HPG working paper

Inclusion and exclusion in the north-east Nigeria crisis

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HPG Humanitarian Policy Group

ODI

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This report is one of multiple case studies that form part of the IP project 'Falling through the cracks: inclusion and exclusion in humanitarian action'.

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Acronyms

AAP	accountability to affected people
AUN	American University of Nigeria
BAY	Borno, Adamawa and Yobe States
CJTF	Civilian Joint Task Force
DTM	Displacement Tracking Matrix
ECHO	European Union Civil Protection and Humanitarian Aid Operations
FCDO	United Kingdom Foreign, Commonwealth and Development Office
FGD	focus group discussion
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HPG	Humanitarian Policy Group
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IAHE	Inter-Agency Humanitarian Evaluation
IDP	internally displaced person
INGO	international non-governmental organisation
IOM	International Organisation for Migration
IP	Integrated Programme
ISWAP	Islamic State's West Africa Province
JAS	Jamā'at Ahl as-Sunnah lid-Da'wah wa'l-Jihād
JONAPWD	Joint National Association of Persons with Disabilities
JTF	Joint Task Force
LGA	Local Government Area
LGBTQI	lesbian, gay, bisexual, transgender, queer, questioning and intersex
MSNA	Multi-Sectoral Needs Assessment
NGO	non-governmental organisation
SOGIESC	sexual orientation, gender identity and expression, and sex characteristics
ToRs	Terms of Reference
TWB/CG	Translators without Borders/CLEAR Global

UN	United Nations
UN RC HC	United Nations Resident and Humanitarian Coordinator
WASH	water sanitation and hygiene
WFP	World Food Programme
WISE	Women Initiative for Sustainable Empowerment and Equality

Executive summary

The humanitarian response in north-east Nigeria is an important opportunity to examine some of the barriers to more inclusive humanitarian action in large-scale, complex and protracted displacement crises. Acknowledging the immense operational challenges facing humanitarian actors, this study found that the response is not systematically inclusive, which has led to the exclusion of entire communities, therefore undermining its relevance, effectiveness and impartiality. The response's lack of adequate engagement with diverse communities and consideration of longer-term and structural processes of exclusion, as well as the specific exclusionary effect of the conflict, means that the humanitarian response further exacerbated and contributed to the exclusion of already marginalised populations. This working paper examines issues of inclusion and exclusion in humanitarian action and interrogates what the drivers of exclusion are for people affected by conflict, including those pertaining to humanitarian action. It examines how far the humanitarian response is inclusive and which factors undermine and support more inclusive humanitarian action.

Long-term social exclusion within Nigeria society intersects with the impact of conflict to create heightened vulnerabilities for certain groups of individuals. The conflict has profoundly exacerbated socio-economic inequalities that existed in the region prior to the crisis (World Bank, 2018). Such long-term risks of social exclusion also intersect with the humanitarian response, yet humanitarian actors have failed to adequately take them into account. While efforts have been made to consider exclusions linked to gender norms, language marginalisation and disability, the response has failed to fully understand and mitigate the wider dynamics of exclusion, which further contributed to leaving whole sections of the population behind.

The conflict and displacement has created specific drivers of exclusion for men and boys of fighting age. Because they face greater risks of recruitment by non-state armed groups, death and detention by the military, they are under-represented in internally displaced person (IDP) camps and in humanitarian data. This absence is too often wrongly interpreted as them not being in need of assistance, but it should be seen as a symptom of the differentiated impact of the conflict. Any perceived association with non-state armed groups, whether true or not, is also a key driver of exclusion. People from certain ethno-linguistic groups and those newly displaced from certain locations or recently released from detention are also seen to be suspicious and are at risk of exclusion as a result. However, humanitarian actors failed to adequately consider these dynamics, meaning that groups of individuals are marginalised even further in the response.

Community leaders also play a significant role in driving exclusion in north-east Nigeria as they can support exclusionary community dynamics between IDP and host communities as well as within IDP communities. While this impacts the ability of individuals to access livelihood opportunities or participate in community life, it also has negative implications for accessing humanitarian assistance. People affected by the conflict systematically reported the role community leaders played as gatekeepers

of humanitarian assistance and participation in the response, arguing that the main factor affecting inclusion in assistance was how close an individual was to community leadership. This was rarely highlighted by aid actors who commonly felt that community engagement was effective and inclusive.

Longer-term and conflict-specific drivers of exclusion were further compounded rather than mitigated by a humanitarian response that was not systematically inclusive. The study found that a majority of humanitarian actors had a weak understanding of what inclusion meant and how it related to an effective, impartial and relevant response. Humanitarian actors repeatedly and systematically reported that the main issue of exclusion in the response was their lack of access to populations living in areas not under government control. Issues of inclusion and exclusion were mainly framed within this macro-level operational challenge as opposed to reflecting on inclusion in areas where access was feasible. Blanket statements that the response was impartial and therefore did not lead to exclusion clashed with feedback from people affected by conflict who highlighted their exclusion from participating in needs assessment, accessing effective feedback and complaint mechanisms, accessing assistance and services for specific needs, and having equitable access to services and assistance.

A range of factors impacted how well the response was able to track exclusion and support more inclusive humanitarian action. The focus on and dedicated funding for protection mainstreaming was seen as a key element supporting more attention on exclusion and efforts towards inclusive responses. The presence of Translators without Borders/CLEAR Global (TWB/CG) was repeatedly mentioned as an example of best practice for supporting more inclusive humanitarian action, along with inclusive participation in needs assessments and in feedback and complaint mechanisms. This highlights how the lack of other inclusion-specialised organisations meant certain issues were falling through the cracks of the response, especially as no organisation holds a clear mandate or role to ensure greater inclusion. Global policy commitments and guidance such as the Inter-Agency Standing Committee (IASC) guidelines on disability inclusion (IASC, 2019) and the Enhanced Humanitarian Programme Cycle guidelines have led to increased attention to disability inclusion and greater consideration for disability in planning processes such as the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).

The nature and scale of the crisis means that macro-level operational challenges took up most financial and human capital, leading to a de-prioritisation of inclusion. A lack of effective leadership and clarity on who had responsibility for inclusion meant there was no mandate or strategic direction. As a result, inclusion continued to be seen as a project under the responsibility of protection and accountability specialists rather than an overriding concern affecting the relevance, quality and effectiveness of the overall response. Because impartiality was assumed, exclusion was not pro-actively verified through tracking, and intersecting factors leading to exclusion from and inequitable access to assistance and services were not considered. While current tools and processes to assess needs were deemed to effectively identify where needs were concentrated, the lack of secondary-level assessments and analysis on intersecting drivers of exclusion meant that humanitarian actors were unaware of such drivers and did not integrate them to inform their understanding of vulnerability and needs. This compounded aid actors contributing to exclusion as the response adopted ineffective community engagement approaches and lacked proximity to people affected by the conflict.

This case study raises wider questions on how best to track exclusion and support more inclusive humanitarian action. It highlights the challenges of doing better on inclusion in large-scale and protracted internal displacement crises. At the same time, it calls for re-prioritising humanitarian leadership on effectiveness, relevance and impartiality through adopting a strategic vision for tracking exclusion and supporting more inclusive humanitarian action. The paper highlights that inclusion and impartiality are not well understood and it remains unclear how to operationalise and monitor such commitments and principles. It calls for more analysis and data on drivers of exclusion and their link to needs and vulnerability. Finally, it highlights the link between inclusion, participation and localisation and proposes adopting an inclusion lens through which to explore wider humanitarian reform agendas such as participation and localisation.

Measures of success in the humanitarian sector directly undermine inclusion efforts as quantity (scale) of responses still prevails over quality. The return on investment continues to be measured not on impact but on how many people have been reached. While acknowledging efforts to push for a value-for-money approach that focuses on impact, quality and equity, the reality remains that the quantity of people reached is more readily branded as a measure of success in large-scale emergencies. As a result, the investment case for inclusion continues to fail to meet these accepted success criteria. Hence, protection crises such as in north-east Nigeria continue to lack the right leadership to move towards more inclusive humanitarian action.

Recommendations for tracking exclusion and supporting more inclusive humanitarian action

The following recommendations aim to inform future leadership and response to large-scale complex crises such as north-east Nigeria, and inform policy and practice for more inclusive humanitarian action.

Ask who are we not seeing and check assumptions against data

- Monitor who the assistance, services and protection are not reaching and compare beneficiary data with demographic data. For instance, if disability prevalence is 10% and only 1% of people visiting a health clinic report a disability, this indicates that there may be barriers to access. This should inform additional assessment to understand why this is the case and what could be done to mitigate access challenges.
- Monitoring and evaluation tools should consider integrating such analysis to seek more readily and proactively to identify people falling through the cracks of the response.

Re-prioritise inclusion and impartiality as an operational and strategic focus, including through establishing a clearer policy framework

- Move away from assuming impartiality to proactively monitoring organisation and response-wide impartiality, including through monitoring and tracking exclusion.

- The IASC should commission a white paper to inform a policy on inclusion in humanitarian action. The IASC should adopt a formal definition of inclusion beyond single issues that incorporates all facets – impartiality, equitable access, specific needs, participation and accountability to affected people (AAP). A policy paper would also be useful to outline what is expected from aid actors to support inclusive humanitarian responses. Such a policy should clarify the definition and different elements of inclusion, its operational implications and its links to existing policies on gender, protection and AAP, as well as efforts to shift the system towards more local leadership.
- Future Humaitarian Coordinator (HC) retreats should reflect on the operational challenges in large-scale, complex crises to consider how inclusion could be best introduced as an operational and strategic focus. This might include sensitising HCs to the humanitarian imperative for more inclusive action, how to consider impartiality with an inclusion lens and current evidence and approaches that support inclusive outcomes.

Invest in more disaggregated data and analysis to inform more inclusive practices

- Continue to support the collection, analysis and use of sex, age and disability disaggregated data.
- Go beyond current data and analysis to inform humanitarian responses with an analysis of diversity and specific needs. This should include informing how best to do inclusive communication and community engagement, and how best to deploy inclusive feedback and complaint mechanisms, so that AAP is effective for a diversity of people.
- Invest in more studies on drivers of exclusion, political economy, conflict analysis, conflict lines and social dynamics in the context of the crises and their implications for potential risks of exclusion in the humanitarian response. This could be done through engaging with local and international human rights actors, peacebuilding actors, organisations representing individuals facing marginalisation, sociologists and anthropologists with expertise in certain communities and geographical areas. They could conduct political economy analysis with a social exclusion focus, conducting Knowledge, Attitudes and Practice assessments on specific diversity issues with aid workers and populations affected by crisis. This knowledge should be widely disseminated across the response, including as part of induction processes of new staff members. Such a process should link with existing work done by REACH on the Multi-Sectoral Needs Assessment (MSNA) (REACH, 2019) and link up to the HNO and HRP processes.
- Inclusion-specialised organisations that focus on specific forms of discrimination, such as CBM Global, should work together to expand the use of inclusion and exclusion audits as an evaluation, measurement and accountability mechanism for humanitarian responses. Such audits would also help Humanitarian Country Teams (HCTs) to understand gaps in the response and prioritise actions such as reasonable accommodations to improve inclusion. Donors should consider funding and requiring inclusion and exclusion audits in humanitarian responses.

Link policy and operational efforts on inclusion, participation and localisation

- In crisis response, invest in an analysis of community dynamics to inform a solid community engagement strategy.
- Globally, revisit and build the evidence base on current practices of community engagement to assess their inclusivity and how to effectively mitigate gatekeeping by community leaders.
- Invest in 'beyond the gatekeeper' community engagement. Engage with other community leaders – such as those representing women, youth, people living with disabilities and other minorities – including through their formal membership organisations or representative organisations as per the IASC guidelines (IASC, 2019).
- Fund and support sector-wide deployment of inclusion-specialised organisations to coordinate their efforts to inform an overall inclusion strategy for the response, as well as specific actions for individual forms of discrimination and single inclusion issues.
- Ensure that localisation strategies in humanitarian contexts consider and support the role of women's rights organisations, organisations of people with disabilities, older age associations, organisations supporting the right of lesbian, gay, bisexual, transgender, queer, questioning and intersex (LGBTQI) people, etc.

Recommendations for immediate action by humanitarian actors in north-east Nigeria

The recommendations below are specific to the north-east Nigeria humanitarian response as immediate actions that could be taken to work towards making it more inclusive:

- HCs and the HCT should **tackle the issue of community dynamics and leaders' corruption in the response** as a matter of priority to reduce drivers of exclusion, including through:
  - Conducting a power and stakeholder mapping of community structures on an area level.
  - Revising community engagement guidelines.
  - Increasing engagement of independent stakeholder groups in the community.
  - Increasing post-distribution monitoring and spot checks.
  - Engaging community leaders directly in a dialogue on the findings of this report.

- The food security sector and its partners must **revise food distribution practices** to follow existing guidelines and good practices to ensure safe and dignified food distributions and support those who are physically vulnerable and at risk of physical exclusion in crowds.

1 Introduction

1.1 Background to the crisis

Since 2009, the Government of Nigeria has been fighting jihadist insurgent groups[1] in the north-eastern states of Borno, Adamawa and Yobe (the so-called BAY States). The conflict has resulted in years of armed violence that has impacted the lives and livelihoods of civilians in Nigeria and the wider Lake Chad Basin.[2] Although much delayed (Edwards, 2017), a large-scale humanitarian response has been in place in north-east Nigeria since 2016.[3] The 2021 Humanitarian Response Plan (HRP) estimates that 8.7 million people are in need of humanitarian assistance and protection, 1.92 million are internally displaced and 257,000 have sought refuge in Cameroon, Chad and Niger (OCHA, 2021a). The north-east region of Nigeria has faced long-standing structural poverty and inequality, which are often seen as key drivers of the conflict. This has turned the crisis into one of 'the most pronounced, multi-faceted and complex humanitarian and development [crises] known to the international community today' (UNDP, 2018: xiii).

