Image: Glen Thomson

INCLUSIVE HUMANITARIAN ACTION: A STUDY INTO HUMANITARIAN PARTNERSHIP AGREEMENT (HPA) AGENCY PRACTICE IN THE NEPAL EARTHQUAKE RESPONSE

cbm
together we can do more

HUMANITARIAN ADVISORY GROUP

care

Caritas AUSTRALIA

OXFAM

PLAN INTERNATIONAL

World Vision

ACKNOWLEDGEMENTS

Author:	Louise Searle, Humanitarian Advisory Group
Research support:	Josie Flint
Study Team:	Louise Searle, Josie Flint and Mwiyeria Munyeki
Graphic Design:	Jean Watson
Photos:	Glen Thomson of Glen Thomson Photography (@glenthomsonphoto)

Thanks to the staff of CARE Australia, CARE Nepal, Caritas Australia, Caritas Nepal, Oxfam in Australia and Nepal, Plan Australia, Plan Nepal, World Vision Australia and World Vision Nepal Earthquake Response Team who offered their insight and experiences in a spirit of learning and a desire to continually improve the access, participation and realisation of rights for marginalised people and groups. Special thanks to Richard Young (HPA Director), CBM Australia (David Lewis and Sally Cobb), CBM Nepal (Shweta Sharma), CBM International Inclusive Emergency Response Unit (Valerie Scherrer), World Vision Australia (Karen Alexander) and World Vision Nepal (Gabrielle Brophy) for coordinating and facilitating the study, including field visit logistics. Special thanks also to the women, girls, boys and men in Sindhupalchowk, the Nepal Human Rights Commission, the Australian Embassy in Nepal, the National Federation of the Disabled – Nepal (NFDN), the Hospital and Rehabilitation Centre for Disabled Children (HRDC), KOSHISH (national mental health self-help organisation), Leprosy Mission Nepal, Handicap International, Nepal and Silva Feretti for their participation, interest and participation in this study. Grateful thanks to Glen Thomson for granting permission to use stunning photos from his Nepal collection. This study was funded by CBM Australia, with contributions from the HPA Director's budget, CARE Australia, Caritas Australia, Plan International Australia and World Vision Australia.

May 2016

Produced by Humanitarian Advisory Group

17/31 Queen St Melbourne VIC 3000
info@humanitarianadvisorygroup.org
ABN 17 164 772 936

humanitarianadvisorygroup.org

CONTENTS

1	**PART 1: SETTING THE SCENE**
2	Introduction
4	Background
8	The inclusive action imperative
11	Inclusive action in response to the 2015 Nepal earthquakes
14	**PART 2: AGENCY PRACTICE**
15	Intersectionality in practice
16	Inclusion of women, girls, boys and men
18	Inclusion of people with gender and sexual diversities
19	Inclusion of older adults and people with disabilities
26	Inclusion of adolescents and children
26	Inclusion of people belonging to marginalised ethnic groups or castes
29	Case study 1: World Vision Nepal Earthquake Response: Accountability to affected populations – a catalyst for inclusion
32	Case study 2: CARE Nepal: Rapid gender analysis
35	**PART 3: SUMMARY OF KEY FINDINGS**
39	**PART 4: NEXT STEPS**
39	Conclusion
39	Recommendations
42	Notes

Image: Glen Thomson

PART 1:
SETTING THE SCENE

INTRODUCTION

Impartiality – the imperative to carry out humanitarian action on the basis of need alone and prioritise the most urgent cases of distress without adverse discrimination – is central to the integrity and effectiveness of humanitarian action. A foundational principle, together with humanity, neutrality and independence, impartiality is a distinguishing feature of what makes disaster response *humanitarian*.

What is impartiality?

Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.[1]

If the principle of impartiality is so integral to the integrity and effectiveness of humanitarian action, why is it so difficult to achieve? Disasters, conflict and displacement affect different people differently. Some people inevitably find it harder to access the information, protection and assistance they require. Barriers to access, participation and full enjoyment of rights, may relate to attitudinal or environmental factors. Frequently, people may experience multiple barriers at one time.

Common barriers to access, participation and full enjoyment of rights

Attitudinal – stereotyping, stigma, prejudice and discrimination

Communication – language, single mediums such as displays of text

Physical – access such as steps, lack of access to convenient transportation, lack of mobility devices, distance and convenience of program delivery or services

Policy – lack of awareness or enforcement of existing laws, regulations or policies that require programmes and activities to be accessible

Programmatic – lack of specific services to meet people's needs, inconvenient scheduling, insufficient time, the attitudes and level of knowledge and understanding of marginalised people or groups by service or program providers

Social – the conditions in which people live, learn and work, including presence of poverty and violence

Economic – being able to afford services and/or transport to access services.[2]

The notion of inclusive humanitarian action responds to this challenge – how to ensure that all people affected by conflict and disaster receive access to information, protection and assistance on an equitable basis, without any exclusion or restriction based on their age, sexual or gender identity, disability status, nationality, or ethnic, religious or social origin or identity.

Over the last three decades, humanitarian actors have made significant steps towards disaster response activities that are more inclusive. The Humanitarian Charter, Core Humanitarian Standard, initiatives to strengthen accountability to affected populations, coordinated needs assessments, and better awareness of disability inclusion and gender and protection mainstreaming are all contributing to better targeted, more equitable assistance. However, despite these gains, achieving inclusion remains a challenge for many actors.

This study, commissioned by Humanitarian Partnership Agreement (HPA) agencies, examines inclusive humanitarian practice by five participating agencies (CARE, Caritas, Oxfam, Plan International and World Vision). It took a look behind the policy commitments and known gaps to explore practice at a programmatic level. What are agencies doing? What are they not doing and why not? What could they do more of, and better, to strengthen inclusion?

This report is in four sections. The first section provides some background context to the study, including its purpose, scope and methodology. The global imperative for inclusive action is briefly outlined, and a summary of what is already known about inclusion in response to the 2015 Nepal earthquakes. Part 2 examines agency practice in terms of how well agencies are doing at including different individuals and groups, the extent to which intersectionality is understood and practised, and highlights two case studies with examples of promising practice. Part 3 provides a summary of key findings and Part 4 - the conclusion and recommendations – identifies areas where more information and inquiry is needed, and offers practical suggestions for strengthening practice, based on the evidence presented.

BACKGROUND

PURPOSE

The HPA Statement of Principles outlines the commitment of participating agencies to improving their individual and collective impact and supporting vulnerable groups including women, children, the elderly and people with disabilities.[3] This study, commissioned by the HPA, supports existing commitments to address gender and disability within their humanitarian programs, including the drafting of a tool to support inclusive practice.[4] The study was commissioned:

- To review current practice by HPA partners (including field partners) in implementing inclusive humanitarian action
- To provide recommendations to HPA partners for strengthening field practice.

Key Terms

Gender refers to the social differences between females and males throughout the life cycle that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures. Gender, along with class and race, determines the roles, power and resources for females and males in any culture.[5]

Disability is an evolving concept resulting from the interaction between people with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. People with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (See the Convention on the Rights of Persons with Disabilities Preamble and Article 1).[6]

Inclusion in humanitarian action refers to actions taken to ensure the right to information, protection and assistance for all persons affected by crisis, irrespective of age, sexual and gender identity, disability status, nationality, or ethnic, religious or social origin or identity. Inclusive action focuses on identifying and removing barriers so that those individuals and groups who are more vulnerable, marginalised and/or excluded can participate in decision-making and benefit from humanitarian action on an equal basis with others.[7]

STUDY QUESTIONS

The study is guided by the following overarching questions:

- What are the current practices of HPA partners that promote inclusive humanitarian action, disaster preparedness and Disaster Risk Reduction?
- What actions could HPA partners take to strengthen inclusive humanitarian action, disaster preparedness and Disaster Risk Reduction?

Areas of inquiry included:

- Disaggregated data, in particular by sex, age and disability status, and how it is used to inform programming decisions
- Categories of identity used to analyse data
- Assessment of current practice against minimum standards and established good practice
- Knowledge of, and opportunities for including the Washington Group short-set questions on disability in household-level data collections and/or individual or household-level registration of affected populations
- The extent to which intersectionality – or converging identities–is considered
- The extent to which accountability mechanisms facilitate inclusion
- Perceived challenges in implementing inclusive humanitarian action, disaster preparedness and Disaster Risk Reduction and how these can be overcome
- How current practice is aligned across the international federations of HPA partners
- Examples of good practice and learning
- Changes needed to strengthen inclusive practice.

METHODOLOGY

The study comprised a desk review, interviews and field observations. A mixed-methods approach was used, combining the following methods and tools:

Desk Review

Over 40 documents were read and analysed against the areas of enquiry and to elicit other key emergent themes. Documents were predominantly drawn from publically-available grey literature, and internal program reports.

Key informant interviews and semi-structured group interviews with agencies

Semi-structured interviews were held with representatives from:

- CARE, Caritas, Oxfam, Plan and World Vision in Australia
- CARE, Caritas, Oxfam, Plan and World Vision in Nepal
- CBM Nepal
- National Federation of the Disabled – Nepal (NFDN)
- Hospital and Rehabilitation Centre for Disabled Children (HRDC)
- KOSHISH (national mental health self-help organisation)
- Leprosy Mission, Nepal
- Nepal Human Rights Commission
- Australian Embassy, Nepal.

A total of 16 key informant interviews were held–eight individual, and eight group interviews comprising between two and six persons. Interviews with Australian agencies were held by phone, with the remaining interviews conducted in person.

Field visit, observations and semi-structured focus group interviews with affected communities

Three semi-structured focus groups were held in the Sindhupalchowk district of Nepal, with women, men, and adolescent males and females aged 15-18 years. Each focus group comprised between eight and 12 people. Participants were selected from each of the nine wards by social mobilisers using purposive sampling. Diverse ethnic groups and castes, and at least some persons who had not previously engaged in community discussions were included.

LIMITATIONS

Time and resources

The study was a rapid review exercise comprising 23 days of personnel input over a period of 40 days. The budget allowed for five days in Nepal to complete the main part of the study – interviews with key stakeholders (four days) and community discussions and field observations (one day). An exit meeting to discuss and validate initial findings was held with participating agencies on the fifth day.

The study was implemented over eight months after it was designed. The earthquake response is now firmly in the recovery and reconstruction phase, and some people interviewed for the study were not involved in the relief phase of the response.

Sampling

Participants from affected communities were purposively selected for focus groups, given the constraints of the field visit (one day). Participants includes women and men of different ages, people representing different ethnic groups and castes, and people with disabilities. During community discussions, facilitators intentionally drew out the perspectives of individuals who were less vocal, and validated the extent to which the entire group agreed with perspectives offered. However, interviews were not held with marginalised groups on their own, and affected populations were only selected from areas where one agency was operational. Study participants from agencies in Nepal were recommended to the study team by agencies in Australia, based on the relevance of their role and experience to the study questions.

