Inclusion and exclusion in humanitarian action

The state of play

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Acronyms

CHS	Core Humanitarian Standard
CRPD	Convention on the Rights of Persons with Disabilities
DFID	UK Department for International Development
ECOSOC	Economic and Social Council
HPG	Humanitarian Policy Group
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
ICAI	Independent Commission for Aid Impact
IDP	internally displaced person
IHRL	International Human Rights Law
IRL	International Refugee Law
NGO	non-governmental organisation
OPD	organisation of people with disabilities
OPA	older people's association
SADD-SAD	Sex (Gender), Age, Disability, Diversity and Safe, Access, Dignity
SADI	Safe, Accessible, Dignified and Inclusive
SOGIESC	sexual orientation, gender identity, gender expression and sex characteristics
SOHS	State of the Humanitarian System

1 Introduction

1.1 The challenge and relevance of inclusion in humanitarian action: a rationale

Inclusive humanitarian action means the ability to reach people most affected by a crisis with the services, assistance and protection they need, while ensuring their effective participation in the planning and execution of the response. Failing to reach individuals who are marginalised and excluded means that humanitarian actors cannot claim to uphold the principle of impartiality, which is at the heart of the humanitarian mission. Humanitarian responses that are not inclusive also lack accountability to affected people. More pragmatically, inclusion and impartiality should guide how limited humanitarian resources are prioritised, to ensure that humanitarian action is as effective as it can be.

Inclusive humanitarian action has been at the centre of a number of policy discussions, commitments and initiatives in recent years, yet in practice responses continue to struggle to deliver it (ALNAP, 2018; Barbelet, 2018; Barbelet et al., 2018; IFRC, 2018a). Continued evidence that humanitarian responses fail to be inclusive therefore puts into question both the ethical essence of humanitarian action, and its effectiveness.

> In general, the picture that emerged was one of a system that is not good at understanding or addressing the specific vulnerabilities of different groups of people in different contexts. Where differences within a population are addressed, this is often through predetermined activities for predetermined 'vulnerable groups'. Assessments to identify the actual vulnerabilities of different groups of people within a specific context are still uncommon (ALNAP, 2018: 142).

Commitments to a more inclusive humanitarian action were made at the World Humanitarian Summit.[1] The Charter on Inclusion of Persons with Disabilities in Humanitarian Action launched at the Summit called for non-discrimination; participation; inclusive policy; inclusive response and services; and cooperation and coordination in relation to people with disabilities. The Inclusion Charter, another initiative launched at the Summit, proposed five steps to impartial humanitarian response related to participation, data, funding, capacity and coordination. More recently, new Inter-Agency Standing Committee (IASC) guidelines have been developed on disability inclusion (IASC, 2019).[2] These numerous commitments highlight that inclusion in the humanitarian sector is a key policy agenda. However, the failure to translate these commitments into action on the ground

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1 Beyond the World Humanitarian Summit, the UK's Department for International Development's (DFID's) Global Disability Summit organised in 2018 has provided momentum for inclusion in the humanitarian sector, leading to commitments such as the development of the IASC Guidelines on Inclusion of Persons with Disabilities (IASC, 2019).

2 Following the World Humanitarian Summit, many organisations invested in new policies, frameworks and guidance to enhance inclusion, including the creation of the Humanitarian Inclusion Standards (Age and Disability Consortium, 2018); ICRC's 'Accountability to affected people institutional framework' (ICRC, 2019); UNICEF guidance on disability inclusion (UNICEF, 2017); and UNHCR's updated policy on Age, Gender and Diversity (UNHCR, 2018). Beyond humanitarian action, the UN Secretary-General launched a UN-wide disability inclusion strategy and accountability framework in 2019 (UN, 2019).

indicates that – despite inclusion being at the heart of humanitarian action – the humanitarian sector is struggling to get the job done.

Past research has highlighted that a fragmented approach to inclusion, where individuals are categorised according to a long list of 'vulnerable' groups, focusing for instance on disability inclusion, gender or old age inclusion, has overwhelmed humanitarian actors in large-scale emergencies (Barbelet, 2018). The humanitarian sector's blind-spots regarding certain drivers of exclusion (in particular around sexual orientation and gender diversity (see Dwyer and Woolf, 2018; HAG et al., 2018) require a focus on certain factors of identity. Past efforts have provided technical guidance for the inclusion of specific groups, but have not tackled larger questions around prioritisation, needs and vulnerability, hampering the translation of guidance into action. Critical tensions between reaching *the most people* affected by crisis and reaching *the people most affected* remain unanswered.[3] More fundamentally, the lack of understanding of what an inclusive humanitarian response looks like in practice, coupled with the problematic use of the term 'most vulnerable',[4] has undermined the sector's ability to solve the inclusion challenge.

This paper provides the foundation for a multi-year study on inclusion and exclusion in humanitarian action being carried out by the Humanitarian Policy Group (HPG) at ODI. It seeks to make sense of the concept of inclusion in humanitarian action, explore how it relates to humanitarian principles and other core concepts and outlines some of the key issues and challenges preventing more inclusive humanitarian action. Drawing on existing practice and evidence from a review of academic and grey literature,[5] the study argues that vulnerability is a critical, but challenging, lens to inform the prioritisation of humanitarian assistance and protection, and that it has failed to lead to more inclusive humanitarian action.

We argue that the categorical approach to vulnerability has encouraged a fragmentation of inclusion by diversity factors such as disability, gender or age; and while technical approaches to inclusion are necessary, they are not sufficient. In order to address these challenges, a better understanding of the multi-dimensional drivers of inclusion and exclusion – how they relate to each other and intersect – is needed if humanitarian action is to become more systematically inclusive.

1.2 Outline of the report

The report starts with a discussion of the meaning of inclusion and its relationship to other concepts and objectives in humanitarian action. Chapter 3 outlines the state of inclusion in humanitarian action. Chapter 4 examines why inclusion in the humanitarian sector remains elusive, with a particular focus on vulnerability as a key driver of prioritisation, targeting and decision-making. Chapter 5 concludes by presenting how research can support progress towards more inclusive humanitarian action.

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3   See Hofman (2020): 'If we are to be truly humanitarian in our decision-making, saving the greatest number of lives cannot be the only deciding factor. We should not sacrifice the most vulnerable for the greater good, even if it means we save fewer lives'.

4   While the authors acknowledge that 'most vulnerable' has been replaced by the term 'at risk', despite this semantic change practice is still informed by assumptions attached to the use and understanding of the term 'most vulnerable'.

5   This report does not cover the inclusion literature relating to developmental challenges. While the development literature on inclusion can inform humanitarian programming on inclusion (the 'how'), the challenge of inclusion and why it is important for humanitarian actors pertain to specific aspects of humanitarian action that do not easily compare with development policies and practices. However, the authors recognise that inclusive development policies and practices contribute to inclusion in humanitarian contexts.

2 Conceptualising inclusion

2.1 Defining inclusion in humanitarian action

2.1.1 Definitions of inclusion

Far from a new issue, inclusion has been a prominent theme in the humanitarian sector for decades. As a concept, it has featured in a wide range of policies, guidelines, laws, networks and events. Key examples (drawn from Handicap International, 2014 and Searle et al., 2016: 9) include:

- The 1993/205 Economic and Social Council (ECOSOC) decision to include vulnerable groups in consolidated appeals.
- The introduction of 'understanding vulnerability in context' in the 2011 Sphere Handbook.
- The inclusion of gender, age, disability and cultural perspectives in the Sendai Framework for Disaster Risk Reduction 2015–2030.
- The 2030 Agenda for Sustainable Development.
- ADCAP's 2015 pilot of inclusion standards for older people and people with disabilities (see Box 1).
- The 2016 World Humanitarian Summit and Agenda for Humanity (core responsibility three: leave no one behind).
- Grand Bargain commitments (Workstream 5: improve joint and impartial needs assessments; and Workstream 6: a participation revolution).
- The 1951 Refugee Convention; the 1979 Convention on the Elimination of all Forms of Discrimination Against Women; the 1989 Convention on the Rights of the Child; and the 2006 Convention on the Rights of Persons with Disabilities.

While definitions vary, there is a consensus that inclusion in relation to humanitarian action includes these two dimensions:

- First, actions or efforts to identify and remove barriers to humanitarian assistance faced by individuals and groups who are marginalised or excluded through patterns of discrimination and denial of rights.
- Second, ensuring equal rights and participation in humanitarian response.

Searle et al. (2016: 7) define inclusion in humanitarian action as:

> actions taken to ensure the right to information, protection and assistance for all persons affected by crisis, irrespective of age, sexual and gender identity, disability status, nationality, or ethnic, religious or social origin or identity. Inclusive action focuses on identifying and removing barriers so that those individuals and groups who are more vulnerable, marginalised and/or excluded can participate in decision-making and benefit from humanitarian action on an equal basis with others.