Within this context, this report examines issues of exclusion and inclusion in humanitarian action. Inclusive action is embedded in the commitment to impartiality requiring humanitarian action to be non-discriminatory and focus on the most urgent cases. However, evidence shows that too often it is those most urgent cases that fall through the cracks of large-scale responses to complex crises (Barbelet, 2018; Barbelet and Wake, 2020). While inclusion remains at the core of various policy discussions and commitments, in practice, it falls at the periphery of responses, particularly in complex, protracted humanitarian situations. This failure to centre inclusivity brings into question both the ethical essence of humanitarian action and its effectiveness (Barbelet and Wake, 2020).

The humanitarian response in north-east Nigeria provides an example of a large-scale, complex, internal displacement and protracted crisis within which to examine issues of inclusion and exclusion. This report interrogates what are the drivers of exclusion for people affected by conflict, including those pertaining to humanitarian actors. It examines how far the humanitarian response is inclusive and what has facilitated and undermined the ability of humanitarian actors to track exclusion and ensure an inclusive response. While it does not provide an in-depth study of general drivers of exclusion in

1 These have included the Jamā'at Ahl as-Sunnah lid-Da'wah wa'l-Jihād (JAS) faction of Boko Haram, and the Islamic State's West Africa Province (ISWAP), a splinter group of Boko Haram recognised by the Islamic State.

2 While this report focuses on north-east Nigeria, the conflict has impacted the wider Lake Chad Basin region. As of June 2019, there were 248,000 internally displaced people (IDPs), 102,000 Nigerian refugees and 1.9 million people in need in the Far North region of Cameroon; 40,000 new IDPs in 2019 and 487,000 people in need in Chad; and 461,000 people in need in Niger (OCHA, 2019).

3 A Strategic Response Plan was in place for 2014 to 2016. A Humanitarian Needs Overview (HNO) was also conducted in 2014. However, response capacity and funding did not allow a full-scale response until later in 2016 (see Edwards, 2017). Access was (and continues to be) severely constrained, with the United Nations (UN) agencies and international non-governmental organisations (INGOs) unable to access Maiduguri (the capital of Borno State).

north-east Nigeria, the report highlights how pre-existing inequalities and social exclusion intersect with the government response to the conflict, as well as how far humanitarian actors understand and take into account these drivers of exclusion to inform a more inclusive response.

1.2 Methodology

This paper is one of four case studies examining exclusion and inclusion in humanitarian action.[4] While inclusion is a critical concept in humanitarian action, there is no agreed sector-wide definition. Most definitions include elements of impartiality, equitable access, addressing specific and diverse needs, and equal participation (Barbelet and Wake, 2020) (see Box 1). Increasingly, the conversation on inclusion has raised the need to adopt more intersectional approaches; work must be done to consider how different identify factors intersect to create specific vulnerabilities. For instance, in the case of an older woman living with disabilities, her specific situation, capacity and needs should be considered holistically rather than focusing on her age, gender or disability in isolation.

A qualitative research methodology was chosen to explore three central research questions:

1. What are the drivers of inclusion and exclusion in humanitarian crises, including drivers that exist within and outside the practice of humanitarian actors?
2. What and whose needs are included and excluded and by whom in humanitarian action?
3. What does an inclusive approach to humanitarian action look like?

Box 1 The concept of inclusion in humanitarian action

- **Inclusion as impartiality:** ensuring through inclusive assessments and the use of disaggregated data that humanitarian action reaches and focuses on the most urgent cases and those most affected by crises without discrimination.
- **Inclusion as equitable access:** ensuring that all individuals affected by crises can have equal access to services and assistance.
- **Inclusion as specific and diverse needs:** ensuring that humanitarian responses address the specific needs of individuals and cater to diverse needs. This includes tailoring programmes.
- **Inclusion as participation:** ensuring that all individuals are able to participate in humanitarian responses. This includes influencing the strategic direction of humanitarian responses, the capacities of all individuals being recognised and harnessed, and that humanitarian responses listen to the voices of those too often marginalised in societies and communities.

Source: adapted from Barbelet and Wake (2020)

4 The overall research project, part of HPG's Integrated Programme (HPG, 2019), seeks to inform how humanitarian action can become more inclusive.

A review of the literature coupled with eight inception interviews informed the final methodology and data collection tools. Inception interviews reached out to individuals with an in-depth knowledge of north-east Nigeria through both a peace and conflict lens as well as a humanitarian and inclusion lens. The literature review focused on conflict and context analysis, reports on specific groups and inclusion issues, as well as operational documents such as the HNO and the HRP.

Data collection and analysis was done in partnership with the American University of Nigeria (AUN), Neem Foundation – a crisis response organisation committed to promoting the protection and well-being of populations and communities living in contexts affected by conflict, violence and fragility; and the Women Initiative for Sustainable Empowerment and Equality (WISE) – a feminist, sexual minority rights-based organisation operating in 19 states in Nigeria in the northeast, northwest and north-central zones. While AUN, Neem Foundation and WISE were able to collect data in person, HPG researchers conducted all their interviews remotely due to their inability to travel to Nigeria because of the Covid-19 pandemic. Data collection took place between November 2020 and April 2021, and comprised (see Appendix 1 for more details):

- 18 focus group discussions (FGDs) with people affected by the crisis, including IDPs, members of the host community and returnees.
- 16 FGDs with individuals who had specific identify factors that could lead to them facing marginalisation and exclusion.
- 84 interviews with individuals who had specific identify factors that could lead to them facing marginalisation and exclusion.
- 87 interviews with aid responders, including international and national organisations as well as relevant government entities.

The study aimed to reach – and succeeded with varying degrees (see below limitations) – a number of specific groups of people based on findings from the inception report: people living with disabilities, youth, older people, women and girls associated with non-state armed groups, returnees, IDPs living in host communities, IDPs belonging to a religious minority, ethnic minorities, and marginalised language groups. The study initially aimed to use more participatory modes of research to conduct FGDs, such as having FGDs with people with disabilities that were led by members of organisations for people with disabilities, alongside a researcher. For a number of reasons, including the lack of organised entities around certain groups or inclusion issues, this was only feasible for lesbian, gay, bisexual, transgender, queer, questioning and intersex (LGBTQI) people. People with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) that are affected by the conflict were interviewed by organisations supporting them, enabling a safe and inclusive environment for research participants.

1.3 Challenges and limitations

The research team was unable to conduct interviews and FGDs with as diverse a group of individuals as initially planned. Insecurity and capacity challenges meant that some voices and experiences are not well represented in this report, particularly older people, people with learning disabilities,

some ethnic groups such as the Fulani, and marginalised language groups. The research could only focus on geographic areas of relative security, meaning that populations living in areas outside the control of government or in insecure government-held areas were not included in this research. These populations are also out of reach, and therefore excluded, from international humanitarian assistance.[5] Where possible, existing literature was used to mitigate these gaps. Personal details such as participants' age and ability status were not always well recorded during data collection, making it difficult to provide a more detailed account of their profiles.

The study was an exploratory research project with wide-ranging hypotheses. As a result, the scope of work was, at times, too wide and did not allow for deeper exploration beyond more general statements. The remote nature of the partnership between HPG, AUN, Neem Foundation and WISE meant that an adaptive approach to the methodology – which could have narrowed the focus – was not feasible.

The research team was diverse with different levels of research expertise on north-east Nigeria and on humanitarian policy and practice. This collectively resulted in differing levels of understanding of the concept of inclusion and related issues. This is not unusual; as the findings indicate, the same was true for humanitarian actors. This had implications for the way that different concepts were explained and understood during data collection and how respondents' answers were interrogated during interviews or FGDs.

Inclusion is not a concept that is easily translated into different languages. Research tools required translations across multiple languages and creativity to explain concepts and nuances. Translation challenges were compounded by low levels of literacy in the region, which led to respondents being impatient with the research process.

5 Here, the authors specify international humanitarian assistance as it remains unclear whether some assistance provided by local and national actors may be reaching these areas. Some government vaccination programmes, for instance, were able to reach populations that have not been reached by international humanitarian assistance.

2 Context, conflict and the humanitarian response in north-east Nigeria: an overview

2.1 Context and conflict

Borno, Adamawa and Yobe are the three most conflict-affected states in north-east Nigeria. Although Nigeria is a lower-middle income economy and Africa's largest economy (Ikpe, 2017), poverty levels and inequality remain high (41% of the population live in extreme poverty). However, those living in the north-west and north-east regions of Nigeria are disproportionately affected: more than 70% of the population live in poverty. Underdevelopment and enduring disparities across a range of development indicators, coupled with intergroup inequalities, competition over land, political discrimination and the lingering impact of unresolved violence and injustice, have fostered grievances among the wider population in the north-east. This has created a fertile ground for mobilising division and violence. While religion plays a prominent role as the most salient aspect of identity in Nigeria (Alao, 2013; Eyeruroma and Allison, 2013; NRN, 2013), material and structural factors as well as social exclusion are critical underlying causes of conflict.

Since 2009, the conflict[6] in north-east Nigeria has seen continued violence, the fragmentation of non-state armed groups and a strong military response. Multiple armed groups are active in the conflict, the most dominant of which until recently was Boko Haram,[7] which emerged as a radical fundamentalist Islamic group in 2002 in Maiduguri, Borno State. Despite state security forces executing its leader in 2009, the group re-emerged in 2010 under new leadership. Boko Haram's aim of establishing control over a large swathe of territory led to them overrunning the regional capital Maiduguri in 2014 and increasingly targeting cities in the north-east in 2014 and 2015. These continued attacks resulted in large-scale displacement of civilians as well as the flight of government civil servants, with significant implications for health and education infrastructures. While initially Boko Haram was joined by disgruntled individuals rebelling against a government apparatus that delivered bad governance, underdevelopment and corruption, it has also long resorted to kidnapping and forced conscription as a way to grow its ranks. Indeed, the conflict attracted international visibility when Boko Haram kidnapped

6 There are several other ongoing crises in the country, including banditry violence in the north-west, inter-community conflict in the Middle Belt of the country, the End-SARS (Special Anti-Robbery Squad) movement against policy brutality, and natural hazard-related disasters such as the drying of the Lake Chad basin, floods, fires, drought and desertification.

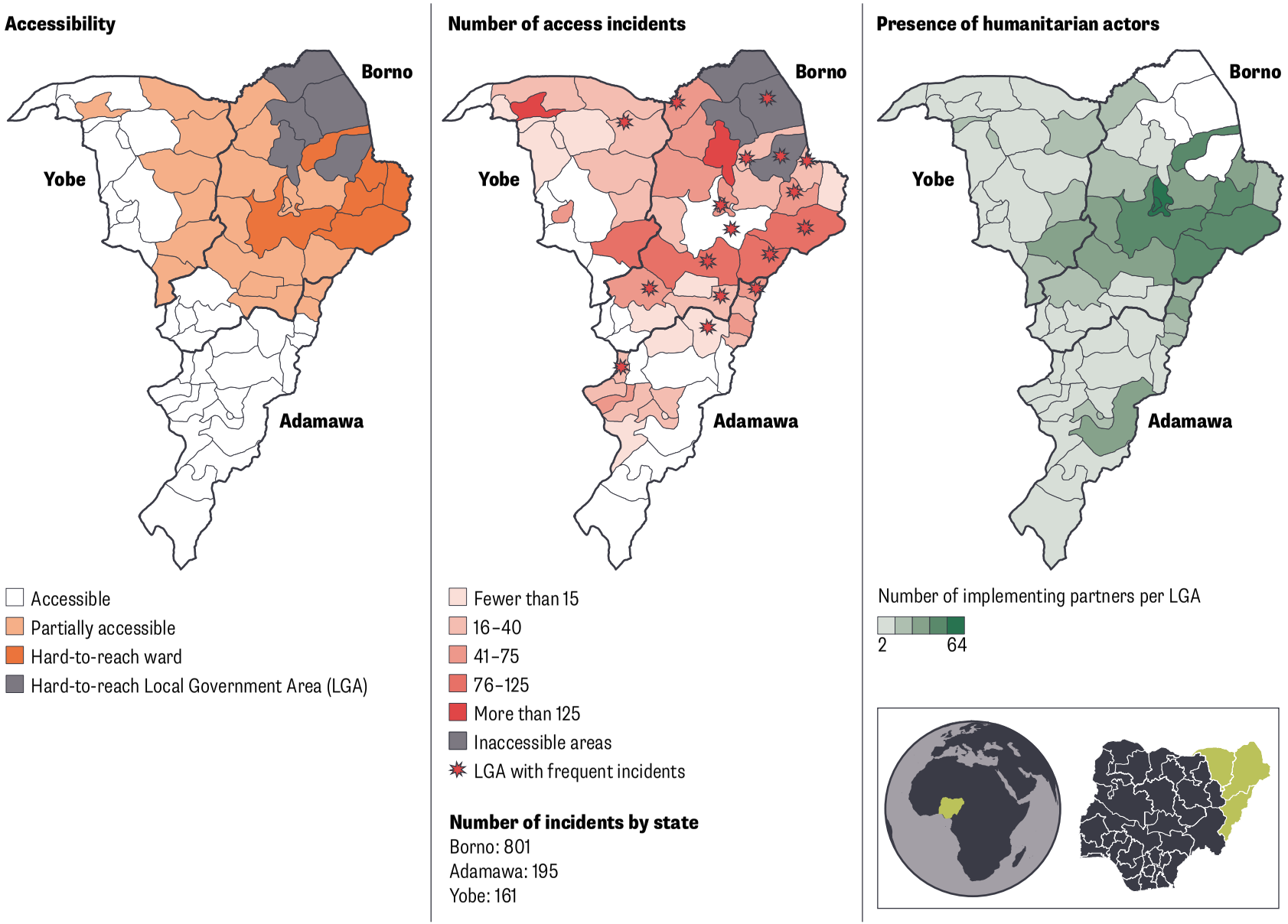
7 Boko Haram is committed to the propagation of the prophet's teachings and Jihad (International Alert and UNICEF, 2011). Boko Haram means 'Western education is forbidden'.