Input from Australian agencies

Interviews with representatives from participating Australian agencies were short, and generally entailed confirmation of the Terms of Reference, the scope of the study and priorities for learning. Agencies generally had minimal input in terms of answering the study questions, advising that in-country partners were better placed to contribute. One HPA partner elected not to participate in the study. References within this report to 'HPA agencies', 'agencies' or 'agency practice' therefore only refer to CARE, Caritas, Oxfam, Plan International and World Vision.

Input from agencies in Nepal

Consultations in Nepal typically involved speaking with a small number of agency representatives (between one and eight persons). In some cases, those interviewed were not very familiar with the HPA mechanism. Generalist humanitarians, and gender, protection and inclusion specialists, were interviewed separately.

The representative nature of the Nepal context and wider agency practice

The extent to which the context in Nepal following the 2015 earthquakes is representative of agency practice elsewhere is not known, and is beyond the scope of this study. In some cases, contextual determinants are known to have directly influenced inclusion, particularly requirements for blanket targeting, and provision of lists identifying affected populations and households by government actors.

Availability of information across emergency response, disaster preparedness and Disaster Risk Reduction

Interviewees in Nepal were generally more aware of their agency's practice in relief and recovery, and were less aware of agency practice for disaster preparedness and Disaster Risk Reduction. This may be because disaster preparedness and risk reduction initiatives are more embedded in development programming, and are not always the functional responsibility of those participants selected for the study.

Inclusion of national and local agencies

Localisation – working through national and local partners – was outside the scope of this study, but is increasingly viewed as an important component of the inclusion agenda. The extent to which a more localised response facilitates inclusion is not known. The study team interviewed representatives from three local partners working on disability issues within the earthquake response, the National Federation of the Disabled (NFDN) and the Nepal Human Rights Commission.

Availability of information across different agencies

The study team endeavoured to give equal attention to the practices of each agency. In general, this was achieved by spending similar amounts of time interviewing each agency. The depth of information retrieved was similar across all agencies.

Availability of information on inclusion of different individuals and groups

The study, and this report, pays particular attention to inclusion of people with disabilities. The rationale for this, is that disability inclusion was a particularly weak area of practice for all agencies – identified by the study team, but also self-identified by participating agencies. In particular, the study team intended to feature a case study or good practice example on disability inclusion, but current practice did not support this. The recently published *Minimum Standards for Age and Disability Inclusion in Humanitarian Action* were used to

explore current practice, providing an opportunity to promote the standards, which some agencies were not aware of.

THE INCLUSIVE ACTION IMPERATIVE

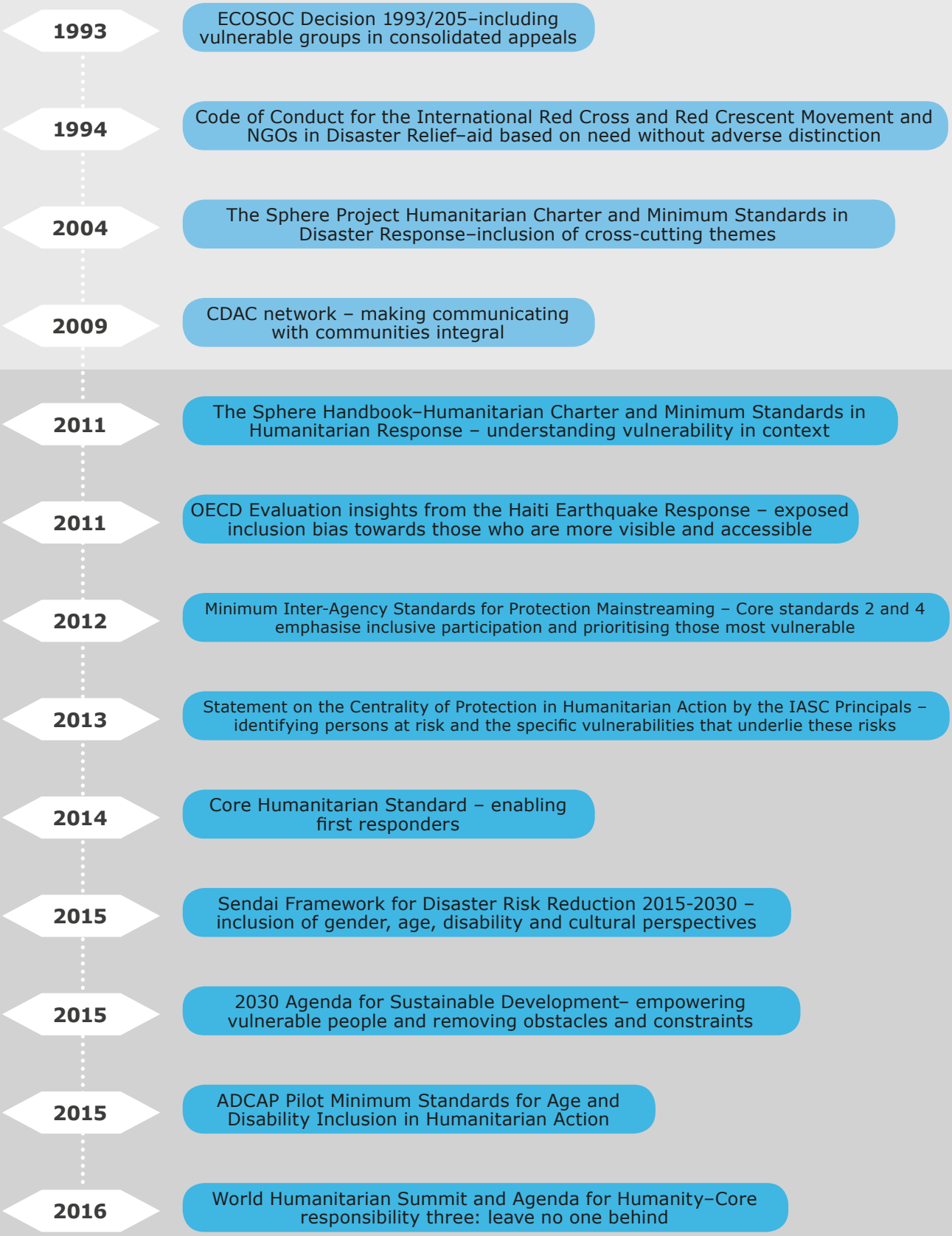
> 'Honouring our commitment to leave no one behind requires reaching everyone in situations of conflict, disaster, vulnerability, and risk.'[8]

Inclusion is a central theme of the 2016 World Humanitarian Summit. In outlining core responsibility three: leave no one behind, the UN Secretary-General highlights refugees, internally displaced persons, migrants, stateless persons, women and girls, children and adolescents, persons with disabilities and older people, and persons who are geographically isolated and living in small island States, as groups of people who are at higher risk of exclusion and vulnerability. The report calls on States to enact and implement inclusive laws, strategies, economic and social policies and safety nets, and to track the progress of disadvantaged groups towards the Sustainable Development Goals.[9]

The High Level Leaders Roundtables, particularly those on forced displacement and gender equality, together with the Special Sessions on disability inclusion, migration, empowering youth and improving risk and vulnerability analysis provide specific platforms to elevate the inclusion agenda during the Summit.

While a concerted focus on inclusion is relatively recent, there have been numerous steps and milestones in advancing the agenda over the last twenty-five years.

Advancing the inclusion agenda within humanitarian action – global drivers of change



Inclusive humanitarian action has been actively promoted by a number of donors, particularly in the areas of gender equity and disability inclusion. The Department of Foreign Affairs and Trade (DFAT) has articulated its commitment to disability-inclusive practice in line with their obligations under the Convention on the Rights of Persons with Disabilities(CRPD)[10] in *Development for All 2015-2020: Strategy for Strengthening Disability-Inclusive Development Practice in Australia's Aid Program*.[11] The Humanitarian Strategy, published in May 2016, prioritises gender equality, social inclusion and empowerment of vulnerable groups as central to effective risk reduction, preparedness, response and recovery, and places a stronger emphasis on evidence thar programs are inclusive.[12]

Globally, other donors and organisations are also significantly investing in strengthening inclusive humanitarian practice. Initiatives include the IASC gender marker,[13] the European Commission gender and age marker,[14] DFID's Disability Framework[15] and the Age and Gender consortium under DFID's Start-up Network.[16] Guidance such as the Minimum Standards for Age and Disability Inclusion in Humanitarian Assistance (2015), Minimum Inter-Agency Standards for Protection Mainstreaming (2012) and Minimum Standards for Child Protection in Humanitarian Action (2012) demonstrate commitment to strengthening design, implementation, monitoring and evaluation of inclusive humanitarian programming.

With a proliferation of principles, standards and guidance now available to humanitarian actors, what is known about the barriers to inclusive action? Research and case studies examining disability inclusion have identified a lack of awareness and a lack of adequate planning as the main barriers to inclusion of persons with disabilities in disaster preparedness and response activities.[17]

Social barriers may stem from negative attitudes and treatment a person receives from others because they are being stereotyped according to identify and/or perceived ability. In addition to the common barriers outlined earlier, physical barriers in the environment during an emergency preventing access to protection and assistance include barriers:

- to *reach*, including roads and terrain, and access to mobility devices
- to *enter*, including doorways and steps
- to *circulate within*, including hallways or room space
- to *use*, including table height, toilets and sinks and computers.[18]

Without proactive measures, inclusion fails to take place[19]

The 'twin track' approach for disability inclusion

A 'twin track' approach is an important method for addressing barriers to inclusion. It ensures people with disabilities:

1. Have equal access to all 'mainstream' disaster management operations; and
2. Access 'specialist' services as available to meet specific needs, such as assistive devices (wheelchairs, crutches, spectacles etc.), medical consultations, and essential medicines.

Source: Australian Red Cross, 2015.[20]

INCLUSIVE ACTION IN RESPONSE TO THE 2015 NEPAL EARTHQUAKES

Awareness of the imperative to provide humanitarian aid on an inclusive basis was evident from the very early stages of the response. CARE's Gender and Protection overview (29 April 2015) included a summary of power dynamics that would likely impact the response:

Category → ↓ Status	Gender	Caste & Ethnicity	Language	Religion	Age	Economy	Geopolitical (Residence)	Rights-based (Property Rights)
DOMINANT, POWERFUL, PRIVILEGED:	MEN & BOYS	BRAHMIN, CHHETRI & Some Janajati	NEPALI	HINDU	ADULTS	WELL-OFF	PARBATIYA (Mid-hills)	LAND OWNER Land Ownership Is Prerequisite To Citizenship, & Vice Versa
SUBORDINATE, VULNERABLE, UNDER-PRIVILEGED:	WOMEN & GIRLS	ALL OTHER CASTES & ETHNIC GROUPS Esp. Dalit	NON-NEPALI	NON-HINDU (Buddhist, Muslim & Other)	CHILDREN, YOUTH & ELDERLY	POOR & ULTRA-POOR	MADHESI OR TERIAN (Plains) & BHOTIA (Mountains)	LANDLESS Citizen-based Rights Not Enjoyed To Same Level As Landholders

SOURCE: Adapted from Gender and Social Exclusion Assessment (DFID & World Bank, 2005).

