



Islamic Relief Worldwide

**Synthesis of current good practice towards
inclusive complaints and feedback mechanisms**

March 2020

Islamic Relief Worldwide, Synthesis Report: Part One

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1. Introduction and Methodology

This section provides an introduction to the synthesis, including the approach and methodology employed, considerations and limitations of the research and the structure of the report.

1.1 Introduction

This synthesis examines selected agencies' approaches to strengthening inclusion of at-risk community groups, particularly those who are discriminated against due to their age, disability, gender, ethnicity and other forms of marginalisation.

The synthesis focuses on the inclusion of at-risk groups within activities relating to commitments 4 and 5 of the Core Humanitarian Standard and, specifically, the establishment of inclusive complaints mechanisms.

The overall objectives of the research are to:

- Gather examples of best practice and challenges to inclusion in relation to CHS 4 and 5, through desk research and interviews with key international non-governmental organisations (INGOs)
- Provide recommendations for strengthening inclusion at the field level in relation to CHS 4 and 5
- Develop specific guidance (checklist) for Islamic Relief Worldwide on establishing inclusive complaints mechanisms
- Analyse examples of best practice to identify key elements of successful approaches to inclusion and common challenges, to stimulate wider learning and improvement at a global level within Islamic Relief and in the wider sector

The research has been guided and assisted by the Islamic Relief Monitoring and Evaluation Team and Protection and Inclusion Coordinator.

1.2 Methodology and approach

The synthesis is split into two parts:

- **Part 1:** Review of good practice in the sector in relation to establishing inclusive complaints mechanisms: July 2019 (10 days)
- **Part 2:** Internal interviews with Islamic Relief employees to understand country level practice: November 2019 (10 days)

The first part was conducted over a period of 10 days in July 2019. The conclusions and recommendations from this part are published in this report.

The second part was conducted in November 2019 to allow Islamic Relief country programmes to digest the findings of this report, which were shared internally prior to external publication.

The first part of the synthesis comprises a literature review and interviews with key INGO staff and experts (please see box opposite). A review of humanitarian standards and guidance relating to inclusion within different agencies, sectors and inter-agency initiatives was undertaken. The selection of documents for review was based on referral and recommendation by the interviewees and through research and web-based searches by the consultant. Interviews were conducted with experts on inclusion and accountability which included INGO global inclusivity advisers; gender and disability advisers and coordinators; senior humanitarian managers; and field level humanitarian managers. Interviewees and agencies were identified and selected by Islamic Relief based on their expertise, experience and availability for interview within the timeframe. The findings from the first part are documented in this report, along with conclusions and recommendations.

Interview/ web search	Additional Literature review/web search
IRW MEAL	ADCAP
IRC	DFAT
CBM	DFID
Christian Aid	ECHO
CHS Alliance	HIC
HQAI	IASC
DEC	Oxfam
TEARFUND	Plan Int
HelpAge	BRC
	Save the Children
	Humanity for Inclusion
	World Disasters

1.3 Limitations and considerations

There are a number of limitations linked to the scope of the synthesis.

- The extent to which external INGOs are willing to share their practice during interviews was initially unclear. The offer to anonymise details, names of interviewees and case studies was felt to assist in garnering examples of practice.
- Good practice examples tend to focus on inclusion within wider aspects of CHS 4 and 5. Some specific examples of strengthening inclusion within complaints mechanism were shared, although several interviewees stated that these were very much 'work in progress' within their agencies.
- The term 'feedback mechanism', or 'complaints and feedback mechanism', as opposed to 'complaints mechanism', was used by some agencies to capture broader views from community members. Some discussions focused on broader feedback and two-way communication.
- The aim of the synthesis was not to focus on inclusion of any specific group, although due to the focus on specific agencies, a number of the examples related to inclusion of those with disabilities.
- The limited time available and approach of the research means that it necessarily lacks rigour. The extent of the practice shared across the implementing agency is unclear and examples may reflect the views of the interviewee rather than broader agency practice.
- They may further be isolated examples of one aspect of inclusive practice. Limited details were provided about the impact and outcomes of the examples and evidence of positive outcomes was anecdotal.

1.4 Structure of report

Section 1 includes a summary of the methodology, approach, limitations and considerations of the synthesis.

Section 2 provides a brief summary of selected agencies' approaches to inclusion in relation to CHS commitments 4 and 5.

Section 3 documents good practice of inclusion in relation to CHS 4 and 5. It includes an overview of some of the challenges to strengthening inclusion.

Section 4 provides conclusions and recommendations as to how to strengthen inclusion within programming in relation to CHS 4 and 5. A table of specific recommendations on strengthening inclusive complaints mechanisms is included.

Annex 1 presents a summary of key literature relating to inclusion and complaints mechanism referred to by interviewees and identified during the literature review.

Guide to colour-coding:

- The orange text boxes comprise key information and definitions.
- The green boxes include specific examples of good practice from the literature and interviews.
- The yellow boxes are recommendations.

Readers should note that the term '*staff*' refers to agency or partner staff. Where partners are specifically referred to, the term 'partners' is used in the report.

2. Approaches to Inclusion

This section provides a brief overview of inclusive humanitarian action, CHS commitments 4 and 5 and agencies' approaches to strengthening inclusion in relation to CHS 4 and 5. It is not intended to be a comprehensive review, but synthesises the findings from the interviews and the document review.

2.1 Introduction

In 2015, world leaders pledged to *'leave no one behind'* as they met to agree the 2030 Agenda for Sustainable Development. Yet this commitment has proven difficult to live up to. The fact that many millions of people with significant humanitarian needs are being left behind in many different ways has prompted deep reflection on how to turn policy-level commitments into practical action.

The 2018 World Disasters Report assisted in identifying those that are being 'left out'. It identifies flaws that allow people to fall through the cracks and states *'too many affected people are out of sight, out of reach, or left out of the loop'*. In particular, older people and people with disabilities are disproportionately affected by humanitarian crises as they are all too often 'invisible' to humanitarian responders. They face social, environmental and organisational barriers to access and participation in humanitarian action, which puts them at higher risk.¹

A key principle of humanitarian action is that the rights and dignity of all people affected by crises should be considered in humanitarian programming. The implementation of inclusive humanitarian action is fundamental to ensuring the fulfilment of the core principles of humanity and impartiality. Although there has been some progress made in recognising that humanitarian crises affect each individual differently depending upon their age, gender, disability and other characteristics, this is yet to be translated into system-wide, consistent and inclusive action.

Women and adolescent girls, older people, and persons with disabilities are all too frequently overlooked. This serves to heighten the barriers that already preclude these groups accessing the humanitarian protection and assistance that they require. As a consequence, it is now urgent that all aspects of humanitarian action routinely include people who are discriminated against due to their age, disability, gender, ethnicity, and other forms of marginalisation. This call was acknowledged in the run-up to the World Humanitarian Summit (WHS) and progress towards this goal has subsequently been initiated through the WHS call for more inclusive humanitarian action, its adoption of the *Charter on inclusion of persons with disabilities in humanitarian action*, and initiatives such as the Core Humanitarian Standard on Quality and Accountability (CHS).

The CHS is founded on fundamental human rights and is underpinned by the right to life with dignity and the right to protection and security as defined in international law. It promotes inclusion directly through the indicators, key actions and organisational responsibilities of the standards. The standards recognise that the participation of crisisaffected people is the cornerstone of an effective humanitarian response and that *'information and communication are critical forms of aid, without which affected people cannot access services, make the best decisions for themselves and their communities, or hold aid agencies to account.'* To this end, *'it is vital to acknowledge diversity within communities by collecting and using data disaggregated by sex, age and ability to inform programmes. Community is understood as a group made up of women, men, boys and girls, each with different capacities, needs and vulnerabilities.'*²

¹ Leaving No One Behind, The international humanitarian sector must do more to respond to the needs of the world's most vulnerable people, The world disasters report 2018, IFRC <http://media.ifrc.org/ifrc/wpcontent/uploads/sites/5/2018/10/B-WDR-2018-EN-LR.pdf>

² The CHS Guidance Notes and Indicators 2015, CHS https://corehumanitarianstandard.org/files/files/CHS_guidance_notes.pdf

2.2 Inclusion and the Core Humanitarian Standard Commitments 4 and 5

The focus of the synthesis is on the strengthening of inclusion within activities relating to commitments 4 and 5 of the CHS, with an emphasis placed on complaints mechanisms (see below).

Commitment 4 - Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them: CHS 4 emphasises the need for inclusive participation and allowing and encouraging people receiving aid to speak out and influence decisions. Sharing information, listening carefully to affected communities and involving them in decision-making contributes to more effective programmes and improves the quality of services delivered. People should have the opportunity to voice their opinions and take an active role in their own recovery. Effective and inclusive communication must consider that different groups (e.g. mothers with young children, older men or women with disabilities) will have different communication and information needs and may well have different trusted sources of communication. Instead of using one-way communication, organisations should ensure not only that existing communication systems are used but also that people are consulted on their preferences and the degree of privacy required.

Key actions and guidance: Accurate, accessible, timely and appropriate information should be provided to communities and people affected by crisis about the organisation, programmes, activities and staff behaviour. It should be accessible and understandable to all affected groups and their views (including of the most vulnerable and marginalised) should be sought and used to guide programme design and implementation. All groups within affected communities should be aware of how to give feedback on the response, feel safe using those channels and be informed of any barriers identified and addressed. Data provided through feedback mechanisms should be disaggregated by age, gender and other relevant categories.

