

Supplemental Materials

Appendix A: Funding Availability

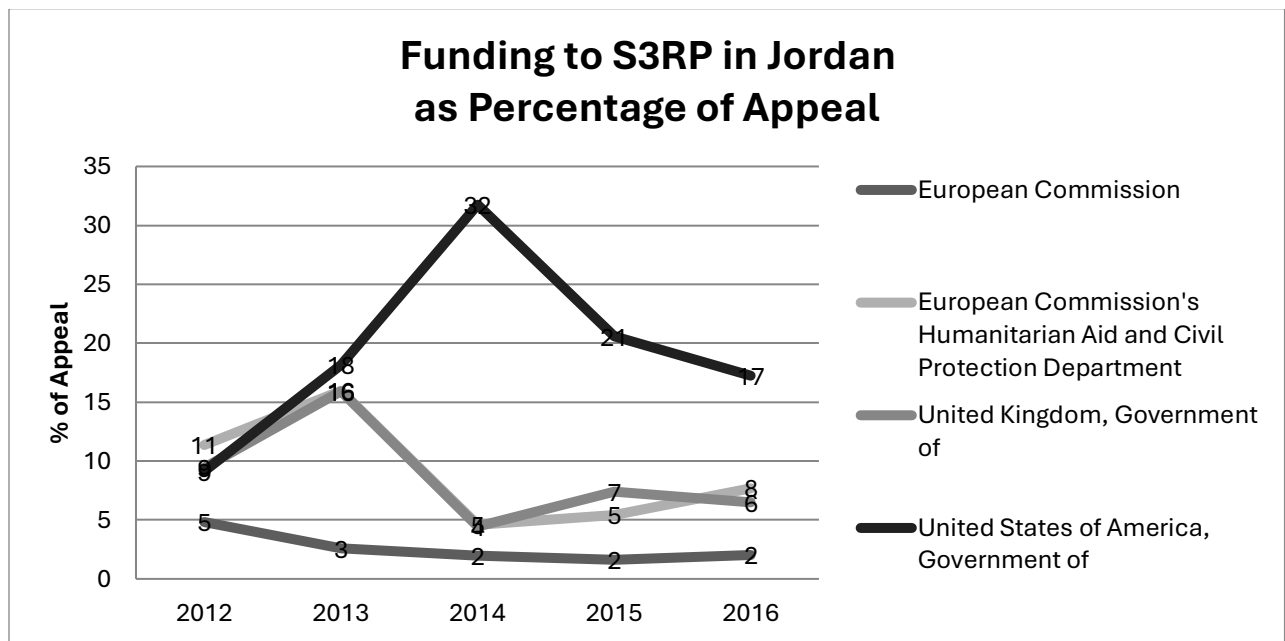


Figure 2: Funding to S3RP in Jordan as Percentage of Appeal

*Source: UNOCHA Financial Tracking Service (FTS), Data accessed March 2017 (Includes only EC and ECHO funds, not EU development aid)