Source: CARE, 2015.

Within the humanitarian coordination mechanism, several groups actively worked on the inclusion agenda including the Protection Cluster and sub clusters on Child Protection (including subgroups on Child Friendly Spaces, tracing and reunification, mental health and psychosocial support) and Gender-based Violence, the Communicating with Communities working group, the Inter-cluster Gender Taskforce/Working Group, and the Inclusion working group– which focused on promoting and supporting the effective mainstreaming of ageing, disability, sexual identity, geographical remoteness, poverty, caste and ethnicity, socio-economic status and marital status.[21]

The Inter-Cluster Gender Taskforce offered four key recommendations for mainstreaming gender equality in Disaster Risk Reduction and humanitarian response, based on their experience and learning during the Nepal earthquakes:

1. Establish a common information management (IM) framework for the collection of sex and age disaggregated data and develop gender indicators to inform policy making
2. Incorporate gender equitable, multi-sector approaches in "build back better" strategies and within Disaster Risk Reduction preparedness, recovery and reconstruction programming
3. Prioritise collaboration with women's groups and frontline actors such as the Nepal Scouts, Nepal Army and the Nepal Red Cross to promote meaningful inclusion of women's voices in local decision-making
4. Ensure continuity of financial support across the humanitarian-development continuum.[22]

These recommendations were followed up by publication of good practices and lessons from the earthquake response:

Achievements & good practices	Areas for improvement
Gender equality was mainstreamed in the Post Disaster Needs Assessment, with a specific chapter on gender equality and social inclusion Nine gender equality indicators were included in the flash appeal monitoring framework A Nepal Gender Profile was developed 10 days after the earthquake Production of key recommendations on gender equality mainstreaming	Dedicated gender focal points at district level Better access to information for women and girls More consistent collection and reporting of disaggregated data by clusters. Only three clusters provided disaggregated data, and it was not a mandatory reporting requirement under the response monitoring framework.

Source: Gender Equality Update No. 8 (2016).

In March 2016 Save the Children published a case study on the experience of marginalised groups in the humanitarian response to the Nepal earthquakes. The report highlighted the importance of targeted approaches to address the particular needs of vulnerable groups and offered three recommendations for humanitarian aid organisations and donor governments:

- recommit to ensuring response is based on an assessment and analysis of the needs and vulnerabilities of different groups, and targeted to meet the needs and capacities of the most vulnerable

- commit to initiatives aimed at more effectively involving affected communities, including vulnerable and marginalised groups
- commit to institutionalising the inclusion of national and local organisations in international coordination structures.[23]

In April 2016 The Humanitarian Coalition, comprising five Canadian NGOs (CARE Canada, Oxfam Canada, Oxfam-Québec, Plan International Canada and Save the Children Canada) published a review of the Nepal earthquake response, with a focus on inclusion and accountability. Inclusive practice was assessed against a qualitative scale using four dimensions: decision-making, diversity, tailoring approaches and removal of barriers:

Assessment of inclusive practice by Humanitarian Coalition agencies in the Nepal earthquake response

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

Source: Humanitarian Coalition (2016).[24]

The review found significant scope for strengthening inclusion with similar findings to this study – unsurprising as three agencies participated in both reviews. In particular, the report highlighted the linkage between communication, inclusion and accountability.[25] While the report highlights the importance of understanding how different characteristics interplay to impact on vulnerability, a discussion of intersectionality in practice is not provided, suggesting an opportunity to further strengthen inclusive practice.

Image: Glen Thomson

PART 2:

AGENCY PRACTICE

This section provides a snapshot of current practice. It begins with a discussion of intersectionality – as a framework for understanding and practising inclusion. Without understanding and applying intersectionality, activities intended to be inclusive, can actually have the opposite effect – reinforcing marginalisation and exclusion, often unconsciously. For example, women with disability can become further marginalised if barriers to their participation in gender equity programming are not identified and removed.

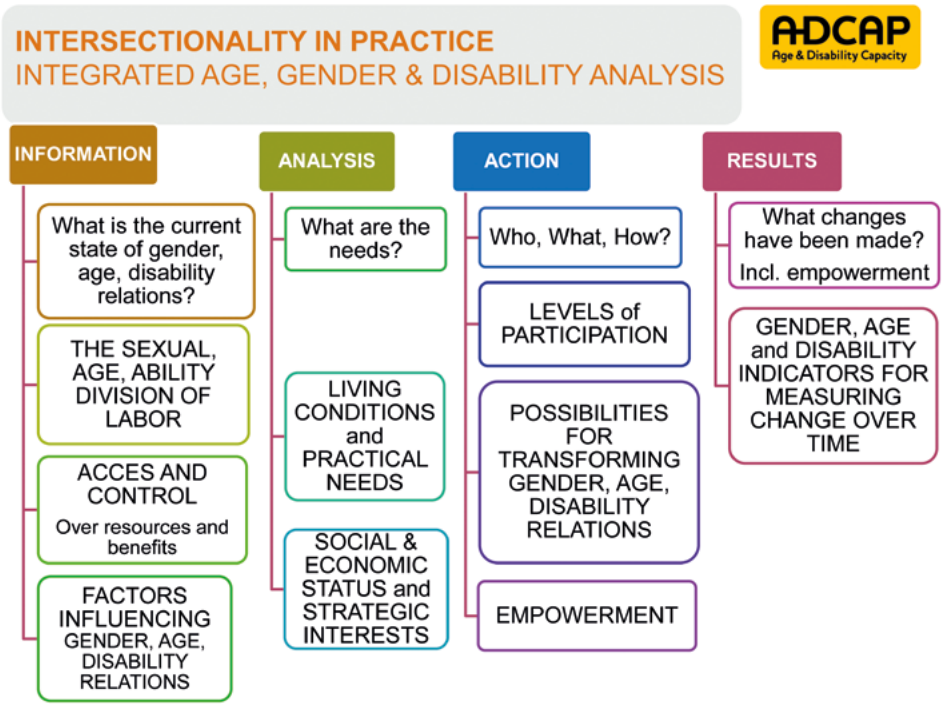
INTERSECTIONALITY– A FRAMEWORK FOR INCLUSIVE PRACTICE

While a fairly recent addition to the international humanitarian lexicon, the term 'intersectionality' was actually coined in 1989 by Kimberle Crenshaw, in an attempt to describe the invisibility of multiple overlapping forms of discrimination.[26] Intersectionality is a way of thinking outside of pre-determined categories, exposing the ways in which multiple forms of discrimination may result in increased vulnerability, marginalisation and exclusion.

'Intersectionality is an analytic sensibility, a way of thinking about identity and its relationship to power. Originally articulated on behalf of black women, the term brought to light the invisibility of many constituents within groups that claim them as members, but often fail to represent them'. Crenshaw, 2015.[27]

The study found that:

- Integrated data analysis is a challenge for agencies. It is more likely that, for example, the experience of women will be compared to that of men, or the experience of children analysed in contrast to that of adults. Comprehensive cross-analysis of data to reveal intersections was less apparent.
- Intersectionality in practice is more visible in child protection programming than other sectors – for example including children with disabilities in Child Friendly Space programs, or inclusive education initiatives.
- Guidance for intersectional analysis is a global gap. ADCAP – the Age and Disability Capacity Building Programme – provides a schematic diagram of intersectionality in practice (see below), but although it provides a helpful overview, it doesn't provide the kind of detail that operational actors are searching for. Rather, what is needed, is a step-by-step guide to data analysis and interpretation– taking a comprehensive disaggregated data set and 'walking through' the process of analysis – including the types of questions to ask, and how to draw conclusions from and interpret the information to make decisions about changes needed to program implementation.
- There is confusion about the difference and relationship between inclusion, and vulnerability analysis. Increasingly, humanitarians are understanding that vulnerability or 'vulnerable groups' is 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 or breastfeeding. However, accepting that vulnerability is not inherent and changes over time does not mean bypassing those segments of the population. Inclusion is an essential step in conducting vulnerability analysis. Unless groups such as people with disabilities are intentionally sought out and their input included in planning and decision-making, their specific needs are likely to go unmet.



Source: ADCAP, 2015.

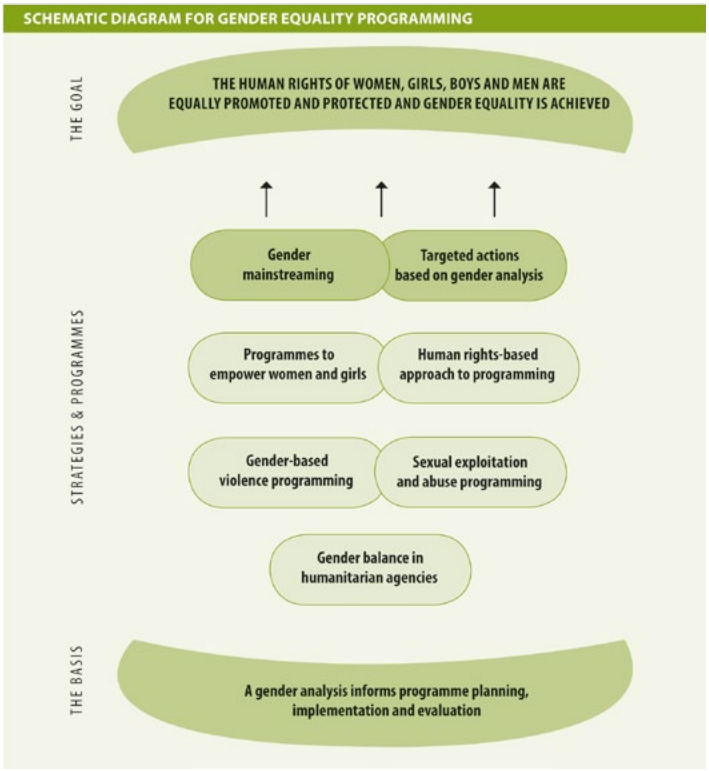
We assumed that single female-headed households would be vulnerable. But our field assessments didn't show this. There were many other households at much greater risk due to a combination of factors – their caste, their location… (Study participant, Nepal).

INCLUSION OF WOMEN, GIRLS, BOYS AND MEN

Humanitarian crises have different impacts on women, girls, boys and men, and may respond differently to disaster, conflict and displacement. Gender roles can change with age and over time, and power dynamics and cultural norms may shift rapidly and profoundly. Women, girls, boys and men also experience different concerns, have different needs and vulnerabilities, and may prioritise different elements and hold different capacities.[28] A gender analysis explores gender relations, including roles, access to and control over resources, and constraints that people of different genders experience relative to one another.

A gender analysis should be integrated in the humanitarian needs assessment and in all sector assessments or situational analyses (IASC, 2006). [29]

The IASC Gender Handbook outlines the essential basics of gender quality programming, providing a framework and a checklist to assess practice.



