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The ACCESS Model: A Framework for Grassroots Humanitarian Access in Conflict Zones

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Abstract

Humanitarian access in conflict zones is often delayed by insecurity, bureaucratic restrictions, and damaged infrastructure, leaving affected populations without immediate external assistance. During this critical period, communities frequently rely on their own networks, resources, and leadership to survive. This study introduces the ACCESS Model, a community-led framework designed to guide locally organised humanitarian interventions before a formal institutional response becomes possible. The model identifies six key actions that communities can undertake during crises: Assess, Communicate, Coordinate, Empower, Secure, and Sustain. Using a qualitative synthesis approach, the study draws on documented experiences from five conflict settings: Aleppo in Syria, El Fasher in Sudan, North Kivu in the Democratic Republic of Congo, Gaza, and northeastern Nigeria affected by the Boko Haram insurgency. Through inductive thematic analysis, recurring grassroots strategies were identified and organised into the ACCESS framework. The findings demonstrate that communities often develop effective systems for needs assessment, information sharing, volunteer coordination, local protection, and resource management during periods of restricted humanitarian access. Grounded in Humanitarian Access Theory, Community Resilience Theory, Social Capital Theory, and Collective Action Theory, the ACCESS Model highlights the critical role of local actors in sustaining humanitarian functions. The study recommends the adoption of the model as a capacity-development and preparedness framework for enhancing community-based disaster response and promoting locally led humanitarian action.

Keywords: Humanitarian access; Community-led response; Localisation; Community resilience; Grassroots humanitarian action; Conflict and disaster response.



Introduction

In many conflict zones, people in need do not receive help quickly because aid organisations face long delays. These delays often come from bureaucratic rules, security restrictions, and damaged roads or infrastructure. Reports show that in dozens of countries, aid workers struggle to get permission to move, face blocked routes, or must deal with complicated approval systems before they can reach communities (Assessment Capacities Project, 2025). At the same time, violence, checkpoints, and attacks on aid workers make it even harder for humanitarian teams to operate safely (United Nations Office for the Coordination of Humanitarian Affairs, 2025).

These problems mean that people caught in conflict are often left without food, clean water, medical care, or protection for long periods. Research shows that access is sometimes blocked on purpose. Armed groups or governments may restrict aid to gain a political or military advantage, making the situation even worse for civilians (Grace, 2025).

Although global frameworks like the Sphere Handbook and OCHA's humanitarian principles guide professional humanitarian work, they are built for large organizations, not for ordinary people trapped inside conflict zones. They assume that aid workers can move freely and that supply chains are functioning. But in reality, communities often face the first days or weeks of crisis alone, without outside help. The Centre of Competence on Humanitarian Negotiation notes that local people frequently face administrative barriers without practical tools to help them organise or respond (El Khoury & Lahlil, 2025).

Because of this, there is a clear need for local, low-cost strategies that communities can use immediately before international organizations arrive. People cannot wait passively while governments or armed groups negotiate access. They need simple ways to map needs, organize volunteers, identify safer areas, and track who receives help. These actions are essential during what this study calls the pre-institutional intervention phase, the period when communities must rely on themselves to survive.

This study introduces the ACCESS Model, created by Fredrick Wilson, as a framework designed specifically for grassroots humanitarian access. The model treats local people not as helpless victims but as active agents who can organize, protect one another, and keep their communities alive even when outside help is delayed. The ACCESS Model fills an important gap by offering a practical, community-owned approach that can be used in many different conflict settings.

Literature Review

Conceptual

Humanitarian Access

Humanitarian access means that aid workers can reach people in need and that those people can safely receive assistance. OCHA explains that access is not automatic; it must be negotiated and must follow the principles of neutrality, impartiality, independence, and humanity (OCHA, n.d.). These principles derive from UN General Assembly Resolution 46/182, which states that aid must be provided fairly and with the agreement of all parties to a conflict. Because of this, humanitarian access is not only about moving supplies; it is also a political and ethical process that requires cooperation and trust.



Humanitarian access is often described as a two-part process. First, aid organizations must be able to enter areas affected by a crisis. Second, individuals who need assistance must be able to access aid safely. The Sphere Handbook supports this idea by setting minimum standards for humanitarian response once aid groups are already operating in an area (Sphere Association, 2018). But the Sphere standards assume that access has already been granted. They do not explain what communities should do when they are trapped or isolated before outside help arrives.

The Norwegian Refugee Council (NRC) adds that humanitarian access depends on many factors, including political negotiations, legal rules, and the security situation. Their access tools indicate that aid workers require acceptance from local communities, cooperation from authorities, and safe working conditions (NRC, 2025). This means access is never guaranteed. It must be negotiated, protected, and constantly managed, especially in places where conflict or insecurity makes movement difficult.

Taken together, these ideas show that humanitarian access is complex and fragile. It requires trust, negotiation, and respect for humanitarian principles. However, most of the existing guidance focuses on what large organizations should do once they already have access. Very little explains how local people can organize themselves when they are cut off from outside help. This gap highlights the need for simple, community-led approaches that help people survive while waiting for formal humanitarian assistance.

Empirical

Empirical evidence from humanitarian organizations and academic research shows that access is frequently restricted in conflict zones. OCHA reports that bureaucratic barriers, such as delayed travel permits, restrictions on the import of supplies, and interference in humanitarian activities, regularly prevent aid workers from reaching people in need (OCHA, n.d.). These administrative obstacles slow down emergency response and often leave communities without essential services for long periods.