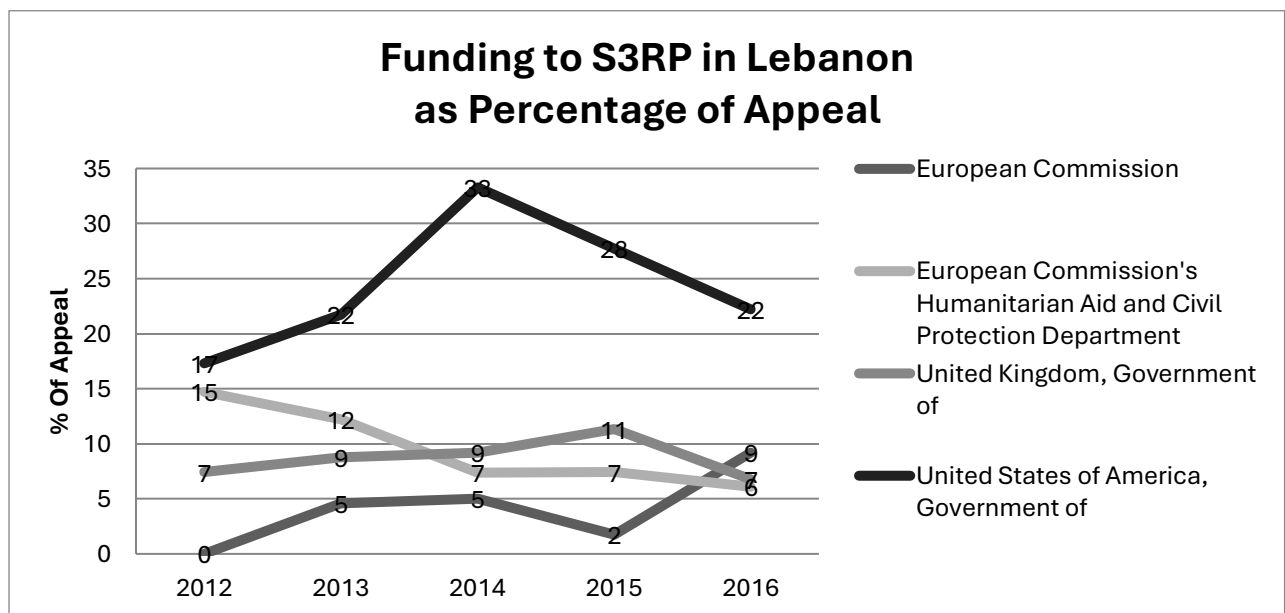


Figure 3: Funding to S3RP in Lebanon as Percentage of Appeal

*Source: UNOCHA Financial Tracking Service (FTS), Data accessed March 2017 (Includes only EC and ECHO funds, not EU development aid)

Appendix B: Diversity of Funders

	<i>ICRC</i>	<i>SCI</i>	<i>MSF</i>
<i>Diversity of funders</i>	<i>Funds from 5 types of donors</i>	<i>Funds from 3 types of donors</i>	<i>Funds from 2 types of donors</i>

ICRC reported donations from (1) governments and other institutional donors (ex. EU), (2) private sources, (3) national Red Cross or Red Crescent societies or the International Federation of the Red Cross and Red Crescent, (4) public sources, and (5) international and supranational organizations. See also (ICRC 2014, 556; ICRC 2016, 548). The ICRC relies on a range of donors. But governments provided between 82.8% of funds in 2012 and 84.7% of funds in 2016 (ICRC 2014, 556; 2017, 526). In other words, one type of funder supported a large 4/5ths proportion of its activity. When we add institutional donors to this number it rises. Funding diversification at the ICRC is therefore moderate to low, and reliance on state donors is high.

SCI reports funds from (1) governments and other institutional donors (ex. EU), (2) private individuals and institutions (including corporations and foundations), and (3) other / gifts in kind. Institutional and corporate funding rose between 2012 and 2016, while individual donations fell (SCI 2013, 15; 2014, 21; 2016, 28; 2017, 27). SCI funding is somewhat diversified, with moderate reliance on state donors.

MSF reports funds from (1) governments and other institutional donors and (2) private individuals, and private institutions, including from companies and philanthropic trusts. MSF receives private funds of 89-92% between 2012 and 2016 (MSF 2016; 2015, 10; 2014, 12; 2013, 10). MSF relies on 5 types of funders (relative diversification by type), with heavy reliance on private and not state funders, at rates of between 89% and 92% between 2012 and 2016. See (MSF 2016; 2015, 10; 2014, 12; 2013, 10)

Appendix C: National Environments

Dependence may be heightened when an organization comes from a national environment where government funding is restrictive (Stroup 2012; Stroup and Murdie 2012). However, preliminary research suggests this does not account for variation in autonomy across the cases studied.

The **ICRC** is based in Switzerland where a robust civil society is well-funded by government, which tends to influence policy (Helmig et al. 2011; Helmig, Bärlocher, and von Schnurbein 2009). Yet, the ICRC develops significant autonomy.

MSF in France should have limited ability to draw on state funding, which may explain its use of confrontational strategies to secure private donations (Stroup 2012; Stroup and Murdie 2012). But MSF initially drew on broader EU funding, demonstrating early dependence.

SCI is based in the UK where government grants — and more specifically DFID (now FCDO) block grants — come with few strings (Stroup 2012, 88). This does not explain why we find donor following in this case.

Further research, and particularly large-N study, would be a welcome contribution to scholarship on organizational autonomy and its relationship with national environment.

Appendix D: INGO comparison and case selection

Treating the ICRC as an INGO

While the ICRC is an INGO-IO hybrid with a state-derived mandate to uphold the Laws of War, it can reasonably be compared with IOs when we examine its mandated work, and with INGOs when we are studying its humanitarian assistance work (Giladi and Ratner 2015; Forsythe 1990). While the organization has additional leverage in its assistance activities because of its mandate—to request access to populations or interact with state and military officials—the ICRC has significantly expanded these other activities over the years, including in health, livelihoods, and more. In these spheres, it does not have a state-derived mandate and often behaves more like an INGO. In fact, in its assistance work, it more commonly works like MSF or IMC rather than its IO counterparts, such as UNHCR. The former are the organizations it refers to as models and competitors, too. It is also a comprehensive organization, acting more like SCI in some ways than either the WHO or MSF which are more focused on a single issue.