Source: IASC, 2006.

Agency practice was assessed using this framework as a guide. All agencies consult women, girls, boys and men separately, and sometimes together, during needs assessments and program monitoring. CARE's Gender and Protection Overview provided an early comprehensive analysis of gender roles, the disadvantages women and girls face, the legal and policy environment, and suggestions for mainstreaming gender and protection in different sectors. Some agencies partnered with women's groups to build networks and advance women's rights. For example, Oxfam partnered with Women for Human Rights in six districts.[30]

This study highlighted:

- Gender mainstreaming is more likely to focus on understanding the different needs of women, girls, boys and men, and less likely to include a specific strategy for progressing gender equality, or action to address discrimination and sexism.
- Disaggregated data is more likely to be used for reporting, and less likely to be used to analyse program effectiveness
- Adolescent girls and boys are less likely to be consulted than younger girls and boys
- Gender equality is more likely to be viewed as an 'add on' – a specialty area, and less likely to be understood as an overall objective of humanitarian action
- A degree of gender 'fatigue' was alluded to by some participants – a sense that 'we have to "do" gender', rather than understanding gender equality as a basic human right. A conviction that gender equality is vital for inclusive, equitable humanitarian action, is largely held by gender specialists, and not understood to the same extent by generalist humanitarians.
- Workplace gender issues such as women's leadership, women in management, gender-balanced teams, and paid maternity and paternity leave are generally not thought of as being linked to programme-level gender issues. An untested hypothesis arising out of this study is that unaddressed gender inequality in agency workplaces contributes to a lack of understanding and commitment to gender equality programming.

- Intersectionality is mentioned in relevant gender documents – particularly those originating from the Inter-Cluster Gender Taskforce. Several study participants highlighted the interplay between gender and caste, identifying barriers to participation and decision-making for women of lower social hierarchy. Other intersections such as gender and disability were not raised during this study, indicating opportunity to further strengthen inclusive practice.

INCLUSION OF PEOPLE WITH SEXUAL AND GENDER DIVERSITIES

Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth – Red R UK/ADCAP, 2015

Discrimination and exclusion of people with sexual and gender diversities in humanitarian response is well documented, including following natural disasters in Haiti, Japan, Pakistan and India.[31] In 2007, the Nepali Supreme Court legalised same-sex marriage and created a legal third gender for transgender people, however the risk of exclusion from family, community and humanitarian action, remains high. Safe access to appropriate shelter and toilets were among the challenges identified by the Blue Diamond Society in the aftermath of the earthquakes.[32] The study found some evidence of actions taken to include people with sexual and gender diversities. For example, World Vision's assessment forms have options for female, male and 'third gender', and CARE's gender and protection overview included a section on possible issues arising for 'third sex individuals'.

Some of the barriers to including people with sexual and gender diversities identified during this study include:

- 'Invisibility' of people with sexual and gender diversities, particularly in rural areas
- A lack of understanding of sexual and gender diversities and a lack of experience engaging with people with sexual and gender diversities by humanitarian responders – national and international
- A lack of understanding of how to ask appropriate questions and complexity in designing surveys that reflect and include sexual and gender diversities.
- No information about intersectionality and people with sexual and gender diversities was raised during the study, indicating opportunities to further strengthen inclusive practice.

A 2014 survey by the Williams Institute and Blue Diamond Society surveyed 1,178 people recruited from sexual and gender minority networks across 32 of Nepal's 75 districts. About half of the respondents (51.4 percent) stated that they would choose the term 'third gender' to describe their identity, whereas 92 percent of respondents identified that they would choose one of seven terms to describe their identity: third gender, Meti[33], gay, lesbian, bisexual, heterosexual and men who have sex with men (MSM).[34] The survey also showed that over 60 percent of respondents reported that they had experienced at least one incident of abuse or discrimination, and over one third reported three or more experiences within public settings. This included service denial within health settings, and experiences of physical abuse by law enforcement agencies.[35]

INCLUSION OF PEOPLE WITH DISABILITIES

People with disabilities are not a homogenous group, as different types of barriers combined with different types of long-term impairments in interaction with the surrounding environment, result in diverse experiences of exclusion and barriers to participation. Furthermore, intersecting identities, such as gender, age and ethnicity, play a significant role in this experience, as well as in the potential enablers for people with people with disabilities in any given situation.

'A recent global study conducted as part of the [World Humanitarian Summit] consultations highlighted that during a humanitarian crisis, three quarters of respondents with disabilities were unable to access appropriate basic assistance, including water, shelter, food, health or education services, while half reported no access to services specific to persons with disabilities.'[36]

Inclusion of people with disabilities was assessed against the Key Inclusion Standards outlined in the 2015 Minimum Standards for Age and Disability Inclusion in Humanitarian Action.[37]

How are Agencies Tracking? Minimum Standards of Age and Disability Inclusion in Humanitarian Action – Key Inclusion Standards

Key Inclusion Standard	Emergency Response Rating
Across all sectors, people with disabilities and older people affected by crisis:	
7 Can expect improved assistance and inclusion as organisations learn from experience and reflection	
1 Are recognised to ensure they receive assistance that is appropriate and relevant to their needs	
5 Have access to safe and responsive mechanisms to handle complaints on an equal basis with others	
2 Have access to the humanitarian assistance they need	
3 Are not negatively affected, and are more prepared, resilient and less at-risk as a result of humanitarian action	
4 Know their rights and entitlements, have access to information and participate in decisions that affect them on an equal basis with others	
6 Receive and participate in coordinated and complementary assistance on an equal basis with others	
8 Receive assistance from competent and well-managed staff and volunteers who are skilled and quipped to include them in humanitarian responses, and they have equal opportunities for employment and volunteering in humanitarian organisations	

Key:

- All agencies consistently taking actions to meet the standard
- All agencies taking some actions to meet the standard but practice may have gaps in some areas, or be inconsistent
- Most agencies are taking actions to meet the standard but practice may have significant gaps in some areas or be inconsistently applied
- One or two agencies are taking actions to meet the standard but practice may have significant gaps in some areas or be inconsistently applied
- One or two agencies are beginning to take actions to meet the standard
- No evidence found during this study to indicate any agencies are taking any actions to meet the standard.

STANDARD 1

Most agencies include people with disabilities and older people in data collection, registration and assessments and/or beneficiary verification processes, and do so by having assessment forms that require this information to be collected. Some agencies indicated they did not always verify lists of affected households supplied by authorities. Others were more consistent in their practice. For example, World Vision verified lists through visiting 30 percent, chosen by random sampling.

All agencies rely on self-identification of persons with disabilities within the household by the household member being interviewed during registration, a practice which is well known to significantly underestimate the total number of persons who are at greater risk than the general population of experiencing restrictions in performing tasks (such as activities of daily living) or participating in roles (such as working).[38]

Sex- and age-disaggregated data is collected by all agencies. Some agencies collect disability-disaggregated data but this relies on self-identification of disability status by a household member in response to a direct question, for example – *do you or anyone in your household have a disability? Yes/No.* Some agencies categorise disability status by describing the person's disability as either physical, mental or intellectual. In most cases, agencies did not intentionally or systematically use disaggregated data to assess the effectiveness of their programming or to examine inclusion and access – the data is primarily used for reporting purposes only.

Most agencies were aware that the most recent census data on disability for Nepal is unreliable, however few were working from an assumption that 15 percent of the population have some kind of disability. No participants were aware of the Washington Short-Set Questions on Disability or other tools to assist in identification and classification of disability status. Several agencies were in discussion with Handicap International or engaging their services to provide training for staff and other technical support.

No agencies identified they had or were intentionally and systematically engaging in direct and meaningful consultation with people with disabilities and older people and their carers, to identify and address specific risks and barriers that affect them and their capacity to participate in the response.

STANDARD 2

The design of products, environments, programs and services should be usable by all people. No agencies reported routinely or systematically engaging with people with disabilities to identify barriers affecting participation and access, assessing specific need or referring people to specialist services. Universal design principles were not specifically mentioned by participants, and the extent to which agencies – particularly those engaged in infrastructure design and construction–apply them, was not comprehensively assessed. Narrative reports indicate some attention

to accessible infrastructure. For example, Oxfam specifically designed 47 latrines in Kathmandu Valley for people with disabilities and latrine locations considered the location of households with people with mobility impairments.[39] The extent to which program budgets include include physical accessibility to infrastructure, specialised non-food items, and mobility equipment and transport was not assessed.

Some agencies had accountability and liaison functions embedded in affected communities, however outreach services were generally not routinely utilised. Outreach did occur within individual projects. For example, Community Heath Volunteers within Oxfam's hygiene promotion project engaged in household visits to communicate health messages to people who were unable to attend community events.[40]

Universal Design Principles for Australia's aid program

1. Equitable use
2. Flexibility in use
3. Simple and intuitive use
4. Perceptible information
5. Tolerance for error
6. Low physical effort
7. Size and space for approach and use.[41]

STANDARD 3

Mechanisms are generally not in place to systematically assess and reduce risks, or monitor the impact of programs on people with disabilities. The study did not reveal any specific initiatives to support awareness of older age and disability, or address negative attitudes at the local level. No agencies reported intentional or systematic engagement with carers.

STANDARD 4

Most agencies identified that face-to-face communication through key informant interviews and focus groups is the preferred method of communicating with humanitarian agencies, as identified by affected communities and populations. Notice boards, suggestion boxes, help desks and hotlines were also used during the initial states of the response, particularly during distributions. However, the community discussion remains most popular method.

The following exchange during a focus group with men highlights the importance of direct and systematic engagement with older persons and people with disabilities to understand and meet their specific needs:

Q: Is information about relief entitlements and programs available equally to everyone who needs it?

A: *Yes, everyone can access it.* (Several nods of agreement).

Q: (to an older man with visual impairment) Is that your experience also? How do you access information about relief entitlements and programs?

A: *I don't know what is happening. I rely on my neighbours telling me.*

The study identified that it is uncommon for agencies to communicate information that all people can access. While a variety of communication methods are sometimes used to communicate (such as hotlines and notice boards), these do not necessarily overcome the specific barriers experienced by older persons or people with disabilities.

STANDARD 5

Some agencies had a strong organisational culture of accountability to affected populations that listens to and acts on complaints and feedback. However, even within those agencies, consultation with people with disabilities and older persons, and ensuring feedback and response mechanisms are accessible and appropriate, could be significantly strengthened.

STANDARD 6

Agencies were generally unaware of national and local agencies providing programs and services for older persons and people with disabilities. Four of the five agencies were exploring partnerships with Handicap International for training and to build capacity within their own organisations. No agencies were actively engaging with Disabled Persons Organisations at national or district levels.

STANDARD 7

Routine engagement with older persons and people with disabilities is not occurring, and it is therefore difficult for agencies to assess or improve access and quality of information, protection and assistance for these groups. Agencies are beginning to partner with specialist agencies, however engagement with Disabled Persons Organisations and other national and local organisations is embryonic. A commitment to routine program monitoring, lessons learned and reflection was evident in all agencies.