Security risks also significantly limit access. OCHA's field reports document frequent incidents of active fighting, checkpoints, and attacks on aid convoys, which force organizations to suspend operations or reroute assistance (OCHA, 2022). These risks make it difficult to maintain consistent access, especially in frontline or contested areas.

Academic research supports these findings. Grace (2025) shows that humanitarian access obstruction is often **structural**, driven by governments' political incentives and security interests. His study demonstrates that access is most restricted when governments rely heavily on international security assistance, making them more likely to control or block humanitarian operations. This aligns with OCHA's reporting that access is frequently shaped by political calculations rather than humanitarian need.

Further empirical evidence comes from Stoddard et al. (2017), who examined insecurity in multiple conflict zones and found that **direct violence against aid workers, including** killings, kidnappings, and attacks on convoys, significantly reduces humanitarian presence. Their research shows that insecurity is not random but often targeted, with aid workers attacked because of their perceived affiliation with political actors.

Reports from Médecins Sans Frontières (MSF) provide additional evidence of access challenges. MSF frequently documents blocked medical evacuations, restrictions on importing medical supplies, and interference with health facilities in conflict zones (MSF, n.d.). These barriers directly affect survival rates, especially for people with trauma injuries or chronic illnesses.



The Norwegian Refugee Council also notes that delivering aid in hard-to-reach areas is extremely costly. Transporting supplies through insecure terrain, hiring local escorts, and maintaining staff safety all increase operational expenses, making it harder for organizations to sustain long-term presence in remote or dangerous locations (NRC, 2025).

Across these empirical studies and reports, a persistent gap is evident: communities are left with ambiguous or inconsistent guidance during the critical period **before humanitarian organizations arrive**. Existing frameworks tend to focus on how institutions negotiate access, how states restrict access, and how aid convoys operate once access is granted. They provide little clarity on how local populations can organize, coordinate, or sustain basic humanitarian functions when they are isolated by conflict.

This gap is especially serious because many crises involve long periods where communities must survive without formal humanitarian support. Existing scholarly works provide limited articulation of how local actors can map needs, coordinate volunteers, secure safer areas, or document aid delivery during the **pre-institutional intervention phase**.

The ACCESS Model responds to this gap by offering a structured framework of low-cost alternative strategies that communities can actualize in contexts of siege, blockade, displacement, and insurgency. While it builds on lessons from existing humanitarian practice, it reframes them for local ownership and immediate deployment, thereby equipping communities to sustain humanitarian functions during the pre-institutional intervention phase.

Theoretical Framework

Humanitarian Access Theory

Humanitarian Access Theory is grounded in the principles established by the United Nations in General Assembly Resolution 46/182 (1991), which laid the foundation for modern humanitarian coordination and access. This theory explains how humanitarian organizations obtain permission to reach people in crisis and which factors can block or delay access. It emphasizes that access is not automatic but must be negotiated with governments, armed groups, and local authorities, who may permit or restrict movement based on political, military, or security interests. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) later expanded this theory by highlighting that access depends on respect for the humanitarian principles of neutrality, impartiality, independence, and humanity, and that these principles must be upheld to build trust and acceptance among all parties to a conflict (OCHA, n.d.). However, the theory has been critiqued for its institutional bias, as it focuses on negotiations between formal actors while offering little guidance on how communities themselves sustain humanitarian functions when external access is blocked. Humanitarian Access Theory, therefore, views access as a complex political, ethical, and operational process shaped by power dynamics, conflict conditions, and authorities' willingness to cooperate.

Community Resilience Theory

Community Resilience Theory highlights the importance of community-driven solutions, collective problem-solving, and the ability to reorganize quickly under pressure. The theory was first introduced by C.S. Holling (1973) in the field of ecology, where he described resilience as the ability of a system to absorb shocks and still maintain its core functions. Over time, scholars adapted this concept to human communities, especially in disaster and conflict settings. The theory argues that communities possess internal strengths such as local knowledge, shared responsibility, cultural practices, and social networks that help them survive, adapt, and recover during crises. In conflict zones, resilience often emerges through informal structures like youth groups, women's associations, religious leaders, and neighborhood



committees, which step in when formal systems fail. Community Resilience Theory emphasizes that resilience is not just about “bouncing back,” but about adapting creatively to new challenges using available resources. Yet resilience is uneven: marginalized groups may lack the same capacity, and resilience can sometimes mask structural inequalities. This makes it essential to frame resilience not as automatic, but as a resource that must be intentionally cultivated and supported.

Social Capital Theory

Social Capital Theory, therefore, highlights the power of trust, cooperation, and social networks in enabling communities to function under extreme stress. The Theory was first introduced by Pierre Bourdieu (1986), who described social capital as the resources people gain from their social networks, such as trust, shared norms, and mutual support. Robert Putnam (1993) later expanded the concept, emphasising how strong social networks and community trust improve cooperation and collective well-being. In humanitarian and conflict settings, social capital becomes a critical survival asset because people rely on trusted relationships to share information, distribute scarce resources, protect vulnerable individuals, and coordinate local responses. At the same time, social capital can be exclusionary: bonding ties may reinforce in-group favouritism, leaving outsiders vulnerable. This dual nature must be acknowledged when applying the theory to conflict settings.

Collective Action Theory

Collective Action Theory explains how and why groups mobilize themselves, even without formal leadership or external support, when they face shared risks like violence, hunger, or displacement. The theory was developed by Mancur Olson (1965). Olson argued that people are more likely to act collectively when they face a common threat, share a common identity, or believe that their participation will make a meaningful difference. The theory also highlights the challenges of collective action, such as free-riding, lack of coordination, or fear of retaliation in conflict settings. Despite these challenges, collective action often emerges in crises because people recognise that survival depends on cooperation. In conflict zones, communities frequently come together to protect one another, share resources, organise local defense, or coordinate humanitarian activities. Critics note that collective action is fragile under conditions of mistrust or repression, but its spontaneous emergence in crises underscores its relevance to community survival strategies.

