HOW DIVERSE LEADERSHIP SHAPED RESPONSES TO COVID-19 WITHIN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

June 2021

This paper is part of Humanitarian Advisory Group's *Diverse Leadership* research project.

ICRC

GLOW red

IFRC

HUMANITARIAN ADVISORY GROUP

ACKNOWLEDGEMENTS

INTRODUCING THE RESEARCH

Diverse Humanitarian Leadership

Humanitarian Advisory Group is undertaking research to understand how diverse and inclusive leadership can enrich the humanitarian system's capacity to tackle key challenges. It aims to contribute new knowledge about how to strengthen the humanitarian sector and ensure it is fit for purpose. Our working hypothesis is that diverse and inclusive leadership teams help the sector to navigate a rapidly changing global landscape, by bringing depth of talent, diverse approaches, and new ways of thinking.

The Research Collaboration

This research brought together four partners committed to learning more about the benefits of diverse leadership teams. GLOW Red approached HAG to propose the research; the International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC) were both organisations also keen to be involved. All four partners crafted the research questions, HAG conducted the data collection and analysis, and all four partners were involved in the oversight and management of the research. A collaboration between a research institution, a network within the International Red Cross and Red Crescent Movement and key operational mandated actors in the sector proved an excellent way to explore this thematic area from all perspectives.

About us

Humanitarian Advisory Group was founded in 2012 to elevate the profile of humanitarian action in Asia and the Pacific. Set up as a social enterprise, HAG provides a unique space for thinking, research, technical advice and training that contributes to excellence in humanitarian practice.

GLOW Red is the Global Network for Women leaders in the International Red Cross and Red Crescent Movement. GLOW Red has more than 200 members from more than 100 National Red Cross and Red Crescent Societies, spanning all regions. GLOW Red aims to increase the number of women leaders in senior positions within the International Red Cross and Red Crescent Movement.

The **IFRC** Is is the world's largest humanitarian network. The IFRC's vision is that the global Red Cross and Red Crescent network brings people together for the good of humanity, driving the changes that will create a better future for all.

The **ICRC**, established in 1863, works worldwide to provide humanitarian help to people affected by conflict and armed violence and to promote the laws that protect victims of war. An independent and neutral organisation, its mandate stems essentially from the Geneva Conventions of 1949.

Humanitarian Horizons

This study was funded under HAG's flagship research program, Humanitarian Horizons – a three-year research initiative supported by the Australian Department of Foreign Affairs and Trade. The program adds unique value to humanitarian action in Asian and Pacific contexts by generating evidence-based research and creating conversations for change.

This little logo means we work hard to ensure that our business is a force for good.
We have chosen to hold ourselves accountable to the highest social, environmental
and ethical standards, setting ourselves apart from business as usual.

EXECUTIVE SUMMARY

The humanitarian sector is working at the heart of many of the growing inequalities across the world. Ensuring humanitarian principles and ethical practices underpin humanitarian organisations' work is essential for their credibility and legitimacy. Recently, as social movements have been calling out discrimination and injustice, organisations and individuals within the humanitarian sector have been engaging more directly in conversations that reflect on humanitarian operations and institutions, contributing to change to ensure that people are and remain at the centre. This conversation has allowed widespread recognition that humanitarian organisations can do more to embrace and cultivate diversity as part of their commitment to humanity.

This research aims to inform conversations about diversity and inclusion in the humanitarian sector not by making the principled case for reform – important as that case is – but by demonstrating the value of having a wide range of perspectives and experiences within the International RCRC Movement's leadership and decision-making.

ABOUT THE RESEARCH

This report is part of Humanitarian Advisory Group's research to understand how more diverse and inclusive leadership can enhance the humanitarian system's capacity to confront key challenges. Our working hypothesis is that diverse and inclusive leadership teams help the sector to navigate a rapidly changing global landscape, by bringing depth of talent, diverse approaches, and new ways of thinking.

The study is a collaboration between four partners: The Humanitarian Advisory Group (HAG), the Global Network for Women leaders in the Red Cross Red Crescent Movement (GLOW Red), the International Federation of Red Cross and Red Crescent Societies (IFRC), and the International Committee of the Red Cross (ICRC). It is based on analysis of reported decision-making in responses to COVID-19 across the International Red Cross and Red Crescent Movement. The study did not seek to evaluate the outcomes or impacts of particular leadership decisions but instead to understand whether a plurality of perspectives correlated to a plurality of actions. The research questions were:

> **Research question 1:**
> **How have diverse humanitarian leaders prepared for and responded to COVID-19?**

> **Research question 2:**
> **Is the response influenced by the diversity and individual characteristics of the leadership? If so, how?**

DATA SOURCES AND ANALYTICAL FRAMEWORK

The research used a mixed methods approach drawing upon document review, a survey, and key informant interviews. The survey received 354 responses from volunteers and staff across the RCRC Movement. It was analysed in two ways, to understand incidence of a given response and to identify statistically significant evidence about the attributes of people associated with the response. Interviews allowed us to explore individuals' perceptions and experiences in greater depth.

We organised the results according to a framework for decision-making on complex issues, which identifies six 'building blocks' or elements to consider when coming to a decision: outcomes, evidence, options, people, process and risk.

THE RESULT: DIVERSITY IN LEADERSHIP TEAMS MAKES A DIFFERENCE

The research revealed important differences in the way the International RCRC Movement leaders with different backgrounds, profiles, and experiences approached and prioritised decisions and actions. Put simply, the research showed that it matters who is around the table.

For example, in the COVID-19 pandemic context – when humanitarian organisations were having to adapt their programs and workplaces to new public health requirements – leaders from countries that have been historically under-represented in humanitarian leadership put in place learning mechanisms much more intentionally than other leaders. Women in leadership positions were more likely than men to have used internal evidence-gathering mechanisms such as staff surveys. Leaders who identified with an ethnic or racial minority in places where they hold citizenship or permanent residence were more likely to have implemented confidential feedback mechanisms.

We found that leaders in the International RCRC Movement perceived that personal attributes and characteristics influenced their leadership approach. However, there were also indications that, in some areas where certain characteristics were in a distinct minority (such as the 2% of survey respondents who identified as living with a disability), those in the larger group did not perceive this trait as influencing their approach, while those in the smaller group did.

BUT DIVERSITY WITHOUT INCLUSION IS NOT ENOUGH

The research also highlighted that in itself having a diverse range of people around the leadership table is not enough: effective decision-making requires that everyone is able to speak and have their views heard. Leaders from different parts of the RCRC Movement expressed concerns that certain attributes, such as gender, age, ethnicity or length of service, could affect how much weight was given to different voices.

Wider research shows that the humanitarian sector still has significant progress to make towards inclusion, especially but not only at leadership level. Only when an inclusive culture is operating can humanitarian organisations access the breadth and depth of talent, skills, expertise and ideas that work in the sector requires – and uphold their own values of treating all individuals with equality and dignity. This report presents an opportunity for organisations to consider the diversity of their leadership teams, to consider how well they work to ensure all voices are equally heard, and to reflect on how they can improve their practices and culture.

INTRODUCTION

"With diversity there is richness."[1]

A great deal of evidence demonstrates the value of diversity and inclusion at the leadership table in challenging times. Recent research points to the fact that high-performing teams include leaders with diverse characteristics that are empowered and supported to offer their perspectives. A common element to successful leadership teams is diversity across multiple dimensions – not focusing on one aspect of diversity, but instead ensuring that there is a mix of different perspectives and backgrounds to inform decision-making and strategic direction.[2]

The body of research on diverse leadership in humanitarian action is growing and producing useful insights. Previous research, including HAG publications, have shown that more diverse and inclusive leadership teams are perceived to be more effective and to contribute to improved responses.[3] Greater diversity on leadership teams is linked to better responses to specific needs and to more sustainable interventions.[4]

This study was designed to build on previous work, as well as deepen understanding and provide more evidence for the value of diverse and inclusive humanitarian teams. We considered critical actions and decisions made during the COVID-19 pandemic as a framework to analyse how diverse leaders shape humanitarian responses. The global health emergency caused by COVID-19 is a striking example of a humanitarian context that requires dynamic leadership. Humanitarian actors have had to adjust their responses to existing humanitarian crises to take account of COVID-19 while simultaneously dealing with the pandemic as a novel health, social and economic crisis. While the operational challenges of complex emergencies have long been recognised, this global pandemic represents uncharted territory for most in the humanitarian sector; leadership teams have had to take decisions with no clear roadmap.

Our group of researchers and practitioners was interested in understanding how, in the absence of established pathways for responding to systemic crises at this scale, a diverse set of leaders raised contested ideas, voiced differing perspectives, and ensured that a range of critical building blocks were considered in the response. The study was undertaken in partnership with the International Red Cross and Red Crescent Movement (International RCRC Movement). We collected data from across the International RCRC Movement, including from staff and volunteers of various National Red Cross and Red Crescent Societies, the IFRC and the ICRC.

It is important to note that we did not assess the effectiveness of leadership within the International RCRC Movement or the International RCRC Movement's responses to COVID-19, or whether leadership within the International RCRC Movement as a whole, the ICRC, IFRC or the National Societies, is diverse and inclusive. We do, however, believe this study makes an important contribution to understanding the value of diverse and inclusive leadership in the humanitarian sector, as well as emphasising some of the challenging truths that the sector must confront to ensure that everyone has an equal opportunity to contribute and to thrive.