STANDARD 8

The capacities, skills, experience, expertise and leadership of older persons and people with disabilities is under-recognised, if not neglected (with an exception being the leadership of women and men of higher castes). Specific needs, risks, vulnerabilities and capacities are not routinely or systematically assessed. The study found that awareness of discrimination based on age and disability status is generally much lower than awareness of discrimination based on gender or social hierarchy.

'Nothing about us without us'

'Nothing about us without us' – a slogan used in disability activism since the 1990s. Disabled People's Organisations are organisations that are run by and for people with disabilities. Primarily engaged in advocacy, information-sharing among members and networking, Disabled People's Organisations may also carry out assessments and/or provide services such as access to training or income generation.[42] [43] Networks and partnerships with Disabled People's Organisations and local self-help groups are a key opportunity for international agencies to access meaningful and relevant expertise, and strengthen disability inclusion – a major gap in practice currently. Hearing directly from people with disabilities about their experiences and capacities, and starting a conversation about opportunities for two-way learning, may be a useful starting point for exploring collaboration.[44]

Example of local organisations activities in the response

HRDC
Hospital and Rehabilitation Centre for Disabled Children

- Launched Emergency Surveillance and Response (ESAR) campaign with B&B Hospital in nine districts, to identify and treat patients, and provide relief material and medical assistance
- 25 ESAR mobile camps, 11 follow-up camps – mostly catering to women, children and the elderly
- 98 health and relief camps conducted, provided services to nearly 45,000 people
- Emergency health relief packages–physicians, nurses, psychosocial workers, paediatrics, physiotherapy and medicine
- Designated therapy and counselling area for children
- Referral of patients to other services and partner hospitals
- Worked in remote areas, no presence of INGOS, in some cases were the first organisation there after 4 months

KOSHISH
National Mental Health Self-help Organisation

- Provided psychosocial counselling, home visits and medication
- Reintegration of 250 women
- Established 2 transit care centres for men and women
- Provision of training on injury and trauma in partnership with CBM

NFDN
National Federation of the Disabled, Nepal

- Established an Emergency Response Desk
- Advocacy to Nepal government, UN, cluster system, Red Cross and other agencies
- Public appeal and development of Appeal Brochure
- Participation in Inclusion Working Group
- Data collection on disability and assessment
- Referral to other organisations
- Distribution of relief materials for people with disabilities in three districts
- Collaboration with national DPOs
- Mainstreaming age and disability in relief, early recovery and reconstruction process in worst earthquake affected districts in Nepal project in partnership with CBM

Leprosy Mission Nepal

- Provision of assistive devices
- Seed money for self help group for people with leprosy and other disabilities
- Survey conducted in 14 districts

INCLUSION OF OLDER ADULTS

An estimated 12.5 percent of the global population is over 60 years of age. 22 percent, are over 50 years of age. By 2050, one quarter of the world's population will be over 60 years.[45]

'The concept of older age must be understood in broad terms. In many countries and cultures, being considered old is not necessarily a matter of age, but it is rather linked to circumstances such as being a grandparent, or showing physical signs such as white hair. Where people live in hardship, some of the conditions that can be associated with older age, such as mobility problems or chronic disease, are present at younger ages. While many sources use the age of 60 and above as a definition of old age, a cut-off point of 50 years and over may be more appropriate in many contexts where humanitarian crises occur.'

Source: ADCAP, 2015.[46]

This study highlighted:

- Agencies generally do not have specific strategies for engaging with older adults
- When data is disaggregated by age, older age categories are generally combined to age 60+, despite Sphere recommended age groupings of 0-59 months, 5-12, 13-17, 18-29, 30-39, 40-49, 50-59, 60-69, 70-79 and 80+.
- There is a tendency to view older age through a health or disability lens. Engagement with older adults should identify capacities and leadership, as well as barriers to inclusion and potential vulnerabilities.
- Intersectionality was not raised during discussions about older age, suggesting opportunity to further strengthen inclusive practice.

INCLUSION OF CHILDREN AND ADOLESCENTS

In May 2015 a Children's Earthquake Recovery Consultation was undertaken by Plan International, Save the Children, UNICEF and World Vision International, in coordination with the Ministry of Federal Affairs and Local Development (MoFALD) and the Central Child Welfare Board (CCWB).[47] The consultation ranked shelter (including a lack of privacy and overcrowding), education, and water and sanitation as the three priority issues for children, and the agencies called for strengthened national and local planning processes to ensure children are consulted in recovery and reconstruction.[48] The findings of this study in relation to inclusion of children and adolescents are:

- Agencies that have a child-focused mission are more likely to systematically and routinely include children in assessment, planning and monitoring
- Younger children are more likely to be consulted than adolescents, possibly due to a programmatic emphasis on child-friendly spaces.
- Adolescents from lower castes and marginalised ethnic groups were

more likely to actively participate in focus groups on an equal basis with their peers, when compared to focus groups with women and men.
- Some child protection programs such as Child Friendly Spaces specifically identify and include children with disabilities.

INCLUSION OF PEOPLE BELONGING TO MARGINALISED ETHNIC GROUPS OR CASTES

Social divisions in Nepal based on ethnicity and caste, and discrimination and exclusion of people belonging to lower social hierarchies were the most prominent group identified in relation to the inclusion agenda. All agencies had been operational in Nepal for many years, and international staff leveraged the knowledge and expertise of their national colleagues, and those engaged in development programming prior to the earthquakes, to help them understand social relations. The study found that:

- People belonging to Dalit communities were more likely to be intentionally and systematically included than other social hierarchies. This is partly, but not fully, explained by the geographical location of the earthquakes and subsequent response programming.
- Some community meetings and focus groups are held with specific castes and ethnic groups on their own, while others are held with people from across social hierarchies. The study did not find a clear or consistent rationale presented for choosing one approach over the other, or in what circumstances one approach might be preferred.
- Conflict sensitivity analysis – examining how humanitarian action impacts on community divisions, tensions and conflict was not strongly evident.
- The interplay between gender and social hierarchies was raised by some participants – however in general, intersectionality was not discussed, suggesting opportunity to further strengthen inclusive practice.

FACTORS IDENTIFIED AS PRESENT WITHIN AGENCIES PRACTISING MORE INCLUSIVE HUMANITARIAN ACTION

The study uncovered a series of factors that are more likely to be present within agencies demonstrating more inclusive humanitarian action.

- *Policies* on inclusion, diversity, gender and/or disability inclusion
- *Staff who are trained* in gender, disability inclusion, and/or protection mainstreaming
- Regular participation in relevant *coordination mechanisms*, such as clusters or working groups
- A *technical advisor* for gender, disability, protection and/or or social inclusion embedded within the humanitarian program. The functional responsibilities of technical advisors may determine the extent of their influence – those with responsibilities for program quality (such as signing off on

program designs) exert greater influence than those who offer advice, but have no authority over program planning or implementation.

- Well-resourced *mechanisms for accountability* to affected populations, including strong two-way feedback and response mechanisms and organisational processes that systematically incorporate feedback into programming planning and operations.
- Regular and routine *reflection on practice* such as lessons learned events, real-time evaluations, after-action reviews, or similar reflective exercises
- Investment in *research* relating to gender equality, inclusion, and/or protection
- *Leadership and organisational culture that values and invests in innovation*, trying new things, and a willingness to make, and learn from, mistakes.

'Communication is at the intersection of inclusion and accountability'[49]

Sample policies, frameworks and reports supporting gender equality and disability inclusion by HPA agencies and their federated networks

GENDER	DISABILITY
▪ CARE, *International Gender Policy* (2009) ▪ CARE, *Strong Women, Strong Communities: CARE's holistic approach to empowering women and girls in the fight against poverty* (2010) ▪ Oxfam, Gender Justice Policy (2007) ▪ World Vision Australia, *Gender Equality Study* (2014)	▪ CARE Australia, *Disability Framework* (2015) ▪ World Vision International, *Casting the Net Further: Disability Inclusive WASH* (2014) ▪ Plan International, *Include us in education: A qualitative research study in disability and inclusion in education for children in Nepal* (2013) ▪ Plan Australia, *Practice Note: Collecting and using data on disability to inform inclusive development* (2015)

CASE STUDY 1: WORLD VISION NEPAL EARTHQUAKE RESPONSE

Accountability to affected populations – a catalyst for inclusion

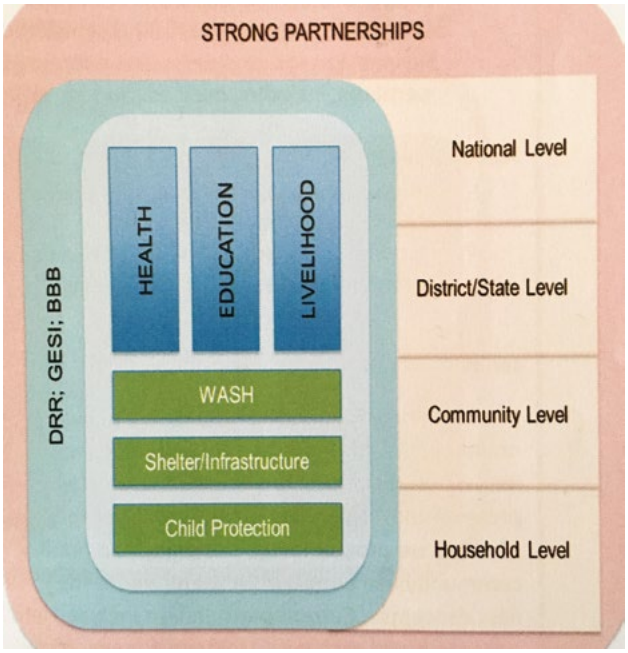
April 2016

SITUATION

On 25 April 2015, a powerful 7.8 magnitude earthquake struck Nepal, followed by a number of aftershocks and another large earthquake on 12 May, measuring 7.3 in magnitude. The earthquake caused widespread destruction and loss of life–8,891 people died and more than 600,000 houses were destroyed. 14 districts were severely affected in the central and western regions, including Kathmandu Valley, affecting 5.4 million people.[50]
Gender equity and social inclusion (GESI) is a specific focus for World Vision's Nepal Earthquake Response team, mainstreamed across the health, education and livelihood sectors, and supporting programmes in WASH, Shelter/Infrastructure and Child Protection.