Humanity and Inclusion (Handicap International, 2015: 4, 6) add to the definition of inclusion the notion of reducing the vulnerabilities of the most excluded and increasing their capacities. The Age and Disability Consortium (2018) goes further to add a link with humanitarian principles, non-discrimination as a key driving principle of inclusion, and respect for dignity, diversity and acceptance. These elements mirror commitments to the Core Humanitarian Standard (CHS) on quality and accountability (CHS, 2014), as well as the general principles of the Convention on the Rights of Persons

Box 1: The Humanitarian Inclusion Standards for older people and people with disabilities

The Humanitarian Inclusion Standards were established in 2018 through the Age and Disability Capacity Programme, an initiative aimed at strengthening older age and disability inclusion in the work of several international non-governmental organisations (NGOs). They offer a starting point to understand what makes humanitarian action inclusive, and how to do it.

Key inclusion standard 1: Identification
Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.

Key inclusion standard 2: Safe and equitable access
Older people and people with disabilities have safe and equitable access to humanitarian assistance.

Key inclusion standard 3: Resilience
Older people and people with disabilities are not negatively affected, are more prepared and resilient and are less at risk as a result of humanitarian action.

Key inclusion standard 4: Knowledge and participation
Older people and people with disabilities know their rights and entitlements and participate in decisions that affect their lives.

Key inclusion standard 5: Feedback and complaints
Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.

Key inclusion standard 6: Coordination
Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.

Key inclusion standard 7: Learning
Organisations collect and apply learning to deliver more inclusive assistance.

Key inclusion standard 8: Human resources
Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.

Key inclusion standard 9: Resource management
Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

Source: Age and Disability Consortium (2018: 16–17)

with Disabilities (UN, 2006). The definition of inclusion in humanitarian action derives from the definition of social inclusion which, as per the IASC Guidelines on inclusion of persons with disabilities in humanitarian action, is as follows:

> [Social inclusion is the] process by which efforts are made to ensure equal opportunities – that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to (public) services as well as enable citizen's participation in the decision-making processes that affect their lives (UN Department of Economic and Social Affairs, n.d., cited in IASC, 2019: 9).

The Guidelines state that disability inclusion is achieved 'when persons with disabilities meaningfully participate in all their diversity, when their rights are promoted, and when disability-related concerns are addressed in compliance with the [Convention on the Rights of Persons with Disabilities]' (IASC, 2019: 9).

2.1.2 The different dimensions of inclusion

Inclusion as a concept in humanitarian action provides three important points of emphasis. First, the inclusion lens highlights the importance of rights. Rights-based approaches in humanitarian action go beyond material needs by considering the role of humanitarian action in addressing (e.g. through advocacy) the root causes of, rather than the symptoms resulting from, the denial of rights (see Water Aid, n.d.). Thus, specific groups of people facing chronic marginalisation and denial of rights are made more vulnerable to shocks and are unable to access the resources (assistance, services, etc.) to help them cope during crises. The inclusion agenda explicitly refers to international laws that support the rights of specific groups, such as the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities (CRPD) (see Eckart, 2007: 5; IASC, 2019). As such, rights are at the centre of the inclusion agenda, and at the centre of inclusive humanitarian responses.

Second, the inclusion lens focuses on the relational elements of marginalisation that could render a person or group more vulnerable to a humanitarian crisis. This is in part the result of the focus on rights. Inclusion examines who is doing what to whom, identifying perpetrators and root causes at the heart of people's vulnerabilities. Inclusion aims to understand how different people are affected differently by shocks and crises because of how laws, institutions, individuals and communities treat them differently. In that sense, inclusion calls for a more nuanced and more complex, deep-seated understanding of people in crisis. This should include understanding the drivers of exclusion and marginalisation for individuals affected by crisis, whether in society, within communities or within households. Indeed, the local leaders and community groups that humanitarian actors engage with could themselves be a factor in marginalising parts of the population. Similarly, humanitarian practice and policy can also result in the marginalisation of certain people and contribute to drivers of exclusion.

Third, the inclusion lens puts on an equal footing people's vulnerability and their capacity. Inclusion is as much about ensuring that specific and diverse people have their vulnerabilities understood and their needs met as it is about ensuring that these same people can participate equally in a humanitarian response. Inclusion concerns both inclusion in the delivery of aid, with affected people as recipients, and inclusion in the design of humanitarian responses, with affected people as participants. Inclusion involves moving past one-dimensional and static stereotypes of affected populations as only recipients of aid to recognise their capacities and the critical formal and informal roles they play in humanitarian response. As such, a great deal of work on inclusion in humanitarian action has looked at partnerships with, for example, organisations of people with disabilities (OPDs) and older people's associations (OPAs). In this sense, inclusion is about empowerment and ensuring a voice for the marginalised.

2.1.3 Inclusive humanitarian action

The question still remains as to what inclusive humanitarian action looks like in practice. An inclusive humanitarian response cannot be defined as one where every need of every individual is met. Such a response, while ideal, is unfeasible. Rather, inclusive humanitarian action includes a process of identifying the dilemmas and trade-offs resulting from considering who and what needs to be prioritised, as well as a focus on inclusive participation and capacity strengthening. Inclusive humanitarian action requires thinking about impartiality, participation and accountability, protection and rights, as well as tailored programming, specific needs and diversity of needs. An inclusive humanitarian response should include the following elements.

First, an inclusive humanitarian response is one where the response leadership demonstrates how they are operationalising the principle of impartiality. This would be done through

analysing who and where the most urgent cases are, with a focus on understanding how different people are affected differently by the crisis, taking an intersectional approach. It would include documenting the trade-offs and dilemmas they face in allocating and prioritising resources to reach those most urgent cases; and outlining in their strategic plans their decisions, the assumptions[6] behind these decisions, and the implications of these decisions. An inclusive humanitarian response should continually revise who and where the most urgent cases are, using evidence to inform change in the strategic direction of the response.

Second, an inclusive humanitarian response ensures the right to information, protection and assistance for all persons affected by crisis, irrespective of age, sexual and gender identity, disability status, nationality, or ethnic, religious or social origin or identity. This means that the response invests in systematically understanding barriers to accessing information on protection and assistance and the barriers to participation for different individuals; ensures the effective participation of different individuals in needs assessments and adapts assessment questions in order to identify the specific needs of different individuals (including through systematic disaggregation of data); and adapts the response to address these specific needs in ways that remove barriers to access to information, protection and assistance.

Third, an inclusive humanitarian response ensures the effective participation of diverse individuals in shaping decision-making and the strategic direction of the response on an equal basis. This includes ensuring that any communication and community engagement mechanisms are accessible to all individuals affected by the crisis, including through deploying collective approaches and common mechanisms; and designing communication and community engagement mechanisms based on a political economy analysis of the context and the drivers of exclusion at different levels (national, community, within humanitarian practice) (see Holloway et al., 2020).

Fourth, an inclusive humanitarian response ensures the centrality of protection and a needs-based approach that is informed by rights.

Finally, an inclusive humanitarian response is based on strong and equitable partnerships with local actors, in particular organisations representing a diversity of individuals including those facing long-term marginalisation and exclusion.

2.2 Inclusion and related concepts

One of the complexities when examining inclusion is its relationship to a wide range of other concepts in the development and humanitarian literature, including social exclusion, intersectionality, needs and vulnerability, as well as concepts and practices around impartiality, protection, protection mainstreaming, accountability and participation. This section provides brief definitions of these terms and concepts, and outlines how they relate to inclusion.

2.2.1 Impartiality
Impartiality requires humanitarian action to make:

> no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress (ICRC, 2015: 3).

Non-discrimination, universality, objectivity and needs-based prioritisation are all embodied in the concept of impartiality (see Slim, 2015; ICRC, 2015). This is why concepts such as needs and inclusion are so closely interlinked, where inclusion reflects the values of non-discrimination and universality, while the concept of needs includes values such as objectivity and needs-based prioritisation. As Slim (2015: 57) outlines, in a

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6   Here we use the term 'assumptions' to reflect that, while some evidence can support these decisions, a number of unknowns mean that certain assumptions or hypotheses will need to be made.

world where it is not feasible for humanitarian agencies to help everyone suffering from armed conflict or disaster, 'the principle of impartiality introduces a necessary moral qualifier to target help in an ethically legitimate way'. Impartial humanitarian action is necessarily inclusive, and inclusive humanitarian action is necessarily impartial. Indeed, as the CHS Alliance argues, 'the implementation of inclusive humanitarian action is fundamental to ensuring fulfilment of the core principles of humanity and impartiality' (CHS Alliance, 2018: 83). However, inclusion offers a more operational lens to make sense of the principle of impartiality. Rather than a principle, inclusion relates to a set of actions and activities *leading to* impartial humanitarian action.