Together, these four theories create a strong foundation for the ACCESS Model by showing why community-led action is both necessary and possible in conflict settings. Humanitarian Access Theory explains that outside help is often delayed because access depends on political negotiations and security conditions that communities cannot control (OCHA, n.d.). Community Resilience Theory shows that, even in the absence of formal systems, communities possess the strength and local knowledge necessary to adapt and survive (Holling, 1973). Social Capital Theory posits that trust, relationships, and cooperation enable communities to organize themselves quickly and effectively during crises (Bourdieu, 1986; Putnam, 1993). Finally, Collective Action Theory explains how people facing shared risks can come together to solve common problems when they believe their actions matter (Olson, 1965). By critically engaging these theories, the ACCESS Model reframes existing humanitarian insights for local ownership, offering a structured, low-cost framework that communities can deploy immediately in contexts of siege, blockade, displacement, and insurgency

Method

This study employs a qualitative synthesis approach to integrate diverse forms of evidence on grassroots humanitarian action in conflict settings, a method well-suited to analyzing complex social processes and lived experiences in which quantitative data are limited (Cochrane & Campbell Collaboration, 2023). Five conflict zones, Aleppo in Syria, El Fasher in Sudan, North Kivu in the Democratic Republic of

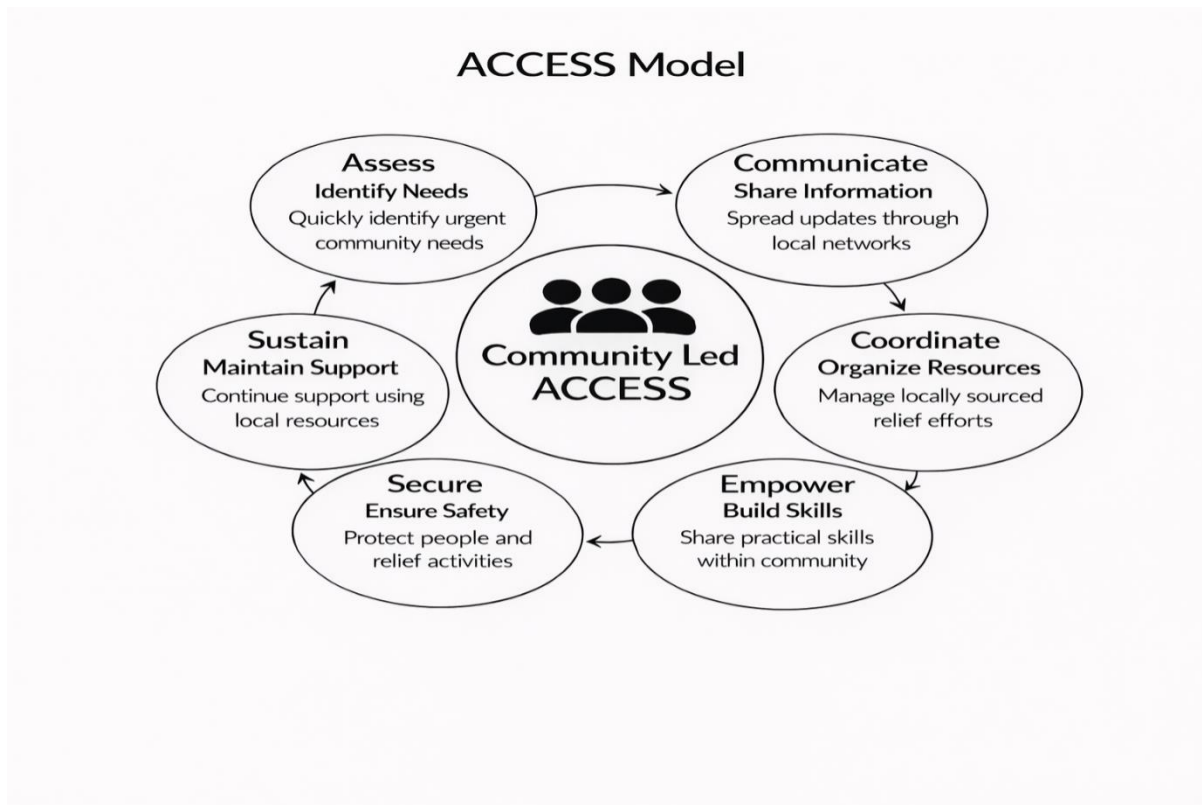


Congo, Gaza, and northeastern Nigeria affected by the Boko Haram insurgency, were purposively selected because each demonstrates documented cases in which community-led humanitarian efforts preceded or substituted for delayed institutional intervention, enabling cross-contextual comparison of emergent local strategies. The synthesis draws directly on reported situations from these conflicts, using documented accounts of community action as the empirical foundation for model development. Data were drawn from humanitarian access reports (e.g., OCHA, Norwegian Refugee Council, and scholarly articles). The analysis followed an inductive thematic strategy, allowing patterns to emerge organically from the data rather than imposing predefined categories, consistent with established qualitative research practice (Braun & Clarke, 2022). Through iterative coding and cross-case comparison, recurring themes such as rapid local assessments, informal communication networks, micro-coordination structures, community-based security arrangements, and documentation practices were identified and synthesized into the ACCESS Model (Assess, Communicate, Coordinate, Empower, Secure, Sustain). This inductive development aligns with contemporary methodological guidance that emphasizes deriving conceptual frameworks directly from empirical evidence in humanitarian and social science research (Dekkers et al., 2022; Lilly & Duque-Díez, 2024). The reliance on reported situations ensures that the model is grounded in real experiences, while the synthesis approach makes it transferable across contexts.