ACCOUNTABILITY TO AFFECTED COMMUNITIES AND POPULATIONS

Globally, humanitarian accountability has been a key focus for World Vision emergency response teams since the establishment of a dedicated Humanitarian Accountability Team in Sri Lanka, following the 2005 Asia Tsunami. Following the 2015 earthquakes in Nepal, the



Source: World Vision Nepal Earthquake Response Team (2015)

Humanitarian Accountability team was quickly scaled up for the relief phase, developing accountability mechanisms, coordinating provision of information, and collecting and responding to feedback on programs and services. A real-time evaluation of the response in July 2015 provided immediate lessons and a valuable and timely review of operations. Recommended actions for strengthening accountability included:

Allocating budget for accountability activities in all proposals

- Building capacity of all staff and partners on accountability, with an emphasis on women's inclusion
- Reviewing advocacy strategies to determine how to more strongly influence beneficiary selection
- Complete vulnerability assessments as part of disaster preparedness planning
- Engaging with women's platforms such as health posts and farmers' co-ops to identify accountability measures that work for women

- Utilise radio messaging to reach vulnerable and traditionally excluded communities
- Work with children's clubs to ensure children's voices are heard.[51]

Communicating with communities

'We want to hear more from the earthquake affected people and empower them in raising their concerns–whether they have received the information and aid in a timely manner and according to their needs' (National staff, Nepal).

A variety of feedback and response mechanisms including suggestion boxes positioned in a number of public places, feedback forms, community meetings, toll free numbers, and help desks were established. Provision of information occurred through pamphlets, notice boards, community meetings, social mobilisers and radio announcements were also utilised. Feedback and response mechanisms were designed using different methods, to have as wide a reach as possible.

'The helpdesks were particularly useful during distributions. But the community's preference is to engage in face-to-face discussions' (National staff, Nepal).

However, staff recognise that information does not always reach particular marginalised groups and finding ways to reach wider subsections of the population is a priority in the recovery phase. In particular, staff identify a need to strengthen inclusion for people with disabilities – including information dissemination, accessible and appropriate feedback and response mechanisms and employing more focused methods of reaching people, such as household visiting.

'We need to have disaggregated data for disability, and need to have an intentional focus on visiting such people to hear their voices and concerns' (National staff, Nepal).

World Vision has found that although the majority of affected communities and populations prefer community meetings and focus groups, this is not the case for everyone. For some groups, there is a preference for indirect methods of communication such as suggestion boxes, particularly socially marginalised groups, who do not always feel comfortable participating in wider community forums.

Dedicated roles for promoting accountability and inclusion where they are most needed

One of World Vision's strategies has been to decentralise technical expertise and appoint dedicated roles for promoting accountability and facilitating gender equality and inclusion at the district level.

District Accountability Officers

Dedicated Accountability Officers work in each district where World Vision is implementing response and recovery programs. These officers are embedded in, and work directly with communities, acting as a communication and liaison point between communities and technical sectors and programmes.

'Accountability mechanisms help aid organisations to hear the voices from the socially marginalised and disadvantaged groups, and act accordingly so that it can reach out to the most vulnerable and needy ones.' (National staff, Nepal).

Recording and responding to feedback

Analysis of the data from individuals and types of groups using feedback mechanisms is an important aspect of inclusion in recovery programming. Feedback is currently recorded according to sector. World Vision is in the process of aggregating data according to type of feedback and developing a system for recording how many individuals are using feedback mechanisms and for what purpose, across sectors. This will aid in understanding which groups are using feedback mechanisms (male, female, caste) and which groups are not.

'The accountability system is moving towards inclusivity. They [the community] are the experts they know what they need. It's not only receiving feedback; it's how we address that feedback which is the important thing. When the mechanism is there, [programming] is more inclusive' (National staff, Nepal).

The linkage between data collection (including feedback) and analysis, and day-to-day operations is important. World Vision has established processes to ensure that feedback, as well as information from post-distribution and other program monitoring is fed back into operations. Findings from field assessments are shared across all sectors, helping to ensure that information on issues such as inclusion or exclusion is disseminated and fed into the way that sector programs are implemented.

Information from communities using the feedback and response mechanisms is analysed on a fortnightly basis and shared with the senior leadership team as well as with the respective technical sector leads. The sectors are then responsible for responding to the feedback by taking appropriate action.

The information management team also provide data on issues of inclusion for incorporation into program activities. This information is shared in team meetings and monthly operations meetings. World Vision is currently developing gender equality and inclusion indicators to be measured across all sectors, as a means to facilitate and strengthen accountability for mainstreaming.

CHALLENGES AND OPPORTUNITIES TO STRENGTHEN INCLUSION

Political dynamics, the geographical isolation of some communities, and power structures–including gender, ethnicity and social hierarchies– make the operating environment complex. Learning to overcome these challenges is not just for affected populations – it is relevant for staff also.

'Gender equality and social inclusion is not one activity–it is about attitudes and behaviour for staff and partner staff as well' (National staff, Nepal).

Staff highlight the importance of communicating clearly, particularly when it comes to targeting criteria. Understanding the different characteristics of vulnerability, and being willing to learn and change approach.

'It's a complex society... we are getting better as we go, looking at what vulnerability look like in different areas, and learning.' (International staff, located in Nepal).

Disability inclusion is notably absent from this scenario – something staff are aware of and taking steps to improve. As noted above, without specifically targeting the barriers to participating facing persons with disabilities, programs can unintentionally reinforce exclusion.

Opportunities exist through partnering with DPOs from the beginning, including within planning and implementation, monitoring and evaluation, and in collection of disaggregated data (alongside age and sex disaggregation), to enable barriers to be analysed and enablers to be developed to support inclusion of persons with disabilities alongside others, within broader social inclusion efforts.

CASE STUDY 2: CARE

Rapid Gender Analysis

Despite decades of humanitarian reform, it can still be difficult to get traction for gender equality and social inclusion issues in the early stages of a rapid onset emergency. Getting life-saving items to as many people as possible, as quickly as possible, remains a focus and priority. A hierarchy of action that favours assistance over protection is still common in practice, despite policy commitments to the centrality of protection, and minimum standards to achieve inclusion and accountability to affected populations.

CARE's commitment to gender equality and diversity began in the mid 1990s with development of a gender policy, a major gender audit and gender action plan. In 1999, the agency expanded this to a focus on gender equity and diversity, and introduced three paradigms for promoting diversity – discrimination and fairness, access and legitimacy, and learning and effectiveness. By 2000, the adoption of a rights-based approach strengthened the case for gender equity and diversity.[52] Fast forward more than a decade to the Nepal earthquake response, and CARE conducted a rapid gender

analysis, within the first few weeks of the response.

A rapid gender analysis was conducted in four of the most affected districts–Sindhulpalchowk, Dhading, Gorkha and Lamjung, based on combined data from secondary sources, focus group discussions, and key informant interviews.

What type of information was available?

An overview of available data prior to the earthquakes including population disaggregated by sex and age (in five year increments), proportion of female-headed households, prevalence of child marriage by age (under 10 years, 10-14 years, and 15-19 years), and risk of trafficking. The data included the number of households with a head of household over 60 years of age, and a breakdown of caste and ethnicity in each district, as well as religious affiliation.

The analysis also included data for people with disabilities for each district, disaggregated by type of disability and sex. The categories included physical disability, sensory (sight, hearing and speech), mental, intellectual and multiple disabilities. The analysis cited data from the 2011 Census, however noted the overall number of people with disabilities was likely to be much higher than reported, given the global proportion of people with disabilities is estimated at 15 percent.

By analysing disaggregated data, the report was able to highlight significant issues that would likely impact on the response. For example in Dhading, it was noted that there were significantly more women than men in all age groups, largely due to men and boys migrating out of the district for employment.[53]

The rapid gender analyses, and subsequent gender and protection overview briefing, outlined the ways in which existing gender issues may impact lives during the emergency. A range of potential protection concerns were outlined, including disproportionate impact on women and girls, and groups of people who may experience increased vulnerability including sexual and gender minorities, people with disabilities, and widows.

How was the rapid gender analysis used?

The reports were used both internally and externally. Within CARE, the rapid analysis quickly identified a range of potential issues for marginalised groups. It influenced CARE's work disseminating information with the BBC, which has significant radio coverage, including to remote areas. The radio program *Miliiuli Nepali* (Together Nepal) provided people with practical, actionable information, including where to receive assistance and an emphasis on marginalised gorups. Producers travelled throughout the country gathering and transmitting stories of hope and resilience to share with listeners.[54]

The rapid analysis also informed development of CARE's strategic plan, emphasising the targeting of women-headed households, people with disabilities, marginalised communities, child-headed households and the elderly, alongside government registers.

Externally, the rapid gender analysis was highlighted in situation analyses such as OSOCC Assessment Cell (May 5 2015). It was also profiled on a number of agencies websites, including The Gender Agency, and widely available to the international community through Reliefweb.

The significance and lessons for other emergencies

CARE's rapid gender analysis was significant in that it demonstrates when properly resourced, analysis and planning for gender equality, inclusion and protection can be prioritised during the early stages of a rapid onset emergency. Using both secondary and primary data, the analyses in four of the worst affected districts influenced CARE's understanding of needs and priorities of affected populations, and the specific needs of marginalised groups and populations.

Image: Glen Thomson

PART 3:
KEY FINDINGS

All agencies involved in this study are taking some action to progress gender equality and social inclusion. All conveyed a strong commitment to inclusion, and a willingness to understand how to strengthen current practice.

However, the study revealed several challenges and practice gaps. The major findings of this study are presented below, with reference to the main types of barrier that are inhibiting inclusion, as outlined earlier in this report: *attitudinal, communication, physical, policy, programmatic, social or economic*.

	Key Finding	Primary Barriers
1	Inclusion in humanitarian action is both a process and an outcome. Inclusive action is concerned with the manner in which information, protection and assistance is planned, received, monitored and evaluated, and therefore should permeate the entire response. Despite being understood and framed as a 'crosscutting issue' and/ or something that requires mainstreaming, inclusion generally remains an extra activity– something added onto humanitarian assistance to improve it–rather than an overall approach or modality. Humanitarian leaders, decision-makers and program designers need to better understand and communicate how inclusion adds value to the overall aims of humanitarian protection and assistance. Until programs and services are required to have specific objectives articulating how they will positively impact on gender equality and inclusion, this is unlikely to change. This applies equally to disaster preparedness, Disaster Risk Reduction, response and recovery.	*Attitudinal* *Programmatic*
2	A much deeper and more nuanced understanding of inclusion is required, if more inclusive practice is to be achieved. In particular, understanding that: a. Inclusion is not the same thing as who is targeted for programs and services b. Inclusion is not the same thing as collecting and reporting disaggregated data c. Inclusion is the starting point for understanding need – and the risks, vulnerabilities and capacities that underpin need d. Being present during consultations is not the same thing as participation e. Participation is not the same thing as decision-making f. People generally do not define themselves according to one characteristic or feature – multiple factors and characteristics combine to impact on a person's experience – and the degree to which they feel included or excluded at a particular time g. Gender equality and inclusion cannot be addressed effectively without engaging substantially on issues of sexism, women's rights, inequality, and discrimination – present in agencies as well as within affected communities and populations. Achieving this will require action involving workplace policies and practices as well as humanitarian programming and advocacy.	*Attitudinal* *Programmatic*