Commitment 5 - Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints: CHS 5 states that people affected by crisis have the right to complain to an agency and to receive an appropriate and timely response. Formal mechanisms for complaints and redress are an essential component of an agency's accountability, allowing them to take timely action to improve programme quality. Communities and people affected by crisis, including vulnerable and marginalised groups, should be aware of established complaints mechanisms and those mechanisms should be accessible, effective, confidential and safe. Complaints should be investigated, resolved and results fed back to the complainant within the stated timeframe.

Key actions and guidance: Communities and people affected by crisis should be consulted about the design of complaints mechanisms. The preferences of all demographic groups should be taken into account, particularly those related to safety and confidentiality, in the design of complaints processes. Complaints should be welcomed and accepted, while guidance on how to access the mechanism and the scope of issues it can address should be explained and understood by all demographic groups. Expectations need to be managed to avoid frustration and disappointment and people given the opportunity to ask questions about how the mechanism will work. Complaints about sexual exploitation and abuse should be investigated immediately by staff with relevant competencies and an appropriate level of authority. Social and power dynamics must be assessed before deciding on the best way to interact with communities. Particular attention should always be paid to the specific needs of older people, women, children, people with disabilities and others who might be marginalised to ensure they have a say in the design and implementation of complaints handling systems.

Inclusion is one of the issues on which organisations are assessed during the verification process, through the Gender & Diversity Index. The results of the assessment lead to the calculation of the Gender and Diversity score. This score measures to what extent an organisation is applying CHS requirements which are relevant in terms of the diversity of the communities and people that they assist. The score is based on the following CHS requirements: 1.2, 1.5, 3.3, 3.6, 3.7, 4.2, 4.3, 4.4, 8.5, 8.7.³

Interviewees felt that not all the indicators in the Gender and Diversity Index have an explicit gender or diversity focus. There are no indicators for CHS 5 included in the score.

The revised CHS self-assessment guidance flags the importance of different groups from the community being included, although it doesn't specify how this should be done. Some interviewees felt that inclusion was not clearly defined as part of the process of self-assessment. Several interviewees felt that this relied on agencies deciding to provide their own evidence of how groups are included in activities and self-assessment teams including specific community groups within their assessments. Audits are considered to review how organisations apply each key action and if policies and procedures reflect and promote inclusion. They rely on documentation and consultation with staff and communities.

Interviewees highlighted aspects of the CHS where it was felt that inclusion was strong, in addition to aspects where they felt it could be made more explicit. These include the following:

The recently published **CHS self-assessment** guide states that interviews should be conducted with beneficiaries 'taking into account the diversity of the communities in terms of age, gender, disability and other contextually-relevant criteria'. The **Staff Questionnaire Tool** Annex 3 in Standard 5.1 asks 'how are the preferences of all demographic groups taken into account in the design?'. Standard 5.2 states 'how do you ensure information on how to submit complaints is accessible to and understood by all relevant groups, particularly vulnerable ones?'. The suggested 'sources of evidence' for Standard 1.2 does not give details of who in communities and Standard 4.3 does not state the requirement for a gender and diversity policy. In the Feedback from Communities Questionnaire (Annex 6), different groups in the community are not referred to.⁴

The Humanitarian Inclusion Standards for older people and people with disabilities (HIS) consist of nine key inclusion standards, derived from the CHS. Key inclusion **Standard 5** explains that 'older people and people with disabilities have access to and responsive feedback and complaints mechanisms.' 'Inclusion', for the purpose of the standards, is considered in the context of older people and people with disabilities, although it is recognised that there are other at-risk groups who face barriers to access and participation and encounter discrimination on the grounds of status.⁵

³ ASSESSMENT AGAINST THE CORE HUMANITARIAN STANDARD USER GUIDANCE FOR AID ORGANISATIONS, CHS Alliance 2019 https://www.chsalliance.org/files/files/Self_Assessment_Tool_V3.pdf

⁴ ASSESSMENT AGAINST THE CORE HUMANITARIAN STANDARD USER GUIDANCE FOR AID ORGANISATIONS, CHS Alliance 2019. See https://www.chsalliance.org/files/files/Self_Assessment_Tool_V3.pdf

⁵ The Humanitarian Inclusion Standards for older people and people with disabilities, published by the Age and Disability Consortium as part of the ADCAP programme. See <https://www.helpage.org/what-we-do/emergencies/adcap-age-anddisability-capacity-building-programme/>

3. Good Practice and Challenges for Inclusion relating to CHS 4 and 5

This section presents examples of good practice of inclusion within activities relating to commitments 4 and 5 of the Core Humanitarian Standard and, specifically, the establishment of inclusive complaints mechanisms. It also documents some of the challenges shared to strengthening inclusion.

3.1 Good practice in relation to CHS Commitment 4

Interviewees discussed the approaches they used to include marginalised groups in decision-making and to encourage their engagement and participation. They shared examples of how they communicate directly with different groups to ensure that they had access to appropriate information. Approaches to establishing effective two-way communication with various groups in the community and consulting people on their needs and preferences for communication were also shared. These include the following:

Strengthening partner relations: Working through partners and specialised national associations, such as disability associations, was considered by several interviewees to have promoted the inclusion of diverse views and needs within programmes. Some partners were said to have experience of working directly with a particular vulnerable group within communities, such as older or disabled people. Although these partners often lacked humanitarian experience, specific knowledge of the CHS and, crucially, experience of complaints mechanisms, they were considered to have a good understanding of the needs of and how to reach particular groups. Some partners also had good experience of mainstreaming disability work in their programmes. Several interviewees discussed the ways they supported partners in gathering and utilising feedback (see below).

Christian Aid (CA) supports capacity building through mentoring and accompaniment. In a recent response, CA staff accompanied partners on visits to 'listen to and hear feedback directly' to support gathering of wider feedback from all groups in the community. Once partners had been given an opportunity to listen, they were encouraged to discuss and respond to the feedback they had received.

Country level working groups: In some countries, working groups with close linkages to the cluster system have supported inclusion of feedback from vulnerable groups in their sectoral activities, such as CBM in Nepal (see below).

CBM in Nepal were involved in establishing the Age and Disability Task Force to better understand the situation of people with disabilities.⁶ Volunteers reached out to households and carried out inclusive focus group discussions with people with disabilities. This contributed to a more nuanced understanding of their challenges, in addition to building an evidence base of their specific needs. Information was shared with the Protection Cluster and directly informed the work of cluster members. The Task Force developed briefing notes for the clusters and supported them in finding solutions to better support people with disabilities.

Identifying and building on existing activities: Interviewees discussed a number of approaches to identifying and 'tagging on' communications activities with marginalised groups to existing

activities and programmes. For some agencies, complaints mechanisms themselves are considered to be an entry point to collecting data on disability and to better understanding barriers to access, as the examples below highlight.

CBM works at key locations, such as health centres, where rapport has been developed over time and face-to-face communication can be fostered with specific groups. This has helped to strengthen the sharing and receiving of sensitive information and has also helped to build trust with groups and individuals.

The IRC includes specific questions on levels of accessibility, access to information, preferences around complaints mechanisms and feedback within their surveys and audits. They have found it helpful to promote inclusion with IRC offices in countries that have access to and which are collecting disaggregated data. It is felt that this can strengthen understanding of, for example, how people with disabilities are included in aspects of programmes such as complaints mechanisms. It also assists in identifying their preferences at the design stage as well as identifying key informants and people with disabilities.

Several interviewees said that they have sought to demystify inclusion and emphasised the importance of 'starting simply, by knowing the numbers of people with disabilities or specific vulnerabilities in project areas; of recognising their existence with programmes and of giving them a voice'. Interviewees suggested that they may not require different solutions to other groups. Rather, they try to start with what implementing partners are already doing and build on this to scale-up. Several interviewees felt that the work of some teams, such as those with more specialist disability skills, fits more naturally with inclusion.

Resourcing of inclusion: Some agencies emphasised the importance of ensuring inclusion is adequately resourced and spoke of the limitations and challenges when this was not the case. This included issues of financing, staff turnover and building staff capacity (see box below).

One agency shared an initiative they had promoted of trying to allocate 5% of their budget to support adaptations to activities for specific groups. Several agencies discussed the difficulties of implementing suggested recommendations made by marginalised groups, such as translation of written material into braille and local languages, due to lack of skills amongst staff or a shortage of financial resources.

Several agencies have adopted an approach of ensuring that inclusion is mainstreamed in their partner training programmes and discussed the importance of making it everyone's responsibility. Other agencies felt that although training is often requested by partners, there is too great a focus on this, especially in relation to the CHS, and that partners need to be encouraged to communicate directly and listen to different community members' complaints and suggestions, rather than acquire any particular new skills.

Several agencies have found it useful to provide guiding questions and simple checklists to staff to assist them in how to consult with community members and conduct inclusive focus group discussions. This has helped staff understand how to convene and converse with diverse groups and has encouraged them to consider who in communities they need to speak and listen to, and who is not heard.