2.2.2 Exclusion

Exclusion and inclusion are not necessarily interchangeable. Exclusion demands attention to processes of systematic marginalisation and denial of rights.

Social exclusion can be defined as:

> the systematic denial of entitlements to resources and services, and the denial of the right to participate on equal terms in social relationships in economic, social, cultural or political arenas. Exclusionary processes can occur at various levels – within and between households, villages, cities, states, and globally. This is an actor-oriented approach which is useful because it points to who is doing what and in relationship to whom (Khan et al., 2015: 27).

According to Khan et al. (2015), understanding social exclusion entails a focus on power relations. It also means examining the process of labelling, 'othering'[7] and 'bordering'.[8] These elements are particularly relevant to the humanitarian sector given its predilection for labels such as 'vulnerable groups' and 'affected people'. In that sense, to understand inclusion in humanitarian action, one has to examine patterns and drivers of exclusion, looking deeper at the political economy of contexts, communities and crises, and examining how humanitarian action itself – through its own practice of labelling, for instance – contributes to exclusion.

2.2.3 Vulnerability

Most definitions of vulnerability describe it as a combination of exposure to risk and ability to cope:

> Vulnerability relates to factors that increase the likeliness of facing threats. This is affected by factors such as gender, age, ethnic/religious group, disability, and the ability to access reliable and verified information. For example, IDPs are more vulnerable due to the fact that they are displaced and are often not represented in local governance mechanisms (Global Protection Cluster, 2017: 61).

Inclusion often refers to the inclusion of groups that may be vulnerable in a crisis because of factors described in the above definition, such as gender, age or disability. However, inclusion also goes beyond vulnerability to encompass an understanding of roles and capacities, and a strong emphasis on rights and equal participation.

2.2.4 Intersectionality

Intersectionality is a theoretical framework developed in 1989 by critical race theorist Kimberlé Crenshaw to describe intersecting and overlapping forms of discrimination (Searle et al., 2016). Intersectionality challenges the notion of pre-determined categories of vulnerability. It is predicated on the fact that intersecting forms of discrimination may result in increased

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7   Khan et al. (2015: 29) describe 'othering' is the process through which a dominant group defines into existence a subordinate group. This is done through the invention of categories and labels, and ideas about what characterises people belonging to these categories. 'Othering' occurs when a person, group or category is treated as an 'object' by another group.

8   'Bordering' often accompanies 'othering' and involves maintaining spatial and symbolic borders or boundaries to keep people excluded. These boundaries prevent equitable access to jobs, services and political spaces (ibid.).

vulnerability, marginalisation and exclusion, but that this will vary from person to person and cannot be determined by an additive or cumulative equation (Equal Rights Trust, 2016; Gender and Development Network, 2017). The IASC (2019: 10) defines intersectionality as:

> an analytical framework that demonstrates how forms of oppression (such as racism, sexism, ableism) overlap, defining unique social groups. An intersectional approach assumes that harms and violations associated with disability, race and ethnicity, gender, or other identities cannot be understood sufficiently by studying them separately.

Intersectionality challenges assumptions about categories and 'the notion that some core meaning or identity of vulnerable and marginalised groups determines vulnerability' (Chaplin et al., 2019: 5); it extends beyond the 'single axis' approach to discrimination that human rights law has traditionally relied upon (Equal Rights Trust, 2016); and it 'avoids simplistic identities that are vested with political preference and seeks to go beneath these labels to understand more precisely how people suffer' (Slim, 2018). Searle et al. (2016: 17) highlight important links between inclusion and intersectionality:

> Without understanding and applying intersectionality, activities intended to be inclusive, can actually have the opposite effect – reinforcing marginalisation and exclusion, often unconsciously. For example, women with disability can become further marginalised if barriers to their participation in gender equity programming are not identified and removed.

2.2.5   Needs
'Basic needs' can be defined as:

> the essential goods, utilities, services or resources required on a regular, seasonal, or exceptional basis by households for ensuring survival and minimum living

standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets (Okular Analytics and Save the Children UK, n.d.: 14).

The term 'needs' relates to inclusion in a number of ways. First, the concept of needs is embedded in the principle of impartiality, which requires that humanitarian action does not discriminate by adopting a needs-based approach to assistance. The needs-based approach is sometimes seen as contradictory to a rights-based approach, where entitlement through rights rather than an evaluation of needs determines who gets assistance and access to services. Some organisations such as the IFRC have adopted a needs-based approach informed by rights, showing that this contradiction can be resolved.

Inclusive humanitarian action challenges what are perceived as 'basic' or 'life-saving needs' by highlighting how different individuals are affected differently by crises, and thus may have needs that fall outside of the traditional conception of needs in humanitarian action. In humanitarian practice, 'needs' are often reduced to specific technical or professional categories (food, nutrition, water, sanitation, health), and assessed accordingly, but this makes it difficult to understand the complex ways crises affect different people's lives. Inclusion also introduces the concept of diverse or specific needs, reflecting the fact that meeting general basic needs is not always enough for people with disabilities, for instance, or for older people.

2.2.6   Protection and protection mainstreaming
Inclusion and protection share a focus on rights and individuals. The two concepts are closely related. The IASC (2016: 2) defines protection as:

> All activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee Law (IRL)).

The Global Protection Cluster (n.d.(a): 1) defines protection mainstreaming as:

the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.

Increasingly, we are seeing humanitarian protection roles becoming 'protection and inclusion' advisors in NGOs and UN agencies. Work on protection mainstreaming has led to more analysis and programming based on Do No Harm, conflict sensitivity and gender sensitivity, all contributing to more inclusive humanitarian action.

2.2.7   Accountability and participation

Accountability to affected people and participation are key elements of inclusion; inclusion is concerned not just with addressing the specific needs of diverse individuals, but also with harnessing the capacities and ensuring the effective participation of all, particularly those whose rights to participation are undermined by patterns of discrimination. The IASC (n.d.: 1) defines accountability to affected people as:

an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organisations seek to assist.

The Grand Bargain Participation Revolution workstream (2017: 1–2) defines participation as follows:

Effective 'participation' of people affected by humanitarian crises puts the needs and interests of those people at the core of humanitarian decision making, by actively engaging them throughout decision-making processes. This requires an ongoing dialogue about the design, implementation and evaluation of humanitarian responses with people, local actors and communities who are vulnerable or at risk, including those who often tend to be disproportionately

disadvantaged, such as women, girls, and older persons.

Accountability to affected people and inclusion have been combined under the IASC Results Group 2, which defines an accountable and inclusive humanitarian response as one that:

- 'encourages active participation of all affected people (inclusive of their gender, age, disability, other diversities and respective intersection of those factors);
- adapts to their feedback; encourages, listens to and acts on their complaints without fear of exploitation or abuse by any aid worker;
- provides information that will enable all affected people to make informed decisions about their lives;
- and contributes to the CHS commitments at the collective level' (IASC Results Group 2, 2020: 1).

2.3   Inclusion in humanitarian action

Inclusion may not appear as a single policy in humanitarian organisations or as a central objective of humanitarian action. As outlined above, inclusion is related to a number of key commitments, principles and ways of working within the humanitarian system. Ultimately, inclusion in humanitarian action is about putting into practice commitments to impartiality through more inclusive, more accountable and thus better-quality humanitarian responses. Inclusion in humanitarian action does not mean redefining the short-term and relief-centred objectives of humanitarian action, but nonetheless it must engage with the root causes of exclusion in society, community and households to inform how humanitarian responses should be designed, how limited resources should be prioritised and what an impartial, inclusive and accountable humanitarian response looks like in a given context.

3 Is humanitarian action inclusive?

The development of technical guidance focusing on the inclusion of specific groups has not yet led to more inclusive humanitarian outcomes. In some cases, whole population groups such as sexual minorities receive little to no attention in humanitarian policy and programming. While some agencies and organisations are making efforts to mainstream the needs of specific groups into their humanitarian support (Myrttinen and Daigle, 2017), there is general consensus in the literature that they are falling short. The focus on individual groups has not led to more inclusive action more generally, as efforts to foster greater inclusion of that specific group are either not applicable to other groups, or to greater inclusion more widely. This results in different groups competing to be included, and focusing on one set of individuals may have the unintended effect of diminishing attention on others. The focus therefore should be less on specific groups – except where their inclusion warrants specific attention – and more on inclusion more widely, and how this can encompass different forms of exclusion. As Ridout (2016: 14) writes: 'A growing body of evidence indicates the need for change in the way that assistance is delivered to ensure the most vulnerable and marginalised receive the assistance to which they are entitled'. The 2018 Accountability Report concludes that:

> The last two decades have seen some progress towards ensuring the delivery of inclusive humanitarian action. Progress has, however, taken time. Initiatives to meet the rights and needs of all those in need of humanitarian protection and assistance and to ensure their full participation at all stages of humanitarian response require significant further effort in order to ensure that no one is left behind (CHS Alliance, 2018: 40).