276 mostly Christian girls from Chibok. Beyond conscription, Boko Haram has tried to maintain power over populations and civilians living in areas under their control with grave sanctions for those found trying to escape (Amnesty International, 2020).

ISWAP, a splinter group of Boko Haram, has gradually taken over as the dominant non-state armed group in the north-east and has gained recognition from the leadership of the Islamic State (ICG, 2019; Day et al., 2020). By the end of 2020, the insurgency led to nearly 350,000 deaths, 314,000 of which came from indirect causes (Hanna et al., 2021). In 2021, non-state armed groups continue to control most territories in north-east Nigeria (see Figure 1). They continue to wage attacks on towns across the north-east despite increased fighting between Boko Haram and ISWAP, as well as defections from Boko Haram.[8]

8 In 2021, thousands of Boko Haram fighters surrendered themselves to the government following ISWAP's increased dominance in the area, their leader Abubakar Shekau blowing himself up instead of surrendering to ISWAP, and following the government's campaign to encourage defection (see The New York Times, 2021).

Figure 1 Inaccessible areas, access incidents and presence of humanitarian actors in Borno, Adamawa and Yobe, north-east Nigeria



Note: An access incident or constraint is any restriction on the ability to deliver assistance freely and safely, restrictions on communities' access to assistance, or interference with humanitarian assets, supplies or premises. This includes incidents committed by both state and non-state actors.

Sources: data from the International Organisation for Migration's Displacement Tracking Matrix and UN Office for the Coordination of Humanitarian Affairs (OCHA) Nigeria.

2.2 Political, military and humanitarian response

The conflict has resulted in a dire humanitarian situation characterised by large-scale internal displacement and food insecurity. The 2021 HRP estimates that 8.7 million people are in need of humanitarian assistance in the BAY States, out of a population of 13.1 million (OCHA, 2021b). Of these, the current response targets 6.4 million (OCHA, 2021a). A total of 1.92 million people remain internally displaced in the BAY States[9] with 54% of IDPs living in host communities in garrison towns (OCHA, 2021a).[10] Since December 2020, internal displacement has increased by 1.6% (DTM, 2021)[11]. As of July 2021, data indicates that 4.4 million people living in north-east Nigeria currently face acute hunger with 300,000 children suffering from acute malnutrition (WFP, 2021).

The Nigerian government's response has been characterised by a strong military approach to the conflict, which the government has framed as a terrorist insurgency rather than an internal armed conflict under International Humanitarian Law. This means that any persons associated with proscribed armed groups active in north-east Nigeria are liable to prosecution (ICG, 2014), a rule which extends to any organisations (including humanitarian organisations) who engage with non-state armed groups in the north-east. The situation is further compounded by some donors, such as the United States, also designating Boko Haram as a terrorist organisation. As a result, humanitarian organisations have neither felt nor been able to engage non-state armed groups in any humanitarian dialogue, or deliver assistance and services to populations under their control. This has led to questions around the neutrality, independence and impartiality of the humanitarian response as a whole.

The 2013 State of Emergency[12] declaration in the BAY States allowed the Nigerian military to play a significant role in civilian lives. In parts of the BAY States, in particular Borno State, the military have been the only effective governing presence due to the flight of civil servants. With the aim of minimising the scale of the crisis and addressing the growing insecurity, the government consolidated the military, the state security services and the police to create the Joint Task Force (JTF). A Civilian Joint Task Force (CJTF)[13] was later formed in Maiduguri to support military operations (ICG, 2014).

As the military started taking back territory from Boko Haram, and with continued attacks by non-state armed groups, it adopted a Super Camp Strategy.[14] The Strategy aimed to concentrate the military in larger towns – also known as 'garrison towns' – in strongholds where civilians (including IDPs) either live

9 This number only accounts for IDPs in the BAY States. There are IDPs in other parts of Nigeria that are not part of the HNO and HRP planning figures. This has implications for these IDPs' inclusion in humanitarian assistance.

10 In Borno State, where 81% of IDPs reside, 54% of IDPs live in camps.

11 The latest DTM report indicates a 6.6% increase in the number of IDPs during the past year.

12 At the time of publication, there was no longer a state of emergency in the BAY States. However, the military presence continued to be high and civilian government presence lacking.

13 This is described as a civilian vigilante group comprising youths from cities who self-organise to patrol the streets in search of Boko Haram fighters.

14 This strategy officially ended in 2021, although little has changed in terms of life in garrison towns.

or are compelled to move (Wolf, 2020). The military and the CJTF undertake the screening of those arriving from insurgency-held locations and detain suspected members of non-state armed groups,[15] often giving them no access to justice or the right to communicate with their families and lawyers, sometimes for years (ICG, 2016; Amnesty International, 2018). The screening process remains unclear and is not systematically implemented. Early in the conflict, high numbers of men and boys of fighting age went missing during this process, leaving women, elderly people and children in high proportions in IDP camps and towns. In 2016, the government adopted Operation Safe Corridor to encourage more defections from non-state armed groups by offering fighters the chance to de-radicalise themselves. However, this strategy did not stop civilians being treated as terrorists; many continue to be detained unlawfully and in dire conditions (see ICG, 2021). According to some study participants, humanitarian actors have made little effort to access these screening centres or advocate for a change in government policy.

The Super Camp Strategy, as well as continued insecurity outside garrison towns, has led to movement restrictions for those living in the towns' perimeters, leaving populations with little access to fields for farming, fetching firewood and water. IDPs' movements in and out of camps are monitored by the CJTF. These restrictions have serious implications for a population that has historically relied on agriculture for livelihoods. The CJTF also tends to arrest men and boys of fighting age found outside of garrison towns under suspicion of belonging to armed groups, adding the risk of unlawful detention.

Despite security measures, non-state armed groups have continued to infiltrate towns to carry out attacks and suicide bombings, and have at times overrun whole towns, attacking humanitarian warehouses and displacing people. The Government of Nigeria is pushing for an early resolution of the crisis with early claims of victory over the insurgency. This has led to some IDPs being pushed to prematurely return to their location of origin with no guarantee for their security; there have been serious incidents of returnee populations being attacked and killed by non-state armed groups.

The Government of Nigeria plays a significant role in shaping the parameters of the humanitarian response. National-level (National Disaster Management Agency, newly created Ministry of Humanitarian Affairs) and state-level (State Disaster Management Agency) agencies are mandated to deliver, support or coordinate elements of the humanitarian response. However, in practice, these institutions are often weak and can be corrupt. Problems in the humanitarian response have been further compounded by complex and ineffective internal government coordination across federal and state levels, including with military and security actors. This has led to the response being politicised and securitised.

Indeed, the military is positioned as a security provider and gatekeeper for humanitarian actors requiring extensive civil military relations capacity. At times, the government and the military have imposed restrictions on the volume of cash transported by humanitarian actors, banned certain types of goods, limited fuel and mandated military escorts for certain types and volume of cargo on specific roads. Due to

15 Recently, the government has eased the screening and detention to encourage defection from non-state armed groups, although defectors remain in guarded camps in garrison towns.

insecurity as well as ongoing restrictions linked with active counter-insurgency operations, humanitarian actors are constrained in terms of where they can deliver assistance and services, which compromises perceptions of their neutrality and independence. This is not helped by the co-location of humanitarian actors within military camps in some garrison towns, although efforts were made to delink the two later in the response. Humanitarian actors therefore face security risks and can be targeted by non-state armed groups in the north-east. Between January and March 2021, there were 1,157 reported access incidents,[16] of which 20% were violence against humanitarian personnel, facilities and assets (OCHA, 2021c).

While the conflict is more than 10 years old, the humanitarian response only began at scale in 2016. According to Edwards (2017) there was a late recognition of the scale of internal displacement and the nutrition emergency, as well as a late mobilisation of the response. Edwards (2017) argues there are multiple factors behind this delay:

- for political reasons Nigeria did not want to categorise the crisis as a conflict or a large-scale humanitarian emergency;
- donor states and the UN system were reluctant to add another crisis to their list and fund a response in a middle-income country;
- the UN lacked effective leadership in Nigeria to gear up a large-scale emergency response;
- many actors were slow to change from a development to a humanitarian focus; and
- very few UN agencies and humanitarian actors were present in the north-east prior to 2016.

An HCT is led by a double-hatted UN Resident and Humanitarian Coordinator (UN RC HC). This dual role is seen by some as compromising the ability of the UN RC HC to advocate effectively for humanitarian issues, while also locating the leadership of the response to Abuja, far away from the realities of the crisis in the north-east. While an operational HCT is located in Maiduguri, the humanitarian response has struggled with a lack of access to certain populations and a lack of proximity with people affected by the conflict. The UN's leadership in the response was questioned repeatedly during this research, particularly regarding their lack of advocacy to the government. Some interviewees, including UN actors, argued that advocacy by the UN was made more challenging due to Nigeria's status as the 'giant of Africa', as a regional power and its importance as a critical peacekeeper and UN player through the UN's Deputy Secretary General, who is a Nigerian national. Nigeria's economic, political and military capital results in a government that seeks to control, constrain and establish strict policies for humanitarian organisations to operate. Some see the legacy of the humanitarian response to the Biafran War[17] as a critical element

16 OCHA describes a humanitarian access incident or constraint as 'any restrictions on the ability to deliver assistance freely and safely, restrictions on communities' access to assistance, or interference with humanitarian assets, supplies or premises. Includes incidents committed by both state and non-state actors' (www.sheltercluster.org/sites/default/files/docs/5._ocha_-_access_constraints_-_abcs.pdf).

17 The response and the posture assumed by the state is shrouded by the complex legacy of the Biafran war in 1968, when there was an outpouring of international support for people within secessionist territories, and which saw newly created non-governmental organisations (NGOs) flying in assistance. This practice was viewed as a violation of sovereignty by the Nigerian government and gave rise to a perception within Nigeria that INGOs were untrustworthy agents meddling in Nigeria's domestic affairs (McIlreavy and Schopp, 2017).

of the dynamic between aid actors and the government. While the UN has adopted a cautious attitude, donors have filled the leadership vacuum and advocate to the UN and the Government of Nigeria for more principled humanitarian action.

During research for this study, a number of operational challenges were found to undermine the humanitarian response from being more inclusive. The insecurity and access limitations outlined above were repeatedly highlighted as critical operational challenges that overwhelmed the humanitarian response and prevented humanitarian actors from delivering a more inclusive response. Another perceived challenge was the limited funding in comparison to the scale of needs and in comparison to other crises - although reported funding levels and shortfall mirror similar protracted crises.[18] Humanitarian actors interviewed repeatedly mentioned how the scale and scope of the crisis made it challenging to ensure a high-quality response. Many interviewees felt they faced a dilemma in prioritising among widespread vulnerability due to restricted resources; the large scale of displacement and crisis led to continuous new displacement in a context of chronic vulnerability. The humanitarian response has therefore largely defaulted to a blanket response according to pre-defined vulnerabilities and struggles to meet minimum standards.

One initial hypothesis of this research was that humanitarian responses focus less on inclusion at their onset and gradually mature towards more complex and nuanced programmes (addressing specific needs and tailoring), leading to a more inclusive response. Instead, a number of respondents felt that as the crisis in Nigeria became more protracted, there was more emphasis on delivering on numbers (quantity) than on quality, with implications for inclusion.

Finally, staff quality was highlighted by many responders as a factor that affected the overall quality of the response. The response initially failed to attract people with experience in responding to complex, large-scale crises and has had a relatively inexperienced humanitarian cadre, partly due to the lack of incentives to join an insecure and difficult context. This was further compounded by having many national and local staff as well as existing international staff coming from development rather than humanitarian backgrounds. Low staff capacity and quality was seen as a key issue in 'maturing' the response. This lack of senior and related experience is compounded by the fact that international actors, as well as many 'local' actors from other regions of Nigeria, lack an understanding of the region's languages,[19] and religious and customary practices.

18 In 2020, the Yemen response was funded at 59.1% of the required $3.382 billion; the Syria response was funded at 58.6% of the $2.817 billion required; while Cameroon was funded at 49.3% of the $390 million required (FTS, 2021).

19 Translators without Borders/CLEAR Global (TWB/CG) highlighted how international agencies have tended to recruit Hausa-speakers, assuming Hausa to be an adequate main language of communication with conflict-affected people. Recruiting on the basis of qualifications and experience plus English and Hausa language skills typically means drawing from a pool of candidates from outside the north-east. Hausa speakers from other regions of Nigeria are better educated but have difficulty communicating with (mostly second-language) speakers of Hausa from the northeast, where Hausa has been simplified and has acquired loanwords and structures from other local languages, as is typical of a lingua franca (see TWB/CG, 2019a; 2019b).