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1   Interview 15
2   Bourke, J. *Which two heads are better than one*?, Australian Institute of Company Directors, 2020; Hunt, V. et al. Delivering through diversity, McKinsey & Company 2020; Bourke, J. & Dillon, B. The diversity and inclusion revolution, Deloitte Review, Deloitte Development LLC, 2019; Deloitte. Waiter, is that inclusion in my soup? A new recipe to improve business performance, 2013; Flock. J, *Why Diversity and Inclusion are more important than ever during the COVID-19 crisis*, 2020
3   HAG, Data on Diversity, October 2019
4   IARAN, The Future of Aid INGOs in 2030, 2016; Humanitarian Learning Centre, Operational Practice Paper 1, December 2017

INTERNATIONAL RCRC MOVEMENT COMMITMENTS TO DIVERSITY AND INCLUSION

The IFRC and the ICRC have recently made several commitments to diversity and inclusion. The IFRC Gender and Diversity Policy 2020, which applies to all National Red Cross and Red Crescent Societies and the IFRC secretariat and structures, sets out their collective understandings and commitments to gender, diversity and inclusion.[5] The policy outlines three areas in which National Red Cross and Red Crescent Societies and the IFRC should reflect, promote and strengthen diversity and inclusion: Institutional Capacity, Programmes and Operations, and Advocacy. In 2020, the IFRC leadership renewed the commitment to 'ensure gender parity, inclusion and diversity at all levels across the IFRC Secretariat.'[6]

The ICRC has a commitment to creating an inclusive and diverse working environment in its institutional strategy (2019-2022). The foundation for this commitment was a global consultation on inclusion with an inquiry on what makes people feel included at the ICRC, what are the barriers and who are facing these barriers. A global framework on diversity and inclusion was created based on staff feedback and its recommendations informed the current insitutional strategy. Today, the ICRC is addressing six global inclusion priorities as part of its broader agenda on diversity and inclusion, which also covers inclusive programming, accountability to affected populations and increased efforts on integrity and compliance. The six global inclusion priorities are aiming at create more diverse management teams (with focus on type of contract, gender, nationality) and more inclusive and collaborative ways of working through a series of improvements on policy and practice level.

The International RCRC Movement as a whole has made explicit commitments to support and promote women in leadership, recognising gender as a key component of diversity. The GLOW Red Network was born as a result of the decision adopted at the Council of Delegates of the International RCRC Movement that called for increased women in leadership.[7] GLOW Red is the Global Network for Women leaders in the International RCRC Movement and run by a series of National Societies, with its secretariat currently hosted by the Swedish Red Cross. The aim of the network is to increase the number of women leaders in senior positions within the Movement, by raising awareness of the importance and necessity of diverse leadership

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5   IRC, Gender and Diversity Policy, February 2020
6   Chapagain, J., An agenda for renewal: my first six months as IFRC's Secretary General, September 2020
7   Council of delegates of the International Red Cross and Red Crescent Movement, Resolution 12 of the 2017 Council of Delegates; Reinforcing Gender Equality and Equal Opportunities in the Leadership and Work of the International Red Cross and Red Crescent Movement

and by mentoring and coaching women to achieve senior leadership positions.

To further cement this commitment to promoting women in leadership, in 2019 the International RCRC Movement passed Resolution 5 of the 33rd International Conference of the Red Cross and Red Crescent: 'Women and Leadership in the Humanitarian Action of the International RCRC Movement'. The resolution built on previous resolutions, including Resolution 12 of the 2017 Council of Delegates: 'Reinforcing Gender Equality and Equal Opportunities in the Leadership and Work of the International Red Cross and Red Crescent Movement'.[8] The Resolution urges, requests and encourages National Red Cross and Red Crescent Societies, the IFRC and the ICRC to progress commitments including increasing the representation of women from varied backgrounds at all decision-making levels, including in governing bodies and management positions; seeking out and identifying women leaders, particularly in countries most affected by humanitarian crises, and investing in them; supporting and strengthening the pipeline of future women leaders; and supporting women's full, equal and meaningful participation, leadership and decision-making in humanitarian forums at the global, regional, national and international levels.[9]

Other key documents that guide and promote diversity and inclusion within the International RCRC Movement. These include the Resolution promoting disability inclusion in the International Red Cross and Red Crescent Movement[10], and the Statement on Integrity the International Red Cross and Red Crescent Movement, a document outlines their commitment to ensuring the workplace is safe for all, dignity and integrity is preserved and safeguards promoted.[11]

Whilst the International RCRC Movement has outlined its organisational commitment to diversity and inclusion, its components recognise that it is a journey. Concerted efforts are required to put policy into practice.

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8   Council of delegates of the International Red Cross and Red Crescent Movement, Resolution 12 of the 2017 Council of Delegates; Reinforcing Gender Equality and Equal Opportunities in the Leadership and Work of the International Red Cross and Red Crescent Movement
9   ICRC, Resolutions of the 33rd International Conference of the Red cross and Red Crescent, 202
10   Council of delegates of the International Red Cross and Red Crescent Movement, Resolution 19 of the 2013 Council of Delegates; Promoting disability Inclusion in the International Red Cross and Red Crescent Movement.
11   Council of delegates of the International Red Cross and Red Crescent Movement, Resolution 2 of the 2019 Council of Delegates; Statement on Integrity of the International Red Cross and Red Crescent Movement.

SECTION 1. OUR APPROACH

Humanitarian Advisory Group worked with GLOW Red, IFRC and ICRC to identify and define the research imperative, scope and approach.[12] The research was guided by two research questions and one fundamental assumption.

Research question 1: How have diverse humanitarian leaders prepared for and responded to COVID-19?

Research question 2: Is the response influenced by the diversity and individual characteristics of the leadership? If so, how?

Fundamental assumption: The research was grounded in a fundamental assumption that having differing views and perspectives raised and listened to is positive for leadership. This assumption is well grounded in research in other sectors and has a strong behavioural science basis.

Many principles from Behavioural Science demonstrate how diverse backgrounds affect decision-making; here are just a few:

Availability Heuristic: People often make decisions using only the evidence that is most easily brought to mind. This evidence is shaped by individual experiences, what is salient in the immediate context and what people know from previous experience.

Affect Heuristic: Fast and automatic decision-making is often reliant on feelings about the stimuli (either good or bad), rather than using reflective judgement. These affect-based evaluations are rooted in experiential thought and individual attitudes.

Confirmation Bias: People tend to seek out information that confirms their existing thinking and preconceptions – they do not seek to disprove their own beliefs.

What does this mean for diverse humanitarian leadership? It means that if leadership teams are composed of people who are positioned to know or see the same things, then they are more likely to miss important issues and make mistakes. Conversely, having varied attributes, perspectives and experiences at the table means they are more likely to arrive at informed decisions. Therefore, we did not seek to determine whether a particular group or demographic is doing something better or worse than another group, but only that they are bringing different approaches – and we argue that this variety matters.

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12   See Annex A for definitions

DATA COLLECTION AND ANALYSIS

We used a mixed methods approach that allowed us to explore our questions in multiple ways: through document review, qualitative analysis of interview data, and quantitative analysis of survey responses.

33
key informant interviews

Methodology
UNDERPINNED
BY ETHICAL RESEARCH
PRINCIPLES

15
documents
reviewed

354
responses to **1** survey in **5** languages
English, Spanish, French, Arabic, Russian

   63% women

   35% men

   2% non-binary or prefer not to say

Qualitative methods

The document review included policy and operational documentation with relevance to diversity and inclusion. It provided important context for the study and supported triangulation of findings from other data sources.

Key informant interviews allowed us to explore how leaders viewed and took decisions/actions in the rapidly evolving COVID-19 context. They were held in English and conducted remotely. Interview data was coded into themes and considered alongside the quantitative datasets.

Quantitative methods

The quantitative analysis was based on a survey completed by over 350 volunteers and staff in the International RCRC Movement who were identified as leaders. No question in the survey was mandatory, so some received fewer responses than others. The smallest number of responses to a single question was 204. Figure 1 below summarises the demographics of survey respondents.

Survey respondents were asked questions in relation to their decision-making during COVID-19 in addition to socio-demographic questions.

Figure 1: Survey respondents

female **63%**
male **35%**
non-binary **0.5%**
prefer not to answer **1.5%**

Average age
46
years old

15%
identified with a minority ethnic or racial group in places where they hold citizenship or permanent residence.

ANZENA: 59%
Australia, New Zealand, Europe
North America.

SCAMPA: 36%
South America, Caribbean,
Africa, Middle East,
Pacific, Asia.

Other / prefer not to say: 5%

2%
identified as living with a disability

51%
Had spent over 5 years working in a sector outside development, aid and humanitarian relief.

56%
of respondents had one or more parents attend a university (this measure was used as a proxy for socio-economic background)

Leadership levels by gender

	Overall	Men	Women
Governance leadership	6%	4%	6%
Senior or executive leadership	21%	29%	18%
Senior management	35%	31%	39%
Program and/or technical leadership	27%	30%	26%
Project leadership	7%	4%	7%
Other	4%	2%	4%

The report presents two forms of quantitative data – statistics that describe the data as totals, proportions, averages or ranges of responses, and inferential statistics that reach conclusions that extend beyond the sample data – i.e. they infer that an observed difference applies to a population (in this case to leaders in the International RCRC Movement).