3.1 Measuring inclusion

The lack of agreed indicators to measure inclusion and processes to apply these in practice is a major impediment to knowing how far humanitarian action is inclusive. Where they exist, these efforts to measure inclusion have either been recent, not widely implemented or specific to one diversity factor. As a result, there is only anecdotal evidence to measure how far humanitarian action is inclusive.

Recent initiatives are contributing to growing this anecdotal evidence and to evaluating and measuring inclusion in humanitarian responses. IASC Inter-Agency Humanitarian Evaluations (IAHEs)[9] measure inclusion through the evaluation criterion of relevance as one of six core evaluation themes[10] measuring the extent to which Humanitarian Response Plans have been based on the needs of the most vulnerable groups

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9   Since 2015, IAHEs have been conducted in the Philippines (IAHE, 2014), South Sudan (IAHE, 2015), Syria (IAHE, 2016a), the Central African Republic (IAHE, 2016b) and Ethiopia (IAHE, 2019).

10   The criterion of relevance is defined by the OECD as 'the extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor' (OECD, n.d.: 1). In IASC IAHEs, relevance is a core theme alongside effectiveness, sustainability, partnerships, localisation and coordination (IASC, 2018).

affected by the crisis (IASC, 2018: 17). The guidelines also outline participation and inclusion as a focus of evaluations, seeking to understand 'how the various segments of the affected population are consulted especially in the prioritization of needs, decision-making processes and the ways in which limitations to participation and inclusion are addressed' (IASC, 2018: 4).

Existing literature proposes ways of measuring inclusion, but these have yet to be implemented or used systematically in monitoring and evaluation of humanitarian responses. Ferretti et al. (2016) developed a framework to measure accountability and inclusion (see Table 1):

- Participation in decision-making: to what extent do people have a say and/or are properly represented when decisions affecting them are taken?
- Is diversity recognised? Does assistance recognise that people have different characteristics, capacities and needs, which interplay differently in diverse circumstances?
- Are approaches tailored? To what extent is assistance context-specific?
- Are barriers removed? To what extent does assistance ensure that the barriers preventing people from being included as active actors are recognised and removed?

In 2020, The IASC Results Group 2 developed an accountability and inclusion results tracker. This proposes a number of indicators to evaluate how far the response is accountable and inclusive. The accountability and inclusion results tracker is organised according to the nine CHS commitments. It will be socialised and piloted in 2021.

Finally, disability audits[11] can also contribute to understanding how far humanitarian responses ensure disability inclusion in humanitarian response (CBM, 2019; CBM and JONAPWD, 2019). However, thus far only one such audit has been done in a humanitarian setting (CBM, 2019). Inclusion audits have yet to be developed beyond the focus on disability.

The following section looks at anecdotal evidence on how far the humanitarian sector

has been inclusive, first by highlighting global-level, response-wide evidence, before turning to specific inclusion issues and groups. While not exhaustive, this evidence helps identify where the humanitarian sector stands in its efforts to be inclusive, and the implications of the lack of inclusion for certain groups.

3.2 Evidence on inclusion from general evaluations of humanitarian action

The 2012 State of the Humanitarian System (SOHS) reports that 'different humanitarian emergencies receive significantly different levels of attention and resources, irrespective of need' (ALNAP, 2012: 44). The same report noted 'a problem with preconceived notions of vulnerability, which led to inappropriate interventions', citing ECHO's assistance to vulnerable groups in the Central African Republic (2007–2010), where '"killer assumptions" in project design had limited overall relevance' and 'a better understanding of vulnerability was required' (Watt and Poulsen, 2010, cited in ALNAP, 2012: 50). While greater attention was being given to assessing and analysing how different individuals were affected by crises, this was 'not systematic, and often does not lead to action' (ALNAP, 2012: 52). The 2015 edition of the SOHS found some progress with regard to gender, but that 'more needs to be done in the areas of age and disability', and that 'there is little evidence of affected populations' input to project design or approach' (ALNAP, 2015: 12). Three years later, the SOHS concluded that 'the specific needs of the elderly and people with disabilities are often not met', and that, 'while there are a number of initiatives and approaches that show potential, they have not yet delivered greater accountability or participation' (ALNAP, 2018: 24). The report found that the system is 'not good at understanding or addressing the specific vulnerabilities of different groups of people in different contexts', and that it often defaults

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11 The CBM Disability Audit in Northern Nigeria used the Age and Disability Inclusion Standard (see Box 1) as the basis for the audit.

Table 1: Dimensions of accountability and inclusion

Dimension	From low...			...to very high
Who shakes hands? Who is involved in making and checking a promise?	There is 'no hand-shake'. Assistance is a unilateral decision	Non-representative leaders	Representative leaders (including of the marginalised people)	Everyone – including the most marginalised – could have a say
Is the promise clear? Is the content of the 'promise' clearly spelled out and properly detailed?	The promise is unclear	The core content is clear, but little details are given	The promise is SMART* (indicators, budgets, criteria…)	The promise is detailed, including arbitration processes
How is it communicated? What mechanisms are in place to ensure that the content of the promise and information on the achievement is clearly shared?	There is no active sharing	Some information is provided	Reliable mechanisms for transparency exists (e.g. boards, platforms with up-to-date information)	Multiple, accessible channels exist, to cater for diverse audiences (e.g. non-literate)
Participation in decision-making To what extent people have a say and/or are properly represented when decisions affecting them are taken?	People are informed of actions planned. Data is extracted from them	People are meaningfully consulted on pre-defined options/ with conventional mechanism (e.g. assembly)	People define what options and strategies will best suit them, through well-designed participatory initiatives	Local initiatives are fostered and supported through dialogue
Is diversity recognised? Does assistance recognise that people have different characteristics, capacities, needs, which interplay differently in diverse circumstances?	Assistance is based on pre-determined categories	Pre-determined categories are expanded/ adapted to the context	Recognition that exclusion stems from interplay of different categories/ role of power is acknowledged	Even hidden, taboo characteristics are taken into account
Are approaches tailored? To what extent assistance responds to context-specific diversity?	Assistance is pre-determined	Assistance is standardised, based on local assessment	Assistance is adapted to the specific capacities/needs encountered locally	Assistance is fine-tuned, up to the individual level
Are barriers removed? To what extent does assistance ensure that the barriers preventing people from being included as active actors are recognised and removed?	Barriers are not identified/ removed	Main barriers (physical) are identified and tackled	Social barriers are recognised and tackled	Assistance is interlinked to long-term support to power/equality
Dimension	From low...			...to very high

Dimensions of accountability (applies to first three rows)
Dimensions of Inclusion (applies to last three rows)

* SMART = specific, measurable, achievable, relevant and time-bound.
Source: adapted from Ferretti et al. (2016)

to 'predetermined activities for predetermined "vulnerable groups"' (ALNAP, 2018: 142). 'Assessments to identify the actual vulnerabilities of different groups of people within a specific context are still uncommon' (ALNAP, 2018: 142).

The 2018 *World disasters report* paints a similar picture, noting 'common routes of exclusion' (IFRC, 2018b: 6); vulnerable people 'fall through the cracks of humanitarian aid for five reasons: too many affected people are 1) out of sight, 2) out of reach, 3) left out of the loop, or find themselves in crises that are 4) out of money, or deemed to be 5) out of scope because they are suffering in ways that are not seen as the responsibility of the humanitarian sector' (IFRC, 2018b: 16).

IASC IAHEs highlight some of the positive achievements with regard to inclusion, as well as some of the challenges. The IAHE of the response to Typhoon Haiyan found 'high levels of attention to accountability among agencies, with multiple communication channels', with particular attention to 'gender differences and other community dynamics', and 'means for men, women, older people and children to input separately' (IAHE, 2014: 33). However, other IAHEs point to a lack of systematic mainstreaming of gender-sensitive analysis and programming (IAHE, 2015 in South Sudan), a lack of consideration for ethnic and religious identity in relation to vulnerability (IAHE, 2016a in Syria), little consideration to factors that affect the vulnerability of individuals differently (IAHE, 2019 in Ethiopia) or that the specific needs of people with disabilities, boys and young men or people without families were not addressed (IAHE, 2016b in the Central African Republic). A number of these evaluations state that humanitarian responses fell short of meeting inclusion and impartiality commitments (IAHE, 2016a; 2016b).