⁶ As part of the Protection Cluster

Identification of groups of people and disaggregation of data: The linkage between data collection (including feedback) and analysis and day-to-day operations, was considered to be very important. To include all community groups in their activities, agencies first need to understand the composition of the communities in which they work. There was agreement among interviewees that the collection of disaggregated data is very limited. It is often unclear how people with disabilities and older people are identified and how data about their priorities is collected. In many cases, they were combined to form a generic 'vulnerable' group, or referred to in the data as 'persons with priorities'.

When data is collected on people with disabilities and older people there are significant variations in the type of data that is collected and how it is disaggregated. Data on sex and disability is more commonly collected than data on age, particularly for older age groups. There were very few examples of agencies using disaggregated data on sex, age or disability to inform their programming and to monitor access and other outcomes related to inclusion. Data collected on disability and age is mainly used either for identification, prioritisation, as part of a vulnerability criteria for targeting, referral to specialised or mainstream services, or as part of a situational analysis or specialised assessments.⁷

Agencies discussed their approaches to strengthening data and information collection to identify the most vulnerable groups. Several interviewees felt that it was particularly important not to overload staff and partners with questions, but rather to introduce a few questions at a time. It was felt that checklists and prompt questions, such as those described below, were helpful.

The use of the Washington Group Questions (WGQ) for collecting disability data was considered by some interviewees to have assisted in exploring how disabilities affect people's lives and access to aspects of programmes. It consists of a set of questions designed to identify people with a disability. These people are at greater risk of participation restrictions than the general population due to the presence of difficulties in six core functional domains.⁸ It is noteworthy that the Elrha WASH review found that the use of the WGQ was mainly evident in assessments conducted by specialised organisations. It found that 'data on sex and disability is more commonly collected, while considerably less data is available on age, specifically disaggregated by older age groups. The type of questions to identify people with disabilities vary greatly. Whilst some assessments used the WGQ most used questions such as; "do you have a disability? Yes or No" or "are there any of the household members who is a person with a disability? If yes, what type of disability?"⁹

The IRC are initiating a process to work with people with disabilities and their representative organisations with a view to strengthening their tools and methods. This includes the design of accessible feedback channels and methods to regularly collect feedback from, and to actively engage with, persons with disabilities in meaningful consultations. It also promotes the collection of disaggregated data through feedback channels by sex, age group and disability status by using the WGQs.¹⁰

Information sharing and barriers to communication:

A lack of accessible information is a key barrier to accessing humanitarian services. The WASH review found that information on communication barriers for some groups is not well documented and that the '*barriers for people with mobility/orientation, intellectual or communication issues were also not documented and overlooked. Additionally, not much attention to gender-specific barriers were found, despite it being recognised that women with disabilities and older women can face different and additional barriers to men with disabilities and older men.*'

A common understanding of accessibility seems to be mainly based on physical access and there was no evidence and little discussion about accessible information which is made available to people with different types of impairments. The review found no evidence of the use of different communication channels and approaches to communicate information. Sensitisation of households or staff was not found to be prevalent despite some documented attitudinal barriers and discrimination faced by people with disabilities and older people in the community.¹¹

Christian Aid is currently refining and piloting a '*Community Accountability Assessment*' that includes a checklist to support greater inclusion and to assess whether programmes are reaching the most vulnerable people. It encourages staff to think about whether they are asking the right questions and importantly, '*how they can evidence this*'. For example, it encourages staff to think about the accessibility of feedback mechanisms by asking details such as, '*where will the phone line number be placed?*' It also encourages the accessibility of the approach to be discussed by asking questions about '*the costs of a call, those who have no phones and who in the household owns the phone.*' Importantly, it encourages staff to discuss which groups within a community may have difficulty in accessing information and why, as well as the groups that trust different information sources and why.

The '**Inclusive Humanitarian Action**' study conducted in Nepal provides a snapshot of agency practice against the ADCAP standards. Most agencies identified that face-to-face communication through key informant interviews and focus groups is the preferred method of communicating with affected communities. Other methods such as notice boards, suggestion boxes and hotlines were also used. The study found that it is uncommon for agencies to communicate information that all people can access and, even when a variety of communication methods are used, these do not necessarily overcome the barriers experienced by older persons or people with disabilities. One strategy outlined in the study was to decentralise technical expertise and appoint dedicated roles for promoting accountability and facilitating gender equality and inclusion at the district level. Dedicated Accountability Officers work in each and are embedded in, and work directly with communities, acting as a communication and liaison point between communities and technical sectors and programmes.¹²

Ensuring inclusive representation: Interviewees discussed the challenges and approaches of communicating directly with illiterate communities and of relying on committees to represent them (see below).

One agency described their approach of establishing new inclusive vulnerability committees and trying to avoid reinforcing existing power structures and exclusions (noting that this may not always be possible). This has helped to ensure that the most affected, disabled and those with specific vulnerabilities are represented. In some areas, communities vote for representatives and decide who sits on the committees, which has also facilitated inclusion.

⁷ Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elhra 2019.

⁸ <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

⁹ Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elhra 2019.

¹⁰ Contact the IRC for further details.

¹¹ Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elhra 2019.

¹² Inclusive humanitarian action: A study into Humanitarian Partnership Agreement (HPA) agency practice in the Nepal earthquake response 2016

3.2 Good practice in relation to CHS Commitment 5

The research included discussion about examples of agency practice to increase access to and provision of information on complaints mechanisms, along with the tailoring of mechanisms to specific groups in communities.

Tailoring feedback and complaints mechanisms to specific groups: Interviewees discussed their understanding and consideration of people with disabilities as a diverse, nonhomogenous group. They also shared the practices they implement to ensure that different means to consult with and elicit feedback and complaints from people with disabilities are in place. They shared some challenges in relation to staff and partners finding it difficult to ask people about non-visible disabilities, making the collection of disaggregated data and tailoring of mechanisms more challenging.

All the agencies that participated in the research discussed the importance of ensuring that a suite of mechanisms are in place to receive feedback, which ideally includes verbal approaches such as door-to-door visits, face-to-face meetings and direct communication.

Some agencies said they were currently working on strengthening their internal processes to record feedback and ensure it was used more effectively in the design of tailored activities and monitoring of their use by specific groups. Examples of good practice discussed are provided below.

One agency is working with their local partners to examine the complaints mechanisms that already exist and whether they are appropriate for specific groups within communities. Although pre-existing mechanisms were often found to be in place, many were based on the submission of written responses despite the presence of high rates of illiteracy. The evidence suggests the importance of monitoring whether the mechanisms are appropriate for complaints in contexts where feedback tends to be positive.

The IRC proactively adapt material on complaints mechanisms to make it suitable for children and children with disabilities to maximise the opportunities to capture feedback from across different groups of children.

HelpAge International's approach to strengthening and systematising complaints mechanisms has included promoting the documentation of actions taken in addition to strengthening data collection. This has been supported through the provision of very flexible guidance and basic principles to encourage staff to tailor mechanisms to the specific needs and preferences of different groups.

Christian Aid has used two feedback desks at some of its distribution sites to manage the high volumes of feedback they receive and to distinguish between different types of feedback. One desk was used for selection issues/complaints from those who were missed out of distributions, while the other was for feedback only. In other contexts, the use of three different complaints boxes have been trialled at different locations based on requests from communities (one permanent box, one box positioned at a distribution site and a third box on the road some distance from the project for anonymous feedback.) In addition to the use of a variety of boxes, everyone was given paper to address the stigma of having to request it.

World Vision in Nepal consider analysis of the data from individuals and types of groups using feedback mechanisms to be an important aspect of inclusion in their recovery programming. They aggregate data according to the type of feedback and have developed a system for recording how many individuals, across different sectors, are using feedback mechanisms and for what purpose. They have established processes to ensure that feedback and information from assessments/monitoring is relayed back to operations and that it is shared across all sectors. They consider that this helps to ensure that information on inclusion or exclusion is disseminated and that it feeds into programme implementation. Information from communities using the mechanisms is analysed on a fortnightly basis and shared with the senior leadership team and technical sector leads.¹³

Christian Aid are developing a 'Feedback Tracker' to collect details of feedback that has been received. It includes the source of the feedback and a question about disability. Although it is not yet systematically used, it is anticipated that, once a body of data exists, it will allow greater understanding of the different groups that are providing feedback and their preferences for how to do this.

HelpAge International is strengthening their focus on information provision regarding complaints mechanisms and on explaining expectations for staff behaviour, the importance of mechanisms, the process and what happens to complaints. They try to ensure that the mechanisms relate to specific groups, which is easier if the programme is focused on these groups. In mainstreamed programming staff are encouraged to ensure that there is an understanding of diversity in the community and to ensure that mechanisms are accessible to all groups, including those with disabilities.

The IRC has been piloting a client feedback and response mechanism (FARM) in the Middle East which aims to improve the rate of client feedback within programmes. FARM enables community members to register their complaints, requests for information, requests for assistance, positive feedback and suggestions. The focus of FARM is on unsolicited channels, encouraging feedback about any topic without having to be asked. The channels themselves vary across locations, including hotlines via SMS, WhatsApp & Viber, help desks, complaint boxes and emails. One of the insights from the pilot is the importance of factoring in the impact of cultural norms in how to get clients to report. Addressing this has enabled them to significantly increase the level of feedback they receive from the communities served by the Middle East programmes.¹⁴

¹³ Inclusive humanitarian action: A study into Humanitarian Partnership Agreement (HPA) agency practice in the Nepal earthquake response, humanitarian advisory group, May 2016.