Presentation of the ACCESS Model

The ACCESS Model provides a practical framework for organizing low-cost, community-driven humanitarian responses, especially in the early stages of a crisis when formal humanitarian organizations may not yet have full access to affected communities. In many conflict or disaster settings, communities themselves often act as first responders, drawing on local knowledge, communication networks, and social trust to mobilize assistance. The ACCESS Model therefore structures six key actions: Assess, Communicate, Coordinate, Empower, Secure, and Sustain that communities can undertake to facilitate humanitarian access before institutional intervention occurs.

Figure 1: The ACCESS Model: A community-led framework for organizing humanitarian action in contexts of delayed institutional intervention.



Source: Fredrick Wilson, (2026)

The diagram visually represents the ACCESS Model as a cyclical process, emphasizing that community-led humanitarian action is not linear but iterative and adaptive. Each component reinforces the others: rapid assessment informs communication, communication enables coordination, coordination is strengthened through empowerment, empowerment supports security, and security is sustained through documentation and accountability. By situating “Community Led ACCESS” at the center, the model highlights that local actors are the driving force behind these strategies. The circular design underscores continuity, showing that communities can repeat and adapt these actions as crises evolve, thereby maintaining resilience and readiness until institutional support becomes available.

Core Components of ACCESS Model

Assess: The first step in the ACCESS Model is Assess, which focuses on quickly identifying the urgent needs of affected people during the early stages of a disaster, before international humanitarian organizations arrive. In many crises, local communities act as the first responders because they understand the local environment, know which households are most vulnerable, and can reach areas that external actors cannot easily access. Research shows that local knowledge, community networks, and social relationships are essential for rapid disaster response, allowing communities to mobilize assistance and share information quickly (Aldrich & Meyer, 2015; Patel et al., 2017; Norris et al., 2008).

At this stage, assessment is typically conducted through simple, practical methods, such as community meetings, verbal reporting, or neighborhood discussions. Community members often gather information by checking on families, particularly the elderly, children, and people with disabilities, and sharing updates through trusted local networks. In many rural or low-literacy contexts, these informal approaches are often more realistic and effective than complex technological systems. Studies on community-based



disaster response show that locally driven assessments often provide faster and more contextually accurate information during the early stages of a crisis (Mercer et al., 2010; Wells et al., 2013).

The purpose of this assessment is not only to identify needs but also to help the community organize support using available local resources. For example, some households may contribute rice, others cooking oil, condiments, water, or hygiene supplies. Through this shared understanding of needs and resources, communities can coordinate immediate assistance and support vulnerable households during the critical period before external aid arrives.

Communicate: The second element of the ACCESS Model is Communicate, which focuses on how communities share critical information during the early stages of a disaster, before international organizations arrive. In many crises, communication helps community members understand where safety can be found, which households need support, and how local resources such as food or shelter can be shared.

When formal communication systems fail or network access is cut off, communities often rely on traditional and low-technology communication methods. In many African communities, town criers, community leaders, and neighborhood representatives play an important role in spreading urgent information. These individuals move from one part of the community to another, disseminating safety instructions, information on food availability, meeting points, and locally organized support efforts. Face-to-face communication through community gatherings, household visits, and local meetings also allows information to circulate quickly and ensures that vulnerable households are not left out.

Where networks remain available, some communities may also use SMS messages, local radio, or mobile messaging platforms to share updates about safety, food supply, and medical needs. However, research on crisis communication shows that informal community communication networks are often the most reliable channels during disasters because they are rooted in existing social relationships and trust (Aldrich & Meyer, 2015; Houston et al., 2015). These locally organized communication systems help communities coordinate their own responses and maintain collective awareness during the critical period before external humanitarian actors intervene.

Coordinate: The third component of the ACCESS Model is Coordinate, which focuses on organizing community members to manage locally sourced relief materials and support efforts in the early stages of a crisis. When external humanitarian assistance is delayed, communities often rely on resources available within the community itself, such as food supplies, water, clothing, or basic household items. Coordination helps ensure that these resources are shared fairly and reach the households that need them most.

The ACCESS Model proposes small micro-cells of five to ten trusted volunteers who work together to organize community response activities. These volunteer groups help collect locally available resources, identify vulnerable households, and coordinate the sharing or distribution of items such as rice, cooking oil, condiments, or hygiene supplies contributed by different families. Small groups are easier to manage and allow faster decision-making during emergencies.

Coordination also helps prevent confusion or duplication of support. Volunteers can ensure that assistance is distributed equitably and that vulnerable groups, such as older adults, children, and people with disabilities, are prioritized. Because these volunteers are part of the community, they possess local trust and knowledge of household needs, which helps maintain transparency and cooperation during relief activities.

Research on community resilience shows that local volunteer networks and social relationships are critical for organizing collective action and managing shared resources during disasters, particularly when



external institutions cannot immediately intervene (Aldrich & Meyer, 2015; Norris et al., 2008). In this way, coordination within the ACCESS Model allows communities to mobilize and manage their own resources effectively during the critical period before external assistance arrives.

Empower: The fourth element of the ACCESS Model is Empower, which focuses on strengthening community members' capacity to support one another during a crisis, particularly when external humanitarian assistance is delayed. In many disaster situations, communities must rely on their own knowledge, experience, and cooperation to respond to immediate needs.