Our inferences are based on chi-square analysis, which was used to determine whether observed proportions of the responses to questions (i.e. the data we collected) differed from what would be expected based on the proportions of, for example, men and women in the sample. This analysis started with a null hypothesis that there is no difference in the way that leaders respond in the context of COVID-19 as a result of personal characteristics. By starting from this null hypothesis, we can identify statistically significant departures from that hypothetically neutral situation, hence documenting the association between personal characteristics (such as age, gender or nationality) and dependent variables (such as priorities in COVID-19 response or decisions taken).

When we note that a finding is statistically significant, we are in effect saying, 'there is less than a 5% chance that this relationship is a result of random effect'. Statistically significant results are presented with the associated p value of <0.05 (denoting the level of significance of the finding) along with the relevant chi-square statistics in the footnotes.

Limitations

▶ This report is not an evaluation. It does not consider the outcomes of COVID-19 responses or the effectiveness of approaches to leadership. The survey is based on leaders' perceptions and descriptions of their own positions and decision-making and does not test these against documentation or the views of others in the organisations.

▶ There may be some sampling bias, because respondents acted on an invitation to participate in the survey by the different research partners or interviews rather than being selected at random. Interviews were also all held in English.

▶ The datasets were analysed using one-way classification. This is the simplest form of the chi-square test and considers only one variable of interest at a time (e.g. age, and then separately, gender). This provides some important insights but does not allow an intersectional approach to the study of variables. This is addressed further in the Discussion section of the paper.

▶ Statistically significant differences were identified between respondent groups with respect to numerous variables. However, it was not possible to capture all significant findings in this report; for the readability and flow, the writing team identified those most relevant to six key areas (introduced on page 10). The team attempted to provide a good representation across demographic groupings, but note that there is the potential for researcher bias in the themes selected for focus in the paper.

HOW DO WE CONSIDER INDIVIDUAL CHARACTERISTICS IN THIS REPORT?

In this report we highlight some key personal characteristics in their connection with leadership styles and priorities, but it is not our intention to suggest that all people in a particular grouping will behave in a certain way. We believe that individual characteristics influence – but do not straightforwardly determine – how individuals behave or how they are perceived.

The concept of intersectionality[13] reflects the idea that we have more than one element to our identities – we are more than just one thing. These complex identities interact and may shift in different settings.

For a complete list of the terms and concepts used in the research and applied in the survey data, see Annex A – Definitions.

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13   Crenshaw, K, On Intersectionality: Essential Writings. 2017.

THE BUILDING BLOCKS FRAMEWORK

HAG's Diverse Leadership project argues that the humanitarian sector can learn from efforts to improve diversity and inclusion in other sectors.[14] The private sector, government and academia have done a lot of work to understand diversity and its dividends, as well as proposing leadership models that capture diversity and inclusion.[15] In this report, we draw upon one model for understanding the importance of varied viewpoints in decision-making. It frames the importance of 'diversity of thinking', and identifies six ways that people in leadership can approach difficult decision-making.[16] We are not suggesting that it is the most important, or only, model, but it summarises many of the key elements of effective leadership. It also provides a useful structure, described below as building blocks, to explore findings about responses to the COVID-19 pandemic across the International RCRC Movement.

SIX DECISION-MAKING BUILDING BLOCKS[17]

A complex problem typically requires input across six building blocks for decision-making:

- ▶ Outcomes: Why are we doing this?
- ▶ Evidence: What is the data we are relying on? How will we track it?
- ▶ Options: What are the possibilities?
- ▶ People: Who are the people for whom we are trying to solve this problem? How will they and our staff feel?
- ▶ Process: What are the steps? How do we implement them?
- ▶ Risk: What could go wrong? What are the scenarios we should plan for?

In Section 2 we give a brief overview of responses to the COVID-19 pandemic in the International RCRC Movement. In Section 3 we present our findings through the lens of the six building blocks. The final section (Section 4) explores these findings in the context of larger discussions about diversity and inclusion in the humanitarian sector.

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14   HAG, Drawing on our Diversity
15   Credit Suisse Research Institute, Gender diversity and corporate finance, 2012; Auh, S., & Menguc, B, Diversity at the executive suite: A resource-based approach to the customer orientation–organizational performance relationship, 2006; Levine et al, Ethinic Diversity Deflates price bubbles,' 2014; Bourke, J, Which two heads are better than one?, Australian Institute of Company Directors, 2016
16   Bourke, J (2016) Which two heads are better than one? How diverse teams create breakthrough ideas and make smarter decisions. AICD, Sydney; https://aicd.companydirectors.com.au/membership/company-director-magazine/2018-back-editions/march/quest-for-a-different-way-of-thinking
17   Bourke, J., https://aicd.companydirectors.com.au/membership/company-director-magazine/2018-back-editions/march/quest-for-a-different-way-of-thinking, 2018

SECTION 2. INTERNATIONAL RCRC MOVEMENT AND COVID-19

The National Societies of International RCRC Movement have a mission to act as an auxiliary to government in emergency response, public health, and education on humanitarian law. Mandates and priorities of National Societies have evolved over time (the first were established in the 1860s) and can vary depending on national contexts; similarly, the role of the IFRC (and its precursor, the League of Red Cross Societies) has similarly changed over time. The history of the IFRC and National Societies thus reflects growth through adaptation, with respect for the humanitarian principles and working in collaboration with government authorities and other interlocutors of civil society, despite tensions between these tenets. The ICRC is an independent, impartial and neutral humanitarian organisation. Its mandate is to ensure humanitarian protection and assistance for victims of armed conflict and other situations of violence. It takes action in response to humanitarian needs and at the same time promotes respect for international humanitarian law and its implementation in national law. It works in close cooperation and coordination with other partners within the International RCRC Movement.

Notwithstanding the extensive experience in large-scale disaster response in the International RCRC Movement, the COVID-19 response that began in early 2020 was unique in scale and scope. Many experienced leaders in the International RCRC Movement reflected on the enormous pressures to balance the serious implications for teams and their families with the imperative to continue programs and support to affected communities.[18] Leaders noted that doing so required diversification of roles, and demanded flexibility from individuals to take on new responsibilities and to rethink business as usual.[19] As the last part of this section shows, they also believe that their characteristics shape how they approach leadership challenges.

> ❚ 'What was new was that it was not something where you tap into experience.'[20]

> ❚ 'We had to rethink the approach, [the] way we responded.'[21]

There was a strong sense across the International RCRC Movement in late January – early February that the impact of COVID-19 would be immense.[22] Some leaders with health backgrounds were raising the alert in early January.[23] The International RCRC Movement responded by launching global appeals, adapting existing programs, pausing activity whilst also starting up new programmes in some contexts and technical areas, and setting up new working arrangements in which offices had to close.[24]

Headquarters for ICRC and IFRC provided guidance to delegations, regional offices and National Red Cross and Red Crescent Societies in an ongoing and iterative sense from February 2020. However, with the situation evolving rapidly and differences in the spread and reach of COVID-19, many leaders within the International RCRC Movement had to make decisions before receiving formal guidance or advice.

> ❚ 'At the beginning we managed ourselves, and we gradually shifted to use different guidelines from HQ.'[25]

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18   Interviews 6, 12
19   Interviews 19, 23
20   Interview 6
21   Interview 23
22   Interviews 2, 5, 6, 8, 20
23   Interview 16
24   Interviews 1, 12, 20
25   Interview 6

The following timeline indicates some of the key events and announcements that would become decision points.

Figure 2: Highlights from COVID-19 response

JANUARY
- ▼ **January** – The ICRC launched the COVID-19 Taskforce led by the Asia Region
- ▼ **30 January** – WHO declared COVID-19 a public health emergency of international concern (PHEIC), WHO's highest level of alarm.
- ▼ **31 January** – IFRC launched emergency appeal
- ▼ **31 January** – IFRC launched Emergency Plan of Action to the COVID-19 outbreak

FEBRUARY
- ▼ **February** – The ICRC, as member of the IASC, contributed to the interim guidance on MHPSS aspects of the COVID outbreak
- ▼ **11 February -** IFRC statement -

  "We recognize the gravity of the global threat posed by this novel coronavirus. National Red Cross and Red Crescent Societies are playing an important role in battling this outbreak, and we must now step up our support to them. Right now, millions of Red Cross and Red Crescent volunteers in 192 countries are connected to their local communities, playing an important role in efforts against this outbreak, or ready to act in case of an outbreak."

MARCH
- ▼ **3 March** – The ICRC activates its Crisis Response Mechanism
- ▼ **11 March** – WHO classified COVID-19 as a pandemic
- ▼ **13 March** – WHO announced Europe is the epicentre of the pandemic
- ▼ "The ICRC recognizes that it is not immune to the effects of this pandemic"[26]
- ▼ **26 March** – The International Red Cross Red Crescent Movement launched a joint funding appeal in response to COVID-19 for USD 823 million
- ▼ **30 March** – IFRC released a technical guidance note 'How to consider protection, gender and inclusion in the response to COVID-19'

APRIL
- ▼ **4 April** – WHO confirmed that over 1 million cases of COVID-19 have been confirmed worldwide
- ▼ **24 April** – Statement from IFRC President, Francesco Rocca: "COVID-19 is a wake-up call to the international community. There is an urgent need for global solidarity to address this pandemic."