3 Exclusion in the north-east Nigeria crisis and the humanitarian response

3.1 Long-term social exclusion

Long-term social exclusion within Nigerian society intersects with the impact of conflict to create heightened vulnerabilities for certain groups of individuals. For example, the conflict has profoundly exacerbated the socio-economic inequalities that already existed in the region (World Bank, 2018). This has inevitably led to increased social exclusion, inequality and the marginalisation of certain groups, all factors that are widely cited as being root causes that initially allowed the conflict to gain traction (UNDP, 2018).

Groups at risk of social exclusion in Nigeria include women and girls, people with disabilities, ethnic and religious minorities, migrants and IDPs, children and younger people, older people, sexual minorities, people without identification and people living with HIV (Birchall, 2019). According to data collected for this research, many of these groups were seen as either vulnerable, in need of being prioritised in the response, or potentially at risk of being excluded in the response by people affected by the crisis, local organisations, the government and international actors. Exclusion was particularly evident with regards to women, children, widows, youth, orphans, older people and people with disabilities.

Long-term drivers and risks of social exclusion can intersect with the response to the crisis. However, the humanitarian response failed to adequately take these into account. While efforts were made to consider longer-term drivers of exclusion with regards to gender, language and disability inclusion, the response generally failed to fully understand and mitigate the intersecting dynamics of exclusion.

For instance, the need for gender-sensitive programming was realised early on and there were efforts to address the lack of participation of women and existing harmful gender norms in north-east Nigeria (IAHE, 2020). However, the Inter-Agency Humanitarian Evaluation on gender (IAHE, 2020) highlighted that the response lacked grounding in a comprehensive gender analysis and understanding of gender dynamics as well as a prioritisation of gender at the leadership level. This resulted in a lack of clear vision and objectives informing how humanitarian actors should contribute through gender-responsive programming. In addition, the focus on women and girls in the response, while not perfect, has also led to feelings of exclusion from men and boys (see Box 2).

Box 2 Focus on women and girls leading to feelings of exclusion from men

During FGDs, a high number of men referred to their exclusion from assistance. This was seen as resulting from the focus of the response on women and girls. As one young, male IDP explained:

> majority of men are the ones suffering from access to assistance and services from humanitarian actors, because the humanitarian actors prioritised their response to women and children.

According to some interviewees, efforts were being made to ensure that the focus on empowering women was being redressed through 'empowering men as well' as it has led to increasing tensions between men and women. One INGO worker highlighted the issue with the lack of attention to supporting the livelihoods of young men. A UN worker also reflected that while aid workers recognise that men have been affected by the conflict, 'there are no consciously designed, gender-responsive psychosocial support, that meet and address mental health for men'.

While effective gender programming takes into account and tries to address such issues, this example shows how important it is to understand inclusion from the point of view of different people and issues. Focusing on a single issue of inclusion without considering the diversity of people affected by a crisis can lead to further exclusion. As one interviewee highlighted when discussing men's lack of access to health care due to perceptions of masculinity:

> These ideologies form among men, between men, as a result of the masculinity hegemony. This is what a society has defined me as a man, anything outside this makes me less. It is going to take a step back and make that conscious effort to see that we understand these dynamics and try to provide that support.

As part of the push to implement the global IASC guidelines on disability inclusion, the north-east Nigeria response has dedicated more efforts to this aspect (IASC, 2019; also see IAHE, 2020). The disability audit funded by the United Kingdom Foreign, Commonwealth and Development Office (FCDO) (CBM UK and JONAPWD, 2019) demonstrated the investment in evaluating and measuring the level of disability inclusion but at the same time highlighted the gaps in the response. Disability inclusion training has occurred in the last couple of years to try and inform more inclusive programming. Efforts to gather better disability prevalence data have included the systematic use of the Washington Group

Questions[20] in internal displacement registration data. Accessibility issues are also being addressed in sectors such as water, sanitation and hygiene (WASH). Sensitisation of communities to improve knowledge, attitudes and practice with regards to people living with disabilities seem to have already led to improvements, as one person living with disability highlighted:

> Before the emergence of the insurgency, the people that were marginalised are us: the physically challenged persons. The reason why we are now being considered is because of the recent enlightenments by NGOs as result of the crisis. Before now even when it is time to pray, they do not pray with us or associate with us. They see us as contagious.

Members of organisations of people with disabilities also reported that aid workers were increasingly engaging and consulting with them as a result of efforts on disability inclusion, although many representatives of organisations of people living with disabilities reported not being included or consulted to inform the response (see Box 3).

One challenge to disability inclusion was that the response did not go far enough in thinking about different accessibility issues. As one respondent highlighted, 'once you have constructed a latrine and wheelchair access, that kind of thinking stops here'. The introduction of the Washington Group Questions is, however, providing more details of different accessibility requirements, informing or tailoring programmes and ensuring that blanket distributions and programming do not fail those with specific needs. Another respondent highlighted that disability inclusion is still too much of 'ticking the box in the work of protection or other actors rather than engrained in the response'.

Finally, one local NGO worker highlighted that, in their experience, the Washington Group Questions have not always worked to identify disability prevalence. In the IDP camp where they work, the registration data showed no disability prevalence even though they were observing people living with physical and visible disabilities in the camps. They found that the head of the household, primarily not a person with disabilities, tended not to report if a member of their household was living with a disability due to concerns around the social stigma disability continues to hold in their communities. This example highlights how collecting disaggregated data is not a simple endeavour and requires additional action beyond the introduction of the Washington Group Questions (see Collinson, 2020). It also raises concerns over the ability of humanitarian actors to identify non-physical and non-visible disabilities.

20 The Washington Group Questions – also known as the Washington Group Short Set on Functioning – are six questions established by the Washington Group on Disability Statistics to help create comparable data on disability prevalence in national censuses and surveys (Washington Group on Disability Statistics, n.d.). As part of the IASC guidelines on disability inclusion, the Washington Group Questions are increasingly being used in humanitarian assessments (IASC, 2019).

Box 3 People living with disabilities

People with disabilities in Nigeria face attitudinal environmental and institutional barriers to social inclusion whether these are formal or informal (based on attitudes and exclusionary practices) (Birchall, 2019). Nigeria has 7% of the population reporting difficulties in at least one of the Washington Group's questions, while estimates range from 3.3 million to over 35 million people with disabilities (Birchall, 2019). Unemployment rates for people living with disabilities are high, especially for youth and women, with an estimated 9 in 10 living below the poverty level (Birchall, 2019). Similarly, participation rates in education are much lower for people living with disabilities compared with those for the general population (Birchall, 2019).

This study found that people living with disabilities generally felt excluded by community leaders and marginalised by the general population. Organisations of people with disabilities also felt marginalised by aid actors and not consulted enough, although some felt this was slowly changing. The IAHE on gender (2020) confirmed that people with disabilities 'generally experience a lower level of engagement, as they tend to be consulted less frequently and regularly than other groups, and their needs are not systematically considered across sectors' (IAHE, 2020). CBM UK and the Joint National Association of Persons with Disabilities (JONAPWD) (2019: 6) found that 'stigma and exclusion remain a common experience for people with disabilities and this is reinforced during conflict and emergency situations' citing:

> It is not only the attitudes of family members, caregivers and members of the community that may contribute to the marginalisation of persons with disabilities but also the attitudes of humanitarian workers.

3.2 Conflict-related drivers of exclusion

In addition to longer-term drivers of exclusion, the conflict has created specific drivers of exclusion. While men are not generally considered at risk of social exclusion in Nigeria, men and boys of fighting age (generally understood to be 14–40 years old) have faced specific impacts of the conflict and displacement, and are at greater risk of recruitment, death and detention in the north-east crisis.

These factors mean that men and boys of fighting age are under-represented in IDP camps and in humanitarian data. Their absence is often interpreted as them not being in need of assistance. As one UN worker highlighted, 'there has been a lot of targeting of women and that is because the conflict has a proportion of almost 81% and above of displaced people who are women'. Instead, the absence of men and boys of fighting age should be seen as a symptom of the differentiated impact of the conflict on them. As one INGO worker highlighted – and an exception among respondents in the study:

> I am going to give you an answer that may surprise you. The group that has the least access to humanitarian assistance is young men. Because they died. The camps and the towns where people are receiving assistance, the population is predominantly elderly people and women with children. The men are either fighting or fleeing. So, in a way, in terms of actual provision of assistance, young men between 15 and 40 are just not there in the camps. They are not in the towns. They are in the bush fighting for one side or another, or they fled to avoid being conscripted into the armed groups.

Men and boys of fighting age are subjected to extra screening and imprisonment by the military, especially if they belong to certain religions or ethnic groups, or come from locations not under government control and are therefore perceived to be associated with armed groups. The screening process also excludes them from admission into the IDP camps as they may be detained for months and years. Their vulnerability is also linked to limited access to livelihoods due to the risk of being recruited, abducted or killed by non-state armed groups, or arrested by military if found outside IDP camps (HRW, 2020).

Recruitment of boys into armed groups is seen to have been facilitated by the Almajiri tradition: boys (often at primary school age and/or from poorer, larger rural families) are sent to Islamic boarding houses where they learn how to read and write in Arabic and master the Qur'an under an alim or malam (teacher). In the region, Almajirai (those attending Islamic schools) have historically faced marginalisation because of their low social status in society and have been perceived as targets for recruitment into Boko Haram and other non-state armed groups.

Any perceived association with non-state armed groups, whether true or not, is also a driver of exclusion in the community. As outlined above, this perceived association was often based on individuals belonging to certain ethno-linguistic groups, arriving as newly displaced people from certain locations or being newly released from detention by the military. As a result, they were often excluded from livelihood opportunities and at risk of being excluded by community leaders (this was also true of women and younger children that were branded Boko Haram wives or Boko Haram children). The humanitarian response has tended to lack consideration for the specific needs of this group. As the IAHE on gender (2020) highlighted, adolescent boys tended to be disregarded and consulted less by aid actors.

3.3 Exclusion driven by community dynamics: community leaders and gatekeepers

Community leaders play a significant role in driving exclusion in north-east Nigeria by supporting exclusionary community dynamics between IDPs and host communities, as well as within IDP communities. While such drivers of exclusion impacted the ability of individuals to access livelihood opportunities or participate in community life, they also had grave implications for access to humanitarian assistance. Community leaders have played a critical intermediary role between individuals affected by the crisis and aid workers, and have become strong gatekeepers. This view was repeated almost systematically in every interview and FGD with people affected by conflict:

respondents argued that the main factor affecting inclusion in assistance was how close an individual was to community leaders (see Box 4). As one internally displaced woman formerly associated with non-state armed groups explained:

> Honestly anybody who is living in an area where his tribes are minority will be excluded from the humanitarian response and also those who are friends and family of the traditional leaders are benefitting from humanitarian response more than others.

A local NGO worker highlighted in particular the lack of needs assessments with people living with physical disabilities and the lack of engagement with the 'the poorest of the poor' due to the overreliance on community leaders, and the exclusion of those 'not close to the community leaders'. This calls into question how far the humanitarian response has been able to capture the needs of all individuals affected by crisis and has significant implications for those not heard.

Food assistance seemed to be less affected than non-food assistance by the interference of community leaders, as targeting is done more independently of community structures. As a young internally displaced man highlights:

> Everybody has access to food items but non-food items only people who are close to camp chairman and traditional leaders can have access to it, because the non-food items are not enough to share it to all IDPs members and the leaders are to decide on who can have and who cannot have access to it.

However, people also highlighted that food distributions were chaotic and required physical strength to access them, leading to women (especially older women and pregnant women), older people and people with disabilities being unable to receive food assistance.

While community gatekeeping is not new or unique to this crisis, this research found that humanitarian actors in north-east Nigeria have not addressed and mitigated the impact it has on ensuring impartial humanitarian action. Instead, as explored in Chapter 4, assumptions about humanitarian action being impartial were rarely questioned and mitigating measures were not evaluated or monitored.

Box 4 Social exclusion and community leadership

All individuals identified as at risk of being socially excluded are also at risk of being excluded by community leaders. Similarly, all individuals perceived to be associated with non-state armed groups risk being excluded by communities and community leaders.

Individuals interviewed during this research were asked if everybody in their community could play a leadership role. What transpired is that men are generally situated in a position of leadership and power, especially if wealthy, educated and if they are perceived as being pious (in some areas, leadership seemed to be granted only to men from specific family lineages). As such, men tend to be closer to community leaders than women. Sharing the same ethno-linguistic identity is also an asset, especially in IDP camps where people from different locations, backgrounds or ethnic groups have reorganised. Individuals' ability status, level of education and financial standing also affect how close one is to the community leadership.

While all these identity factors play a role in deciding how close or how far one stands from the community leaders, and therefore from the centre of power in the community, they also have implications for access to assistance and a person's ability to influence decisions that impact the community (including the humanitarian response).

4 Drivers of exclusion within humanitarian action

4.1 Aid actors' assumptions as drivers of exclusion within the humanitarian response

While there is no set of indicators or measurement for inclusion, this research found that the response was not systematically inclusive by considering the different elements of inclusion[21] outlined in Box 1. As noted above, the lack of adequate engagement with longer-term drivers of exclusion in the response compounds the exclusion of certain groups. Similarly, the lack of adequate engagement with internal community dynamics and community gatekeeping through community leadership means humanitarian action has further exacerbated exclusion in north-east Nigeria.

4.1.1 Impartiality and equitable access

Most aid actors in the response in north-east Nigeria had some (but not a strong) understanding of inclusion in all its facets. More familiar to aid actors were the concepts of disability inclusion and gender. Across the different types of responder interviewed, the majority understood inclusion mainly and primarily as impartiality, including the drive to reach the most vulnerable people in the affected population as well as the intention not to discriminate based on sex, religion, ethnicity, age, etc. This widely shared understanding of inclusion as impartiality was also framed within the idea of leaving no one behind. This could indicate that aid actors may be more comfortable with the concept of impartiality compared to inclusion.