3.3 Evidence on inclusion and exclusion of specific groups

Reviewing existing literature highlights the primary focus on individual features of identity, in particular older age, disability and gender (specifically women and girls). Other groups, such as stateless people and LGBTQI people, were included in far fewer reports than others,

and examples of their exclusion in humanitarian response were stark. There is little or no detailed policy or practice guidance for addressing rights, needs or strengths of sexual and gender minorities (Dwyer and Woolf, 2018: 16). Similarly, as Shanmugavelan and Saracini (2019: 9) note, 'Exclusion and marginalisation related to caste and DWD [discrimination based on work and descent] are largely invisible to policy makers'. Similarly, while DFID programmes have been found to target the poorest communities, they do not necessarily reach the poorest members of those communities; women and girls and people with disabilities were often targeted, but there was 'less of a focus on other causes of marginalisation, such as caste, ethnicity, age and sexuality' (ICAI, 2019: 14).

Attention to language minorities has also been low, with little consideration for how language, often coupled with other factors such as gender and displacement, leads to exclusion in humanitarian crises and from humanitarian assistance and protection. Indeed, while there is some recognition of the critical role of language in humanitarian action, resources dedicated to addressing language barriers are often an afterthought in humanitarian operations; there is little consensus on, or effort to understand, how language can compound other factors of exclusion, or how language support should be integrated in programme planning (Federici et al., 2019).

Beyond language, ethnic minorities also face barriers to accessing assistance and services as well as participation in humanitarian action, but this factor is rarely considered in humanitarian responses (see Paul, 2011). For example, while one evaluation of the response to the Nepal earthquake found that organisations collected data on at-risk categories including Dalits (Ferretti et al., 2016), another study highlighted that cash distributions were given to the owners of damaged houses, excluding Dalits because they tended not to own property due to their migratory lifestyles (Save the Children, 2016: 10).

Sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) (also referred to as LGBTQI) have long been absent from the inclusion agenda in humanitarian action. IARAN argues that 'the humanitarian sector has not focused on LGBTI

… instead only addressing specific instances of persecution, or indirectly through other interventions like HIV programming' (IARAN, 2018: 5). Sexual and gender minorities were entirely absent in the 10 largest Humanitarian Response Plans in 2018 (HAG et al., 2018). Another study (Edge Effect et al., 2018: 7) points to 'oppressive legal environments, diverse SOGIESC-blind humanitarian plans and policies, relative invisibility of diverse SOGIESC communities in existing assessments, data and evidence in crises, and a lack of capacity and dedicated partnerships'. In the Typhoon Haiyan response, same-sex partners were unable to access relief as 'heteronormative assumptions about what constitutes a family meant that people who lived outside of those norms – for example people in same gender relationships – were de-prioritised by relief providers' (Edge Effect et al., 2018: 16).

Conversely, certain 'vulnerable' groups – such as women and girls, people with disabilities and older people – are the focus of a range of policies, although there is little attention to specific types of disability or further age disaggregation among older people. Despite relatively high visibility at a policy level, in practice people with disabilities and older people remain vulnerable and excluded from humanitarian response (Duly, 2018; Perry, 2019). A seminal report in 2015 by Handicap International argues that people with disabilities are significantly impacted by crisis either through direct physical impacts, psychological impacts or high rates of abuse. Indeed, '54% of respondents with disabilities state they have experienced a direct physical impact, sometimes causing new impairments. 27% report that they have been psychologically, physically or sexually abused. Increased psychological stress and/ or disorientation are other effects of the crisis for 38% of the respondents with disabilities' (Handicap International, 2015: 4). The impact of crises on people with disabilities is compounded by their lack of 'adequate access to basic assistance such as water, shelter, food or health' (Handicap International, 2015: 4). In addition, some of the services and support that people with disabilities need are often not available during crises, including rehabilitation, assistive devices and access to social workers or interpreters

(Handicap International, 2015). Finally, people with disabilities tend to lack access to information on available services (Handicap International, 2015).

A study by HelpAge International comes to similar conclusions regarding older people. Based on interviews with 300 women and men aged 60 in Lebanon, South Sudan and Ukraine, the research found that the majority of older people interviewed had not been consulted about their needs; more than two-thirds did not have enough information about the assistance available to them; almost half had no access to care for age-related conditions because health services did not provide for them; and close to half were anxious, hopeless or depressed (HelpAge International, 2016). Older people risk being separated from their families; have physical disabilities that may make it difficult for them to escape conflict and access assistance and services; are cut off from services; suffer physical and psychological distress; have specific health and nutrition needs that humanitarian actors often do not cater for; and face the risk of abuse and neglect, especially for older women (HelpAge International, 2016). One study on older people affected by the conflict in South Sudan found that displacement was altering their status within their households and the community, affecting their access to social support networks and damaging their mental health (Barbelet, 2018). As a result, older people felt unable to access assistance and services and participate in humanitarian action (for planning, design, evaluation, etc.) (Barbelet, 2018). During the response to the drought in East Africa in 2016, older people suffered greatly from malnutrition, but there was little awareness of how to assess malnutrition and design interventions for older people as humanitarian nutrition experts tend to focus on children and pregnant or lactating women (Barbelet et al., 2018). As Ridout (2016: 8) explains:

> Despite their need for assistance, older people are often invisible to those providing aid. Data on the number of older people affected is rarely collected. Older people are seldom consulted in the planning and design of responses, and their skills and knowledge are

often ignored. Furthermore, many humanitarian aid workers lack the knowledge and skills needed to identify and address older people's needs. All these factors contribute to the neglect of older people.

Even where strong awareness and policy commitments exist, such as with regard to disability and older age, these examples show that there remains a real challenge in putting the inclusion of older people and people with disabilities into practice.

4 Inclusion and exclusion in humanitarian action: obstacles and challenges

While efforts to make humanitarian action more inclusive have gained ground since the World Humanitarian Summit in 2016, why is it such a challenge for humanitarian response to be more inclusive?
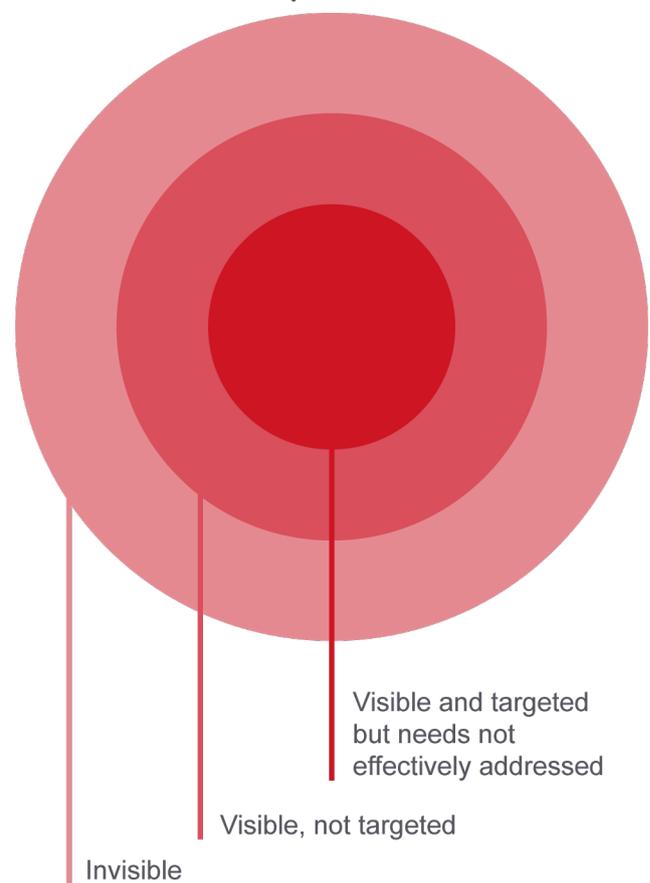
Figure 1 identifies the main ways in which people affected by crises can be excluded in humanitarian action.[12]

The outer circle represents individuals who are invisible to humanitarian actors but vulnerable to the impact of a crisis, for example an older person who has stayed behind in their village in a hard to reach area, or a refugee actively seeking to remain invisible as a protection mechanism in an urban environment where it is illegal for them to be out of camp.

The middle circle represents individuals who are vulnerable to the impact of a crisis and are visible to humanitarian actors, but are not targeted by assistance and protection. Examples include an individual in communities hosting internally displaced people (IDPs) in a conflict area who is excluded because targeting is undertaken on the basis of status (e.g. for those who are displaced), rather than vulnerability. This could also be a young single man who does not meet targeting criteria that focus on large families, female-headed households, children under five or pregnant women.