MAY
- ▼ **14 May** – IFRC released a technical guidance note 'Prevention and response to Sexual and Gender-based Violence in COVID-19'
- ▼ **28 May** – The International RCRC Movement launched a joint funding appeal for USD 3.19 billion to respond to COVID-19

  "This pandemic is creating crisis-level needs that will endure long into the future, whether for mental health support, conflict zone medical aid or livelihood assistance." Robert Mardini, ICRC's Director-General
- ▼ **29 May** - The International RCRC Movement published : COVID-19: The International Red Cross and Red Crescent Movement's Approach

JUNE
- ▼ **3 June** – A joint statement by the International RCRC Movement and the United Nations calls for a 'people's vaccine'

AUGUST
- ▼ **19 August** – World Humanitarian Day, dedicated to first responders and aid workers dealing with COVID-19
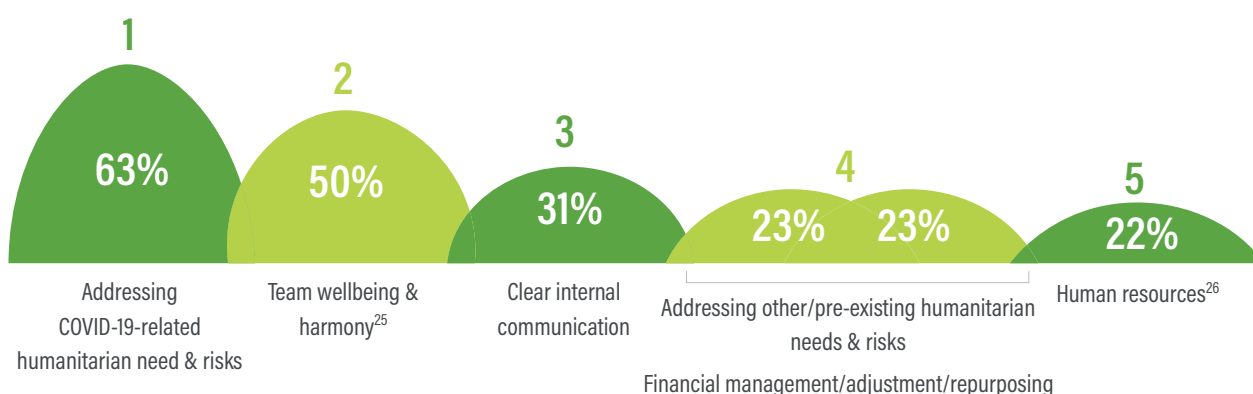
DECEMBER
- ▼ **December 2020** – IFRC launched their Global Plan 2021, with 'Responding to and Recovering from the COVID-19 Pandemic' the global flagship initiative

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26   PRELIMINARY APPEAL: THE ICRC'S OPERATIONAL RESPONSE TO COVID-19, p 13

PRIORITIES AND KEY ACTIONS

The following figures provide a descriptive overview of some of the key priorities, decisions and approaches taken by International RCRC Movement leaders within different contexts. There was a clear focus across all leaders on humanitarian needs, human resources considerations, communication and finances.
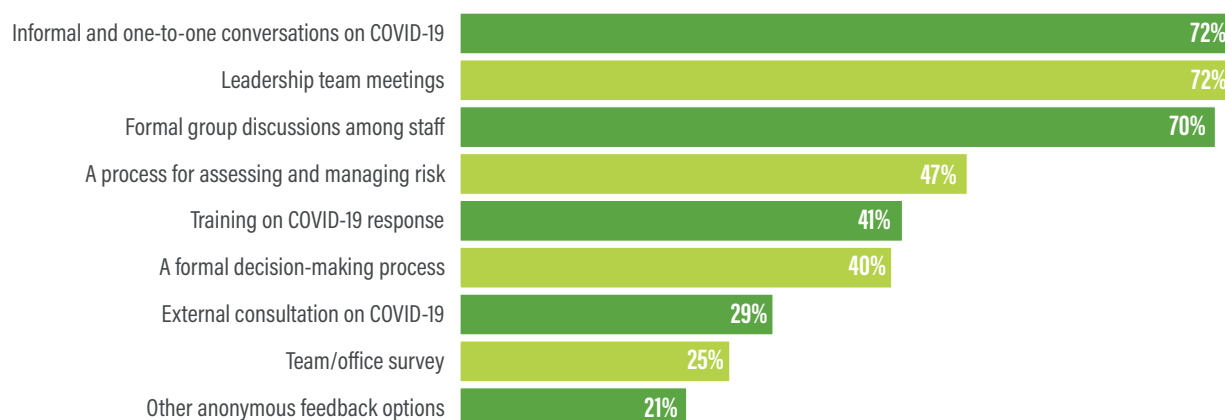
Figure 3 Priorities of leaders during the COVID-19 crisis

1	**2**	**3**	**4**	**5**
63%	50%	31%	23% 23%	22%
Addressing COVID-19-related humanitarian need & risks	Team wellbeing & harmony[25]	Clear internal communication	Addressing other/pre-existing humanitarian needs & risks	Human resources[26]

Financial management/adjustment/repurposing

Many leaders in the International RCRC Movement created additional mechanisms to support their decision-making during the COVID-19 crisis. These required additional time and resources over and above regular leadership meetings. Informal one-on-one conversations to gather staff perspectives, alongside additional leadership team meetings, were the most popular mechanisms reported across leaders and contexts.

> 'A lot of the staff I spoke to [one on one] were those who had been in the field. We would speak about the issues that came up at the field. We spoke through the issues the organisation could support, and then their more personal issues.'[29]

Figure 4 Additional mechanisms implemented to support decision-making during the COVID-19 crisis

Mechanism	Percentage
Informal and one-to-one conversations on COVID-19	72%
Leadership team meetings	72%
Formal group discussions among staff	70%
A process for assessing and managing risk	47%
Training on COVID-19 response	41%
A formal decision-making process	40%
External consultation on COVID-19	29%
Team/office survey	25%
Other anonymous feedback options	21%

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27 This priority includes issues such as psychosocial support for team members and an intentional focus on wellbeing initiatives (it is a sub section of human resources).

28 This priority includes all aspects of people management including recruitment, administration and training of staff.
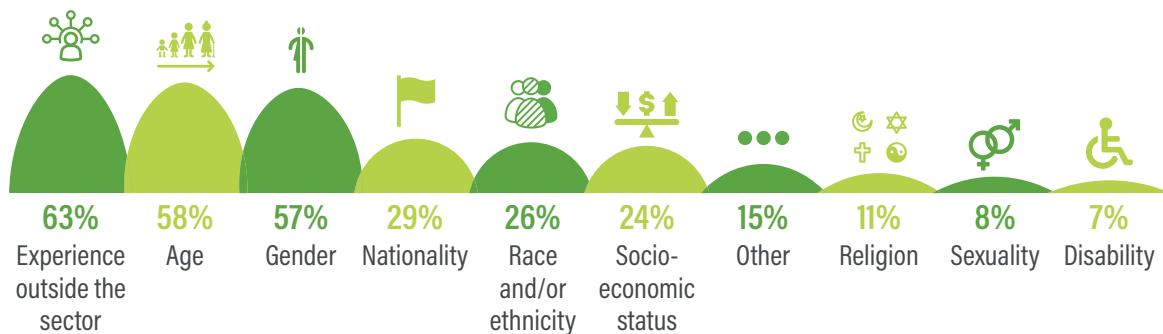
29 Interview 7

PERCEPTIONS OF DIVERSITY

Interview data for this study overwhelmingly supported the proposition that personal characteristics influence leadership style and decisions (see Figure 5 below). Most participants described the interaction of multiple personal characteristics that they believe inform their identity and shape their leadership during the ongoing COVID-19 response.

Figure 5 Quotes about personal characteristics

"It really is about who you are. What are the values that drive you."
"Who I am has meaning and changes how I approach situations and decisions." "In my case I am a mum, I am a woman, I am gay and we have a way of working and living and communicating and relating to people. It's more than just a style. The ethos I have in my personal life has repercussions. It's difficult to separate." "The way I lead and my style certainly has to do with gender." "My experiences growing up have impacted on how I lead people." "I think we all bring our personal experiences, anyone who says they don't is lying" "Whether you like it or not, your personal experience does influence how you behave as a leaders, and what you prioritise as a leader. On that journey, there is experience." "We all bring our personal experiences"

This qualitative data is supported by the quantitative data. In the survey, as indicated in Figure 6, most leaders identified more than one characteristic that influences their leadership style and perspective.

Figure 6 Responses to Q25. *Do you believe any of your personal attributes listed below influence your leadership? [Select all that you believe influence your leadership]*

63%	58%	57%	29%	26%	24%	15%	11%	8%	7%
Experience outside the sector	Age	Gender	Nationality	Race and/or ethnicity	Socio-economic status	Other	Religion	Sexuality	Disability

In some cases, the low perceived influence of a characteristic corresponds to the small number of respondents who identified as having that characteristic. Interestingly, this suggests that those who identified with a majority or dominant trait (e.g. not having a disability) do not see this as shaping their approach. While this study did not set out to evaluate the diversity of the International RCRC Movement or its leadership, contributors to the research often reflected on opportunities to improve diversity.