According to humanitarian actor interviewees, exclusion was repeatedly and systematically associated with inaccessible areas in north-east Nigeria, which remain outside the full control of the government. That people living in these areas were excluded from aid was deemed to be 'the top inclusion and exclusion concern' (UN worker). Issues of inclusion and exclusion were mainly framed within this macro-level operational challenge, rather than how inclusive the response has been in areas where access was feasible. One INGO worker reflects the sentiment in many interviews with aid workers:

> [Would you say that the humanitarian response aims to be inclusive or have inclusivity one of the key aims?] Absolutely. The answer is yes, it is driving our response by all means, inclusiveness is a priority it is something that we all try to do. And, that we all do, quite confident on that. The only challenge is sometimes, and we know that the people that are most in need are not, and sometimes are not those that we are reaching with the aid because they are living in areas that are not accessible. But that's the paradox, if you like, so we do not address the needs of the most vulnerable, because the most vulnerable cannot be reached.

21 The four elements outlined by Barbelet and Wake (2020) and used in this report are: inclusion as impartiality; inclusion as equitable access; inclusion as specific and diverse needs; inclusion as participation.

Indeed, when asked, a great majority of aid workers felt the response in north-east Nigeria, while imperfect, was inclusive. Behind such claims were statements that as humanitarian workers impartiality was driving all their actions, that needs assessments were informing where, who and what assistance, services and protection were needed and as such there was no exclusion in the response. As a result, humanitarian actors rarely took a critical stance on whether the response was in fact impartial (except where they had no access) and invested little effort to proactively verify their impartiality. Typical statements from aid workers resembled this one from a UN worker: 'we include everyone when we conduct needs assessments'. Such statements clash with the feedback the study gathered from people affected by the conflict, which highlighted how many individuals felt unable to participate in needs assessments.

There was a clear lack of reflection, critical assessment and monitoring – with a few exceptions on language, disability and gender – on whether the response was inclusive or not. Our research indicates that whole demographics (such as men and boys of fighting age) are left out of the response. There is a minority of individuals who realise that inclusion is lacking. For instance, one aid worker highlighted how little understanding there is of who is or is not accessing assistance or humanitarian services, such as health centres: 'I do not think my colleagues know who accesses the centres. We have some data but not using it to help.' Here, inclusion is taken at face value and reflects a lack of proactive engagement with processes of exclusion. Blanket programming and targeting based on the non-discriminatory principle of impartiality do not on their own prevent humanitarian actors contributing to existing exclusion in north-east Nigeria. Instead, humanitarian actors must seek to integrate wider drivers of exclusion in needs assessments or as a basis to inform tailored programming.

4.1.2 Participation and accountability to affected people

The presence of feedback mechanisms or protection desks[22] were deemed enough to identify any issues of exclusion. And yet, our data highlights affected people's fear, reluctance and lack of trust in such mechanisms. For instance, none of the respondents in FGDs with LGBTQI individuals (see Box 5) had ever participated in a needs assessment or knew where and how to provide feedback to aid workers.

22 Protection desks are established in humanitarian responses as a service for particularly vulnerable people to obtain advice, assistance and referrals where relevant, including when they face particularly difficult situations such as violence or abuse.

Box 5 People with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)

People with diverse SOGIESC, also referred to in this report as LGBTQI people, are at risk of social exclusion in Nigeria. In 2014, a new law came into force that has further marginalised LGBTQI people in Nigeria. The Same Sex Marriage (Prohibition) Act 2014 'prohibits cohabitation between same sex partners; bans public shows of same sex "amorous" relationships; and imposes a ten-year prison sentence on anyone who registers, operates, participates in or supports the activities of gay clubs, societies and organisations' (Birchall, 2019).

Given this situation and to ensure we do no harm, this study worked closely with Edge Effect[i] and a national organisation that remains anonymous to approach people with diverse SOGIESC to understand their experience of the conflict and displacement in the north-east (see Appendix 1 for a breakdown of individuals interviewed). Generally, LGBTQI people who participated in the research referred to having an additional burden to carry compared with the general population facing the conflict.

Most respondents' biggest challenge was having to fit in with the general population by suppressing their identity and blending in as much as possible with other groups. For all respondents, having to hide their sexual identity, gender identity or sexual orientation was critical in order to access assistance, services and protection.

Feeling torn between their survival instinct to access assistance and their instinct to be who they are has a strong negative impact on the mental health of LGBTQI people in north-east Nigeria. Heteronormativity (framing life in a gender-binary (male or female) and heterosexual way) was felt to be specifically difficult for LGBTQI people.

Generally, LGBTQI respondents have never participated in humanitarian assessments and did not know how to provide feedback to aid workers. They felt that LGBTQI-led organisations were an important source of support, but humanitarian actors needed to do more to identify and work with these organisations (indeed, Interviews with aid actors highlighted either a reluctance to engage LGBTQI people or lack of awareness of the specific experience of individuals with diverse SOGIESC). LGBTQI respondents also thought it was important that humanitarians engage them on the basis of their diverse SOGIESC but should understand that that they use invisibility as a security measure to protect themselves.

i Edge Effect assists humanitarian and development organisations to work in genuine partnerships with sexual and gender minorities (Edge Effect, n.d.).

People affected by the conflict often felt excluded from participating in needs assessments. Some felt that older people and women who were associated with non-state armed groups are 'not invited to participate in any community activities conducted by government or NGOs'. Others reported that specific ethnic groups (see Box 6), such as Kanuri people 'have a lot to say' but are unable to participate in needs assessments because they cannot speak fluent Hausa.[23] As an internally displaced youth leader stated:

> No one has ever cared to ask me as a youth leader to know our problems or what we need, you know I can say no one has ever cared to know our situation.

Some respondents knew how to make complaints and give feedback but felt these were ineffective or not taken into account. A number of individuals said they feared complaining, including to community leaders, although the consequences were unclear, and felt excluded from the ability to feed back, complain or influence the design of the humanitarian response. Although the study found some instances of effective feedback, the general trend was one where most people felt somewhat excluded from a number of critical aspects of the response, resulting in their voice, needs and concerns being invisible to aid workers.

In interviews, accountability to affected people (AAP) and effective participation of people in the response were rarely reported to be working well. Indeed, the IAHE on gender (2020) highlighted that the participation and feedback mechanisms in the response continued to be problematic due to lack of prioritisation, strategic direction, harmonisation and consolidation of feedback.[24] An INGO worker highlighted how AAP was not a priority in the response:

> As an example, to highlight how ineffective or unwilling to be accountable the response was: There is an AAP working group driven by a set of ToRs [terms of reference]. We sit on this AAP working group. In the second half of 2020 that group has not met and we have not been able to drive an agenda on targeting criteria for instance which is an issue we are picking up through our community engagement programme.

This INGO worker argued that aid workers were unable to take into account the feedback of people affected by the conflict because the response had no mechanisms to make decisions or changes based on this feedback.

23 While Hausa is not a majority language in the BAY States, it is an official language of Nigeria, used by government authorities in the north-east and widely used as the 'local' language by aid actors. However, just 31% of households surveyed for the 2019 Multi-Sectoral Needs Assessment (MSNA) spoke Hausa as their first language (TWB/CG, 2019a).

24 Unlike in this study where we found consultation and communication with affected communities to be challenging, the IAHE on gender (2020) felt they were satisfactory and that multiple channels of communication were available to ensure feedback was inclusive and leaving no one behind. However, the evaluation also noted that gaps remained when it came to adequately seeking and addressing the needs and concerns of people living with disabilities and adolescent boys.

The study, however, did find some specific efforts to ensure inclusive participation in the response. The most mentioned inclusion initiative to increase effective participation was TWB/CG's work regarding effective communication with people affected by the crisis (see Box 6). This included translation work and ensuring people who did not speak dominant languages could participate in the response. The issue of communication was understood widely in the response as a result of TWB/CG's engagement. Aid actors highlighted repeatedly that language discrimination was due to not only the diversity of languages spoken in the north-east of Nigeria but also high levels of illiteracy, including the gender dimension of such communication challenges. A local NGO worker noted how the response has provided different channels for feedback beyond going to community leaders, including voice recorders placed in feedback booths where individuals can record complaints, priority needs and feedback in their language of preference to be translated and then acted upon.

Mixed community assistance committees where youth, women, older persons and people living with disabilities are represented were also highlighted as ensuring inclusive participation in the response. However, we found little reflection on how effective these committees are in ensuring diverse voices are heard. Instead, we heard multiple examples of how women, older people and people living with disabilities felt excluded from effectively participating in the response.

Box 6 Marginalised language speakers

According to Birchall (2019), Nigeria has more than 450 ethno-linguistic groups, while TWB/CG (2017a) accounts for more than 550 languages in Nigeria. Speaking a marginalised language can lead to social exclusion and thus greater vulnerability in conflict. Therefore many marginalised language speakers are in greater need of assistance and protection, while being more difficult to reach and communicate with (TWB/CG, 2017a).

This study found that being from a marginalised ethno-linguistic group leads to being perceived as having an affiliation with non-state armed groups. It can also lead to exclusion by community leaders that often act as gatekeepers and prevent participation in needs assessments or access to feedback mechanisms. In addition, marginalised language speakers tend to be underrepresented among the staff of national and international aid organisations as well as in government offices, which contributes to their voices not being taken on board in needs assessments, community engagement and feedback mechanisms (TWB/CG, 2018; 2021). Donors such as FCDO and European Union Civil Protection and Humanitarian Aid Operations (ECHO) have funded TWB/CG to support the humanitarian response in addressing such communication challenges.

4.1.3 Addressing specific and diverse needs: the challenges of blanket provision

Inclusion is not just about whether a person who is in need receives assistance or not. It is also about whether that assistance is tailored effectively to their needs and how that assistance is delivered. Generally, aid workers interviewed agreed that there is a lack of attention to diverse and specific needs as assistance and services tend not to be tailored. Instead, the priority is blanket provision at scale. As a result, the specific needs and concerns of people living with disabilities and adolescent boys have been highlighted in evaluations as not being adequately understood or addressed (IAHE, 2020). As will be explored later, generalised and aggregated data tend to dismiss specific needs despite efforts towards more disaggregated data. In addition, high levels of needs tend to lead to more blanket programming, which ultimately drives exclusion by deprioritising addressing specific needs or tailoring responses to specific requirements.

The lack of programming to address specific needs was highlighted by many respondents, who argued that the response focused on collective, acute needs such as food insecurity instead of more specific issues. As one local NGO worker reflected on the specific needs of older people (see Box 7) and people living with disabilities:

> For almost a decade, I haven't seen any simple project for the old age and the people living with disability despite having a lot of them in our community and the IDPs camp.

Many respondents reflected on whether addressing specific needs was in fact feasible in the north-east Nigeria response, saying that resources were not available rather than reflecting on whether specific needs could be re-prioritised. Instead, as one donor argued 'some things even in a protracted conflict will never be able to be dealt with'.

Box 7 Older people

According to Birchall (2019), 'older people in Nigeria are more likely to experience exclusion in the form of isolation, poverty and lack of healthcare, particularly as traditional family structures decline' (ibid.: 2). Older women, particularly widows, are at greater risk of social exclusion linked with 'patriarchal power relations underpinning Nigerian institutions, structures and communities' (ibid.: 12).

The 2021 HRP estimates that 0.4 million people over the age of 60 are in need of humanitarian assistance, 0.24 million of whom are targeted (or 4% of the total targeted population).[i] With many people interviewed arguing that only the fittest survive and access assistance, older people appear to be particularly at risk of being excluded from accessing and participating in the humanitarian response. With a lack of older people's associations to support their integration and participation in the response and the absence of Help Age – as a specialist older age advocacy and inclusion organisation – assistance, services and protection for older people appear to be inadequate.

Indeed, a recent report from Amnesty International confirms that 'older people repeatedly described feeling unvalued and ignored during assessments in the design of humanitarian programmes, they are seldom consulted, much less meaningfully involved' (Amnesty International, 2020: 8). While older people may not be at high risk of being killed by either non-state armed groups or the Nigerian military, they represent a large percentage of the people living in areas not under government control and therefore out of reach of humanitarian assistance (Amnesty International, 2020). For those able to flee, Amnesty International (ibid.) reports that, as a result of the screening process, older men (as well as some older women) have experienced detention by the Nigerian authorities lasting from four months to more than five years.

i According to Birchall (2019), Nigeria has an estimated 5.9 million people above the age of 65 (around 3% of the population). With a total of 0.4 million older people estimated in need (5% of the total people in need) by the HRP (OCHA, 2021a), this data could indicate that older people are more likely to need assistance as a result of conflict and displacement.

4.2 Factors affecting exclusion and levels of inclusion in the humanitarian response

4.2.1 Protection mainstreaming

Respondents highlighted that protection mainstreaming in the response had been successful in many ways and, according to them, contributed greatly to inclusive humanitarian action. Protection monitoring and effective referral pathways were seen as avoiding letting people fall through the cracks of the response - although this relied on individuals already being part of the response system. In addition, protection analysis was seen as informing protection-sensitive programming in each sector of the response, including priorities, workplans and indicators, which was thought to also pick up issues of inclusion and exclusion.