The inner circle represents individuals visible to humanitarian actors and targeted by humanitarian assistance and protection, but in ways that do not

Figure 1: Circles of inclusion and exclusion in humanitarian response

Visible and targeted but needs not effectively addressed

Visible, not targeted

Invisible

meet their needs, or which they cannot access. This could include a physically disabled person targeted with labour-intensive food for work. The inner circle also refers to instances where the capacities

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12 The literature identifies barriers to inclusion in humanitarian response as physical, attitudinal, linked to communication, policy, programmatic, social and economic (IFRC et al., 2015; Handicap International, 2015; Searle et al., 2016; Age and Disability Consortium, 2018).

of older people or people with disabilities are not being harnessed in the response because they are assumed to be passive recipients of aid, and not agents in their own recovery.

Efforts to increase inclusion in humanitarian action have typically focused on the inner circle, that is, trying to ensure more effective assistance to people whose needs are already understood. While progress has been made – and many humanitarian frameworks and policies regarding inclusion are in place – translating policies into action remains a key challenge (Handicap International, 2014; Searle et al., 2016). Each of these circles will require a different problem analysis and solution. The following section examines some of the barriers to inclusion that are internal to the humanitarian sector.

4.1   A critique of vulnerability

Part of the challenge of inclusion is linked to how vulnerability – as a central driver of humanitarian action – is operationalised. While not always well defined (see Turner, 2019), vulnerability is operationalised through assessments that support targeting of aid and services based on vulnerability criteria. Efforts have been made, in particular through the work of protection actors, which have developed better frameworks for understanding exclusion through protection risks analysis (see ECHO, 2016), focused on the capacities of crisis-affected people and engaged with root causes (see Global Protection Cluster, 2017). However, vulnerability continues to be too often understood in a categorical, non-dynamic and one-dimensional way.

In deciding who is vulnerable in a crisis, the humanitarian sector commonly uses labelling based on certain features of identity – outlined above – which reflect certain assumptions around vulnerability. This can have important consequences; as Miller et al. (2010: 15) note: 'the labelling of certain groups or regions as vulnerable can also result in potentially

regressive policy decisions and justifications for intervention that undermine community autonomy or increase marginalization'. Targeting is heavily based on such features of identity, with 'who' being prioritised over other contextual elements that make people vulnerable (Young and Maxwell, 2009), such as when they were last affected by the crisis, where they live or what capacities and support they have. As Young and Maxwell's (2009: 9) study of targeting in complex emergencies found, there was very limited targeting of households based on an understanding of what leads them to be vulnerable; rather, 'the accepted basis of entitlement for food assistance in Darfur is based on group status (IDP, host/resident, rural), not need (food insecurity)'.

Humanitarian action tends to look at vulnerability as a state of being: something that is and happens to people, without considering the process of marginalisation and social exclusion that would render an individual more vulnerable in a humanitarian crisis. As Clark argues:

> The homogeneous, fixed 'vulnerables' ideal does not correspond to 'self-identification and lived realities' of people affected by crisis … [T]he fixed, essentialist categorical 'ideals' of 'vulnerables' do not reflect the more complex reality of dynamic vulnerability in shifting relationships and contexts (Clark, 2007: 1).[13]

Clark argues that the 'essentialism embodied in the vulnerable categorisation conceptually rules out the possibility of a change in circumstances', and as a result 'little attention is paid to why specific contexts and relationships render people vulnerable' (2007: 9). Clark calls for 'greater analysis of complex and nuanced realities of vulnerability processes' (2007: 10): 'Posing the question "Vulnerability to what?" will thus provoke an analysis of power structures and hence greater understanding of root causes of and appropriate

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13 And that 'the "vulnerables" categorisation approach can provoke a number of counter-productive effects, including a focus on symptoms rather causes, inflated numbers of "vulnerables" and undermining indigenous support structures' (Clark, 2007: 1).

responses to vulnerability than the categorical "vulnerables" approach' (Clark, 2007: 10).[14]

There is guidance on vulnerability analysis outlining how vulnerability stems from 'life circumstance' or 'discrimination based on physical or social characteristics', is not 'a fixed criterion attached to specific categories of people, and no one is born vulnerable per se' (ECHO, 2016). However, this is rarely applied. As Slim (2018: 1) explains:

> [T]he modern elaboration of humanitarian norms and policy may have accidentally created a damaging social simplification in human labelling of their own. Humanitarian action has a history of imposing single types of humanitarian identity on people.

This group approach is problematic as it 'generalizes, not everyone within a category is equally "vulnerable", it excludes those not typically thought of as "vulnerable", fails to recognize multi-dimensional disadvantages, does not explain why people are "vulnerable" and does not take account of the ways "vulnerability" changes across time and space' (Khogali et al., 2014, cited in Turner, 2019: 8). As Luna (2009: 6) writes:

> Is vulnerability a category? Is it a blank concept that applies to all members of the group identified? Although it is clear that all elderly people are elderly, and that very sick patients are all very sick, it is not equally clear that all elderly people are vulnerable or that all very sick patients are vulnerable, even if it is true that the elderly or the very sick may be vulnerable. Is vulnerability caused by old age or sickness or is there some other underlying mechanism that explains its relation to the individual.

Vulnerability also tends to focus on powerlessness and victimhood, rather than capacity (Clark, 2007; Bailey and Barbelet, 2014; Turner, 2019). While there have been efforts to add assessments of capacities to assessments of vulnerabilities, 'their findings rarely feature in analysis of the situation or needs overviews' (Swithern, 2019: 21). Affected populations are resourceful and use their capacities to mitigate and respond to crises (MICIC, 2017: 108), but these resources and capacities largely remain untapped in humanitarian response:

> The skills, creativity and leadership capabilities of marginalised people and groups is largely untapped and overlooked, as is addressing the sexism and discrimination that underpins inequality and exclusion – both within humanitarian agencies, and within affected communities and populations (HiF et al., 2019: 4).

The act of labelling could in itself be a process of exclusion (and inclusion). For instance, assumptions that humanitarian actors make around gender may exclude certain people, in particular single men (see Clark, 2007; Turner, 2019). As Darcy and Hoffman write, 'not belonging to a "vulnerable group" can itself be a major vulnerability factor' (2003: 11). In the humanitarian sector, this process tends to be non-participatory and imposed, reinforcing the idea of victimhood and powerlessness (see Zetter, 1991). Turner refers to vulnerability categories as 'imposed categories' (2019: 2), arguing:

> The approach of labelling refugee men as 'vulnerable' is problematic, both analytically and politically. It imposes an analytical framework onto refugees' lives, and represents a call for an increased use of the concept of 'vulnerability' within humanitarianism, and thus an expansion of, rather than a challenge to, the power that humanitarians exercise over refugee populations (2019: 3).

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14 The new enhanced Humanitarian Programme Cycle launched in 2019 promises to address some of these challenges by improving needs analysis that examines the combined effects of humanitarian shocks and stresses on people, including vulnerabilities and capacities across different sectors, priorities identified by affected people themselves and diversity linked to gender, age and disability (see OCHA, 2019: 18–19).

Also problematic is the way the vulnerability lens has de-contextualised and de-politicised the root causes of vulnerability (see Jaspars et al., 2020). Vulnerability as an analytical concept offers humanitarian actors a tool to prioritise resources (the most in need) and to inform the design of a response (the where, what and who), but 'without considering the interdependences of vulnerability' (Eckart, 2007: 4). As Eckart argues:

> Given that groups and communities identified as vulnerable are in general deprived of some (if not all) of their basic rights, humanitarian action which takes vulnerability seriously should therefore be rights-based, instead of justifying policy and programming decisions solely by needs-based arguments (2007: 5).

Similarly, Turner argues that, 'while in academic work on refugee men the notion of "vulnerability" is rarely defined, within the humanitarian system it is a signifier that incites and legitimates intervention' (2019: 2).

Vulnerability as understood in humanitarian action often poses the problem to be addressed as innate to the individual, rather than about structural, societal and ideological issues. While the importance of a political economy analysis of needs and vulnerability has been highlighted for years (see Duffield and Prendergast, 1994; Keen, 1994; Collinson, 2003, cited in Jaspars et al., 2020), the sector still adopts a depoliticised and technocratic approach to vulnerability mapping and targeting. This is a contentious issue related to wider debates around the boundaries of the humanitarian project. Should humanitarian actors address longer-term structural issues that render people more vulnerable to crises (see Box 2), or concern themselves purely with more short-term interventions focused on addressing the direct consequences of conflicts and disasters? Engaging with the politics of vulnerability does not necessarily mean addressing root causes, although in some instances, given the centrality of protection in humanitarian action, it may do so. But it does mean going far beyond the current categorical approach to, at the very least, ensure that humanitarian action is informed by an analysis of politics and power. The issue at stake is not so much that humanitarian actors should address the root causes of vulnerability, but that they must engage with the complexity of these root causes to inform how they design their response.