Interviewees and respondents reflecting on the influence of personal characteristics identified two important factors. Firstly, personal characteristics directly inform what leaders 'see', do and prioritise (this will be considered in the Findings – Section 3 of this report). Secondly, personal characteristics indirectly influence leaders by affecting the way others interact with them and the extent to which they are included in decision-making (this will be considered in the Discussion – Section 4 of this report).

Interestingly, there are differences in the personal characteristics that leaders **think** are important and the personal characteristics that the statistics reveal have the most influence. In order to make this comparison we explored six personal characteristics or attributes (detailed in Column 1 of Table 1 below). For each of those characteristics we examined the association with 84 potential priorities or decision points during the COVID-19 response. Leaders had the opportunity in the survey to identify which of the six attributes they believed influenced their leadership (this is recorded in Column 2 of Table 1 below). We also then looked at the actual influence of personal attributes on those 84 potential priorities or decision points (this is recorded in Column 3 of Table 1 below).

Table 1 Comparison of perceived impact and 'real' impact based on the strength of statistical evidence

Personal attribute or characteristic	Rank of importance in influencing leadership (% leaders in International RCRC Movement that hold this belief)	Strength of statistical evidence that the attribute influences leadership priorities and decisions[31]
Experience outside sector	63%	42%
Age	58%	33%
Gender	57%	47%
Nationality	29%	60%
Race and/or ethnicity	26%	39%
Socio-economic status	24%	34%

These data show that personal characteristics had enormous influence across 84 decision points, providing some of the first statistical evidence on the impact of diverse leadership in our sector to supplement anecdotal and qualitative data. Secondly, the data provides insights into the characteristics that are most influential in leadership and decision-making. Table 1 suggests that, of the characteristics shown, nationality and gender have the greatest influence on leadership style and decision-making.

Section 3 unpacks this overarching finding by considering what specific patterns emerged in the data and their implications for the sector.

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30   Interview 9
31   This column shows the percentage of statistically significant differences within those 84 options as a proxy for strength of evidence.

SECTION 3. FINDINGS: DIVERSITY AND THE BUILDING BLOCKS OF LEADERSHIP

In this section, we consider actions and decision-making during COVID-19 responses through the lens of the six building blocks needed for complex problem-solving. We highlight patterns and divergences that appear to be associated with the individual characteristics of leaders.

BUILDING BLOCK: OUTCOMES

KEY FINDING: Diversity of nationality and professional experience is associated with different priorities.

Humanitarian action is ultimately about improving the outcomes of a crisis context for the affected populations. Much research highlights the danger of leadership teams focusing solely on process to the detriment of maintaining an outcome focus, and vice versa.[32] Ultimately, this six-part leadership model argues that an outcomes perspective is essential to answer the question 'Why are we doing this?'.

The multiplication of needs during the COVID-19 pandemic, which intensified existing vulnerabilities while also creating new ones, identified and created many priorities for improving outcomes for affected populations.

63% OF SURVEY RESPONDENTS LISTED COVID-19-RELATED HUMANITARIAN NEEDS IN THEIR TOP THREE PRIORITIES

Humanitarian actors' tendency to focus on outcomes is conditioned through the framing of outcomes in logical frameworks, strategy and appeals documentation. These documents indicate objectives and intended outcomes. There is evidence of this in the timeline in Section 2, such as the issuing of the coordinated COVID-19 funding appeal in March 2020 and the IFRC's public call for a 'people's vaccine' in June. Most survey respondents, all from the International RCRC Movement, similarly prioritised COVID-19-related humanitarian needs.

Beyond the overall agreement on COVID-19 as a priority there are some interesting significant differences related to nationality and professional experience in the sector. In being asked to reflect on what they prioritised during the COVID-19 response, leaders from countries that are historically under-represented in leadership – captured for the purpose of this study as leaders from South America, Caribbean, Africa, Middle East, Pacific, Asia (SCAMPA) – were more likely to prioritise both COVID-19-humanitarian needs[33] and other/pre-existing humanitarian needs than their Australian, New Zealand, European and North American (ANZENA) colleagues.[34] That is, they retained a stronger focus on outcomes related to both the COVID-19 response and humanitarian concerns that pre-existed COVID-19, versus other options such as human resources or finance.

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32 Woolley. A, Means vs. Ends: Implications of Process and Outcome Focus for Team Adaptation and Performance. 2019
33 $\chi2(df = 1, N = 197) = 6.86, p = <0.05$
34 $\chi2(df = 1, N = 67) = 27.51, p = <0.05$

Similarly, those that had more professional experience in the sector[35] were more likely to prioritise both COVID-19-humanitarian needs[36] and other/pre-existing humanitarian needs than their colleagues who had more external professional experience.[37]

> 'We had to address the humanitarian concerns which still existed and many of them were more important than COVID-19 – that was the outcome we focused on.'[38]

Our research suggests that well-seasoned humanitarians and leaders from countries historically under-represented in leadership kept outcomes front and centre of discussions as an important contribution to the response.[39] This finding does not suggest that others were not concerned about outcomes, but simply that these particular leaders were more likely to ask questions such as 'why?' and 'with what impact?' as a default in their contribution to decision-making.

BUILDING BLOCK: EVIDENCE

KEY FINDING: Diversity of gender and professional experience resulted in leaders seeking and using evidence in different ways.

Most leadership models consider evidence-based approaches to be desirable, and evidence-based decision-making has been considered critical in the humanitarian sector.[40] A call for evidence means challenging leaders to consider bias in their initial reactions or the limitations of their existing knowledge base and insights.

In the humanitarian sector, accessing robust and timely evidence can be difficult, particularly in complex settings or when organisational resources are focused on action. The kind of evidence used to inform response decision-making could include needs assessments, views of staff or affected populations, perspectives of external stakeholders, or evaluations of previous experience. Attention to evidence can also be forward-looking, aiming to inform future decisions.

> 'I know from experience that we need to move fast, we need the National Societies to use the resources that are available in country, and the network of volunteers.'[41]

In responding to the pandemic, leaders across the International RCRC Movement sought evidence in various ways to inform their perspectives. This included conducting staff surveys, reaching externally for evidence and opinions, and iteratively gathering lessons to inform practice.

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35   In this particular instance there is an assumption that those that have spent less time outside the sector will also have spent more time in the sector. The exact metric is leaders that have spent less than 5 years working outside the sector.
36   $\chi2(df = 1, N = 202) = 4.33, p = <0.05$
37   $\chi2(df = 1, N = 73) = 7.11, p = <0.05$
38   Interview 12
39   Note that the statistics provide evidence that a correlation exists but not necessarily why it exists. Data may be skewed by the extent to which different National Societies were engaged in COVID-19 related programming; their focus on these outcomes being influenced by the extent to which it was relevant to their focus programming.
40   Feinstein International Centre, The Use of Evidence in Humanitarian Decision Making. 2013
41   Interview 2

The data found that leaders would seek and use evidence in different ways associated in particular with their professional experience and gender. Leaders with more experience outside the sector are more likely to have undertaken external consultations on COVID-19, reaching out to past colleagues or industry experts to gather information and evidence.[42] Leaders with more experience inside the sector are more likely to have sought evidence from within the organisation, for example, via a team or office survey.[43]

> **'My guiding principle is evidence. My technical background in public health was my guiding star.'[44]**

> **'You need a good balance from outside and inside [the organisation].'[45]**

There were also interesting gender differences in the way that evidence was sought and used. Women were more likely to use internal evidence-gathering mechanisms such as staff surveys.[46] They were also more likely to have undertaken assessments to inform decision-making, for example, about responses to the financial impact of COVID-19, early in the response timeline (before March 2020).[47] Men, on the other hand, were more likely to gather evidence externally, for example, through conversations with other organisations and contacts.[48]

This data suggests that leaders are inherently positioned to look for different types of evidence in different places – notably, nationality and gender influenced evidence-seeking behaviours in this study. One of the key differences seems to be whether weight is given to internal or external data, perspectives or facts. Of course, the reality is that both are important evidence sets in decision-making and that having a mix of perspectives at the table means greater likelihood that it will inform improved decisions.

LEARNING AND BUILDING AN EVIDENCE BASE

The approach to learning differed across metrics on the basis of nationality. Leaders from countries that have been historically underrepresented in humanitarian leadership – referred to in this report as SCAMPA – prioritised and put in place learning mechanisms much more intentionally. This group of leaders prioritised organisational learning and individual learning higher than other leaders,[49] and were more likely to take part in International RCRC Movement-wide working groups to facilitate and share evidence and learning.[50]

This eye on the iterative process of reflection and application of learning will be critical for the International RCRC Movement, and highlights an interesting contribution that was largely driven by leaders from SCAMPA countries.

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42   $\chi^2(df = 1, N = 90) = 25.97$, $p = <0.05$
43   $\chi^2(df = 1, N = 79) = 7.005$, $p = <0.05$
44   Interview 16
45   Interview 4
46   $\chi^2(df = 1, N = 98) = 42.68$, $p = <0.05$
47   $\chi^2(df = 1, N = 5) = 6.92$, $p = <0.05$
48   $\chi^2(df = 1, N = 90) = 15.37$, $p = <0.05$
49   Organisational learning $\chi^2(df = 1, N = 48) = 42.21$, $p = <0.05$; Individual learning $\chi^2(df = 1, N = 32) = 66.99$, $p = <0.05$
50   $\chi^2(df = 1, N = 142) = 17.92$, $p = <0.05$

BUILDING BLOCK: OPTIONS

KEY FINDING: Diversity of professional experience enabled greater diversity of ideas

Creating and defining viable options is an important component of leadership and ensures that leaders think outside their default preferences. It is normal practice in the humanitarian space to consider scenarios, and the leaders of the International RCRC Movement used these to inform discussions and the development of strategy.[51] In many cases, leaders had to stop or reduce activities or establish new activities or entire teams to manage the COVID-19 response. Many leaders pursued new connections with people or organisations to create additional options.