Protection mainstreaming was facilitated by the deployment of a protection specialist in support of the response through the ProCap surge mechanism as well as by having protection-minded donors and an INGO forum that was skilled in protection. ECHO (see Box 8 on the role of donors) was mentioned more specifically as having contributed through its protection policy to the mainstreaming of protection in each sector with dedicated funding to support and incentivise such efforts. The ProCap deployment was highlighted as critical to ensuring the HRP that was protection oriented with clear indicators to measure progress in each sector. The food security sector was specifically highlighted as having done a lot of advanced work on protection, which is likely the result of the World Food Programme (WFP) dedicating a full-time protection person to support its food assistance programme and the food security sector. Finally, respondents felt that having protection as a standard item on the HCT's agenda[25] kept it at the forefront of the response.

Box 8 Role of donors

Donors and non-donors participating in this study felt that the push towards more inclusive humanitarian action in the humanitarian response in north-east Nigeria came from donors more than aid actors. Donors were critical in ensuring good protection mainstreaming and capacity as well as funding specialist inclusion organisations such as TWB/CG. As discussed in the main text, ECHO's role was seen as a critical aspect of the response's efforts towards more inclusion. Some donors felt they had to remind the HCT, or at least part of the response leadership, of the importance of effective humanitarian action, as well as inclusion.

25 Forthcoming research by HPG highlights that while protection was a standard item on the HCT's agenda, it was systematically taken out of any external advocacy, and protection advocacy issues were rarely raised during meetings as people were weary of raising sensitive protection issues and being silenced (Davies, 2021).

For many respondents, protection and inclusion could easily be seen as interchangeable. They felt that the protection lens and protection mainstreaming helped them look at issues of inclusion and exclusion. However, there was an overreliance on protection to ensure inclusive humanitarian action. One INGO worker felt that inclusion needed to 'get out of the umbrella of protection', while another stated they had doubts on whether the protection sector in the response was 'robust enough to identify marginalised population[s]' or 'promote across all sectors an inclusive approach and protection mainstreaming'.

4.2.2 Dedicated inclusion organisations supporting the response

When asked what worked well to support a more inclusive response, respondents repeatedly highlighted the work of TWB/CG. TWB/CG played a critical role in supporting the response to ensure more inclusive two-way communication, assessments and other accountability systems. The issue of language exclusion or exclusion from two-way communication was highlighted in the study more widely than any other inclusion-related issue. TWB/CG also helped actors understand the intersectional elements of language exclusion with many respondents highlighting the gender and educational dimension of this specific exclusion on top of the ethnic/language element. This demonstrates that when specialist inclusion organisations are funded and given a clear mandate there is greater understanding of inclusion issues and response-wide actions are taken accordingly.

Other inclusion issues suffered from the lack of presence of specialist inclusion organisations. This is further compounded by the fact that without an organisation holding a clear mandate and role to ensure more inclusive humanitarian action across the response, there is no accountability for overall inclusion and its different dimensions. Without specialised inclusion organisations, many inclusion issues are not picked up; therefore, whole groups of people and concerns can be left out of the response.

4.2.3 Global policy commitments and global guidance from the IASC: disability inclusion

This study clearly found that disability inclusion commitments and new guidance through the IASC were being implemented and operationalised in north-east Nigeria and appear to have had a positive impact on disability inclusion. At the time of the study, this was at an early stage with mainly training, sensitisation and data collection being implemented, thus explaining the limited impact thus far. And yet, a number of respondents highlighted that disability inclusion was on the agenda in a different way:

> What is different with the new process? Significant difference. Nobody was factoring disability as something important. [...] Now you are compelled to collect data on disability and include in your planning so that gives more visibility to disability and the inclusion of disability in project planning process and in the HNO overviews we have more data.

Greater efforts on disability inclusion were also seen as resulting from the Enhanced Humanitarian Programme Cycle,[26] which aims to improve, among other things, the relevance and effectiveness of the humanitarian response, and to increase the quality and usefulness of needs analysis to inform decision-making. The Enhanced Humanitarian Programme Cycle also focuses on inclusivity through disaggregated analysis of the differential impact of crisis and the associated needs for diverse groups of people, including efforts to support communication with communities. However, only disability inclusion seems to have benefitted from the introduction of the Enhanced Humanitarian Programme Cycle in the north-east Nigeria response; this has not extended to other issues of inclusion or led to a more holistic approach. This may be due to the additional IASC commitments and guidelines on disability inclusion being critical in informing the deployment of this new programme cycle, as well as the need to have a similar global policy push on other inclusion aspects. It could have also resulted from having a disability audit conducted in the response (see CBM UK and JONAPWD, 2019).

One positive outcome of the response's focus on disability inclusion was the impact of sensitisation and awareness-raising initiatives. Indeed, a number of people living with disabilities interviewed for this study highlighted the work that aid workers had done to change attitudes within communities towards people with disabilities. They also stated that disability rights training for people living with disabilities had given them better understanding of their rights, thus enabling them to advocate for themselves and support the creation of groups and associations to make their voices heard. As one local NGO explained:

> The reason for leaving some group behind is due to lack of capacity, but recently, the humanitarian responses are enhancing their capacity through awareness creation for these groups so that they can form associations.

More needs to be done to scale up and make disability inclusion more systematic in the response, particularly around further sensitising the population on reporting disability prevalence within their households during registration and how to administer the Washington Group Questions.

4.2.4 Nature and scale of the crisis: macro-level operational challenges deprioritise inclusion in the response

Inclusion appeared to be deprioritised in the midst of relentless emergencies, new displacements, insecurity and access difficulties. These macro-level operational challenges absorb human, political and financial capital, leaving limited resources or space to invest in inclusion. Many respondents highlighted that the nature and scale of the crisis meant that the response was only able to deliver the most basic assistance. Even though respondents constantly referred to impartiality and commitments to

26 Rolled out in 2019, the Enhanced Humanitarian Programme Cycle seeks to 'improve the relevance and effectiveness of the response, increase the quality and usefulness of needs analysis to inform decision-making, enable more meaningful monitoring of needs and results, and reflect global perspectives from the World Humanitarian Summit and Grand Bargain commitments' (OCHA, 2020: 1).

inclusion, elements of it were perceived as add-ons rather than being central to effective and impartial humanitarian response. In this sense, policy commitments were clear but operationalising or prioritising them was less so, as a UN worker reflected:

> At the HCT level we are aware of all of this including big things we are supposed to be doing on localisation and leaving no one behind. At policy level it is clear. Translating them into operations is a struggle.

This study found that if an element was not well integrated into the response early on, there was little opportunity to do so later. It also found that assisting the majority of affected people was felt to be the priority, even if this meant individuals with specific needs were missed out of the response, leading to their marginalisation.

4.2.5 Lack of leadership and clarity on responsibility for inclusion

Aid respondents repeatedly highlighted the general lack of leadership in the response in terms of advocacy, maintaining and opening up humanitarian space, and in ensuring effective and principled humanitarian action. Some included the RC HC under this leadership umbrella, while others were referring to the leadership of the HCT or of individual clusters or sectors, and others were referring to senior managers and Country Directors of their own organisation. At the same time, response leadership was deemed to be critical to ensure a more inclusive humanitarian response; that this was lacking was perceived as a factor that negatively affected inclusion. As one UN worker highlighted:

> Whether localisation, inclusion, or impartiality … there was a lack of leadership from senior management such as the HC and HCT. Things were said but not put in place. It took particular sectors to take leadership. I remember when [FCDO] did an audit/worked together with CBM on inclusion for persons with disability. The audit was damning on the way the response was not inclusive of persons with disabilities. Partners would bring this up in terms of the needs of caregivers and persons with disabilities, a small part of the child protection sub-sector to do something but it was not an agenda in the inter-sector working group or HCT no leadership or vision.

Programme implementers felt that it was difficult to maintain a priority on inclusion when their managers did not clearly give them a mandate or strategic direction to do so. In addition, inclusion continues to be perceived as the responsibility of protection or AAP specialists rather than an overriding concern affecting the relevance, quality and effectiveness of the overall response. In terms of leadership, this means it continues to be a misplaced responsibility. As highlighted above, protection and AAP are critical in informing inclusive humanitarian action; however, they are not on their own sufficient to ensure inclusion. Respondents often explained that people would not be missed in the response because the protection sector or feedback mechanisms would pick up such exclusions; there was little reflection on their own responsibility for ensuring and monitoring exclusion in the response or whether such mechanisms are effective. However, this view assumes that people who feel excluded are already able to be part of the response system and access feedback mechanisms or be accessed by protection actors.

Furthermore, non-protection specialists interviewed for this study often felt unable to discuss drivers of exclusion and referred researchers to their protection colleagues as this was 'their job'. If leaders and senior managers in the response are not aware of exclusion issues, it begs the question of how the leadership of the response can ensure its relevance, impartiality and effectiveness. It also confirms that inclusion is not well embedded as an issue or focus.

4.2.6 Impartiality is assumed not ensured

A major hindrance to inclusion is how impartiality is understood and operationalised by aid workers in the north-east Nigeria response. Impartiality carries a number of principles within it (see Barbelet and Wake, 2020). First, impartiality helps aid actors prioritise the most urgent cases. Second, it calls for non-discrimination based on religious affiliation, political views and other factors. This came up in this study as aid workers repeatedly claimed they were assisting people 'without consideration' of their sex, age, disability status, religion, etc. However, there was little 'consideration' of age or disability status to the point where one could argue there was no way for aid workers to know whether or not assistance was delivered impartially. This demonstrates how aid workers in the response were making strong assumptions with regards to whether or not assistance in north-east Nigeria was impartial. This assumed impartiality is a key hindrance to inclusive humanitarian action. It focuses on ensuring there are no inclusion errors (aid going to unintended recipients) as opposed to focusing on exclusion errors. As outlined above, most aid workers interviewed felt that such exclusion errors would automatically be picked up by feedback or protection monitoring mechanisms.

However, inclusion is not only about whether a person receives assistance or not. Exclusion can happen in different and perhaps more nuanced forms, such as people not being able to participate in needs assessments, not being able or feeling allowed to give feedback, not being heard and therefore receiving irrelevant assistance, and not being able to access certain services. The onus is on aid workers to reach out proactively to those that may face exclusion and marginalisation to guarantee rather than assume the response's impartiality.

The study also found few efforts to understand who the response was not reaching beyond those in areas not accessible by aid workers. For instance, there was no monitoring mechanism to reflect on which individuals were accessing health centres and which were not, highlighting possible unintentional exclusion from such a service. In addition, the study also found little reflection on who was able to (and who was unable to) escape from areas controlled by non-state actors and reach garrison towns and IDP camps.

4.2.7 Humanitarian assessments lack focus on drivers of exclusion

Humanitarian actors felt that they adequately understood vulnerability and needs, and that the tools and processes in place worked well to inform a needs-based response. The MSNAs supported by REACH (2019) were repeatedly mentioned as a cornerstone of delivering a strong HNO and HRP based on needs. REACH was also noted for having spearheaded efforts towards understanding needs and vulnerability in inaccessible areas through engaging and interviewing newly arrived IDPs, as well as IDPs able to communicate with families living under the rule of non-state armed groups. The Cadre Harmonisé – the food security analytical and

response tool used in Nigeria – was also seen as a great tool to inform vulnerability to food insecurity. Finally, the International Organisation for Migration (IOM)'s Displacement Tracking Matrix (DTM) was mentioned as a critical resource to understand the demographic composition of households, communities and camps.

However, this study reveals that longer-term and structural processes of exclusion, coupled with the specific exclusionary effects of the conflict, mean that whole categories of people and territories are left out. Rather than grappling with these issues, the response has only engaged at surface level. As one UN worker noted, 'the MSNAs are useful to quantify and identify which areas have high levels of malnutrition or do not have access to water, but it does not tell you why people are vulnerable in terms of nutrition'. For instance, when interviewing a food security expert on agriculture-based livelihoods programmes, the interviewee mentioned how the Cadre Harmonisé provided great insights into how many people were food-insecure, where and at what level. However, when asked who could access land in north-east Nigeria, and therefore access the means to support their livelihoods, the interviewee said that analysis on who gets access to land had not been conducted.

That humanitarian needs assessments such as the MSNA do not reveal drivers of exclusion is not surprising as this is not their primary purpose. However, secondary analysis is needed to complement needs-based assessment, and to inform vulnerability analysis and targeting from an understanding of exclusion and marginalisation. For humanitarian actors to claim impartiality without understanding drivers of exclusion is problematic. As the IAHE on gender (2020: 1) highlighted:

> The humanitarian response in Nigeria is not grounded in a comprehensive gender analysis and understanding of gender dynamics. This study identified only a few attempts to analyse the discriminatory social and cultural gender norms, beliefs and attitudes that cause inequality and harm and their changes over time and in relation to the conflict, as the basis for more targeted gender-responsive programming.

Such data is needed to inform inclusion priorities. In addition, existing analysis in human rights reports or peacebuilding and conflict analysis (e.g. Amnesty International, 2020) were not mentioned by aid actors as informing the humanitarian response to be more inclusive.

Some respondents reflected on intersectional drivers and a deeper understanding of drivers of vulnerability, including issues of exclusion, marginalities and specific needs, although these were the exceptions rather than the rule and it remains unclear how much such reflection informed the response. As one donor explained:

> You also have a whole series of conflict dynamics [...]. Some of it has to do with land ownership, some of it on war economy although very little studies on war economy. Need to unpack and understand better. Those are more targeted, whereas the gender vulnerability poverty illiterate are more of a status quo and then the inter relation between them. I always say it is the grandmother with the mobility challenge who takes care of three grandchildren who lives in small Christian out cropping who is most likely to be vulnerable. It is the conflation of these vulnerabilities. A one plus one equals five.