4.2 Lack of adequate data

Data is critical. Being invisible in data means being invisible in the analysis that underpins the prioritisation of aid and funding. Examples from the literature include data not being collected or disaggregated appropriately (e.g. not capturing the complexity of old age, older people being excluded from indicators) (HelpAge International and University of Southampton, 2017: 10); language bias affecting the ability to source data comprehensively (IDMC, 2018); and the untranslatability of anglophone concepts such as 'gender', 'accountability' and 'resilience', leading to under-reporting and inaccuracy in data collection (Footitt et al., 2018; TWB, 2018). Save the Children (2018: 49) asserts that 'Poor data, data that is not disaggregated, or an outright absence of data for some groups are some of the biggest challenges to addressing the needs and rights of the most excluded children'. The cause of such data issues may be logistical, technical or due to financial constraints, political decisions or access. Data collection should be mainstreamed into existing tools whenever possible, 'collecting only what is needed to promote quality and accountability in programming' (Perry, 2019: 6).

There is an overarching tendency in the humanitarian sector to privilege quantitative over qualitative data, and technical expertise over local knowledge. This is partially due to a need for generalisation and simplification in order to make strategic planning decisions in responding to humanitarian crises. The humanitarian sector tends to lack analytical capacity and has struggled with complexity. In addition, relational issues such as exclusion and marginalisation tend to be harder to measure quantitatively. There is a tendency to focus on individualised outcomes rather than their relational causes. As a result, not only are there data gaps on specific groups, but more fundamentally there are limits on what realities data, as it is currently institutionalised within the humanitarian system, can actually describe.

Box 2: Drivers of exclusion and implications for humanitarian action

Pre-existing inequalities and social exclusion can drive further exclusion during humanitarian crises. Drivers of pre-existing social exclusion may occur as a result of national-level policies and institutions; for example, in Myanmar, discriminatory laws have rendered the Rohingya stateless (de Chickera, 2018), and their legal and social exclusion has made it very challenging for humanitarians to provide assistance. Wider social exclusion affects exclusion at community and household level; as Sherwood and Pearce (2016: 18) note, humanitarian actors identify '"attitudes of family members and communities" as the second most significant challenge to including women and girls with disabilities in humanitarian activities'.

Social exclusion results from discrimination against individuals due to features of identity such as gender, age, ethnicity, language, race, religion, sexual orientation, caste and disability. Similarly, 'the same structures and systems that make them vulnerable and exposed can leave them marginalised or excluded from emergency aid and recovery' (IDSN, 2013: 3).* For example, 'communities affected by descent-based discrimination may be particularly susceptible to loss of life and property in times of conflict and natural disaster, and as a result of their "low" status, may be twice victimized – first by the disaster itself, and second, by discrimination in relief and rehabilitation efforts' (UN Network on Racial Discrimination and Protection of Minorities, 2017: 73).

The sometimes-cyclical nature of exclusion – with pre-existing vulnerability and social exclusion driving exclusion in humanitarian response – has implications for multi-dimensional targeting, and highlights the need for engagement with rights-based local civil society and stronger links between the work of development, human rights and state actors. In fact, while the humanitarian sector tends to know that political economy dynamics and social exclusion exist in the communities where they work, this knowledge is rarely taken into account in how humanitarian organisations respond to crisis (see Save the Children, 2016; Jaspars et al., 2020). Not fully integrating an analysis of the drivers of exclusion in the context where humanitarian action takes place is the first hurdle to more inclusive humanitarian action. Many more come from challenges that emanate from the assumptions and practices the humanitarian sector holds and perpetuates.

* See Myrttinen and Daigle (2017) and Institute on Statelessness and Inclusion (2014) for further discussion on social exclusion of LGBTQI, refugees and stateless people in humanitarian crises.

4.3 Over-reliance on technical fixes

Like impartiality, placing inclusion at the centre of humanitarian action raises a number of questions, dilemmas and trade-offs. Should humanitarian action focus on reaching 'the most vulnerable' as opposed to reaching the highest number of people affected by a crisis? How can humanitarian action address collective and individual needs? Different interpretations of what the principles of impartiality (arguably focusing on 'the most vulnerable') and humanity (arguably focusing on the highest number)

have left the sector unclear about best to tackle such questions. The mainly technical focus of inclusion work (developing guidance, training and deploying technical advisers) has not answered these larger, perhaps more political, questions.[15] As Swithern (2019: 46) reflects:

> the question of the few and the many haunts humanitarian action. Humanitarian action is principled and aims to meet the needs of the most vulnerable but it is also driven by a utilitarian imperative to meet the severe needs of the most people, which is reinforced by concerns of coverage, effectiveness and economies of scale.

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15 One exception to this lack of discussion on trade-offs is the ICRC institutional framework on accountability to affected people (see ICRC, 2019: 3).

This is a critical question raised by the inclusion agenda, and one which cannot be answered by a technical approach. In the absence of this more political discussion and clearer answers to these trade-offs, how do humanitarian actors navigate these dilemmas? What assumptions do they make to inform their decisions? How do organisational and donor policies influence their decisions? The focus on developing technical guidance is necessary but insufficient to ensure inclusive humanitarian action.

4.4   Narrow definition of needs

Barriers to inclusion are also driven by the way humanitarian needs are defined and approached. Drivers of inclusion and exclusion can be linked to the predominant deficit-based conceptualisation of need; as Darcy and Hofmann (2003: 9) argue, 'the concept of need as deficit, and consequent deficit-based analysis, reinforces the tendency to define need in terms of the goods and services on offer, which people are found to lack'. Failure to properly calibrate assessments according to context-specific needs and capacities can result in both inclusion errors (people receiving aid who do not meet targeting criteria) and exclusion errors (people who meet targeting criteria but do not receive aid).

Inclusive humanitarian action is incompatible with blanket emergency programming focused on a narrow understanding of what 'life-saving' needs are. As such, whatever the type of assistance on offer, 'blanket delivery to populations will mean that it misses or is irrelevant or inappropriate for many' (Swithern, 2019: 32). To be more inclusive, humanitarian actors may need to consider needs beyond the current life-saving focus – indeed, there may be a tension between an inclusive response and a needs-based response that only considers needs narrowly (Okular Analytics and Save the Children UK, n.d.; WFP, 2018; UNHCR, n.d.). Inclusion demands flexible boundaries for a humanitarian sector that often does not see itself as

concerned with chronic vulnerability resulting from social exclusion, marginalisation or denial of rights. This has long come into conflict with the sector's commitment to the centrality of protection and rights-based approaches, as well as inclusion.

4.5   Narrow mandates and incentives

Institutional mandates (such as those of NGOs that support only one 'type' of individual) advocates and prioritises the needs of one sub-group over more collective approaches to inclusion.[16] This is particularly problematic for those with few organisations mandated to assist them or advocate on their behalf, such as stateless people or people facing caste-based discrimination. While organisations dedicated to people with particular characteristics adopt this position to redress a lack of dedicated attention and support, how do these organisations maintain their operational impartiality? Similarly, how do organisations that only focus on one type of assistance (food, education, health) objectively assess what is needed in a humanitarian response? We know from past research that humanitarian practitioners in acute emergencies feel overwhelmed by the long list of special groups they are asked to take into account in the response, alongside being gender sensitive, conflict sensitive and mainstreaming protection (Barbelet, 2018). Such a fragmented approach to vulnerability has paradoxically undermined overall progress towards inclusive humanitarian action.

Narrow mandates may be further incentivised by the way funding is allocated in the humanitarian sector. The way the humanitarian sector functions has been described as similar to a marketplace (see for instance Collinson, 2016). While imperfect and perhaps an oversimplification, this framing highlights the level of competition for resources and efforts to 'sell' services to donors (ibid.: 26). The question then is whether a humanitarian marketplace can be inclusive.

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16   Fixed vulnerability labels can create competition between vulnerable groups, rather than promoting inclusion. Affleck et al. (2017: 25) reference 'what Hancock (2011) termed "the oppression Olympics", whereby different "special interest" groups compete to prove their vulnerability. Particularly in the case of refugees and displaced populations, such us-versus-them, my-pain-is-worse-than-your-pain rhetoric can lead only to unfruitful battles (White, 1997)'.

Is the categorical and essentialist approach to vulnerability being rewarded by donors? Are women and children more marketable than older people or people with disabilities? Can the complexity of inclusive humanitarian action be marketed over victimhood?