Empowerment in this context comes largely from within the community itself. Individuals who already possess practical skills, such as local health workers, teachers, elders, experienced caregivers, or community leaders, often share their knowledge with others so that more people can contribute to the response. For example, someone with basic health knowledge may guide others on simple first aid, while experienced community members may help organize safe food preparation or support vulnerable households.

These shared skills allow communities to respond quickly to urgent needs such as caring for injured individuals, preparing and sharing food safely, or managing tensions that may arise when resources are limited. By spreading practical knowledge among volunteers and neighbors, communities strengthen their collective ability to respond during the critical early period of a disaster.

Research on community resilience shows that existing social networks and local leadership are essential for effective disaster response, because they enable communities to mobilise resources and coordinate support even before formal humanitarian assistance becomes available (Aldrich & Meyer, 2015; Norris et al., 2008). In this way, empowerment in the ACCESS Model builds on local strengths and shared responsibility, enabling communities to stabilize situations and provide immediate support while waiting for external aid.

Secure: The fifth element of the ACCESS Model is Secure, which focuses on maintaining safety and order within the community during the early stages of a disaster or crisis. When external security forces or humanitarian actors are not yet present, communities often rely on local protection mechanisms to safeguard people, resources, and relief activities.

In many communities, local vigilante groups, youth volunteers, community guards, or neighborhood watch groups play an important role in maintaining order. These groups help protect vulnerable households, prevent theft of shared resources, and ensure that community-led activities such as food distribution or shelter arrangements take place peacefully. They may also help monitor entry points to the community, guide people to safer locations, and ensure that vulnerable individuals such as children, elderly persons, and people with disabilities are protected.

Local leaders, elders, and religious figures also contribute to maintaining stability by mediating disputes and encouraging cooperation during times of stress when competition for limited resources can create tensions. These community-based security arrangements are often informal but highly effective because they are built on existing trust, local authority, and shared responsibility.

Research on community resilience shows that local social networks and informal security structures often play a critical role in maintaining order and protecting communities during crises, especially when formal state institutions are absent or overwhelmed (Aldrich & Meyer, 2015; Norris et al., 2008). Within the ACCESS Model, the Secure component therefore emphasizes community-led protection and coordination, ensuring that local relief efforts can take place safely during the critical period before external humanitarian support arrives.



Sustain: The final component of the ACCESS Model is Sustain, which focuses on maintaining community-led response efforts and ensuring that successful local strategies can continue and be replicated if the crisis persists. In many disasters, communities must support themselves for extended periods before external assistance becomes available. Sustaining these efforts requires organization, cooperation, and simple ways of keeping track of what has been done.

Communities can sustain their response by keeping basic records of activities, such as which households have received support, what resources have been shared, and which areas still require assistance. These records may be kept through simple notebooks, community registers, or local leadership reports. Such documentation helps communities coordinate their efforts, avoid duplication, and ensure that vulnerable households are not overlooked.

Sustainability also involves learning from experience. As communities respond to crises, they develop practical strategies for sharing resources, organizing volunteers, and protecting vulnerable members. Recording and discussing these experiences during community meetings allows successful approaches to be replicated across different neighborhoods or future emergencies.

Research on community resilience shows that locally organized systems of cooperation and knowledge sharing help communities maintain collective action and adapt during prolonged crises (Aldrich & Meyer, 2015; Norris et al., 2008). In this way, the Sustain component of the ACCESS Model ensures that community-led interventions remain organized, adaptable, and capable of continuing until broader humanitarian support becomes available.

Put together, these six components demonstrate that communities are not passive recipients of aid but active agents capable of structuring humanitarian access in the absence of external intervention. The ACCESS Model reframes grassroots practices into a coherent framework that can be replicated, adapted, and scaled across diverse conflict settings.

Case Studies: Demonstrating the ACCESS Model in Practice

Aleppo, Syria (2016)

During the siege of Aleppo in 2016, civilians faced extreme shortages of food, medicine, and humanitarian assistance due to military blockades and intense fighting. Because international humanitarian agencies struggled to maintain consistent access to the city, local communities developed their own systems for supporting affected populations. One notable strategy was the establishment of community food kitchens, where volunteers prepared meals for displaced families and vulnerable households.

These community initiatives reflect the Coordinate and Sustain elements of the ACCESS Model. Local volunteers organized supply chains, food preparation, and distribution networks to ensure that limited resources reached the most vulnerable residents. In addition, digital communication platforms such as WhatsApp and other mobile messaging tools were widely used to coordinate humanitarian activities and share real-time information about food availability and security conditions.

Research on the Syrian conflict shows that local networks and informal communication systems played a critical role in sustaining humanitarian assistance during the siege, particularly when formal institutions were unable to operate effectively (Ekzayez et al., 2020). These networks allowed community volunteers, health workers, and local councils to exchange information quickly and coordinate relief efforts within besieged areas. Similarly, studies on local humanitarian governance in Syria highlight that community-based organizations became central actors in delivering aid and maintaining essential services during periods of restricted access (Roborgh et al., 2023).



El Fasher, Sudan (2023)

The conflict in Sudan that escalated in 2023 caused large-scale displacement and disrupted many humanitarian services, particularly in the Darfur region. In the city of El Fasher, local communities responded by forming women-led water committees that helped manage scarce water resources and monitor the needs of displaced families.