> 'The National Society as a whole […] prepared our staffs and volunteers to accommodate different scenarios.'[52]

There seem to be few significant differences in the way that leaders created options for their teams. Qualitative evidence suggests that leaders who either had more time outside the sector or had taken on a greater variety of roles within the International RCRC Movement brought different ideas to inform discussion. For example, experience of conflict zone lockdowns was cited as informing a better ability to adapt to and guide others through COVID-19 lockdowns.

Many leaders referred to their experience on different continents with different financial and disaster profiles that allowed them to suggest different options or approaches to issues such as evaluation and accountability to affected populations. Experience in specific technical fields such as health was also perceived as very important.[53] Leaders referred to their ability to draw on past experience of prevention and management of Ebola, SARS, HIV/AIDS, cholera and other outbreaks.[54]

> 'We had 300 volunteers for Ebola and it helped us prepare for the COVID-19 outbreak. What was most important was that we knew how to do pandemics.'[55]

Whilst there was no clear quantitative evidence that personal characteristics influenced the options explored or proposed by leaders, the interviews did suggest that varied professional and technical experiences will support option creation. This makes intuitive sense, because leaders with more varied backgrounds are likely to have a broader range of experiences to draw on.

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51   Interview 27
52   Interview 27
53   Short survey responses
54   Interview 3, 6, 18, 20, 22
55   Interview 18

BUILDING BLOCK: PEOPLE

KEY FINDING: Diversity of gender and representation of leaders that identify with an ethnic or racial minority supports diverse communication modalities and approaches to HR issues.

People and teams feature in almost all leadership models and are critical in times of crisis response. The COVID-19 response was unique to many in the humanitarian sector as a crisis that affected not just the communities we work with, but many staff and their families. Issues such as relocation, remote working and working from home all affected the humanitarian workforce, along with the rest of the world.

Leaders engaged with their staff through formal and informal communication, covering issues such as relocation, support required for working from home, and strategy and programming decisions.

One of the interesting differences that emerged from the data was in the communication preferences of groups of leaders. Most leaders reported setting up formal communication mechanisms and ensuring group discussions with staff to address challenging topics; however, some groups of leaders showed a significant preference for complementing these approaches with informal one-on-one conversations that one leader described as 'more of a sister' approach.[56] Leaders aged under 49 years and leaders from ANZENA countries were more likely to use more informal styles of communication.[57]

Interestingly, leaders who identified with an ethnic or racial minority were more likely to have personally implemented anonymous feedback options for staff.[58] This may reflect the interview data that suggested that creating a safe space for feedback was more important for those that currently need, or may have needed, those channels in the past.

> 'If you are saying there is no value for safe space you probably have not gone through that [racism and discrimination], so try to talk to some of the colleagues who have been through that. We do have some way to go on those issues.'[59]

There were significant differences in the way men and women leaders engaged on HR issues such as relocation and workplace conditions. Men and women leaders were both involved in complex decisions with respect to staff relocating, or not relocating to other countries.

39% OF RESPONDENTS PERSONALLY MADE OR INFLUENCED DECISIONS ABOUT TEAM OR STAFF MEMBERS RELOCATING.

Within this overarching statistic, men were significantly more likely to personally make or influence decisions on staff relocation; this included influencing policies on whether staff could relocate, and if so, where to and under what conditions. However, men, in comparison to women, appear to have provided more flexible parameters for relocation, including giving more discretion on the location required for relocated staff.[60]

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56 Interview 13
57 Leaders under 49 years of age $\chi2(df = 1, N = 224) = 13.24, p = <0.05$; ANZENA leaders $\chi2(df = 1, N = 215) = 14.77, p = <0.05$
58 $\chi2(df = 1, N = 63) = 27.65, p = <0.05$
59 Interview 31
60 Involvement in decision-making $\chi2(df = 1, N = 121) = 440.32, p = <0.05$; influence location $\chi2(df = 1, N = 11) = 277.19, p = <0.05$

Whilst men and women took an active interest in the conditions of staff to be able to work from home, they asked different sets of questions about individual staff concerns. Men were significantly more focused on tailored or personalised assistance to staff members with regard to physical wellbeing.[61] Women were more likely to have intentional conversations with staff about child protection considerations associated with changed working conditions (such as continued access to education for children)[62] and provided resources to assist with child protection concerns.[63]

> 'Bearing in mind that everybody was affected in one way or another. Working from home, children, confined to the four corners of your home… I gave five days off in addition to the leave. I put in a psychosocial support person to reach out to in case they need more in-depth counselling.'[64]

Our research confirms that within the sphere of human resources the behavioural science principle of bias applies strongly. In particular, leaders are conditioned to know and see different things. This was most strongly confirmed in the findings with respect to preferred forms of communication. The finding that leaders identifying with an ethnic or racial minority were significantly more likely to report implementing confidential feedback mechanisms speaks strongly to their knowledge and understanding of the importance of confidential channels; they see the importance in a way that other leaders cannot.

BUILDING BLOCK: PROCESS

KEY FINDING: Diversity of age and tenure influence different approaches to process.

Leaders who focus on process have a strong attention on 'the how': the steps required to implement the plan or strategy under consideration. This helps leadership teams to consider practical questions such as feasibility and resourcing. In the humanitarian context, process refers to the series of steps or actions required to support an effective management or delivery of humanitarian response.[65] It should be noted that this building block will inevitably have overlap with 'Evidence' as many of the processes required to implement a program (such as analysis and design) involve the creation or use of evidence to inform micro-level decision-making.

Figure 7 describes the key steps and decisions that respondents reported as part of the response process. It gives a broad understanding of the enormous pressure on leaders in the International RCRC Movement during March and April.

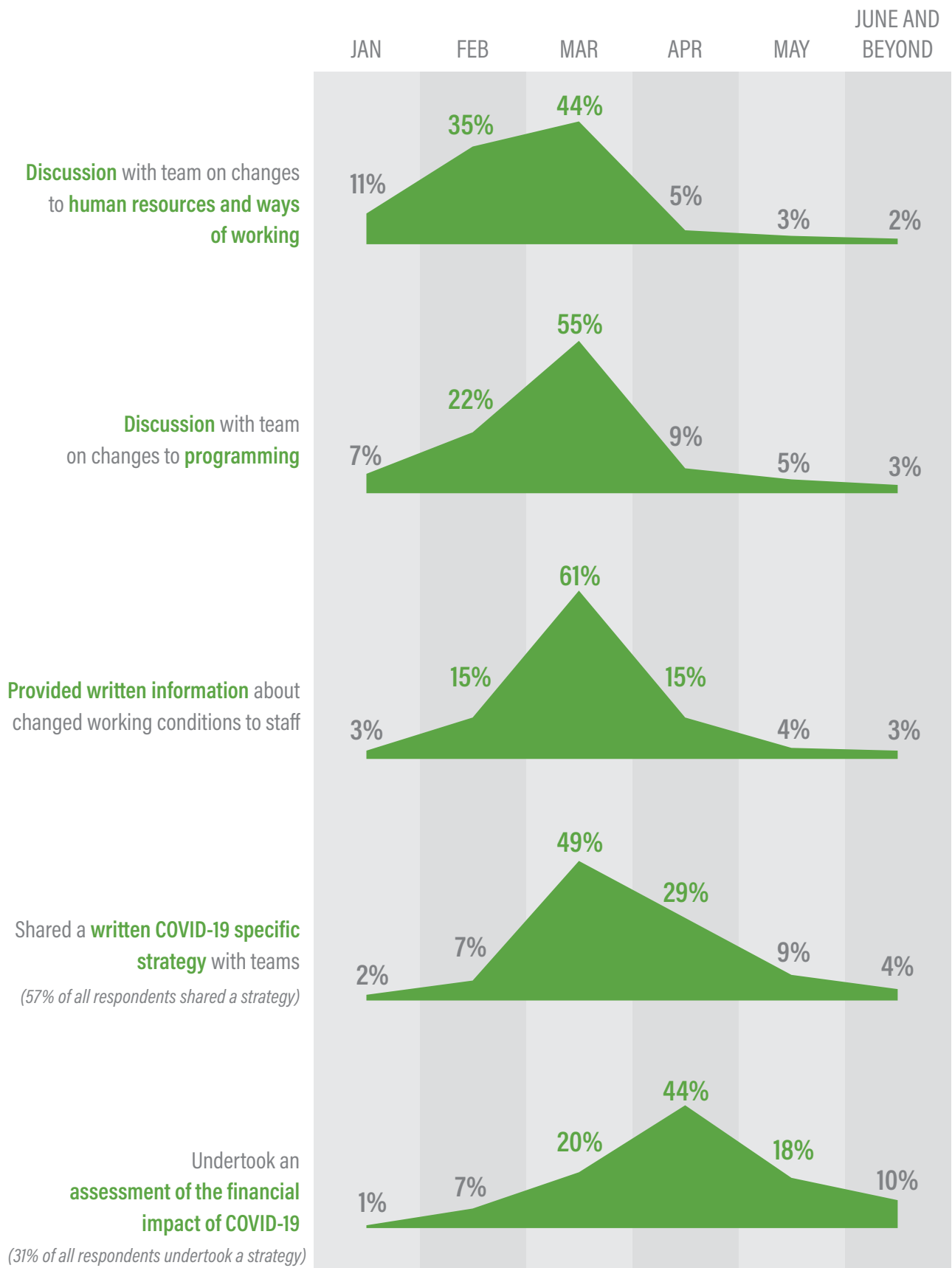---

61 χ^2(df = 1, N = 149) = 7.01, p = <0.05
62 χ^2(df = 1, N = 23) = 75.14, p = <0.05
63 χ^2(df = 1, N = 28) = 41.77, p = <0.05
64 Interview 15
65 OCHA Services, Humanitarian Programme Cycle, https://www.humanitarianresponse.info/en/programme-cycle/space