4.6 Operationalising intersectionality

While intersectionality is central to inclusion in humanitarian response, the sector has struggled to find the best way to translate the concept into an operational approach. Intersectionality in some ways invites endless complexity, whereas operationalisation necessarily requires simplification. One approach has been to focus on specific aspects of intersectionality, such as the age and disability capacity project, which aimed at building more intersectional approach bringing age and disability together (HelpAge International, n.d.). Islamic Relief Worldwide and CAFOD have developed organisation-wide approaches to support the use of intersectional approaches in their programming. Islamic Relief Worldwide's marking tool for intersectionality in humanitarian programming focuses on analysis, adapted assistance, attention to negative effects, adequate participation, accountability and adequate capacity (Bhardwaj, 2018: 8), and CAFOD's Safe, Accessible, Dignified and Inclusive (SADI) programming approach identifies good practice indicators in nine core components of programming: analysis, targeting and diversity of need, information sharing, participation, feedback and complaints handling, staff conduct, mapping and referral, coordination and advocacy and organisational safeguarding. As part of this approach, CAFOD's Sex (Gender), Age, Disability, Diversity and Safe, Access, Dignity (SADD-SAD) tool is used as a way to think about how identity factors intersect (CAFOD, n.d.).

Despite the potential advantages of adopting a more intersectional approach, 'guidance for intersectional analysis is a global gap' (Searle et al., 2016: 15). As it stands, organisations either try to mainstream affected people with a diverse set of needs into their programmes, or focus on supporting one particular subgroup of people (such as those with disabilities, or older people), both of which can lead to exclusion. As Swithern (2019: 20) argues:

> there is perhaps a choice: either to reinforce separate approaches to different groups, risking the paralysis of inclusion overload; or to seek practical ways to bring them together, in a 'good enough' approach that avoids the 'perils of perfect pluralism'.

A 'good enough' approach would require humanitarian organisations to be explicit about the choices they make and the trade-offs those choices involve. Would humanitarian inclusion be more inclusive with a more encompassing approach to inclusion? What would be the roles of those specialised organisations in such an approach? How does the humanitarian sector move away from the current fragmented approach without diluting the need for specific tailor-made approaches? Does intersectionality offer a solution for humanitarian practice?

A more holistic, intersectional, mainstreamed approach to inclusion in humanitarian action could lead to better inclusion outcomes generally. In this scenario, specialised organisations would need to have a prominent response-wide role. However, there is still a risk that attitudinal and behavioural barriers as well as mistaken assumptions lead to certain groups being ignored or excluded. This may be the case, for instance, for LGBTQI+ groups in humanitarian crises, both in terms of the unconscious attitudes that individual humanitarian actors may bring, or because humanitarian actors assume that a given community does not have any members that would consider themselves LGBTQI+. Here work by specialised organisations that focuses on raising awareness and developing capacities to include such groups in the response may be needed before a more holistic mainstreamed approach is even considered.

4.7 Invisibility and self-identification

It can be risky to identify as part of an aid-receiving category when that category is stigmatised.[17] For example, refugees may fear revealing their sexual orientation or gender identity because doing so could lead to social isolation (Organisation for Refuge, Asylum and Migration, 2013). The policy implications are significant; the challenges involved in identifying these groups in crisis contexts, and the risks of perpetuating social exclusion or stigmatisation, mean that targeting their needs separately in humanitarian response may not be appropriate (European Commission, 2013). While inclusion aims to ensure participation and access to rights, services and assistance, the desire to remain invisible can be understood as a self-protection mechanism, and as such the implications of rendering certain groups more visible through inclusive humanitarian action should be carefully considered.

Conversely, some people affected by crisis may actively seek to be considered part of a 'vulnerable' group in order to receive assistance or opportunity (such as cash for work, or refugee resettlement). Based on research in Kakuma refugee camp in Kenya, Jansen (2008: 1) argues that communication with the diaspora and expanded knowledge of their entitlements and the resettlement process have resulted in 'an environment that encourages refugees to cheat through claiming insecurity and negotiating vulnerability. Refugees come to believe that resettlement is something that can be actively achieved, rather than a benefit extended only to the genuinely vulnerable'. Rather than labelling these refugees 'cunning crooks', Jansen asserts that, in a resource-poor setting where their rights and entitlements are not realised, 'representing vulnerability and using identity to negotiate access to opportunities is the essential resource for refugees' (ibid.: 8).

4.8 Accountability and participation

Participation is a critical element of inclusion, yet the humanitarian sector has struggled to ensure effective participation of people affected by crisis. Community engagement practices have too often relied on community gate-keepers who speak majority languages, with little concern for how this may cause further exclusion and marginalisation at the community level. That said, while crisis-affected people – including those who may be marginalised within their own communities – should be empowered to make meaningful decisions about how humanitarian actors support them, participatory approaches are imperfect and may not always be appropriate (Lukacs and Bhadra, n.d.: 21; CARE, 2017). Young and Maxwell (2009: 32) argue that participation can generate a range of good or bad outcomes for different groups, and 'It is not enough to consider only the positive aims of participation, such as inclusion of the vulnerable and better representation, without considering the wider political economy of participation'.

4.9 Diversity within the humanitarian sector

Humanitarian actors' own prejudice plays a part in how they interact with people affected by crisis and the decisions they make. Racism, sexism and ableism are present in all societies, as they are in a humanitarian system which is in many ways the product of a white, patriarchal and colonial past. Discrimination underpins the biases held by many humanitarian leaders and workers, leading to assumptions about vulnerability that overlook the capabilities of crisis-affected people. For instance, people with disabilities are often left out of sexual and reproductive health programming because of an assumption that they do not have sex lives. In that sense, humanitarian actors' own prejudices feed assumptions that inform decisions

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17 It can also be difficult, especially in relation to sexual identity and sexual orientation labels, since these are usually linked to Western culture and understandings. See for example TWB (n.d.).

in programming, which ultimately shapes inclusion outcomes.

Research and attention to the diversity – or lack thereof – in human resources in the humanitarian sector has increasingly become part of the inclusion discussion. According to HAG there is a valid hypothesis that organisations with more diverse and inclusive leadership teams could potentially deliver more inclusive humanitarian action and engage more meaningfully with, and be more accountable to, affected populations (see HAG, n.d.). More evidence to test this is needed, along with a deeper understanding of the assumptions humanitarian decision-makers hold, and how these inform the prioritisation of

aid, and thus the shift towards more inclusive humanitarian action.

Diversity in humanitarian responses could be addressed through reinforcing the role and leadership of local humanitarian actors, including through equal partnerships between local and international actors. However, the slow progress on the localisation agenda in the humanitarian sector continues to hamper diversity by maintaining a Western-dominated system. Similarly, the lack of effective partnerships with local organisations that represent people with disabilities, older people or language minorities is a significant missed opportunity to drive inclusive humanitarian action (see Hill et al., 2020).

5 Building a more inclusive humanitarian action

Inclusion has often been approached in the humanitarian sector in terms of vulnerable groups and vulnerable people. Vulnerability is a lens to inform targeting and programming decisions in crisis response. While a critical concept, how vulnerability has been operationalised in humanitarian action can be problematic when it is used in a static manner, and fails to recognise that different people are affected differently at different moments in time by crises. It is problematic when it attributes vulnerability according to identities rather than as a consequence of actions and decisions that lead to social exclusion, systematic denial of rights and discrimination. It is problematic when it is not grounded in rights and legal frameworks. It is problematic as it ignores the capacities of people affected by crises. Most importantly, it is problematic given that the centrality of vulnerability in humanitarian action has failed to lead to inclusive humanitarian action that is appropriate for all and adapted to all.

The solutions put forward to address this lack of inclusion have tended to be technical. While technical approaches, guidance and solutions are necessary to ensure more inclusive humanitarian action, they are not sufficient. Inclusion is not simply a technical issue, it is also a political one, grounded in values and judgements. Becoming more inclusive will require humanitarians to acknowledge the role their policies and practices can play in facilitating both exclusion and inclusion. Less effort has been made to understand humanitarian action as a whole and identify the more political drivers of inclusion and exclusion within humanitarian action. Resolving the inclusion problem brings out trade-offs and dilemmas that are real, and which require difficult decisions. The technical discussion on inclusion in humanitarian action does not currently provide a guide on how best to manage these decisions, and current policies within the sector have failed to provide answers.

This report has highlighted what inclusive humanitarian action could be, the challenges humanitarian action is facing with regard to inclusion, and the obstacles and challenges to moving towards more inclusive humanitarian action. HPG's forthcoming work will aim to answer the many questions raised in this paper. Through a multi-year, multi-country research project, it will examine the drivers of exclusion and inclusion in humanitarian crises, including those within humanitarian practice and policy. The research will also explore what inclusive humanitarian action looks like, and how to achieve it.

In conducting this research, the study will focus on the more fundamental questions and drivers in humanitarian action, as opposed to the more technical elements (technical guidance, specific programming, training). We will dig deeper into hard questions related to how the short-termism and relief focus of humanitarian action should engage with root causes of marginalisation; how conceptions of needs may need to be reconsidered in inclusive responses; and, where difficult decisions, political dilemmas and trade-offs arise, how these can be effectively addressed.

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