¹⁴ <https://www.rescue-uk.org/article/ircs-commitment-safeguarding>

Ensuring that people are part of the solution and successful approaches to achieving inclusion in complaints resolution:

Several agencies discussed the importance of including community members in receiving and resolving complaints as a strategy to address the prevailing view that they should be dealt with by an NGO. The example of HelpAge International offers lessons on the approach and its benefits (see below).

HelpAge International promote the benefits of including older people as part of complaints mechanisms and of finding solutions to the problems that are raised. This helps to ensure longer-term impact. Based on a model of 'community based inclusive development' the community identifies its members, reaches out to them and offers them a role in addressing concerns themselves. The role of the project team is to receive referrals of issues that the community is unable to address and to play a monitoring role. Several examples from a range of countries were given, including the following:

'Peer to Peer' approaches are used in several countries to address the issues associated with people who are isolated from other members of the community. It is based on befriending people of similar ages and gender for home visits, with a commitment to accompany them to activities. This offers the opportunity to capture feedback and complaints, although it was felt to require formalising.

'Safe Spaces' have been established for older people where they can talk directly to staff and provide feedback and complaints. Rather than capturing and documenting issues, this approach is instead based on older people solving issues themselves. They are encouraged to refer issues that they are unable to solve, or those relating to the conduct or work of agency staff. This approach relies on older people understanding how to locate and access their peers.

'Community Incentive Workers' who are refugees have been tasked with the collection of feedback from the wider population. They identify key people from which to collect feedback, with a view to avoiding traditional power structures and ensuring that they engage with diverse groups within a community.

Disabled Vulnerability Focal Points visit people that have been particularly affected by a crisis with a view to listening to them and receiving complaints. They become advocates for them and help find solutions with them. They are not dependant on NGOs at office level to solve problems. The focal points sensitise communities to find people who have been missed out.

The use of feedback data: Several interviewees/reports discussed the importance of demonstrating how data is used to staff and partners to encourage their 'welcoming of complaints'.

Oxfam's regular Accountability Reports are shared with all staff to demonstrate how teams use community feedback. The approach is said to be an important signal to staff that accountability matters.¹⁵

Tearfund share experiences of helping partners to better understand the role and purpose of the collection and documentation of feedback. This has helped to build trust and understanding about the processes of reporting and documenting feedback and complaints

¹⁵ Feedback Utilization in the Rohingya Response: Summary of Lessons and Promising Practices CDA and DEC (January 2019), Kiely Barnard-Webster, Isabella Jean with Monica Blagescu and Katy Bobin.

3.3 Key challenges to strengthening inclusion in relation to CHS 4 and 5

During interviews, agencies outlined some of the key challenges they faced in strengthening inclusion in relation to CHS 4 and 5, along with some of the system-wide and response level challenges. Please see tables below.

Interviewees discussed the specific challenges associated with meeting the pledges of CHS commitment 4. These challenges relate to access to information, barriers to communication and supporting participation and engagement of marginalised groups from within communities. Key challenges are outlined below.

Specific Challenges for inclusion in relation to CHS Commitment 4

Overcoming the barrier of communicating with people with sight, mobility issues and those with intellectual impairments (particularly where there might be a reliance on guardians for communication).

Adapting information appropriately, ensuring access to information and cross-checking understanding of it, particularly among marginalised and/or isolated households, those with low levels of literacy and those unable to attend information meetings.

Difficulties of arranging focus groups only with specific groups, as the broader community often press to be included and can dominate discussions. Challenges of actively reaching out to groups separately and, ideally, on a one-to-one basis. Staff and partners often find it difficult to ask people about non-visible disabilities which makes the collection of disaggregated data more challenging.

Some community members are prevented from speaking in meetings due to their age, gender or class, meaning separate meetings are needed.

When consultations are carried out with particular groups it can be hard to take action on specific/specialist recommendations, such as requests for braille or sign language, due to lack of resources, skills and time.

Heavy reliance on vulnerability committees, especially in illiterate communities, and the associated challenge of influencing diversity.

Demonstrating evidence (lack of paper trail) of who has been consulted or participated in activities (lack of disaggregated data) and how information has been adapted for particular groups.

Lack of preparedness in developing information in a variety of formats and/or languages in advance and consistently.

Community members are often overloaded with consultations and being asked the same questions.

Lack of staff experience/high turnover and lack of confidence in consulting and listening to diverse community views.

Time pressure at start of activities doesn't always facilitate identification, communication and participation of marginalised groups.

Lack of data on composition of communities and limited tools for effective identification of specific groups to facilitate self-identification of specific needs or disabilities.

Interviewees discussed the specific challenges associated with meeting the commitments of CHS 5 which included:

- (i) ensuring that complaints mechanisms are accessible to specific groups;
- (ii) provision of information about how complaints mechanisms work; and
- (iii) the kind of complaints that can be made.

Key challenges are outlined below.

Specific Challenges for CHS Commitment 5

Working through local partners, such as disability associations, with limited experience of complaints mechanisms and limited understanding of the role of feedback and complaints (and the need for documentation).

Tailoring of approaches to the urban context where feedback culture can be very different to other contexts.

Lack of monitoring and disaggregation about who is using which complaints mechanisms. When data is disaggregated, it is frequently based on flawed self-identification, which can lead to under-reporting.

Low levels of access by people with disabilities (specifically those that are housebound) to complaints mechanisms, even when there are multiple channels.

Absence, or poor quality, of recording when action is taken on the spot and feedback received verbally/ informally.

Overall lack of recent and relevant guidance on complaints mechanisms and/or lack of details on inclusion within existing guidance.

Receiving feedback when phone use is low and there is a lack of effective and/or affordable alternative mechanisms.

Receiving complaints when literacy rates are low and when there is a predominant verbal tradition. Challenges of confidentiality when complaints are verbal and of recording and accurately translating verbal feedback, particularly when received via partners.

When no other agency is collecting feedback, the agencies that are doing so can become overwhelmed with responsibility for referrals.

The need to deal with some types of feedback and address complaints in small meetings, outside of larger information sharing meetings.

When people ask for mechanisms which may not meet their needs, such as complaints boxes, in areas of high illiteracy.

Lack of ability to respond directly to anonymous feedback and to manage expectations about the challenges that this poses.

Lack of inclusion of politically marginalised groups, along with age, disability, gender.

Weak information provision in relation to people's rights to complain, expected behaviour of staff and lack of clarity about procedures for management action and redress once complaints have been made.

Lack of specialised services to refer issues raised for people with disabilities or older people.

Establishment of complaints mechanisms in quick timeframes and for short durations, such as for a DEC-funded programme. The lack of understanding of the potential role of feedback at the start of programmes to inform design.

The potential for feedback mechanisms to undermine communities solving their own issues.

Focus on formal, rather than informal, mechanisms and the erosion of approaches to listen to communities. Perceptions of the negative language of complaints.

Pathways for referral of complaints are often siloed and there may be a challenge to distinguish the different types for referral.

Staff do not always ask how all groups prefer to receive feedback, hence mechanisms may not meet the needs of some groups.

Some staff may feel threatened by complaints and negative feedback, hence not all complaints are welcomed.

In addition, some of the system-wide and response level challenges of strengthening inclusion within activities relating to CHS 4 and 5 were discussed by interviewees. These focused on:

- (i) the lack of shared learning platform;
- (ii) the dearth of disaggregated data;
- (iii) limited resources and capacity (please see box below).

System-wide Challenges

Limited sharing of good practice on agencies' approaches for strengthening of inclusion and lessons learned, along with the lack of dedicated forums to facilitate wider discussion.

The lack of explicit reference to inclusion throughout the CHS and to specific groups within communities leads some staff to perceive a lack of inclusion and guidance on 'who' within communities standards refer to.

The lack of an explicit focus on inclusion within the CHS verification and self-assessment process means that some agencies feel that they are left to find ways to show and evidence inclusion, which may lead to inconsistency in scoring.

There is often a lack of evidence (written) relating to who is included in activities relating to CHS 4 and 5, such as disaggregated data on the use of complaints mechanisms. This is felt to make evidencing inclusion challenging.

Historic instances of siloed approaches to inclusion means that interventions and resources often focus on either disability, gender or age, without them being integrated as a holistic approach.

The existence of multiple standards and lack of widespread knowledge of HIS.

Lack of understanding of how marginalisation affects access to complaints mechanisms. There is often limited discussion and learning relating to the barriers for specific groups. While this may be understood at the field level, it isn't always documented and shared (and vice versa).

Response Level Challenges

Lack of consideration of diversity within communities, limited data and a lack of knowledge of the composition of communities.

Lack of dedicated in-country working group/cluster hampers sharing of experiences and best practice on inclusion.

Challenges around relying on self-identification of people with disabilities and reluctance of staff to ask about non-visible disabilities, linked to a lack of understanding of their rights from services.

Lack of systematic collection of data on disability by monitoring teams and an associated need for a better understanding of how disability is being considered within programmes. Many countries and programmes still lack disaggregated data and experience challenges collecting such data, particularly via partners and when access is limited.

Limited staff capacity for collecting personal data, gaining consent for its use and understanding how to manage it responsibly.