Another donor highlighted that even with the big push on disability inclusion, aid workers were struggling and had gaps in knowledge and understanding:

> We need to unpack some of the cultural pre-supposition or cultural value systems, unpack the anthropological elements to be able to have more impact on what we are asking community members to do. [This is] why so often we will go in there with messaging but not understanding the challenge in changing behaviour.

Without such analysis, an INGO worker rightly highlighted the difficulty in understanding what to look out for and how to tailor the response:

> It brings me back to what I said about systematic monitoring. In the absence of that, nobody really knows which groups need to be focused on; and if you don't have the correct groups, you're not able to tailor or make the response and the designs to suit those groups.

4.2.8 Ineffective community engagement approaches and lack of proximity

The humanitarian response in north-east Nigeria appears to be overreliant on community gatekeepers, such as traditional community leaders or religious leaders. In some ways, humanitarian responders seemed to equate 'community engagement' to consultation with community elders and traditional leaders, therefore assuming that they represent the voice of their constituents. However, as outlined above, this study heard repeated complaints about the role of community leaders in excluding certain individuals due to their own biases and prejudices. As expressed by these FGD participants, 'the response is not adequate and is not targeting to the right people due to the selfishness of our traditional leaders'. However, FGDs also highlighted – in what could be seen as a contradiction – that they viewed the role community leaders played as intermediaries between people and aid organisations as a legitimate one.

In that sense, overreliance on gatekeepers is an issue, but more problematic is the way in which community engagement is occurring and the lack of understanding of social dynamics and drivers of exclusion within society, communities and households to inform such engagement. Aid actors did highlight the need for sustained engagement with community leaders and advocacy with community leaders to mitigate aid being diverted away from those who most need it. However, such sensitisation and advocacy tended to focus on humanitarian principles, particularly impartiality, rather than being based on specific exclusion issues (with the exception of gender norms and disability inclusion).

In addition, aid workers highlighted that the establishment of mixed committees – committees in charge of community targeting composed of representatives of women, older people, youth and people living with disabilities – was a way of mitigating overreliance on community leaders. However, there is not much evidence that the mixed committee model has led to more inclusive outcomes. As one person living with disability highlighted, 'it is he who lives inside the house that knows where the roof leaks',[27] adding:

27 This is a common Nigerian proverb.

> Our problem is that though the NGOs include us in their programme, they mixed us with traditional institutions in the community. Preferably, they should meet with our leaders and find out our problems. It is not possible for someone walking on his two legs to tell you the problem of a man sitting in a wheelchair.

The challenge with community engagement was felt to be further compounded by the lack of presence and proximity of certain actors, particularly some cluster leads, senior managers and leaders in the response. Due to the challenges emanating from insecurity – real and perceived – the response was seen to have adopted a 'bunkerisation' approach. Although some aid workers, both local and international, recognise operational and contextual challenges (particularly around insecurity),[28] they felt the operational presence of critical senior-level actors was lacking in the north-east Nigeria response and highlighted some actors' reluctance to make frequent field visits. Respondents for this study felt such an approach contributed to a lack of understanding of the needs of conflict-affected people. This situation worsened due to the Covid-19 pandemic, which further challenged aid workers' (and particularly senior-level decision-makers') ability to engage communities face to face:

> Actually, Covid has made our life more difficult. There used to be missions where the heads of agencies go to the deep field and connect directly with the people and that was quite useful. But right now, because of Covid those are not happening frequently.

Senior-level decision-makers' lack of presence and proximity was felt to be problematic as it meant decisions were often made by those without an in-depth understanding of the experience of people affected by the conflict and displacement. Individuals who are in closer proximity to populations tend not to have decision-making powers or the ability to influence decision-makers. As one UN worker highlighted:

> In the particular case of the north-east, first we are disconnected from the operation. The HCT composed of heads of UN agencies donors and NGOs sits at capital level. The operations are in the north-east in the BAY States. So already there is a geographical disconnect. When I do mission to the field this is when you get an eye opener. Not everybody in the HCT does deep field mission and that contributes to the situation.

Yet, the issues of exclusion by community leaders and senior aid workers' lack of proximity to those affected by the conflict were rarely, if at all, cited by aid worker interviewees as challenges to inclusion. A few exceptions did exist among local NGOs, who noted in particular the lack of needs assessments with people living with physical disabilities, the lack of engagement with the 'the poorest of the poor' due to the overreliance on community leaders, and the exclusion of those 'not close to the community leaders'.

28 One interviewee from an international organisation explained how field staff were often only able to spend four hours visiting a community and then probably could not visit again for another three months, asking: how do you do effective community engagement in that way? What questions do you ask or what do you observe in that limited time to inform inclusive humanitarian action?

4.2.9 Limited role of local actors in the response

Both international and local aid workers highlighted the role that local organisations could play in supporting a more inclusive response. Although local aid workers were at times perceived negatively by international actors as being biased and at risk of corruption, they were still seen by respondents as potentially supporting greater proximity and having an increased ability to identify drivers of exclusion. Local actors were also seen as being better able to engage in a more nuanced way on changing social norms that may be at the root cause of social exclusion and marginalisation. However, there is a lack of effective engagement of local organisations in the response (Institut Bioforce, 2019; Christian Aid et al., 2019), which is mainly due to well-known barriers to local organisations' integration and leadership in humanitarian responses (Barbelet, 2019; Barbelet et al., 2021), and research participants felt this hindered the response from reaching the most vulnerable populations. As one local NGO said, 'the challenge in reaching the most vulnerable is that humanitarian actors have not engaged local actors on the ground who know the culture and the terrain'. A study commissioned by the INGO forum and conducted by Institut Bioforce in 2019 highlighted the north-east Nigerian response's lack of harmonised approach and understanding of effective partnership principles, as well as a lack of coordinated and effective capacity-strengthening efforts.

Local actors were seen as being particularly important in leading humanitarian responses that were informed by context. As one UN worker argued:

> We are defining reach as stipulated by what international humanitarian organisations can deliver and we have little gauge in what indigenous organisations can do which may have much better acceptance in communities and a better understand of what needs are.

Certain local organisations, such as organisations of people living with disabilities, felt excluded from the humanitarian response and unable to take on a role of actor or leader due to the lack of integration by international humanitarian actors, although this is slowly changing. While the process of 'localisation' was still seen to be at its onset in the north-east Nigeria response, efforts were being made to move forward on this agenda. A localisation strategy was in place, supported by a localisation working group, and a mapping of local actors was being carried out to identify existing capacities. Institutional (and other) capacity-strengthening initiatives have been implemented over the last few years by different actors, clusters (see Street Child, 2019) and networks (see Baudot Queguiner et al., 2021). Perhaps most noteworthy is that the Government of Nigeria has endorsed a National Localization Framework as a result of the Accelerating Localisation through Partnership[29] consortium (Nigerian National Localization Framework, n.d.).

29 The Accelerating Localisation through Partnerships consortium (Christian Aid, CARE, Tearfund, ActionAid, CAFOD and Oxfam), funded by the European Commission's Civil Protection and Humanitarian Aid department, aimed to foster the power of strong partnerships between national and local NGOs and INGOs to strengthen local leadership of humanitarian responses and advance the localisation agenda in Myanmar, Nepal, Nigeria and South Sudan. The initiative started in 2017 and ended in 2020. See Christian Aid (n.d.) for more information.

5 Tracking exclusion and supporting more inclusive humanitarian action: implications from the north-east Nigeria humanitarian response

5.1 Tracking exclusion and supporting more inclusive humanitarian action in complex, large-scale internal displacement crises: a question of prioritisation?

This study raises questions regarding the feasibility of tracking exclusion and supporting more inclusive humanitarian action in a large-scale, insecure crisis characterised by repeated displacement and lack of access. While this challenge is not new (Barbelet, 2018), it is not currently being tackled as part of inclusion efforts globally.

What seems to be most needed is help for senior leaders and managers to prioritise not just who has needs and what those needs are, but also how the response should operate and what should drive prioritisation of resources. This is first and foremost a strategic rather than a funding issue. Increasing understanding of what inclusion means in practice is critical. So is ensuring that HCs and HCTs, as well as Country Directors of international organisations and senior managers of national organisations, understand issues of exclusion and inclusion as being critical to relevant, impartial and effective humanitarian action.

5.2 Redefining impartiality as informed by an analysis of diverse needs

This study highlighted two clear issues with how inclusion and impartiality were understood. Inclusion is not well defined in the sector and the concept of it was unclear for aid workers interviewed. Clarifying what inclusion means beyond specific issues such as gender or disability is critical to informing inclusive humanitarian practices. The IASC could help by adopting a clear definition and a policy that would guide practitioners in complex crises.

Such a policy position would need to clarify what impartiality means when using an inclusive lens. As highlighted above, impartiality was assumed by many aid actors in the response, and this is partly driven by an understanding of impartiality as humanitarian action that is implemented with no distinction of diversity. This has resulted in a general attitude that if humanitarian actors do not intend to exclude, discriminate or marginalise then their humanitarian practice is automatically inclusive.

Instead, the sector needs to move towards humanitarian action informed by diversities. In other words, humanitarian responses should not just assist without considering, for example, ethnicity, but instead

provide assistance in a way that is informed by how ethnicity could lead to exclusion and therefore take measures to mitigate these risks. In many ways, this is already happening in relation to gender, where humanitarian assistance positively discriminates towards women and girls. As highlighted earlier, such positive discrimination can lead to perceptions of exclusion. Inclusion must be looked at through a set of diversity lenses – not just women and girls, but women, girls, men and boys; not just disability, but language and conflict-sensitive programming, and so on.

5.3 More disaggregated data and the right data

Specialist inclusion organisations have called for more disaggregation of data as a cornerstone of inclusive programming, particularly data disaggregated by sex, age and disability. Efforts towards this were clearly seen in the north-east Nigeria humanitarian response. While much more needs to be done in terms of prevalence data, including training in how to administer the Washington Group Questions, going beyond disaggregated data to inform inclusive practices is also critical.

Using disability data as an example, in north-east Nigeria, efforts towards disability inclusion were supported and facilitated by the push towards collective disability prevalence data. The disability audit conducted by CBM UK and JONAPWD (2019) provided additional inputs on the ways in which people living with disabilities could be better included in the response, such as through greater representation in coordination mechanisms, greater consultation, and using data to adapt humanitarian programming to address barriers that exclude people living with disabilities. Such audits, hopefully beyond disability in future, should become much more systematic to monitor how far a response is inclusive and impartial and inform how it can become more inclusive.

Similarly, those working in the response must recognise that needs assessments are critical but not enough to inform inclusive and impartial humanitarian responses. As highlighted by Barbelet and Wake (2020), needs assessments mainly aim to prioritise and target assistance and protection based on needs. They do not systematically include protection questions or use compatible methodologies to capture the multitude of protection issues or conduct assessments of needs based on an individual's ability to have their rights fulfilled. They also do not provide aid workers with an understanding of drivers of exclusion. Needs assessments are also often structurally exclusive of certain individuals and groups, such as speakers of marginalised languages who too often are women and girls, older people, people with disabilities and excluded ethnic groups (TWB/CG, 2018).

Finally, monitoring and evaluation does not focus enough on understanding who is not accessing assistance, services and protection. Without such focus, it is impossible for aid workers to understand which individuals they are not reaching.

As such, more data and the right data is needed to inform more inclusive practices in crises such the one in north-east Nigeria, including:

- Sex, age and disability disaggregated data, as well as data on language, ethnicity, sexual identity and orientation, etc.[30]
- Disaggregated data on the impact of crises on different individuals.
- Studies on drivers of exclusion, conflict analysis, conflict lines and social dynamics in the context of the crises and their implications for potential risks of exclusion in the humanitarian response. This could be done through engaging with anthropologists with expertise in certain communities and geographical areas, conducting political economy analysis with a social exclusion focus, and carrying out Knowledge, Attitudes and Practice assessments on specific diversity issues with aid workers[31] and populations affected by crisis.
- Inclusion and exclusion audits, and other assessments to understand specific needs, accommodation requirements and accessibility requirements, as well as pro-actively monitoring levels of inclusion and drivers of exclusion.
- Monitor who is not being reached by assistance, services and protection and compare beneficiary data with demographic data. For instance, if disability prevalence is 10% and only 1% of people visiting a health clinic report a disability, this indicates potential barriers to access. This should inform additional assessment to understand why this is the case and what could be done to mitigate access challenges.

Such data should be available from assessments or studies conducted to inform the response, and this knowledge should be widely disseminated and owned by aid workers, from field monitors and WASH engineers all the way to the HC. This is the only way that it will inform decisions on prioritising resources and on how assistance, services and protection are implemented. In order to conduct such studies and translate findings for practitioners, it is critical that the response involves inclusion-specialised organisations as well as anthropologists and social science experts.[32]

5.4 Linking inclusion, participation and localisation

This study clearly highlighted the intersection between inclusion, participation (including AAP) and localisation. Indeed, it found that exclusion of certain individuals resulted from: how aid workers engaged with communities; whether people affected by crises participated in needs assessments; whether feedback mechanisms were inclusive; and how more local leadership and humanitarian action could facilitate more inclusive humanitarian action. However, this link is rarely made either at the policy or practice levels. Bringing together these three critical humanitarian reform agendas – inclusion, participation and localisation – could not only help converge multiple efforts and reduce the workload for busy practitioners, but also multiply the effect of such efforts if done with an inclusion lens in mind.

30 The authors understand the sensitivity and risk of collecting such data, which follows similar processes to collecting data on gender-based violence.