These initiatives demonstrate the Assess and Empower components of the ACCESS Model. Community volunteers collected information about displaced households, including water access, sanitation needs, and household size. Some volunteers used digital tools such as KoBoToolbox, which allows humanitarian data collection in environments with limited internet connectivity. Rapid needs assessments conducted by local actors are critical because they provide timely and contextually accurate information about vulnerable populations, enabling more effective humanitarian responses (Maxwell & Choularton, 2012). In addition, the leadership of women in these committees reflects the empowerment dimension of the model. Research on gender and humanitarian response shows that women's community leadership significantly strengthens local resilience and improves the management of essential resources during crises (Norris et al., 2008). Through these community-led assessment and coordination mechanisms, displaced populations in El Fasher were able to access water and basic services even when formal humanitarian systems faced operational challenges.

North Kivu, Democratic Republic of Congo (2022)

The Eastern Democratic Republic of Congo has experienced prolonged conflict, resulting in millions of internally displaced persons and severe humanitarian needs. In North Kivu, local youth brigades and community volunteers have played a crucial role in supporting humanitarian response efforts. These youth groups used community radio stations to communicate important information about security risks, available aid services, and displacement patterns. Community radio is particularly important in rural areas where internet access is limited. It allows humanitarian information to reach large audiences quickly and reliably.

This communication strategy reflects the Communicate component of the ACCESS Model. Research on crisis communication highlights that local media platforms such as community radio are essential tools for disseminating life-saving information during humanitarian emergencies (Houston et al., 2015). In addition to communication efforts, youth volunteers participated in humanitarian mapping initiatives using OpenStreetMap. These mapping projects helped identify safe routes, shelters, and infrastructure for displaced populations, reflecting the Secure element of the ACCESS Model. Digital humanitarian mapping has become an important tool for crisis response because it allows volunteers to generate real-time geographic information in areas where official data is unavailable (Meier, 2015).

Through these combined communication and mapping activities, youth groups in North Kivu helped improve situational awareness and support humanitarian coordination.

Gaza (2014–2023)

The Gaza Strip has experienced repeated cycles of armed conflict and long-term blockades that severely restrict humanitarian access. During major escalations of violence between 2014 and 2023, many humanitarian convoys were unable to enter affected areas, forcing communities to rely on local initiatives for survival. Local doctors, community organizations, and volunteer networks established informal medical clinics and decentralized food distribution systems to serve civilians during periods of restricted access. These initiatives demonstrate the Empower, Coordinate, and Sustain components of the ACCESS Model. Medical professionals trained volunteers to assist with emergency healthcare delivery, thereby



illustrating the model's empowerment dimension. Community committees also coordinated food distribution and basic services within neighborhoods.

Studies on healthcare delivery in conflict settings indicate that community-based health systems often emerge when formal medical infrastructure is damaged or inaccessible, allowing local actors to maintain basic healthcare services during crises (Fardousi et al., 2019). These locally organized systems help sustain humanitarian support and maintain essential services despite severe restrictions on access.

Boko Haram Insurgency, North-Eastern Nigeria (2010–Present)

The Boko Haram insurgency in North-Eastern Nigeria has created a prolonged humanitarian crisis characterized by mass displacement, insecurity, and limited humanitarian access in some areas. In response, local communities have developed various informal mechanisms to support humanitarian response. One important example is the Civilian Joint Task Force (CJTF), a network of youth volunteers who assist communities in identifying security threats and supporting humanitarian operations. Their activities correspond to the Secure component of the ACCESS Model because they help create safer environments for civilians and aid workers. At the same time, women's associations and community groups organize food distribution, provide support to displaced families, and share information about humanitarian services. These activities reflect the model's Coordinate and Communicate elements.

Research on humanitarian response in conflict zones shows that local community networks often serve as crucial intermediaries between affected populations and humanitarian organizations, particularly in environments where insecurity limits external access (Comes, 2020). In North-Eastern Nigeria, these locally organized systems have played an important role in sustaining humanitarian support and maintaining social stability.

Actualization: Who Does What in the ACCESS Model

To operationalise the ACCESS Model, specific community actors assume defined roles to support early humanitarian response before institutional intervention.

- **Community Leaders:** Initiate rapid needs assessments, mobilize trusted volunteers, and maintain neutrality in aid distribution. Local leadership is critical for coordinating community response and maintaining social cohesion during crises (Aldrich & Meyer, 2015).
- **Youth Brigades:** Manage communication through face-to-face interactions, WhatsApp, SMS, and community radio, assist with aid distribution, and provide basic first aid. Youth networks often act as rapid responders and information bridges during emergencies (Houston et al., 2015).
- **Women's Committees:** Oversee food and water distribution, track vulnerable households, and document humanitarian assistance. Women's local knowledge often improves the targeting of aid and strengthens community resilience (Norris et al., 2008).
- **Local Elders and Religious Leaders:** Mediate disputes, build trust within communities, and help identify safe spaces for humanitarian activities. Their social authority facilitates cooperation and legitimacy in aid delivery (Slim, 2015).
- **Teachers and Health Workers:** Train volunteers in basic health practices, hygiene, first aid, and record keeping, strengthening local response capacity (Norris et al., 2008).
- **External Allies:** Once access improves, INGOs and UN agencies use community documentation to scale up assistance and integrate grassroots initiatives into formal humanitarian planning (Maxwell & Choularton, 2012).



Strengths of the Model

The ACCESS Model has three major strengths: **low cost, scalability, and community empowerment**. These strengths make the model practical for humanitarian response, especially in conflict zones where international organizations may face delays in reaching affected populations.