While the role of the ICRC's mandate is not left out of discussions within this paper, it is treated as an INGO, and compared to INGOs, because it behaves a lot like them, and offers services that are very comparable.

INGO Case Selection

In reviewing potential cases, I identified the universe of international non-governmental organizations (INGOs) doing medical or healthcare work, in Lebanon and Jordan in 2016. I chose to focus on healthcare because, with an interest in what drives organizational behaviour, healthcare is often held up as a —relatively— 'apolitical' area of work. This makes political origins of decision-making marginally clearer, aiding analysis. What is more, healthcare responses by INGOs were widespread in response to Syrian refugee needs, because affected populations came from low-to-middle income contexts, where violence, as well as the loss of healthcare services and access to medicines that had been more available inside of Syria produced high demand for medical action across organizations.

From amongst 56 INGOs identified in Lebanon and 29 in Jordan, I narrowed cases to those with budgets exceeding 1.5 billion USD, and with histories of more than 50 years. By comparing organizations with large budgets and long histories, I was able to compare organizations with similarly long runways, which meant they had time to shape and reshape their approaches to funders, and their skills and strategies. This also means that, while reputation and specializations vary, all organizations had ample time to influence these, in various ways.

My aim was to compare three organizations—allowing for in-depth field-based analysis—that also captured variation in terms of degrees of specialization, culture, mission/issue area, internal management structure, and reputation. Access to organizations within these categories, including the willingness to make interviewees

and field sites available to the researcher were crucial when making final decisions about selection across a spectrum of specialization / these categories. I selected a highly specialized medical INGO (MSF), a comprehensive INGO (INGO-IO hybrid, see above) doing significant medical activity (the ICRC), and a comprehensive INGO with some medical activities (SCI). While at first glance, readers may wonder how SCI is comparable with the ICRC, it is, for instance, more comparable to the ICRC in its comprehensive approach than is MSF.

Appendix E: Interview and Political Ethnographic Data and Research Ethics

I aimed to protect participants in interviews and political ethnography, and their confidentiality. In most cases, anonymity was retained for interviewees, with non-identifying numbers, and the listing of only a general position and organization, as well as year and country of interview. I provide non-identifying details in-text to help readers understand the interlocutor's position within the INGO and the humanitarian response.

I do not offer a list of interviewees here, as my risk assessment suggests that location, timing, and other details could pose unnecessary risks to participants. The states where research was conducted are undemocratic or authoritarian, with histories of surveillance and hostility directed toward refugees, who were affected by the INGO activities I observed.

In the main text, and in these appendices, I expand on the data collection process and my analytical method. Interviews ranged from 20-30 minutes to 2+hours, with most over one hour and some interviewees interviewed multiple times. They were conducted in English, French, and colloquial Arabic, with recordings or handwritten notes taken, dependent on interviewee comfort and consent. Interviews were semi-structured, negotiated (Soss 2015) and relational (Fujii 2018), which facilitated relationship and trust building. I began with questions about how and why particular projects in particular locations began, and how activities were impacted by the onset of War in Syria and the refugee crisis.

My aim was to have interlocutors recall events leading up to humanitarian activities, as well as the forces that made them possible. I did not, at first, prompt participants to consider particular drivers, such as security or donor demands, meaning that discussions of funding or donor relations as a potential force were more likely to be discussed with interlocutors who raised these as crucial factors. In the latter part of interviews, I prompted interlocutors to think about factors they had not raised, such as funding or donor relations. This approach helped reveal aid worker perceptions of key drivers—in the first part of interviews—as well as those drivers that they might have reflected less on, and why—in the latter part of the interview.

In line with Research Ethics review board protocols, risks, benefits, and purposes of research were communicated, and informed, voluntary verbal consent was obtained. All notes were protected in digital, password-protected cloud programs. At international border crossings and checkpoints, extreme caution was taken with devices and data, with identifying information password protected and all fingerprint and face-ID unlocking methods disabled. Coding of interview data and field notes from political ethnography was done manually in iterative, self-directed processes.

Appendix E: Bibliography (Appendices)

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