31 As Smith (2020: 29) reflects, on the experience of the CBM UK and JONAPWD disability audit in north-east Nigeria, 'misconceived and negative assumptions around disability are common among humanitarian actors'.

32 An interesting initiative in the Democratic Republic of Congo Ebola response was the creation of a social science cell that was mandated to conduct social research to inform the response on an ongoing basis. See Dewulf et al. (2020) for more information.

Box 9 Employing more diverse individuals to lead humanitarian responses

A few aid workers and people affected by conflict (in particular people living with disabilities) highlighted the need for more diverse individuals to be hired in the response in north-east Nigeria, including in leadership positions. Diversity of employees and leadership in the aid sector is becoming a more significant issue in the inclusion discussion. There is a recognition that if aid workers and humanitarian leaderships reflect a greater range of age groups, disability types, genders, sexual orientation and other identities, it would benefit humanitarian responses and make them more inclusive (see for instance Avalon et al., 2021). This would also work for representing diverse ethnicities and languages.

Indeed, just supporting more local leadership and local humanitarian action is not enough to bring about more inclusive responses. Both local and international actors carry with them their own biases as a result of the norms established within their own societies. National and international organisations could look to employ a greater diversity of individuals to lead responses (see Box 9), and efforts could be made to support local capacities to take more leadership in large-scale humanitarian responses and to consider the diversity of local organisations. Too often, organisations such as those for women's rights or of people living with disabilities are marginalised within the national and local humanitarian or civil society ecosystem, making it even harder for them to access funds, decision-making fora and thus influence, inform, lead or be part of humanitarian responses (Metcalfe-Hough et al., 2021; Barbelet et al., 2021). Yet those organisations are critical for reaching less visible or listened to populations and informing how the response can become more inclusive.

As repeatedly highlighted in this study, meaningful participation of people affected by crises remains a challenge in humanitarian responses, as does ensuring that a diversity of voices are heard. Taking an inclusion lens on participation means thinking about it as a right held by people affected by crises, not just as an accountability mechanism. Exploring what works in community engagement and systematically monitoring and evaluating the inclusivity of community engagement practices is critical to move towards more inclusive humanitarian action.

Community, religious or traditional leaders remain critical stakeholders with whom aid workers need to engage. They may not always be perceived as inclusive but they hold a legitimate role in managing the relationship between the community and humanitarian workers. However, beyond traditional community leaders, other communities should be considered as a unit of engagement whether this is a group that comes together around a religion, a disability or a language, or specifically because of their exclusion. Engaging these communities as entities in their own right and separate from traditional or geographical structures is critical to ensure that humanitarian workers understand the realities for different groups of people.

Finally, community engagement, participation, AAP and communication with communities should all be informed by an understanding of the drivers of exclusion, as well as social and community dynamics. Such practices need to understand interpersonal dynamics at the community and the household level, as heads of household can also be gatekeepers to allowing voices to be heard or unheard.

6 Conclusion and recommendations

The humanitarian response in north-east Nigeria is an important opportunity to examine some of the barriers to more inclusive humanitarian action in large-scale, complex and protracted displacement crises. Acknowledging the immense operational challenges that aid workers face, this study found that the response is not systematically inclusive as humanitarian actors had neglected entire communities and concerns. This undermined the response's relevance and effectiveness, and reduced the quality of the approach. Among other factors, macro-level operational challenges deprioritised inclusion, and greater reflection is needed on how to operationalise impartiality rather than assume it, how to monitor and address inequity in access to assistance and services, how to ensure effective and inclusive community engagement and participation, and how to dedicate space to address specific and diverse needs.

Drivers of exclusion and marginalisation are not well understood in the response and do not inform a proactive effort towards inclusion. The presence of passive mechanisms, such as protection desks and feedback mechanisms, are not enough as they assume access to information and participation in the humanitarian response.

Inclusion, in particular of specific and diverse needs and identifying people falling through the cracks of the response, is still considered to be the responsibility of protection actors or AAP actors. These are strategic, higher-level issues for the overall response and not just technical ones. What is needed is a clearer understanding of the role of each aid worker, from the leadership to the field monitor, in driving inclusive humanitarian action.

Where investment in terms of dedicated funding and policy processes was made, this study found some positive signs of progress. This was particularly the case with the role TWB/CG played in assessing and disseminating information about the intersectional factors that could lead to individuals being excluded from participation and communication, as well as providing mitigating actions to ensure more inclusive participation. This was also seen in the global push through the IASC on disability inclusion, including through the Enhanced Humanitarian Programme Cycle process. Thematic evaluations such as the IAHE on gender (2020) and audits such as the FCDO-funded CBM UK and JONAPWD disability audit (2019) are also great examples of the type of evidence needed to keep the humanitarian sector accountable to its inclusion and impartiality commitments.

Response leadership is a critical factor to ensure more inclusive humanitarian action. In the north-east Nigeria humanitarian response, this leadership was considered to be greatly lacking, undermining advocacy efforts and more critical considerations for the quality and effectiveness of the response particularly with regards to inclusion.

This case study also reiterates that inclusion or inclusive humanitarian action is not well understood either as a concept or in terms of what it entails operationally. Impartiality, while never questioned as driving the response in north-east Nigeria, was never understood as actively seeking non-discrimination and tracking exclusion. Some actors interviewed questioned the use of a new term such as inclusion.

However, a new understanding of what the principles of humanity and impartiality mean operationally is needed. The concept of inclusion provides an opportunity to do so but requires clarifying and translating to have any operational relevance.

Finally, measures of success in the humanitarian sector directly undermine inclusion efforts as quantity (scale) of responses still prevails over quality. The return on investment continues to be measured not on impact but on how many people have been reached. While acknowledging efforts to push for a value-for-money approach that focuses on impact, quality and equity, the reality remains that quantity of people reached is more readily branded as a measure of success in large-scale emergencies. As a result, the investment case for inclusion continues to fail to meet these accepted success criteria. Hence, protection crises such as the one in north-east Nigeria continue to lack the right leadership to move towards more inclusive humanitarian action.

6.1 Recommendations for tracking exclusion and supporting more inclusive humanitarian action

The following recommendations aim to inform future leadership and responses to large-scale, complex crises such as north-east Nigeria, and to inform policy and practice for more inclusive humanitarian action.

6.1.1 Ask who are we not seeing and check assumptions against data

- Monitoring who is not being reached by the assistance, services and protection by comparing beneficiary data with demographic data. For instance, if disability prevalence is 10% and only 1% of people visiting a health clinic report a disability, this highlights that there may be barriers to access that should inform additional assessment to understand why this is the case and what could be done to mitigate access challenges.
- Monitoring and evaluation tools should consider integrating such analysis to seek more readily and proactively to identify people falling through the cracks of the response.

6.1.2 Re-prioritise inclusion and impartiality as an operational and strategic focus, including through establishing a clearer policy framework

- Move from assuming impartiality to monitoring organisation and response-wide impartiality pro-actively, including through monitoring and tracking exclusion.
- The IASC should commission a white paper to inform a policy on inclusion in humanitarian action. The IASC should adopt a formal definition of inclusion beyond single issues that incorporates all its elements (impartiality, equitable access, specific needs, participation and AAP). A policy paper would also be useful to outline what is expected from aid actors to support inclusive humanitarian responses. Such a policy should clarify the definition and different elements of inclusion, its operational implications and its links to existing policies on gender, protection and AAP, as well as efforts to shift the system towards more local leadership.

- Future HC retreats should reflect on the operational challenges in large-scale, complex crises to consider how inclusion could be best introduced as an operational and strategic focus, including through sensitising HCs on the humanitarian imperative for more inclusive humanitarian action, how to consider impartiality with an inclusion lens, and current evidence and approaches that support inclusive outcomes.

6.1.3 Invest in more disaggregated data and analysis to inform more inclusive practices

- Continue to support the collection, analysis and use of sex, age and disability disaggregated data.
- Go beyond current data and analysis to inform humanitarian responses with an analysis of diversity and specific needs. This should include informing how best to do inclusive communication and community engagement, and deploy inclusive feedback and complaint mechanisms, so that AAP is accountable to a diversity of people.
- Invest in more studies on drivers of exclusion, political economy, conflict analysis, conflict lines and social dynamics in the context of the crises and their implications for potential risks of exclusion in the humanitarian response. This could be done through: engaging with local and international human rights actors, peacebuilding actors, organisations representing individuals facing marginalisation, sociologists and anthropologists with expertise in certain communities and geographical areas; conducting political economy analysis with a social exclusion focus; and carrying out Knowledge, Attitudes and Practice assessments on specific diversity issues with aid workers and populations affected by crisis. This knowledge should be widely disseminated across the response, including as part of induction processes for new staff members. Such a process should link with existing work done by REACH on the MSNA (REACH, 2019) and link up to the HNO and HRP processes.
- Inclusion-specialised organisations that focus on specific forms of discrimination, such as CBM Global, should work together to expand the use of inclusion and exclusion audits as an evaluation, measurement and accountability mechanism for humanitarian responses. Such audits would also help HCTs to understand gaps in the response and prioritise actions such as reasonable accommodations to improve inclusion. Donors should consider funding and requiring inclusion and exclusion audits in humanitarian responses.

6.1.4 Link policy and operational efforts on inclusion, participation and localisation

- In crisis response, invest in an analysis of community dynamics to inform a solid community engagement strategy.
- Globally, revisit and build the evidence base on current practices of community engagement to assess their inclusivity and how to effectively mitigate gatekeeping by community leaders.
- Invest in 'beyond the gatekeeper' community engagement. Engage with other community leaders – such as those representing women, youth, people living with disabilities, and other minorities – including through their formal membership organisations or representative organisation as per the IASC guidelines and the push for localisation.

- Fund and support sector-wide deployment of inclusion-specialised organisations to coordinate their efforts to inform an overall inclusion strategy for the response, as well as specific actions for single forms of discrimination and single inclusion issues.
- Ensure that localisation strategies in humanitarian contexts consider and support the role of women's rights organisations, organisations of people with disabilities, older age associations, organisations supporting the rights of LGBTQI people, etc.

6.2 Recommendations for immediate action by humanitarian actors in north-east Nigeria

The recommendations below are specific to the north-east Nigeria humanitarian response as immediate actions that could be taken to work towards making it more inclusive:

- The humanitarian coordination and the HCT should **tackle the issue of community dynamics and leaders' corruption in the response** as a matter of priority to reduce drivers of exclusion in the response including through:
  - Conducting a power and stakeholder mapping of community structures on an area level.
  - Revising community engagement guidelines.
  - Increasing engagement of independent stakeholder groups in the community.
  - Increasing post-distribution monitoring and spot checks.
  - Engaging community leaders directly in a dialogue on the findings of this report.

- The food security sector and its partners must **revise food distribution practices** to follow existing guidelines and good practices to ensure safe and dignified food distributions and support those who are physically vulnerable and at risk of physical exclusion in crowds.

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Appendix 1 List of respondents

Table 1 Breakdown of focus group discussions

	Groups	Geography
1	Male IDPs in camp	Borno
2	Male host community	Borno
3	Female host community	Borno
4	Muslim group mix	Borno
5	Christian group mix host community	Borno
6	Female IDP in camp	Borno
7	Muslim group male host community	Adamawa
8	Christian group mix host community	Adamawa
9	Female IDP in host	Adamawa
10	Male IDP in camp	Adamawa
11	Female IDP in camp	Adamawa
12	Male FGD host community	Adamawa
13	Mix host community	Yobe
14	Male host community	Yobe
15	Male IDP in camp	Yobe
16	Male IDP in camp	Yobe
17	Male returnees	Yobe
18	Male returnees	Yobe
19	Youth associated with armed groups	Borno
20	People with disabilities	Borno
21	Women associated with non-state armed groups	Borno
22	Youth associated with non-state armed groups	Borno
23	Disability association	Borno
24	Youth group	Borno
25	Women associated with armed groups	Borno
26	Widows	Borno
27	Women group	Borno
28	Women IDPs	Borno

	Groups	Geography
29	LGBTQI	Borno
30	LGBTQI	Borno
31	LGBTQI	Kano
32	LGBTQI	Kano
33	LGBTQI	Adamawa
34	LGBTQI	Adamawa

Table 2 Breakdown of interviews with LGBTQI people

Sexual orientation	Number
Location: Adamawa. IDPs and host community	
Lesbian	3
Gay	7
Bisexual	5
Queer	5
Total	**20**
Location: Kano. Host community	
Lesbian	4
Gay	7
Bisexual	1
Transgender	3
Total	**15**
Location: Borno. IDPs and host community	
Lesbian	4
Gay	8
Bisexual	5
Queer	3
Total	**20**

Table 3 Breakdown of focus group discussions with LGBTQI people

Sexual orientation	Number
Location: Borno. IDPs and host community	
Lesbian	2
Gay	6
Bisexual	3
Queer	1
Total	**12**
Location: Adamawa. IDPs and host community	
Lesbian	2
Gay	4
Bisexual	3
Queer	3
Total	**12**

Table 4 Breakdown of interviews with aid responders

Type of organisation	Borno	Adamwa	Yobe	N/A	Total
International organisation	1	1	–	43	45
National and local organisation	11	8	8	–	27
Government	5	6	4	–	15

Table 5 Breakdown of interviews with international organisations

Type of organisation	Number of interviewees	Number of interviewees with coordination role
UN agencies	12	5
INGO	15	5
International organisation	1	–
Donor	6	–

The Humanitarian Policy Group (HPG) is one of the world's leading teams of independent researchers and communications professionals working on humanitarian issues. It is dedicated to improving humanitarian policy and practice through a combination of high-quality analysis, dialogue and debate.

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