First, the model is **low-cost** because it relies on simple tools and local knowledge. Communities can carry out rapid assessments using paper surveys, verbal reporting, or basic mobile applications. Communication can be conducted via SMS, WhatsApp, or community radio; face-to-face interaction; and public announcements by town criers, which are already widely available in many areas. This makes it possible for communities to organize humanitarian support without waiting for expensive technology or external funding. This idea aligns with **Humanitarian Access Theory**, which explains that humanitarian access often depends on negotiations with governments or armed groups, and these processes can delay external intervention (United Nations General Assembly, 1991; OCHA, n.d.). In such situations, community-led systems provide an important temporary solution until formal humanitarian actors gain access.

Second, the ACCESS Model is **scalable**, meaning it can be adapted to different humanitarian contexts. The six components of the model, Assess, Communicate, Coordinate, Empower, Secure, and Sustain, can be applied in various crises such as armed conflict, displacement, or natural disasters. Communities can adjust these steps based on their local conditions and available resources. This flexibility reflects the ideas of **Community Resilience Theory**, which suggests that communities have the ability to adapt, reorganize, and continue functioning during crises (Holling, 1973; Norris et al., 2008). By using existing social structures such as youth groups, women's associations, and community leaders, the model can operate effectively in diverse environments.

Third, the ACCESS Model is **empowering** because it positions communities as active participants in humanitarian response rather than passive recipients of aid. Local actors such as youth volunteers, women's committees, teachers, and religious leaders play key roles in organizing assessments, sharing information, distributing aid, and supporting vulnerable groups. This approach reflects **Social Capital Theory**, which emphasizes the importance of trust, social networks, and cooperation within communities (Bourdieu, 1986; Putnam, 1993). These social connections help communities coordinate their efforts and respond quickly to shared challenges. It also reflects **Collective Action Theory**, which explains how groups mobilize together to solve common problems during crises (Olson, 1965).

Challenges Associated with the ACCESS Model

Although the ACCESS Model offers practical solutions for community-led humanitarian response, it also faces several challenges in conflict settings. These challenges include security risks, neutrality concerns, and documentation gaps.

One key challenge is security risks. Community volunteers often operate in dangerous environments where armed conflict is ongoing. Without formal protection or security training, volunteers may face threats while distributing aid or conducting assessments. Studies show that humanitarian workers and local responders are increasingly exposed to violence in conflict zones (Fast, 2021; Humanitarian Outcomes, 2023).

Another challenge is neutrality concerns. Community actors are part of the local population, which means they may be associated with certain ethnic, political, or religious groups. In highly polarized conflicts, this



can create mistrust among other groups or armed actors. Maintaining humanitarian neutrality is essential for safe and fair aid delivery (OCHA, 2022).

A third challenge is documentation gaps. Community-led initiatives may struggle with record-keeping because of limited technology, training, or resources. Weak documentation can make it difficult to track aid distribution or share accurate information with humanitarian organizations. Reliable data is important for coordination and accountability in humanitarian response (Maxwell & Hailey, 2020).

Policy Implications

The ACCESS Model has important policy implications for strengthening humanitarian response in crisis and disaster settings, particularly in situations where humanitarian access is delayed. First, humanitarian policy frameworks should formally recognize that communities are often the first responders during emergencies. In many conflict and disaster environments, affected populations organize their own support systems long before international organizations gain access. Recognizing these community-led responses within national disaster management policies and humanitarian planning can help ensure that local initiatives are supported rather than overlooked.

Second, the ACCESS Model can serve as a training and preparedness framework for community-based disaster response. Governments, humanitarian agencies, and civil society organizations can incorporate the model into community preparedness programs to help communities organize locally sourced interventions in a structured and coordinated manner. Training communities on the six components- Assess, Communicate, Coordinate, Empower, Secure, and Sustain- can strengthen their ability to identify needs, share information, manage local resources, and support vulnerable households during the early stages of crises.

Third, humanitarian policies should promote flexible funding mechanisms for grassroots actors. Community groups such as youth volunteers, women's committees, and neighborhood associations often play critical roles in supporting affected populations. Providing small-scale funding mechanisms, such as microgrants, can help these groups mobilize local resources and sustain community-led interventions during emergencies.

These policy recommendations also align with the localisation agenda in humanitarian action, which seeks to shift greater power, resources, and decision-making to local and national actors. Following the World Humanitarian Summit, the Grand Bargain committed donors and major humanitarian organisations to strengthen the role of local responders and increase support for locally led initiatives (Roepstorff, 2020). Similarly, Barbelet (2018) emphasises that humanitarian response should be "as local as possible, as international as necessary," highlighting the importance of complementarity between local actors and international organizations.

By integrating the ACCESS Model into humanitarian training programs, disaster preparedness strategies, and localisation policies, governments and humanitarian organizations can strengthen community capacity and ensure that affected populations are better prepared to organize effective responses during the critical period before external humanitarian assistance becomes available.

Scholarly Contribution

The ACCESS Model, introduced by Fredrick Wilson, provides an original framework that contributes to humanitarian studies by explaining how communities organise humanitarian access before formal



institutions arrives. The model fills an important gap in the literature by offering a structured and practical approach to grassroots humanitarian response, showing how local actors can assess needs, communicate information, coordinate volunteers, and sustain aid efforts during crises. By emphasising the role of community leadership and social networks, the model also supports growing scholarly discussions on locally led humanitarian action, which recognize communities as key agents in crisis response rather than passive recipients of aid (Barbelet, 2018; Fast, 2021). Through examples from different conflict settings, the ACCESS Model demonstrates its relevance and potential for broader application in humanitarian practice.