Once data is collected partners are frequently uncertain of how to use it effectively. Disaggregated data from needs assessment is not always used in programme design due to lack of staff, high volumes of work and lack of any single member of staff being responsible. This is often made more challenging due to lack of clarity of roles.

Inclusion is often considered to be the work of specialists rather than part of everyone's work.

Lack of evidence on the reasons for under-reporting of complaints by certain groups.

Selection of sites, or timings of distribution, are sometimes determined by authorities, hence it is not always possible to ensure accessibility for the wider community.

Lack of budget allocation for inclusion activities limits ability to implement and make specific adaptations to mechanisms.

More support is required and is frequently requested by field staff, but staff turnover makes it hard to ensure that knowledge is retained. Staff often feel overwhelmed with new initiatives, complicated guidance and multiple trainings.

The role of INGOs in partnership and mutual responsibilities in relation to inclusion need to be clarified (responsibility to monitor, check inclusion within partners' policies/activities, record and handle confidential complaints). Partners frequently work with multiple INGOs and are overloaded with conflicting obligations and different approaches.

4 Conclusions and Recommendations

This section presents conclusions and subsequent recommendations for strengthening inclusion in activities relating to CHS commitments 4 and 5 and some wider recommendations at the system and response level. A summary table of specific recommended actions for strengthening inclusion within complaints mechanisms is presented in Annex 1, which is aimed at Islamic Relief Worldwide Country Programmes. These are based on discussions and recommendations made during interviews along with the literature review.

4.1 Conclusions and recommendations for strengthening inclusion in relation to CHS 4

Numerous barriers to access and participation in humanitarian programmes for marginalised groups remain. There is a lack of proactive inclusion and tailoring of approaches based on an understanding of specific needs and opportunities. When data is collected, there is often a need for partners to be supported to determine how best to use it to inform inclusive programming. Without dedicated support, there is a risk that inclusion may become a tick box exercise.

Information is key to accessing and participating in services and the lack of adapted information creates barriers for marginalised groups. Information sharing is often based on the ability to read, write or to physically access complaints mechanisms. Language barriers can also be a considerable barrier at the field level. Representation of marginalised groups, specifically older people, those with disabilities and those that are housebound, is often via committees or guardians. Even when outreach teams may conduct house-to-house visits, people are still often missed out.

Recommendation 1: Collective information material should be developed in-country, including in languages that can be understood by marginalised groups, particularly women and people with disabilities. Associated literacy projects and support to illiterate groups should be considered.

Recommendation 2: When working with vulnerability committees, opportunities should be taken to ensure that selection is representative of the diversity of groups, including marginalised groups in the community.

Recommendation 3: An inter-agency and inter-sector approach should be adopted to develop questions for use in the field to avoid duplication in relation to issues of gender and age.

Recommendation 4: Opportunities should be sought to collect disaggregated data and information related to specific groups within ongoing activities, including surveys and assessments.

Recommendation 5: Resources must be allocated to support inclusion of at-risk groups on activities, including adequate budgeting.

4.2 Conclusions and recommendations for strengthening inclusion in relation to CHS 5

The monitoring of who uses complaints mechanisms is often limited and, when disaggregated data is obtained, it is often the case that marginalised groups and people with disabilities are under-represented. Critical evidence of feedback that has been received, action that has been taken and the groups in communities which are using (and not using) complaints mechanisms often goes undocumented. Agencies tend to be poor at providing feedback on the outcomes of complaints to specific groups in communities, particularly those with whom they have limited contact. Complaints mechanisms should be considered as entry points for data collection on disability as well as a means of both enhancing inclusion and understanding and addressing barriers to meaningful access.

Recommendation 1: Information provision regarding complaints mechanisms must include explanations of rights; expectations of services; expected behaviour of staff; the purpose of complaints; what a complaint is; and how to access available channels. Material should be tailored to all groups. Negative language about complaints should be avoided and guidance should be translated into appropriate local language.

Recommendation 2: Innovative approaches to using community members, peers and guardians to collect feedback from marginalised groups, solve problems and act on complaints should be explored. Channels that are based on face-to-face communication and listening should be encouraged (as they are usually the preferred approach). Staff should be encouraged to pilot and try new approaches, as long as they monitor their use. Field staff should reflect the profile of groups within the community in terms of their gender, age, language and disabilities and be supported to ensure they have the skills to implement the different mechanisms.

Recommendation 3: Feedback channels should include a mix of informal and formal approaches, in addition to reactive (e.g. hotlines, boxes, desks) and proactive (e.g. surveys, visits, FGDs) mechanisms. Several different approaches should be selected according to the preferences of different community groups. Selection should reflect the preferences of different groups in the community and there should be an approach established to determine this. Feedback channels should ensure access for people of different ethnicity, political affiliations, children, older and disabled people and both beneficiaries and non-beneficiaries, to capture the views of those most likely to be left out. All members of a community should be able to provide feedback, complaints, confidential and serious reports, such as of sexual abuse and corruption, through formal and informal means.

Recommendation 4: The accessibility of feedback mechanisms must be assessed and monitored and there should be channels that avoid the need to write, possess a phone or which require physical access.

Recommendation 5: Formal approaches to 'close the loop' must be agreed and regular and timely responses should be provided to community members about how the feedback has been addressed. This can be done one-on-one, or through written updates, radio broadcasts, social media, text messages, community leaders or disability associations. The way in which community feedback and disaggregated data is used should also be explained to staff during regular programme meetings and reinforced by senior management.

Recommendation 6: Complaints mechanisms must be monitored and evidence gathered about who is using which mechanism. This should include analysis about whether specific groups are providing feedback and any groups that are not represented. Efforts should be made to determine the levels of trust that different groups in the community have for different mechanisms, in addition to any barriers that exist to their use.

Recommendation 7: All channels for feedback should have associated systems of documentation and recording of issues, which are disaggregated by community group in addition to age, gender and disability (yes/no). Recording of feedback received through informal, verbal communication, group discussions, via incentive works, peers and partners, should be strengthened and systematised. The use of record books, notebooks, feedback forms and databases (ideally online for easy sharing and access) should be encouraged.

Recommendation 8: An approach to receiving and referring confidential SEA reports from all groups in the community, including children, should be included. It should be promoted and staff appropriately trained to receive and refer such complaints.

4.3 Conclusions and recommendations for strengthening systemwide inclusion in relation to CHS 4 and 5

There are now a number of robust standards and effective tools to support inclusion, although these were felt by some to be fragmented and not always well-known. The revised Sphere and CHS are considered to have assisted in consolidating and promoting knowledge of the key standards. The CHS commitments and recent initiatives on inclusion and intersection are felt to be important steps in overcoming some of the challenges of siloed interventions, as well as the lack of resources and funding. There is an appetite for further collaborative action and learning on inclusion, specifically in relation to CHS 4 and 5, and establishing complaints mechanisms. There are now felt to be opportunities to broaden and extend the work of several platforms and actors that have a focus on age, disability and gender, in addition to others, although both time and resources are limited.

Recommendation 1: Establish a working group at HQ level which combines expertise on age, gender, disability and other social categories. This could be a continuation of the ADCAP forum and invite both the group of experts involved in the CHS report and wider experts to take part. The group could support the development of collective tools for activities relating to CHS 4 and 5 and methods for all categories of marginalised groups and the sharing of learning.

Recommendation 2: A one-day workshop and learning event should be conducted with a focus on initiatives such as this study and the work of the participants involved in it. It should seek to foster and promote wider discussion and learning on inclusion of at-risk groups in activities relating to CHS 4 and 5.

Recommendation 3: There is a need for further promotion of existing standards and tools in addition to the development of monitoring systems and indicators.

Recommendation 4: Donors should support inclusion by asking more about who within communities are providing feedback and complaints and exploring the use of generic terms such as 'marginalised groups'. They should promote the use of tools such as the WGQ to identify those with disabilities. They should encourage partnership by providing funds for mainstream NGOs and disability-specific NGOs to share learning and build capacity and invest further in mainstreaming disabilities and capacity building of disabled peoples' associations and organisations.

4.4 Conclusions and recommendations for strengthening response level inclusion in relation to CHS 4 and 5

Ensuring inclusion of marginalised groups must start at the preparedness stage. Adequate resourcing, including staff capacity, time and funding must be provided. There is a need to strengthen tools and ensure suitable guidance is provided to staff and partners and encourage its use at the programme level. Conscious collection of disaggregated data will encourage the design of appropriate activities, as well as increase the visibility of groups and their participation. Although some disaggregated data is now being collected, this continues to be limited, particularly during monitoring and assessments. There is also considered to be a shortage of tools to guide data collection.

Recommendation 1: Material and information on complaints mechanisms should be developed in a variety of forms to support preparedness activities. This should be presented in forms that are suitable for children and for illiterate people. It should be available in multiple languages and braille and be presented through sign language.

Recommendation 2: Partners must be guided in the approaches they use to identify specific groups and in their use of the WGQ. This could include support in how to ask questions to people of older age or those with disabilities. Greater understanding should be promoted about how issues such as disability and age affect access to complaints mechanisms.

Recommendation 3: Disaggregated data should be collected throughout the project cycle and specifically during assessments and monitoring (including for complaints mechanisms). It should be supported through the development and promotion of guidance such as simple checklists, prompt questions, smart phone apps, or other technological platforms.