Figure 7: Key steps and decisions by month, 2020

	JAN	FEB	MAR	APR	MAY	JUNE AND BEYOND

Discussion with team on changes to **human resources and ways of working**

11% | 35% | 44% | 5% | 3% | 2%

Discussion with team on changes to **programming**

7% | 22% | 55% | 9% | 5% | 3%

Provided written information about changed working conditions to staff

3% | 15% | 61% | 15% | 4% | 3%

Shared a **written COVID-19 specific strategy** with teams
(57% of all respondents shared a strategy)

2% | 7% | 49% | 29% | 9% | 4%

Undertook an **assessment of the financial impact of COVID-19**
(31% of all respondents undertook a strategy)

1% | 7% | 20% | 44% | 18% | 10%

Some leaders brought a strong process lens to the COVID-19 response. The main differences between leaders relate to longer periods of time in the International RCRC Movement specifically, and the sector in general, that seem to translate into a greater focus on process.

Leaders aged 50 years or more were significantly more likely to undertake key steps early to guide the response trajectory than leaders aged less than 50 years. These steps include prioritising financial adjustment and repurposing;[66] early written communication about changed working conditions to staff;[67] and undertaking early financial assessments (before March 2020).[68]

> 'We actively got busy working out simple rotation plans, having conversations with people, acknowledging fatigue, but also making sure everyone knew the next steps, what the processes were.'[69]

Leaders with less than five years outside the sector and therefore potentially a better understanding, and knowledge, of the humanitarian sector were more likely to prioritise financial adjustment and repurposing within programs[70] and early sharing of a COVID-19 specific strategy (before March 2020) than those with five years or more of outside experience.[71]

Our findings suggest that knowledge of the sector and experience provide an important process lens to a response. These leaders are more likely to understand the 'how' of a response and ensure that important process steps are taken. It aligns closely with the behavioural science principle of availability bias that suggests what is easily brought to mind for people will be very different due to previous experience.

BUILDING BLOCK: RISK

KEY FINDING: Diversity of professional experience influenced different financial risk assessment approaches.

Understanding, managing and identifying risk is a cornerstone of effective humanitarian action. Risk incorporates considerations such as security, finances and human resourcing, as well as more sector-specific issues such as child protection and prevention of sexual exploitation, abuse and harassment. The sector has long tried to understand and mitigate the contextual, programmatic and institutional risks associated with humanitarian action.[72]

47% OF SURVEY RESPONDENTS REPORTED PUTTING IN PLACE A PROCESS OF ASSESSING AND MANAGING RISK

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66 $\chi 2$(df = 1, N = 75) = 28.22, p = <0.05
67 $\chi 2$(df = 1, N = 45) = 6.25, p = <0.05
68 Undertake assessment $\chi 2$(df = 1, N = 100) = 5.58, p = <0.05; undertake assessment prior to March 2020 $\chi 2$(df = 1, N = 6) = 13.05, p = <0.05
69 Interview 2
70 $\chi 2$(df = 1, N = 74) = 5.06, p = <0.05
71 $\chi 2$(df = 1, N = 16) = 8.01, p = <0.05
72 Humanitarian Policy Group, Risk in Humanitarian action: Towards a common approach?

Despite the high percentage of leaders intentionally putting in place additional risk processes, there was no discernible difference between socio-demographic groups. That is, we did not find that one group of leaders was more likely to have implemented additional risk processes than another. With respect to human resources, we highlighted in the 'People' section above the tendency for leaders to consider or 'see' different risks to individual staff members. This resulted in some leaders being more likely to talk through issues such as physical wellbeing, child protection and violence in the home with staff members than other leaders.

> "We really had a strong component on the caring responsibilities, mental, and physical wellbeing, and Occupational Health and Safety (OHS)."[73]

Stronger differences with respect to risk emerged in approaches to finance. Some groups of leaders were significantly more likely to undertake a financial risk assessment.[74] These groups included leaders who had more than 5 years' experience outside the sector,[75] leaders from countries more traditionally represented in leadership roles (ANZENA countries),[76] and leaders aged 50 years or more.[77] A leader with an audit background outside the sector explained that he makes sure financial procedures are followed, even in emergency situations, and that other understand the importance of this.[78]

Our findings suggest that financial risk is an area that benefits from the perspectives of different leaders at the table. In particular, this is an area that logically draws on and benefits from leaders with professional experience outside the humanitarian sector.

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73 Interview 16
74 Focused on the intentional process of reviewing the financial stability of the operation as a whole (versus considering program budgets)
75 $\chi 2$(df = 1, N = 101) = 5.84, p = <0.05
76 $\chi 2$(df = 1, N = 99) = 4.62, p = <0.05
77 $\chi 2$(df = 1, N = 100) = 5.58, p = <0.05
78 Interview 19

SECTION 4. DISCUSSION: A SECTOR QUESTIONING ITS MAKE-UP

Since the launch of HAG's Diverse Leadership project in 2018, a spotlight has been thrown onto questions of inequality and injustice in the humanitarian sector, reflecting the enormous public focus on these issues in society at large as well as some developments specific to the sector. This inevitably affected the process of doing research on diversity and inclusion with a range of partners. Asking individuals to reflect on these issues revealed a broad spectrum of experiences and perspectives. This discussion section seeks to position the research findings and analysis above within the context of wider debate in the sector.

Recent global movements are pushing the humanitarian and development sectors to more directly face some fundamental questions about historical and social problems in the aid world. The global #metoo movement amplified the voice of survivors of sexual harassment and assault in a range of industries and was picked up by the aid sector through the #aidtoo movement. The recent global Black Lives Matter movement, which achieved notable prominence in 2020, has catalysed stronger calls for the decolonisation of aid institutions and practices.[79] These movements, alongside calls for localisation,[80] have raised challenging questions for our sector that elicit a broad range of responses in a research project such as this.

The link between these historical problems and the diversity and inclusiveness of humanitarian leadership teams is strong. When issues such as racial and gender discrimination continue to exist, paths to career progression and growth are blocked. We need to reflect more on how the sector recruits and composes leadership teams, how we measure their success, and how we give teams the skills and tools to perpetuate inclusion and equality.

> 'Real success would be if I could put the diverse leadership in the middle management level and creating that depth in the organisation so that the leaders come from within and they will come because they believe they can be a leader, not because someone had to create a quota. These are hundreds of people – bringing diversity to the ten or twelve top people is not the key.'[81]

Our research provides an insight not only into the different perspectives diverse leaders bring to the leadership table, but reactions to those perspectives and how they are included, or not, in decision-making. Our conversations for this study revealed that certain characteristics were perceived as advantageous or disadvantageous in being heard.

> '#metoo and Black Lives Matter both show that – at least I, as a white, middle-aged man – enjoy privileges and hold views, behaviours and attitudes, whether deliberate or not, whether conscious or not, that influence how we relate to others based on [demographic] factors.'[82]

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79   Currion, P. Decolonising aid, again. 2020. https://www.thenewhumanitarian.org/opinion/2020/07/13/decolonisation-aid-humanitarian-development-racism-black-lives-matter
80   Emerging as a key issue at the 2016 World Humanitarian Summit
81   Interview 31
82   Interview 3

THE QUESTION OF INCLUSION

Many leaders described experiencing or witnessing cultures or practices that exclude certain voices. These marginalisation issues, which also interact, are further unpacked below.

Nationality, race and ethnicity. Many leaders reflected on the predominance of white and 'Western' leaders in the International RCRC Movement and some suggested that there are still some racist attitudes that stand in the way of non-Western nationalities being represented at the leadership level.[83] One leader reflected on the frustration of recruitment processes that led to an unstable rotation of internationals and a perception that locals were not considered for senior leadership positions.

> 'Localisation was a topic brought up at the time locals were not represented at various levels in the movement. If we all belong to the Red Cross Movement [International RCRC Movement], I believe if one is adequately qualified and has experience, there should be an opportunity made for them.'[84]

Gender. The tendency reported in interviews was for contributions by men to be taken more seriously or to be considered more influential or important. Interviewees of all genders made this observation.

> 'There is an expectation that you act like a man to get yourself heard.'[85]

Sexual orientation. Interviewees from diverse sexual orientations, gender identities, gender expressions and sex characteristics noted that this had led to discriminatory comments and dismissive responses.[86] For this reason, it is

possible that some leaders choose not to disclose their sexuality so as to avoid such discrimination, meaning their views on the topic are not necessarily heard.