3	It is more common for some marginalised people and groups to be included than others. In this context, the study found that it was more likely that agencies intentionally engage women, younger children and members of Dalit communities. Comparatively less resources went into engaging adolescents, other marginalised ethnic groups and castes, and people with disabilities. The specific needs of tenants and those who are landless is gaining momentum as reconstruction begins. Engaging with marginalised people and groups was more likely to involve feedback on implementation, rather than contributing to planning, decision-making and management. Without input into planning and decision-making, their specific needs may go unmet. To find out how to fulfil those needs, practical ideas should come from those people and groups themselves – requiring a deliberate strategy for seeking out and actively listening to their priorities and solutions. This study found that in particular, people with disabilities are overlooked. Engaging with Disabled Persons Organisations and disability-focused organisations is an important starting point for understanding the priorities and capacities of people with disabilities. Implementing a 'twin track' approach is key to inclusion. There is a degree of gender 'fatigue' among humanitarians, which may inhibit the quality and effectiveness of gender equality initiatives.	*Attitudinal* *Programmatic*
4	The leadership capabilities, resilience, creativity and innovation of marginalised people and groups is a largely untapped resource. People who have had to overcome significant barriers to participation over many years are relevant experts who, in the face of crisis, can frequently offer meaningful and valuable insights based on their skills and experience, that will benefit the whole community. Crises provide an opportunity to elevate the profile of people and groups who have been traditionally excluded, but whom have a lot to offer the wider community. Humanitarian agencies could play a powerful role in facilitating this.	*Attitudinal*
5	The context and operating environment are highly relevant in determining how easy or difficult it is to practice inclusive action. Agencies struggle to practise inclusion in the early stages of a rapid onset emergency and there is a minority, but pervasive view that inclusion is 'too hard' in the emergency phase. Both agencies and donors need to commit significantly more resources, and think much more creatively and collaboratively, to find ways to mitigate these challenges and include hard-to-reach individuals, groups and populations earlier. The study intended to review disaster preparedness and Disaster Risk Reduction activities from an inclusion perspective, but information was not readily available within the timeframe.	*Attitudinal* *Communication* *Physical* *Programmatic*
6	Embedded community liaison functions that support accountability and inclusion are present within some agencies. However, allocating dedicated resources for systematic outreach remains largely unexplored. Communicating key program information is a significant gap.	*Communication* *Programmatic*

7	The tools an agency uses for assessment, design and monitoring together (such as standardised checklists or templates) together with the presence or absence of standard procedures for analysing data and feeding results back to leadership and into operations, are highly influential on the extent to which inclusion is practised.	*Programmatic* *Policy*
8	There is a strong connection between the priority an agency gives to mechanisms for accountability to affected populations, including the quality of feedback and response mechanisms, and the extent to which programs and services are inclusive. However, accountability mechanisms are not automatically inclusive – there is an opportunity to strengthen inclusion, starting with training staff.	*Programmatic* *Communication*
9	Disaggregated data is generally collected and reported because of a donor requirement. It is used minimally to analyse effectiveness and inform program planning and operations. There is opportunity to build inter-agency consensus on disaggregated data (particularly in regard to disability status) and unifying platforms for data collection.	*Programmatic*
10	The literature points to community tensions and problems with social cohesion arising from targeting decisions during the relief phase. However, conflict sensitivity analysis does not feature strongly in current humanitarian thinking, discourse, and practice, and peacebuilding initiatives are not yet a strong feature of the recovery and reconstruction phases.	*Programmatic*

PART 4: NEXT STEPS

CONCLUSION

A strong commitment to inclusive humanitarian action exists, supported by pockets of good practice. However, more action is needed to systematically seek the input and contribution of marginalised people and groups, particularly in program planning and decision-making. The skills, creativity and leadership capabilities of marginalised people and groups is largely untapped and overlooked, as is addressing the sexism and discrimination that underpins inequality and exclusion – both within humanitarian agencies, and within affected communities and populations.

Humanitarian action will continue to struggle to achieve greater inclusion until all programs and services contain specific objectives articulating how they will positively impact on gender equality and inclusion. Agencies need to work much more earnestly on disability inclusion – engaging with Disabled People's Organisations and identifying and removing barriers to participation and decision-making by people with disabilities.

The recovery phase provides an opportunity to strengthen inclusion – and to empower, raise the profile and participation of traditionally excluded people and groups, facilitating and contributing to longer-term gains and fulfilment of human rights.

RECOMMENDATIONS

The following recommendations are based on the evidence presented. Each recommendation is linked to one or more key findings and presented as an enabler, to counter the barriers identified. Recommendations are grouped according to training and networks, programming or research.

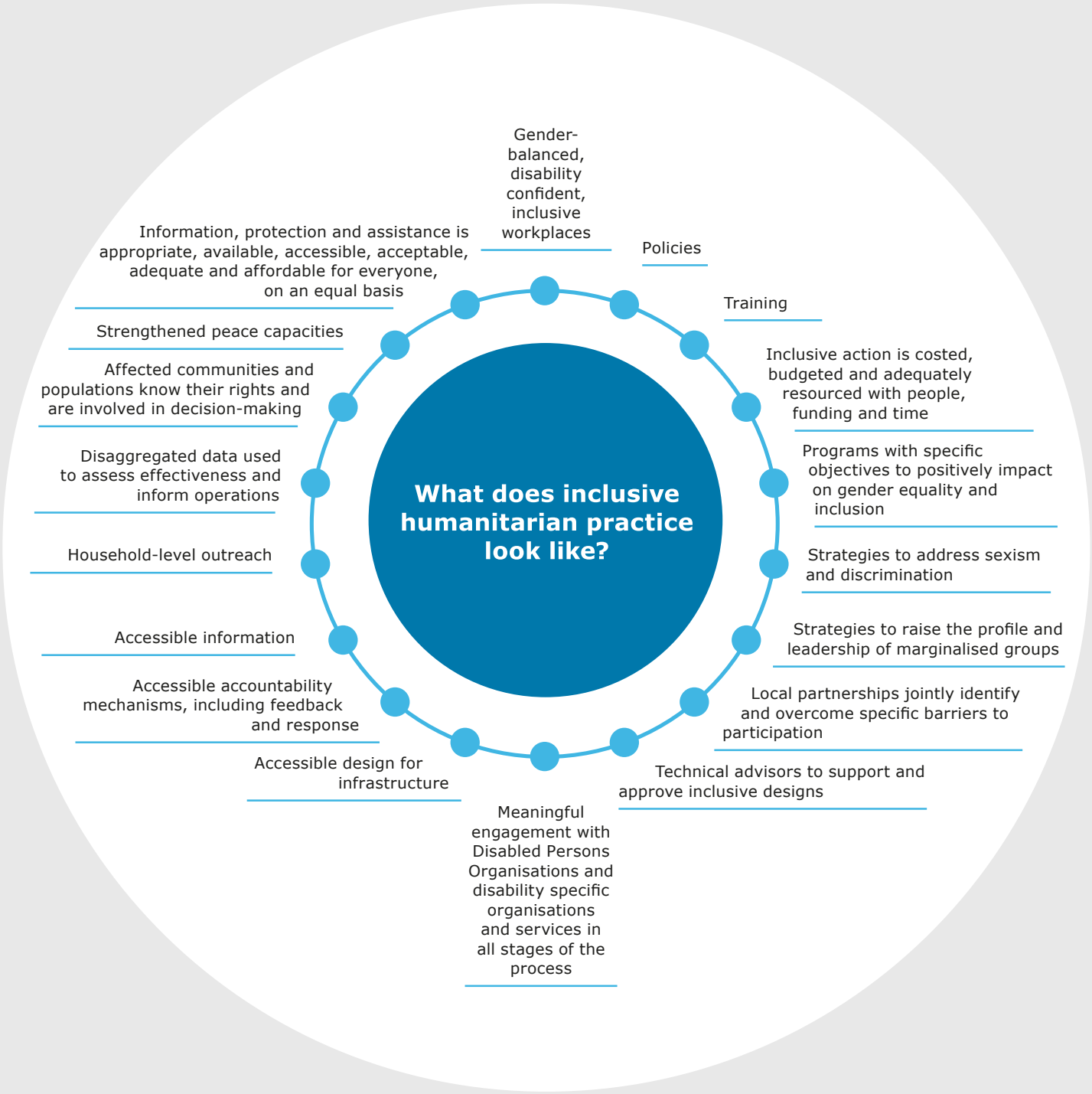
Recommended actions (enablers)	Relevant key finding
Training and networks	
➢ Train operational staff in gender equality and inclusion as part of disaster preparedness activities, and in humanitarian response programs. Ensure gender equality training includes and emphasises development of strategies for addressing sexism and discrimination ➢ Ensure that inclusion training has a particular emphasis on disability inclusion	2, 4
Preparedness and Disaster Risk Reduction	
➢ Commission a dedicated review of inclusion in relation to disaster preparedness and Disaster Risk Reduction initiatives	5

Response and Recovery Programming

➢ Develop specific objectives (and indicators) for how humanitarian action will positively impact on gender equality and inclusion ➢ Invest in developing intersectionality capabilities, including through training and data analysis and interpretation ➢ Build networks with Disabled People's Organisations at national and local levels and disability-focused organisations as part of disaster preparedness activities and adopt a 'twin track' approach to recovery programming ➢ Develop strategies for seeking out marginalised groups and including them in planning and decision-making ➢ Investigate outreach services and partnering with local specialist organisations ➢ In partnership with marginalised groups, identify opportunities to support their efforts to elevate their profile and leadership capabilities ➢ Review business processes to ensure disaggregated data is analysed, with results fed back into operations ➢ Conduct conflict sensitivity analysis, to identify and mitigate tensions, divisions and potential or actual conflicts between different social groups arising from the earthquake response, recovery and reconstruction ➢ Build inter-agency consensus on disaggregating data, and investigate opportunities for uniting data platforms – with consistent feedback into programming. ➢ Strengthen accountability mechanisms, especially feedback and response mechanisms, adapting mechanisms to mitigate communication barriers.	1, 3, 4, 6, 7, 8, 9, 10

Research

➢ Commission a field-based action research study to pilot ways to strengthen inclusion in the early stages of a rapid-onset emergency. A key research question could be: *How can agencies better include marginalised people and groups during the initial stages of a rapid onset emergency and what resources are required*? Areas of inquiry may include: gender equality, disability inclusion, inclusion financing. ➢ Adapt and/or develop tools for collecting and disaggregating data by disability status and field-test them in the relief phase of a humanitarian response ➢ Commission research on attitudes to gender within the humanitarian community and investigate the relationship between these attitudes and the quality and effectiveness of gender quality programming.	3, 5, 9


What does inclusive humanitarian practice look like?
Gender-balanced, disability confident, inclusive workplaces
Policies
Training
Inclusive action is costed, budgeted and adequately resourced with people, funding and time
Programs with specific objectives to positively impact on gender equality and inclusion
Strategies to address sexism and discrimination
Strategies to raise the profile and leadership of marginalised groups
Local partnerships jointly identify and overcome specific barriers to participation
Technical advisors to support and approve inclusive designs
Meaningful engagement with Disabled Persons Organisations and disability specific organisations and services in all stages of the process
Accessible design for infrastructure
Accessible accountability mechanisms, including feedback and response
Accessible information
Household-level outreach
Disaggregated data used to assess effectiveness and inform operations
Affected communities and populations know their rights and are involved in decision-making
Strengthened peace capacities
Information, protection and assistance is appropriate, available, accessible, acceptable, adequate and affordable for everyone, on an equal basis

NOTES

1 OCHA, (2012); 'OCHA on message: Humanitarian Principles'. Available at https://docs.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf accessed 10 April 2016.

