarian Affairs. Available at:

<https://www.unocha.org/publications/report/yemen/yemen-humanitarian-needs-and-response-plan-2025-january-2025-enar>

Global: United Nations Office for the Coordination of Humanitarian Affairs. (2020). *Global Humanitarian Response Plan for COVID-19*. Available at:

<https://reliefweb.int/node/3575823> and <https://fts.unocha.org/plans/952/summary>

ENDNOTES

- 1 OCHA 2025
- 2 OCHA 2025
- 3 IASC Humanitarian Reset Letter 2024
- 4 UNGA 1991
- 5 IASC Transformative Agenda 2016
- 6 IASC Grand Bargain 2016
- 7 UNV, 2025
- 8 Salamon et al. 2018; UNV 2021
- 9 UN, 2025
- 10 UNV, 2026
- 11 IFRC n.d.
- 12 United Nations Volunteers (UNV) programme, internal deployment figures, 2025
- 13 UN 2025
- 14 UNGA 2001
- 15 Sphere Association 2018
- 16 IASC, 2016
- 17 UNV 2018
- 18 UNGA 1991
- 19 OCHA mandate UNGA 1991
- 20 OCHA 2024
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- 22 OCHA 2025
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- 24 Peacebuilding Fund (2023)
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- 27 Child Protection Cluster
- 28 İhtiyaç Haritası (Needs Map), 2023, Volunteers Map
- 29 İhtiyaç Haritası (Needs Map), 2024–2023, WhatsApp Chatbot for disaster response.
- 30 UNV, 2025 Success stories
- 31 UNV, 2026
- 32 Felci & Altom, 2022; Abdelnour, 2015
- 33 Collaborative Futures. (n.d.)
- 34 Roots of Development. (n.d.)
- 35 UNFPA, 2025
- 36 IASC 2024
- 37 UNFPA, 2026
- 38 OCHA, 2025, Yemen HNRP
- 39 OCHA, 2024, Venezuela HNRP
- 40 CHS Alliance, 2025
- 41 IASC, 2019
- 42 OCHA 2026 Myanmar HNRP
- 43 OCHA, Rohingya humanitarian crisis response plan, 2024
- 44 Government of Bangladesh, 2022
- 45 Vallières et al. 2019
- 46 United Nations 2023
- 47 Ukraine Red Cross, 2026
- 48 Red Cross PS center, 2024
- 49 IMC, IRC 2020