Age. Whilst less dominant as a theme in the qualitative data, perceived age and professional background both seemed to influence the way others reacted to leaders. Younger leaders felt that in some contexts they were perceived as less capable than others and taken less seriously.[87] This could lead to altered leadership approaches, particularly a perceived need to be more assertive or explicitly deferential as a younger leader.

> 'If you are a woman and young, and not a boss, you need to be strong in your discourse.'[88]

Professional background. Interview data suggests that there is a social norm to give more weight to the opinions of staff who have been in the RCRC Movement for a very long time.

> 'I feel it as part of the organisation, people have been in Red Cross for thirty-five years... [as a more recent employee] you are an outsider.'[89]

Disability. Very few people we spoke to identified as having a disability. Mobility was seen as a major constraining factor, both by a person with disability, and by two interviewed leaders. Experience of disability comes in a range of forms and varies substantially between contexts. As such, it is even more important that people with disability are given opportunities to inform decisions by occupying leadership roles.

> 'If you don't have inclusive environments you lose the diversity.'[90]

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83   Short answer response; Interviews 1, 6, 8, 9, 11, 20, 23
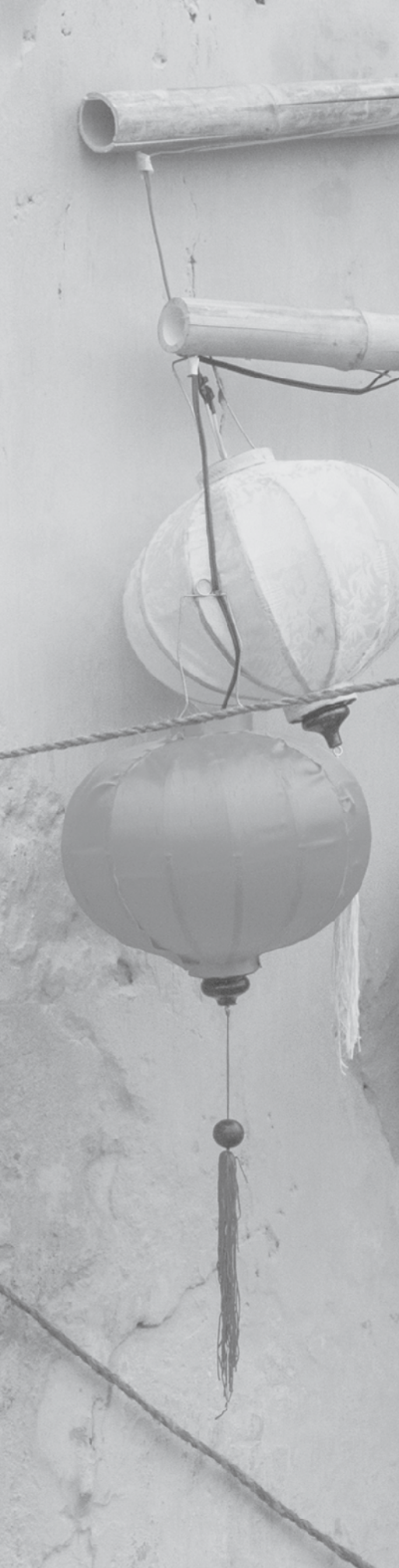84   Interview 23
85   Interview 14
86   Interviews 3, 5, short answer
87   Interview 20
88   Interview 1
89   Interview 33
90   Interview 5

CONCLUSION

This research contributes to the growing body of work on diversity and inclusion in the humanitarian sector by adding to the evidence base for how diversity makes a difference. **It shows that leaders in the International RCRC Movement perceive that personal attributes and characteristics influenced their leadership during the COVID-19 response. The evidence backs them up.**

By analysing quantitative and qualitative data we found important differences in the way leaders approached decisions in six key areas related to evidence, options, outcomes, people, process and risk. Different people sought different forms of information or input, emphasised and weighed different possibilities, and prioritised different kinds of actions. The results of this research should not be interpreted to suggest that there is a linear relationship between personal characteristics and leadership style; however, taken as a whole, they confirm that leaders bring their own unique sets of attributes, assumptions and beliefs to a complex response. **But the findings do not stop there and nor should the conversations.**

It is also clear that diversity does not produce dividends for the sector without an equal focus on inclusion. Participants in our interviews articulated a fundamental and enduring concern that, even where a plurality of voices, profiles and perspectives exist, these are not treated equally. Research from other sectors confirms that diversity without inclusion will not deliver more successful outcomes.[91] **Participants in this research are clear that inclusion is a critical aspect for the International RCRC Movement and the humanitarian sector more widely to get right.**

> ‘We have a diverse team [in my area], but I don’t know that that diversity is having a voice.’[92]

Across the sector, it is imperative that the conversations about power, opportunity and respect continue and lead to action. They cannot be confined to a single organisational level or avoid systemic (rather than individualised) analysis. Nonetheless, getting into the habit of considering how professional background, identity, and experiences have influenced their pathway and how they make decisions can help leaders move these conversations forward.

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91 Bourke, J. & Dillon, B. The diversity and inclusion revolution, Deloitte Review, Deloitte Development LLC
92 Interview 3

Insights from behavioural science highlight different entry points through which the sector can interrogate its own practices and seek opportunities for change.

▶ As individuals, our experiences, habits and feelings are strong influences on our decision-making. Our availability bias encourages us to believe that what comes to mind most easily is what is most likely to transpire; our affect bias makes us more likely to give weight to our feelings or instincts over rational information. Asking questions about our own biases can help us to be more aware of and open to different views.

▶ As leaders and in teams, we need to be attuned to assumptions and preferences that influence how we evaluate information. Confirmation bias captures our tendency to favour information that confirms our existing attitudes or beliefs. Pro-actively considering why certain inputs are viewed as less convincing or valuable can help to identify and mitigate confirmation bias.

▶ Organisational cultures can play an important role in promoting shared values and motivating action but can also create limitations on what is viewed as possible or who is perceived as legitimate. Understanding how social norms operate to define the limits of action is an important step in creating more inclusive and equitable environments.

There are still many things we don't know about the picture of diversity and inclusion in the humanitarian sector. This report was not able to examine questions of intersectionality, why inclusion continues to be such a challenge in our sector, or what inclusive leadership should look like in practice. A better understanding of these areas, built through research and greater collective reflection, will support the sector on its journey to promote diversity and inclusion, tailoring and supporting the investment to which many humanitarian actors, including the International RCRC Movement, have committed.

'We will invest because it is our objective, it is the right thing to do, it enriches the discussions, the outcomes, and frankly this just makes us better as human beings.'[93]

93 Interview 31

ANNEX A DEFINITIONS

TERMINOLOGY

Diversity is all the ways we differ.[94] It includes differences according to gender, age, disability, cultural background, sexual orientation, social and economic background, profession, education, work experiences and organisational role.[95]

Inclusion occurs when diverse people feel valued and respected, have access to opportunities and resources, and can contribute their perspectives and talents to improve their organisation.[96]

Intersectionality: 'An intersectional approach shows the way that people's social identities can overlap, creating compounding experiences of discrimination'.[97]

Humanitarian leadership: leaders of humanitarian organisations who provide a clear vision and objectives for humanitarian action (whether at the program, organisational or system-wide level).[98]

The **geographical groupings** were devised for the purposes of the study and do not correspond to organisational or operational structures. One grouping (ANZENA)[99] captures leaders from countries that have been over-represented in humanitarian leadership, and the other (SCAMPA[100]) includes leaders from countries that have been under-represented in humanitarian leadership. We recognise the diversity of societies grouped into these two categories.

The **leadership categorisation** was devised by the research team and partners for the purpose of this study.

- Governance leadership e.g. President, Vice President, Deputy President, Chair, Deputy Chair, Movement Component representative to larger International RCRC Movement Board

- Senior or executive leadership e.g. National Societies–Sec General, C-Suite e.g. ICRC–head of delegation e.g. IFRC–head of country office

- Senior management e.g. roles that report directly to senior and executive level leadership

- Program and/or technical leadership e.g. management of multiple programs or projects/ management of multiple technical staff or teams e.g. delegate or technical expert who is in a leadership position

- Project leadership e.g. management of individual humanitarian projects or support to a program/technical lead

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94 Emergency Management Victoria (2017). The Emergency Management Diversity and Inclusion Framework
95 Adapted from Diversity and inclusion, Diversity Council Australia, 2018
96 O'Leary, J, Russell, G and Tilly, J (2015), Building inclusion: an evidence based model of inclusive leadership, Diversity Council of Australia
97 UN Women, 'Intersectional feminism: what it means and why it matters right now,' Medium, 1 July 2020
98 Humanitarian Advisory Group, Drawing on our Diversity: Humanitarian Leadership, August 2018
99 Australia New Zealand, Europe, North America
100 South America, Caribbean, Africa, Middle East, Pacific, Asia

ANNEX B ACRONYMS

ANZENA   Australia, New Zealand, Europe, North America

HAG   Humanitarian Advisory Group

ICRC   International Committee of the Red Cross

IFRC   International Federation of Red Cross and Red Crescent Societies

WHO   World Health Organization

SCAMPA   South America, Caribbean, Africa, Middle East, Pacific, Asia