Recommendation 4: Capacity building on strengthening collection of feedback should focus on mentoring and accompaniment, rather than training and written guidance. Proactive efforts should be made to identify potential partners to support.

Recommendation 5: Technical assistance should be provided to strengthen the receipt of feedback from all groups, within all sectors, to ensure a greater understanding of access to complaints mechanisms for people with disabilities, associated legal frameworks and sector-specific issues. Emphasis should be placed on simple, single-sector activities that can subsequently be scaled up. Staff should identify sectors and activities where inclusion offers a natural fit.

Recommendation 6: The widespread misperception that inclusion is the work of specialists must be addressed by disseminating clear messages that it is everyone's responsibility.

Recommendation 7: Working groups with a focus on inclusion should be promoted and supported in all humanitarian crises. Their role should be to facilitate shared learning and approaches to strengthening feedback and communication with all groups, in addition to the collection and development of inter-agency consensus on disaggregated data (particularly in regard to disability status) and unifying platforms for data collection and information sharing.

4. 5 Specific recommendations to establish inclusive complaints mechanisms for Islamic Relief Worldwide

Below is a summary table of recommended actions to strengthen inclusion within complaints mechanisms. This is intended to guide staff efforts to enhance inclusion within their work. They have been developed from the recommendations presented earlier in this report.

IRW 1: Complaints mechanisms must be monitored in terms of who is using which mechanism. Analysis should be undertaken to clarify which groups are providing feedback and which are not. Monitoring, evaluations and reviews should seek to determine the level of trust that marginalised groups have in the different mechanisms. Community surveys should be undertaken to determine whether they feel complaints are being addressed; if they understand what they can feedback and complain about; expectations of staff behaviour; if they are satisfied with the channels available; and the existence of any barriers to their use.

IRW 2: There should be a clear paper trail and evidencing. Particular focus should be paid to how different groups use channels, how complaints have been addressed and /or referred to other duty bearers, as well as closing the loop back to community members. Where possible, this data should be disaggregated by community group, to include at a minimum age, gender and disability (yes/no).

IRW 3: Approaches should be found with partners to record feedback received through informal, verbal communication; FGDs and discussions at safe spaces; and via incentive works, peers and partners. Tools should include the use of record books, voice recorders, notebooks and feedback forms. Partners should try to create time, space and incentives for their staff to regularly document feedback. The purpose of documentation should be emphasised and there should be regular demonstrations of how it is being used.

IRW 4: The selection of any feedback mechanisms should be clearly based on the preference for how different groups in the community want to communicate and provide feedback. Approaches to gathering feedback from any marginalised groups must be considered, along with how such groups will participate in decisions concerning this feedback. There should be a clear approach and specific times for requesting this information as early and widely as possible in the project cycle.

IRW 5: Any existing feedback mechanisms should be identified and assessed to determine their accessibility to marginalised groups, including with partners, committees and local authorities. Where mechanisms exist that are traditionally used within communities, these should be built on. They may include regular events, festivals, key people and representatives and should not be limited to a specific mechanism or approach.

IRW 6: Negative language about complaints should be avoided. Terminology should refer to 'feedback' (rather than complaints) and the use of local language should be emphasised. The purpose of feedback and the ways in which it will be used should be explained, in addition to agreed timeframes for action.

IRW 7: Information provision about complaints mechanisms must explain the following: people's rights; expectations of services; expected behaviour of staff; the purpose of complaints; what a complaint is; and how to access available channels. Material should be tailored to all groups and help overcome issues associated with the shame of complaining and gratitude as these may inhibit the provision of negative feedback.

IRW 8: Feedback channels should ideally include a mix of informal and formal approaches, as well as reactive (e.g. hotlines, boxes, desks) and proactive (e.g. survey, visit, focus group discussions) mechanisms. Several different approaches should be selected for each according to the preferences of different community groups. These should not be limited to mechanisms but could include events or traditional approaches to feedback.

IRW 9: Channels should ensure access for people of different ethnicities, political affiliations, children, older and disabled people and both beneficiaries and non-beneficiaries to capture the views of those that are most at risk of being left out. The use of different channels should be monitored through the analysis of usage data and by cross-checking with people by asking simple questions within regular monitoring, including one-to-one consultations.

IRW 10: Any channel should be able to receive feedback, complaints and serious reports such as of sexual abuse or corruption.

IRW 11: Approaches to using community members, peers and guardians to collect feedback from marginalised groups, solve problems and action complaints should be explored, to avoid an over-reliance on NGOs.

IRW 12: The design of complaints mechanisms should not be considered as a specialist or technical role. Channels that are based on face-to-face communication and listening should be encouraged (as they are usually the preferred approach). Staff should be encouraged to pilot new approaches, as long as they monitor their use and they are based on the preferences of the community.

IRW 13: Simple prompts and guiding questions should be developed to encourage staff to think about the accessibility of mechanisms, inclusion of all groups, sound understanding of the mechanisms and how to use them. These could be adapted as smart apps, flow charts or regular paper checklists. The use of lengthy guidance should be avoided.

IRW 14: Field staff should reflect the profile of groups within the community in terms of their gender, age, language and disabilities. They should have the skills required to confidently implement the feedback mechanisms, such as convening focus group discussions, undertaking surveys, conducting interviews and listening.

IRW 15: The accessibility of any feedback mechanism must be considered and there should be channels that avoid writing, use of phones and physical access, which may present barriers for marginalised groups.

IRW 16: Rapid approaches for feedback must be established initially, such as focus group discussions and assessment surveys. The role of feedback in the early stages of projects, to influence design and increase relevance, must be clear to staff and participants.

IRW 17: Approaches to 'closing the loop' should be agreed and information should be provided on how the feedback will be used to inform and take action. This should ideally be communicated to the individuals involved, or to relevant representatives, committees and/or the wider community.

IRW 18: 'Closing the loop' should involve providing information to staff and partners about the feedback received, analysis of trends and use of mechanisms by groups in the community (including any gaps). How the feedback has been used, its role in prompting the adaptation of programmes, any action taken and the rationale for any decisions should be explained to staff and partners in regular programme meetings to aid understanding of the purpose of feedback mechanisms and to encourage systematic collection and recording.

Annex 1: Summary of Initiatives, Standards and Literature

It is not the aim of the synthesis to provide a comprehensive literature review. However, the key literature and definitions relating to inclusion and complaints mechanism referred to by interviewees are summarised below. It is noteworthy that much of the literature and key standards are siloed according to age, gender and/or disabilities.

Inclusive humanitarian action is guided by the principle of impartiality which requires that humanitarian action is conducted on the basis of need alone and without distinction of race, nationality, gender, class, religious belief, or political opinion. The inclusion of particular at-risk groups, such as people with disabilities or older people, should be a key focus of humanitarian action and greater consideration must be taken of gender, age, disability and all forms of potential marginalisation, such as ethnicity and sexuality. Based on this, several approaches have emerged in the sector, which are outlined below.

Protection Mainstreaming: Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. The following elements must be taken into account in all humanitarian activities: prioritising safety and dignity, meaningful access, accountability, participation and empowerment.¹⁶

A 'twin-track' approach: A twin-track approach is considered to be an important approach for addressing barriers to inclusion. This should provide specific interventions, targeted at older people and people with disabilities, to support their access and empowerment while also integrating age and disability-sensitive measures into policies and within all stages of the programme. Mainstreaming a range of actions can make interventions more inclusive of people with disabilities and older people in all phases of the humanitarian response.^{17 18} It recognises that programmes need to be accessible to people with a disability and that, for a proportion of people with a disability, there are also disability-specific needs which have to be met. Such an approach ensures people with disabilities have equal access to all mainstreamed disaster management operations as well as to specialist services to meet specific needs, such as wheelchairs and medical consultations.

Inclusion and vulnerability analysis: There is growing acknowledgement that vulnerable groups are not just a checklist or list of subsections of the population that are grouped together because of a particular characteristic (such as gender, age or being pregnant). Vulnerability is not inherent. It changes over time and inclusion is an essential step in conducting vulnerability analysis. Unless groups such as people with disabilities are intentionally sought out and their input is included in planning and decision-making, their specific needs are likely to go unmet.¹⁹

Intersectionality: Intersectionality is a way of thinking outside of pre-determined categories and can assist in highlighting the ways in which multiple forms of discrimination may result in increased vulnerability, marginalisation and exclusion. Intersectionality considers how a combination of factors such as disability, gender, age, ethnicity and refugee status impact on people's needs and exposure to risks and capacities, especially during emergencies.²⁰

Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response: The rights of people with disabilities are a cross-cutting theme within the revised handbook, both in mainstreamed and targeted actions. The section 'Understanding vulnerabilities and capacities' (from page 10) explains that the term people used throughout the handbook should be read as including 'women, men, boys and girls regardless of their age, disability, nationality, race, ethnicity, health status, political affiliation, sexual orientation, gender identity, or any other characteristics they use to identify themselves. It includes tools for use through the project cycle and discusses the barriers of different groups.²¹