Practical Contribution

The ACCESS Model provides a practical and low-cost toolkit for humanitarian practitioners working in conflict and crisis settings. The model can be adapted to different contexts and allows communities to respond quickly using local knowledge, simple communication tools, and volunteer networks. It also encourages communities to document their activities, which helps humanitarian organisations understand the situation when they eventually gain access. In addition, the model promotes trust between local actors and incoming humanitarian agencies by showing how community efforts can support formal aid operations. For policymakers and practitioners, this approach highlights the importance of supporting grassroots initiatives through microgrant funding, training programs for volunteers, and greater recognition of pre-institutional community responses in humanitarian planning (Barbelet, 2018).

Discussion

The ACCESS Model is designed as a practical tool to guide community-based interventions during crises and disasters, particularly in situations where humanitarian access is delayed. In many conflict or disaster environments, affected populations often face long periods before international humanitarian organisations are able to reach them. During these critical early stages, communities must rely on locally available resources, social networks, and informal leadership structures to support vulnerable households. The ACCESS Model provides a structured framework for organizing local efforts through six practical steps: Assess, Communicate, Coordinate, Empower, Secure, and Sustain. By structuring actions that communities already undertake informally, the model provides coherence and organization to grassroots humanitarian responses.

In the broader humanitarian system, frameworks such as the Sphere Standards provide widely recognised guidelines for humanitarian response, emphasising principles of dignity, protection, accountability, and minimum standards for assistance (Sphere Association, 2018). However, these standards are largely designed to guide international and nationally funded humanitarian organizations once they are operational in crisis settings. In many conflict environments, humanitarian access may be restricted due to insecurity, political barriers, or logistical challenges. During such periods, affected populations may suffer while waiting for formal humanitarian interventions. The ACCESS Model addresses this gap by providing a community-centered framework that enables affected populations to organize locally sourced support efforts in a structured way until external assistance becomes available.

The model also aligns with growing discussions in the humanitarian sector about localisation, which emphasises strengthening the role of local actors in crisis response. The localisation agenda encourages humanitarian systems to shift power, resources, and decision-making toward local responders to improve sustainability and effectiveness (Roepstorff, 2020). Similarly, Barbelet (2018) argues that humanitarian action should be “as local as possible, as international as necessary,” highlighting the importance of complementarity between community-led initiatives and international assistance. The ACCESS Model



reflects this principle by demonstrating how communities can organize their own response mechanisms while external actors provide additional support once access improves.

The theoretical foundations of the model further support its relevance. Humanitarian Access Theory explains that humanitarian organizations often face delays in reaching affected populations because access must be negotiated with governments, armed groups, or other authorities (United Nations General Assembly, 1991; OCHA, n.d.). During this period, communities frequently become the first responders, organizing their own systems of support until formal humanitarian assistance becomes possible. The ACCESS Model provides a structured framework for understanding how these locally organized responses can function more effectively.

In addition, Community Resilience Theory suggests that communities possess inherent capacities to absorb shocks, adapt to crises, and reorganise collective action (Holling, 1973; Norris et al., 2008). The ACCESS Model operationalises these ideas by outlining practical steps through which communities can identify needs, mobilise local resources, and sustain support systems during emergencies. The model also reflects Social Capital Theory, which emphasizes the role of trust, relationships, and social networks in enabling communities to coordinate collective action (Bourdieu, 1986; Putnam, 1993). These social ties make it possible for communities to organise volunteers, share resources, and support vulnerable households.

The model reflects the principles of Collective Action Theory, which explains how groups mobilize to address shared challenges (Olson, 1965). During crises, individuals often recognize that cooperation is necessary for survival, leading to organised community efforts such as resource sharing, volunteer coordination, and local security arrangements. The ACCESS Model provides a practical framework that helps transform these spontaneous efforts into structured and coordinated community-led interventions.

The ACCESS Model contributes to humanitarian practice by providing a training and capacity-building tool that empowers communities to organize locally led interventions during crises. By structuring grassroots response efforts and emphasising locally sourced resources, the model complements existing humanitarian frameworks while addressing the gap that emerges when humanitarian access is limited. In doing so, it highlights the critical role of communities not merely as recipients of aid but as active agents capable of organising effective humanitarian action during the early stages of crises.

Conclusion and Recommendations

Humanitarian access in conflict and disaster settings is often delayed due to insecurity, political restrictions, and logistical barriers, leaving affected populations without immediate external assistance. This study introduced the ACCESS Model as a practical framework that communities can use to organise locally led humanitarian response during this critical pre-institutional intervention phase. By structuring six key actions: Assess, Communicate, Coordinate, Empower, Secure, and Sustain, the model demonstrates how communities can mobilize local knowledge, social networks, and shared resources to support vulnerable households while waiting for formal humanitarian aid. The ACCESS Model, therefore, reframes communities not as passive recipients of assistance but as active agents capable of organizing effective response systems during crises. By bridging the gap between grassroots survival strategies and formal humanitarian frameworks, the model offers a practical tool that can strengthen community preparedness, support localisation efforts, and contribute to more resilient humanitarian response systems



To address the challenges of the ACCESS Model, several practical steps can be taken. To reduce security risks, community volunteers should receive basic safety and risk-awareness training and operate in small teams while coordinating movements through local communication networks. To address neutrality concerns, communities can establish inclusive humanitarian committees that include representatives from different groups and promote awareness of humanitarian principles such as neutrality and impartiality. To overcome documentation gaps, volunteers can use simple record-keeping tools, such as notebooks, basic forms, or mobile data tools, and receive short training on data collection and reporting. These steps can help improve the safety, transparency, and effectiveness of community-led humanitarian response.

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