2 Adapted from World Health Organization cited by CDC, 'Common Barriers to Participation Experience by People with Disabilities'. Available at http://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html accessed April 10 2016.

3 Humanitarian Partnership Agreement; (n.d). 'Statement of Principles', principle 1.6 and 2.5.

4 In May 2015 HPA agencies funded two days of research by Humanitarian Advisory Group to produce the first draft of a tool to assist with inclusion.

5 IASC, IASC Gender Handbook in Humanitarian Action, OCHA, 2006, p.1.

6 UN General Assembly, *Convention on the Rights of Persons with Disabilities*, 13 December 2006, A/RES/61/106, Annex I, available at http://www.refworld.org/docid/4680cd212.html accessed 12 April 2016.

7 Adapted from Australian Red Cross, 'Disability Inclusion in Disaster Management', ARC, 2016, p. 3 and Background Note for Global Partnership on Children with Disabilities, Inclusive Humanitarian Action.

8 UN General Assembly 2016, 'One humanity: shared responsibility. Report of the Secretary-General for the World Humanitarian Summit' (2 February 2016, A/70/709).

9 Ibid.

10 By ratifying, Australia is obligated to ensure the protection and safety of persons with disabilities in situations of risks and humanitarian emergencies.

11 http://dfat.gov.au/about-us/publications/Documents/development-for-all-2015-2020.pdf accessed 14 April 2016.

12 DFAT Humanitarian Strategy, May 2016.

13 https://www.humanitarianresponse.info/en/topics/gender/page/iasc-gender-marker accessed 14 April 2016.

14 http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf accessed 14 April 2016.

15 https://www.gov.uk/government/publications/dfid-disability-framework-2014 accessed 14 April 2016.

16 http://www.start-network.org/resources/#.VaSTUsaqqkp accessed 14 April 2016.

17 Keogh, Mary and CBM ERU; (2014). 'Inclusive Humanitarian Action Briefing Paper', p.5. Available at http://www.cbm.org/article/downloads/54741/Inclusive-Humanitarian-Action-briefing-paper-CBM.pdf accessed 10 April 2016.

18 Red R UK and ADCAP (2015). 'Including Age and Disability in Humanitarian Action: A Two-Day Training Course', p.21. Available at http://www.redr.org.uk/redr/filemanager/root/site_assets/new_website/adcap/adcap_trainer_handbook_redr.pdf accessed 11 April 2016.

19 Light for the World and DIAKONIE KATASTROPHENHILFE; (2013). 'Humanitarian Aid All Inclusive! How to include people with disabilities in humanitarian action'. Available at http://www.light-for-the-world.org/uploads/media/HA_all_inclusive_web_02.pdf accessed 10 April 2016.

20 Australian Red Cross; (2015). 'Guidance Note. Disability Inclusion and Disaster Management.' November 2015. Available at http://www.redcross.org.au/files/Disability_Inclusion_Report_LR.pdf accessed 26 April 2016.

21 Inter-cluster Gender Taskforce; (2015). 'A strategy to promote gender equality in the humanitarian response'. 29 May 2015. Available at https://www.humanitarianresponse.info/en/system/files/documents/files/a_strategy_to_promote_gender_equality_in_the_humanitarian_response_29th_may_2015_1.pdf accessed 20 April 2016.

22 Inter-cluster Gender Working Group; (2015). 'Key Recommendations for Gender Equality Mainstreaming in Disaster Risk Reduction (DRR) and Humanitarian Response: Lessons from the earthquakes in Nepal'. Available at https://www.humanitarianresponse.info/en/system/files/documents/files/key_recommendations_for_gender_equality_in_drr_and_humanitarian_response_in_nepal_30th_october_2015_0.pdf accessed 10 April 2016.

23 Barber, R; (2016). 'Did the humanitarian response to the Nepal earthquake ensure no one was left behind? A case study on the experience of marginalised groups in humanitarian action'. Melbourne. Save the Children.

24 Ferretti, S and de Clarens et al; (2016). 'Review of the Humanitarian Response in Nepal. A Focus on Inclusion and Accountability. Humanitarian Coaltion'. Available at http://humanitariancoalition.ca/sites/default/files/publication/nepal-earthquake-report-final.pdf accessed 24 April 2016.

25 Ibid.

26 Crenshaw, Kimberle (1989). "Demarginalizing the intersection of race and sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics" University of Chicago, Legal Forum 1989: 139-167.

27 Crenshaw, Kimberle; (2015). 'Why intersectionality can't wait', Washington Post September 24, 2015. Available at https://www.washingtonpost.com/news/in-theory/wp/2015/09/24/why-intersectionality-cant-wait/ accessed 10 April 2016.

28 Interagency Standing Committee; (2006). 'Women, Girls, Boys and Men: Different Needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action', p.6. Available at https://www.humanitarianresponse.info/system/files/documents/files/Gender%20Handbook.pdf accessed 11 April 2016.

29 Ibid.

30 Oxfam; (2016). 'HPA Nepal Narrative Report'.

31 See for example, Haiti earthquake: https://www.outrightinternational.org/content/impact-earthquake-and-relief-and-recovery-programs-haitian-lgbt-people; Japan earthquake and tsunmi: http://www.fridae.asia/gay-news/2011/03/18/10724.japanese-lgbt-plhiv-orgs-report-in-ok-but-uncertainty-remains; Pakistan floods: http://madikazemi.blogspot.com.au/2011/10/in-pakistans-floods-transgender-people.html; India tsunami response: http://odihpn.org/magazine/aravanis-voiceless-victims-of-the-tsunami/ accessed 24 April 2016.

32 http://gaynewsnetwork.com.au/feature/nepal-life-for-lgbt-people-after-the-earthquake-18035.html accessed 20 April 2016. Also see http://fusion.net/story/139780/an-aid-group-in-nepal-set-up-a-special-camp-for-transgender-earthquake-victims/ accessed 20 April 2016.

33 Nepali identity group, Knight, K. G., Flores, A. R., & Nezhad, S. J. (2015). Surveying Nepal's Third Gender Development, Implementation, and Analysis. *TSQ: Transgender Studies Quarterly*, *2*(1), 101-122.

34 UNDP, Williams Institute (2014). 'Surveying Nepal's Sexual and Gender Minorities: An Inclusive Approach'. Bangkok, UNDP. Available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/Nepal-Survey-Oct-2014.pdf accessed 10 April 2016.

35 Ibid.

36 World Humanitarian Summit (2016). 'Inclusion of persons with disabilities into humanitarian action: Special Session Core Responsibility Three of the Agenda for Humanity'. Available at http://whsturkey.org/Contents/Upload/SS2%20Disabilities_4tcccswm.rzl.pdf accessed 17 April 2016.

37 Age and Disability Consortium; (2015). 'Minimum Standards for Age and Disability Inclusion in Humanitarian Action'. London. HelpAge International. Available at http://www.cbm.org/article/downloads/54741/Minimum_Standards_for_Age_and_Disability_Inclusion_in_Humanitarian_Action.pdf accessed 10 April 2016.

38 Washington City Group; (n.d). 'Statement of rationale for the Washington Group general measure on disability'. Available at http://www.cdc.gov/nchs/data/washington_group/rationale.pdf at 22 April 2016.

39 Oxfam; (2016). 'HPA Nepal Narrative Report.'

40 Ibid.

41 AusAID; (2013). 'Accessibility Design Guide: Universal design principles for Australia's aid program', January 2013, Registration Number 13. Available at http://dfat.gov.au/about-us/publications/Documents/accessibility-design-guide.pdf accessed 24 April 2016.

42 CBM Australia; (n.d). 'Working with DPOs, including running trainings with DPOs'. Melbourne. CBM.

43 Pacific Disability Forum (2013). 'Capacity Development for Effective & Efficient Disabled People's Organisations in Pacific Island Countries'. Available at http://www.pacificdisability.org/getattachment/Resources/Research/PDF-Pacific-Report-2013-eCopy.pdf.aspx accessed 17 April 2016.

44 CBM Australia. 'Working with DPOs, including running trianings with DPOs'.

45 UNHCR; (2013). 'Working with older persons in forced displacement'. Need to Know Guidance Note 5. Geneva. 2013. Available at http://www.refworld.org/pdfid/4ee72aaf2.pdf accessed 26 April 2016.

46 Age and Disability Consortium; (2015). 'Minimum Standards for Age and Disability Inclusion in Humanitarian Action'. London. HelpAge International.

47 Withers, L and Dahal; N et al; (2015). 'After the Earthquake: Nepal's Children Speak Out: Nepal Children's Earthquake Recovery Consultation'. Plan International, Save the Children, UNICEF and World Vision International. Available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/150727_sc_pi_wv_unicef_children_consultation_final_lowres.pdf accessed 24 April 2016.

48 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/150727_sc_pi_wv_unicef_children_consultation_joint_recommendations.pdf accessed 24 April 2016.

49 Humanitarian Coalition (2016). 'Final Meeting: Review of the Earthquake response in Nepal of the Humanitarian Coalition'. Available at http://slideonline.com/embed/119543#/41 accessed 19 April 2016.

50 UN OCHA, Nepal Earthquake Humanitarian Response April to September 2015, 2015, p. 4

51 World Vision International; (2015). 'Real-time Evaluation of World Vision's Response to the Nepal Earthquake Emergency: July 2015.'Available at http://www.alnap.org/resource/21277 accessed 24 April 2016.

52 http://gender.care2share.wikispaces.net/Gender+Equity+and+Diversity+work+at+CARE accessed 24 April 2016.

53 CARE; (2015). 'Rapid Gender Analysis for Dhading'. Available at http://reliefweb.int/sites/reliefweb.int/files/resources/CARE_Rapid%20Gender%20Analysis%20Dhading_Final.pdf accessed 20 April 2016.

54 hhttp://www.bbc.co.uk/mediaaction/where-we-work/asia/nepal/milijuli-nepali accessed 20 April 2016.

May 2016

Produced by Humanitarian Advisory Group

HUMANITARIAN
ADVISORY GROUP

17/31 Queen St Melbourne VIC 3000
info@humanitarianadvisorygroup.org
ABN 17 164 772 936

humanitarianadvisorygroup.org

cbm
together we can do more

HUMANITARIAN
ADVISORY GROUP

care

Caritas
AUSTRALIA

OXFAM

PLAN
INTERNATIONAL

World Vision