The Humanitarian Inclusion Standards (HIS) for older people and people with disabilities was developed by the Age and Disability Capacity Building Programme (ADCAP)²² and is led by HelpAge International.²³ Included is the good practice guide²⁴, training material and an e-course²⁵. The HIS consist of nine key inclusion standards, including 4) Knowledge and Participation; and 5) Feedback and Complaints. A twin-track approach is promoted to including older people and people with disabilities, requiring both a targeted and a mainstreamed response to "take into consideration the particular abilities, skills, resources and knowledge of individuals with different types and degrees of impairments and needs." The standards are designed to be used in conjunction with the Sphere Standards and the CHS, along with other Sphere companion standards, and they complement Protection Mainstreaming.²⁶

The Islamic Relief Worldwide learning paper on intersectional programming describes the new Intersectionality Framework, key tools and a case study. It says one of the challenges is that 'attributed to definitions of vulnerability tend to portray communities affected by disasters as a homogenous group, in which pre-crisis social vulnerability is irrelevant. For example, vulnerable groups are neatly categorised as children, women, people with disabilities, older people, ethnic minorities and so on'. Yet people have multiple identities and complex needs and vulnerabilities that arise from the intersection of an individual's multiple identities; age, gender, ethnicity, disability or religion. Further, 'using the vulnerable group generic definition often fails to recognise the capacities and resources that these groups do possess'. Vulnerability is ultimately determined by a social context. Identities such as gender and disability, and the privileges or disadvantages that they bestow, are generally dependent on a given society's values, beliefs and behaviours rather than biologically determined.²⁷

The new **Islamic Relief Worldwide Intersectionality Framework** is currently being piloted, which includes the following key elements in relation to CHS 4 and 5:

¹⁶ <http://www.globalprotectioncluster.org/themes/protection-mainstreaming/>

¹⁷ The HIS ADCAP.

¹⁸ CBM https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf.

¹⁹ HOW CHANGE HUMANITARIAN SECTOR, HUMANITARIAN ACCOUNTABILITY REPORT EDITION 2018, CHS Alliance <https://www.chsalliance.org/files/files/Humanitarian%20Accountability%20Report%202018.pdf>

²⁰ Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elrha 2019. Not The ADCAP guidance provides a schematic diagram of intersectionality in practice.

²¹ Sphere Handbook, 2018: <https://www.spherestandards.org/handbook-2018/>.

²² <https://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/>

²³ Available on www.cbm.org/www.handicap-international.org/www.helpage.org/adcap

²⁴ Sphere Handbook, 2018: <https://www.spherestandards.org/handbook-2018/>

²⁵ Good practice guide: embedding inclusion of older people and people with disabilities in humanitarian policy and practice

²⁶ Leave no one behind in humanitarian programming: An approach to understanding intersectional programming, Age, Gender and Diversity Analysis, learning paper 1, IRW 2018.

²⁷ Leave no one behind in humanitarian programming: An approach to understanding intersectional programming LEARNING PAPER 1 Age, Gender and Diversity Analysis IRW 2018.

4.1 Participatory approach and recognition of communal capacity: Engagement with affected diverse groups within communities must be prioritised to identify a) important cultural practices and traditions that could potentially be positive or harmful to programming outcomes; b) local skills, resources and structures and knowledge of different groups within the community; and c) safety considerations and potential unintended consequences.

5.1 Feedback and complaints mechanism: A safe, confidential and accessible complaints handling mechanism must be in place to allow beneficiaries and non-beneficiaries from diverse groups to make sensitive and nonsensitive complaints. Organisations must have an established and functioning investigation process for complaints received, with staff trained on how to handle complaints from diverse groups.

5.2 Information: Information must be provided to affected communities in an accessible, safe and dignified manner, ensuring sensitivity and inclusivity according to the age, gender and diversity analysis.²⁸

The IRC Client Responsive Programming: The approach comprises two main elements: Client-Responsiveness Actions, to collect and use the perspectives of clients to inform programme design and delivery; and Client- Responsiveness Enablers: internal and external operating conditions that enable the actions to be effective. Eight actions provide guidance and standards for the phases of the project life and include:

- 1 Assessing and preparing the design of feedback channels appropriate to the context and clients and putting in place the operational requirements;
- 2 Informing clients about the purpose of feedback collection and how we will respond to it, as well as the process of collecting their feedback;
- 3 Compiling and presenting the feedback data which has been collected;
- 4 Interpreting the data;
- 5 Deciding and planning what actions and decisions to take in response to the feedback;
- 6 Explaining and discussing those decisions with our clients;
- 7 Acting upon those decisions;
- 8 Reviewing and monitoring progress and impact of the action upon clients.²⁹

Towards Inclusion: A guide for organisations and practitioners promotes inclusion for all and the inclusion of marginalised groups such as persons with disabilities, children, women, people from minorities, people living with HIV/AIDS etc. It introduces the ACAP framework of approaching inclusion via focus on four areas: Access, Communication, Attitude and Participation. It provides a series of guidelines, tools and case studies including on Nepal.³⁰

The IASC task team on Inclusion of Persons with Disability in Humanitarian Action's primary objective is the creation of the Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. An easy accessibility format of the initial guidelines is available aimed at making sure people with disabilities get their rights.³¹ The guidelines are awaiting finalisation. They cover both age and disability and are aimed at disabled peoples at organisational level and capacity building at humanitarian level. A desk review on Humanitarian Action Inclusive of Persons with Disabilities has been completed and is being piloted by the Task Team in a number of countries.

The Red Cross Red Crescent Guide to Community Engagement and Accountability (CEA) provides key guidance and tools for the most appropriate communication

approaches to listen to communities' needs, feedback and complaints and to ensure they can actively participate. It encourages staff to include 'all members of the community, not just the so-called leaders or the loudest or most visible people, in order to make sure you identify specific needs, capacities, risks and skills of different groups' and to 'be aware of various interest groups and power relations...and who makes decisions and who is left out'. In relation to CHS 4 and 5, the CEA staff should consider; 'How can different members of the community, including women, men, girls, boys, elderly and people with disabilities be given opportunities to participate and guide the design and delivery of the programme?', 'What are the most locally relevant communication channels to use? Are these different for men, women, children, elderly people, people with disabilities and marginalised groups?'. Users should consider 'the information needs of the different people in the community, including the risks they face and which communication channels they have access to and trust'; and 'remember, different groups, such as men, women, children and minorities such as those with disabilities, may have different information needs and use different channels.'³²

The Best Practice Guide Community Based Complaints Mechanisms IASC provides guidance on establishing safe and accessible mechanisms for receiving SEA reports. There are some limited details on inclusion on p.22 and p.24 which discuss the importance of 'buy-in' and access of vulnerable people to CBCMs and of 'consideration of their needs within design and their engagement within mechanism.' It suggests the importance of integration of informal and formal community structures and of CBCM stakeholders working with existing trusted structures as an entry point to communities, and then continuing to work with, support and strengthen them. It includes tools and approaches to identify and engage with such groups. It makes some recommendations on establishing safe and accessible channels for reporting SEA and the importance of multiple channels in relation to specific groups in the community, including women and child-friendly mechanisms.³³

The CHS Accountability Report 2018; Section 5 Inclusive Humanitarian Action concludes that although 'there has been progress in terms of a recognition that humanitarian crises affect each individual differently depending upon their age, gender, disability and other characteristics, this has not yet translated into systemwide and consistently applied inclusive action. The need to move away from the 'one size fits all' approach, at all stages of the project cycle, remains. This approach has frequently seen women and adolescent girls – and, even more so, older people and persons with disabilities –overlooked and has ...heightened the existing additional barriers they face.'³⁴

Leaving No One Behind: The 2018 World Disasters Report identifies five fatal flaws which are allowing so many people to fall through the cracks. Too many affected people are (i) out of sight; (ii) out of reach; (iii) left out of the loop; or find themselves in crises that are (iv) out of money; or deemed to be (v) out of scope, because they are suffering in ways that are not seen as the responsibility of the humanitarian sector.³⁵ It provides critical analysis and recommendations to the sector.

The Joint Protection Mainstreaming Framework provides guidance on the following: information sharing; diversity of needs; complaints and feedback; and a series of guided questions in relation to performance against the CHS indicators. It asks, for example, for CHS 4.1: 'Do staff use a range of techniques (mapping,

²⁹ <https://www.rescue.org/resource/client-responsive-programming-framework>

³⁰ Towards Inclusion; A guide for organisations and practitioners, Vera van Ek and Sander Schot, Light for the World, Mission East and ICCO Cooperation (The Netherlands/Nepal) July 2017.

³¹ https://interagencystandingcommittee.org/system/files/iasc_guidelines_draft_for_consultation-birmingham.pdf

³² A Red Cross Red Crescent Guide to Community Engagement and Accountability (CEA); Improving communication, engagement and accountability in all we do (2016).

³³ Best Practice Guide Inter-Agency Community-Based Complaints Mechanisms, IASC 2016.

³⁴ HOW CHANGE HUMANITARIAN SECTOR, HUMANITARIAN ACCOUNTABILITY REPORT EDITION

2018, CHS Alliance
<https://www.chsalliance.org/files/files/Humanitarian%20Accountability%20Report%202018.pdf>

³⁵ Leaving No One Behind, The international humanitarian sector must do more to respond to the needs of the world's most vulnerable people, The world disasters report 2018, IFRC

<http://media.ifrc.org/ifrc/wpcontent/uploads/sites/5/2018/10/B-WDR-2018-EN-LR.pdf>

³⁶ <http://www.caritas.org.au/docs/default-source/publications-and-reports/joint-protection-mainstreamingframework.pdf?sfvrsn=10>

³⁷ <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

³⁸ Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elthra 2019.

³⁹ IDC inquiry on DFID work on disability, evidence by CBM February 2019

⁴⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773358/DFID_-_Disability-Inclusion-Standards2.pdf

calendars, problem trees, etc.) to capture the views of those with specific needs and at most risk of being excluded (e.g. children, people who can't read or write)? For CHS 5.3 it asks 'Are there different and culturally-appropriate ways for diverse groups (women, PDWs, older people, children, etc.) to safely, easily and anonymously lodge complaints (e.g. help desk, hotline, suggestion box, etc.)?'³⁶

The Washington Group Questions are a set of questions designed to identify people with a disability. These people are at greater risk than the general population for participation restrictions due to the presence of difficulties in six core functional domains.³⁷

Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elrha (2019).³⁸ Although the review is not specifically focused on aspects of CHS 4 and 5, there is some relevant learning, a summary of the key inclusion trends, gaps identified and relevant case study material.

The Humanitarian Policy Group (HPN) core research 2019-21 is a project which will look at inclusion and exclusion in humanitarian action and at 'what an inclusive approach to humanitarian action looks like.'

DFID Disability Framework and Disability Inclusion Standards. DFID focus on social protection and inclusion of intersectional areas, such as gender, and an increased focus on mental health and specific focus on humanitarian action is welcomed by agencies such as CBM. It is felt that the standards would benefit from benchmarking against the UNCRPD³⁹. DFID's vision is a world where 'all people with disabilities, women, men, girls and boys, in all stages of their lives, are engaged, empowered and able to exercise and enjoy their rights on an equal basis with others, contributing to poverty reduction, peace and stability. A world where no-one is left behind'. This strategy embeds three fundamental principles, meaning that people with disabilities are: engaged, consulted, represented and listened to at all levels of decision-making; empowered as powerful and active agents of change; and able to exercise and enjoy their fundamental rights and freedoms on an equal basis with others.⁴⁰

The DEC study Feedback Utilization in the Rohingya Response (2019): discussed approaches to collecting and using feedback and makes recommendations. Although not specifically focused on inclusion, there are some relevant wider issues discussed. They conclude more work is required to understand the nuances and that agencies are trying to strengthen and design appropriate systems for women and adolescent girls to report abuse and exploitation.⁴¹

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted in 2007 to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all people with disabilities, and to promote respect for their inherent dignity.⁴²

Overview of NGO-community complaints mechanism (World Vision): This describes the establishment of different types of complaints mechanism and considerations for community contexts. It includes examples of practice from a range of contexts and references to further case studies.⁴³

The preparation of section five of the **CHS Accountability Report 2018 on Inclusive Humanitarian Action** was considered by several interviewees to have been extremely valuable in bringing together key actors and experts on gender, age and disability. It is hoped by some interviewees that the group involved in developing the chapter would continue to work together to share their experience and expertise. Informants felt that inclusion has been strengthened by initiatives that bring together experts from different specialisms, particularly age, gender and disability.⁴⁴

The focus of the **Humanitarian Innovation Fund (HIF) on disability and older age inclusion.** Elrha commissioned an independent review to support a new area of focus of the fund. It identified a knowledge gap in good practice and innovation concerning how people with disabilities and older people are included in water, sanitation and hygiene (WASH) interventions in humanitarian contexts.⁴⁵ This focus of the HIF was welcomed by a number of those interviewed, who felt it offered critical learning and support and had the potential to provide much-needed access to funding on the inclusion of older people and people with disabilities.

⁴¹ Feedback Utilization in the Rohingya Response: Summary of Lessons and Promising Practices CDA and DEC (January 2019), Kiely Barnard-Webster, Isabella Jean with Monica Blagescu and Katy Bobin.

⁴² UN Convention on the Rights of Persons with Disabilities (UN CRPD).

⁴³ Overview of NGO-Community Complaints Mechanisms; World Vision Global Accountability Discussion Series, Sept 2011.

⁴⁴ How Change happens in the Sector, Humanitarian Accountability Report 2018, CHS Alliance <https://www.chsalliance.org/files/files/Humanitarian%20Accountability%20Report%202018.pdf>

⁴⁵ Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elrha 2019.

Summary of agencies' approaches to inclusion

Some agencies' approaches focus on specific interventions or target specific groups, such as older people and people with disabilities, to support their access and empowerment. Other approaches seek to support inclusion by mainstreaming a range of actions to make interventions more inclusive of people with disabilities or older people, for example, in all phases of the humanitarian response. Alternatively, age and disability-sensitive measures may be integrated into policies across all stages of the programme cycle. Others seek to achieve this through the adoption of a 'twin-track' approach which systematically addresses the barriers to inclusion. Finally, some approaches focus on a single aspect of inclusion, such as older people or people with disabilities. Several examples of approaches from interviews are provided below.

Through its Client Responsive Programming approach, International Rescue Committee (IRC) staff systematically aim to collect the diverse perspectives of clients through feedback mechanisms. The approach comprises the collection and use of the perspectives of clients to inform programme design and delivery. The Eight Actions, guidance and standards for the phases of the project life include: Assessing and preparing the design of feedback channels appropriate to the context and clients, and putting in place the operational requirements; Informing clients about the purpose of feedback collection and how we will respond to it, as well as the process of collecting their feedback; Compiling and presenting the feedback data which has been collected; Interpreting the data; Deciding and planning what actions and decisions to take in response; Explaining and discussing those decisions with clients; Acting upon those decisions; and Reviewing and monitoring progress and impact of the action upon clients.⁴⁶

Islamic Relief Worldwide applies an intersectional lens to its programming approach which, in practice, means 'encouraging an understanding of how women, girls, men and boys of all ages and abilities live their lives; their access to resources and control over them; and how this differs according to ethnicity, religion or disability'. It is committed to the collection and to utilisation of data (fully disaggregated by sex, age and disability) for different population groups, where possible, in all of its humanitarian responses over the next five years, as outlined in its Inclusion Charter. The new approach is currently being piloted, which includes the following key elements in relation to CHS 4 and 5:

4.1 Participatory approach and recognition of communal capacity: Engagement with affected diverse groups within communities must be prioritised to identify: a) important cultural practices and traditions that could potentially be positive or harmful to programming outcomes; b) local skills, resources and structures and knowledge of different groups within the community; and c) safety considerations and potential unintended consequences.

5.1 Feedback and complaints mechanism: A safe, confidential and accessible complaints handling mechanism must be in place to allow beneficiaries and non-beneficiaries from diverse groups to make sensitive and nonsensitive complaints. Organisations must have an established and functioning investigation process for complaints received, with staff trained on how to handle complaints from diverse groups.

5.2 Information: Information must be provided to affected communities in an accessible, safe and dignified manner, ensuring sensitivity and inclusivity according to the age, gender and diversity analysis.⁴⁷

The Islamic Relief Worldwide learning paper on intersectional programming describes the framework, key tools and a case study. It says one of the challenges is that '*attributed to definitions of vulnerability tend to portray communities affected by disasters as a homogenous group, in which pre-crisis social vulnerability is irrelevant. For example, vulnerable groups are neatly categorised as children, women, people with disabilities, older people, ethnic minorities and so on*'. Yet people have multiple identities and complex needs and vulnerabilities that arise from the intersection of an individual's multiple identities; age, gender, ethnicity, disability or religion. Further, '*using the vulnerable group generic definition often fails to recognise the capacities and resources that these groups do possess*'. Vulnerability is ultimately determined by a social context. Identities such as gender and disability, and the privileges or disadvantages that they bestow, are generally dependent on a given society's values, beliefs and behaviours rather than biologically determined.⁴⁸

Christian Aid strive for '*a more inclusive world where identity – gender, ethnicity, caste, religion, class, sexual orientation, disability, age – is no longer a barrier to equal treatment*'. They seek to tackle different aspects of inequality depending on the specific context, needs and opportunities for change. Some Christian Aid country programmes tackle gender, race, ethnicity, caste, or religion-based exclusion, whereas others focus on exclusion on the basis of sexual orientation or health status.⁴⁹

Several **key informants** said that their work on inclusion is guided by the principles and framework of protection mainstreaming to promote meaningful access, safety and dignity in humanitarian aid. This includes commitments to 'set up appropriate mechanisms through which affected populations can measure the adequacy of interventions and address concerns and complaints' and 'people's access to assistance and services in proportion to need and without any barriers (e.g. discrimination)'. This approach emphasises the importance of paying special attention to individuals and groups which may be particularly vulnerable or have difficulty in accessing assistance and services.⁵⁰

⁴⁶ <https://www.rescue.org/resource/client-responsive-programming-framework>

⁴⁷ Leave no one behind in humanitarian programming: An approach to understanding intersectional programming LEARNING PAPER 1 Age, Gender and Diversity Analysis IRW 2018.

⁴⁸ Leave no one behind in humanitarian programming: An approach to understanding intersectional programming, Age, Gender and Diversity Analysis, learning paper 1, IRW 2018.

⁴⁹ <https://www.christianaid.org.uk/about-us/what-we-do/gender-power-and-inclusion>.

⁵⁰ <http://cafoz.azurewebsites.net/ProtectionMainstreamingFramework.pdf>.