

Humanitarian aid from the perspective of care

Sofía Durán Cárdenas • Doctorante à l'Institut de Philosophie de Grenoble (France)

When philosophy turns its attention to humanitarian action, it can help its actors reflect not only on the foundations of their intervention, but also on how to improve its implementation. This article helps us examine these questions through an objective lens.

Recurrent ethical conflicts in humanitarian practice have given rise to a debate about its basic principles, and have even called its legitimacy into question. In order to respond to such criticism and improve practices, the normative framework of humanitarian aid is constantly being modified via the development of mandates, charters and codes of conduct, the principles of which are discussed and sometimes revised. In contemporary humanitarian aid contexts, however, these reference frameworks can prove inadequate, with the provision of aid sometimes resulting in undesirable effects that harm the target population. Given the constant risk of weakening local capacities, the humanitarian debate focuses mainly on the role and involvement of recipients. Even though the difficulties raised by persistent ethical conflicts in humanitarian practice are linked to the problem of recipient participation, which is generated by an equally problematic understanding of their dependence and autonomy, we believe that the ethics of care may shed light on these deliberations. We therefore suggest that humanitarian aid be understood as the practice of care. This ethical framework should allow us to understand beneficiaries as fully-fledged agents of the humanitarian system, and should thus provide answers to the ethical conflicts that arise in humanitarian practice.

Humanitarian aid: a four-phase process

Humanitarian workers are now faced with difficult choices between a variety of possible courses of action in which humanitarian principles (humanity, impartiality, neutrality and independence) inevitably lead to conflict if not contradiction. Fostering an approach based on a specific context rather than an ideal theory, the ethics of care are likely to guide their deliberations by providing new points of reference. Based on the concept of care, which encompasses concern, care, attention and solicitude, this feminist-inspired approach, developed in the 1980s at the initiative of psychologist Carol Gilligan, focuses on the process by which individuals actually come to care for others and address their needs. The US philosopher Joan Tronto, whose work from the following decade became an authority in the field, therefore understands care as both a practice and an internal attitude. She highlights the link between the act of providing care and its moral justification (showing concern for others) expressed as an end: providing relevant and effective attention.¹

¹ Joan Tronto, *Un monde vulnérable. Pour une politique du care*, Éditions La Découverte, 2009 [1993].

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Deployed as a method of providing assistance in which care is the key factor, humanitarian aid is by definition a care practice. We shall therefore analyse it from this theoretical viewpoint, particularly by considering the different stages of the care process as defined by Tronto. The first phase, caring about, consists of a detailed analysis of the situation, by which we recognise the existence of a need. This leads to a second phase, a debate on the possibility of intervening or taking care of said need, depending on the means to be deployed to achieve the objective and the capacities to address the need identified. Context-specific uncertainty does not limit the responsibility associated with this approach, in which the consequences of the action must be anticipated and the relevance of an intervention questioned. If necessary, the third phase then involves care giving: providing assistance directly to the population concerned. As effectiveness is a crucial factor here, the skills of aid actors are in particularly high demand during this stage. Finally, the fourth phase, care receiving, involves an evaluation of the outcome of the action taken, and therefore of the capacity of the care providers to respond according to the initial needs.² At this point, the involvement of aid beneficiaries is crucial for ascertaining whether or not the needs have been correctly identified and an adequate response effectively provided. Depending on the objectives of relevance and effectiveness, the ethical aspects of attentiveness, responsibility, competence and responsiveness, with which each phase is associated, are accompanied by values such as perception, receptivity or prudence.

In short, this integrated and holistic perception of the practice of care can serve as a reference for humanitarian work, the challenges of which unfold throughout this active four-phase process, with a view to achieving coherence between the principles, the ends and the actions carried out. In addition to analysing humanitarian aid purely in terms of its action phase, namely care giving, Tronto invites us to consider the previous and subsequent phases which involve different kinds of actors and responsibilities and which shape the humanitarian relationship. The debate surrounding ethical conflicts should, in the end, focus on how adequate the action is when compared to the ideal of care – addressing specific needs – to which we can add the goal of restoring the recipients' autonomy. Beyond needs, however, is a crisis-affected population to be considered purely through the lens of its dependence? If a "broken autonomy"³ forms the basis of the appeal for humanitarian aid, the role of the populations concerned in the humanitarian system cannot be understood properly through their vulnerability alone. This issue, underpinned by the classic conflict between autonomy and vulnerability, must be addressed in order to analyse the humanitarian relationship that results from the practice of care.

The role of recipients in the humanitarian relationship

Criticism of humanitarian actors frequently mentions the traditional representation of recipients as passive victims. This is problematic because, by highlighting their dependence, it leads to a dichotomy between the recipients and the providers of aid.

Addressing the problem of vulnerability

Starting from a critical, *i.e.* non-essentialist, vision of vulnerability, the care approach rejects the idea of treating vulnerable people as a commodity and encourages debate about their power to act (*agency*). This ethical approach emerged from challenging the ideal of autonomy and by developing an anthropology based on vulnerability, considered to be an immutable feature of the human condition.

² Joan Tronto, « Du care », *Revue du MAUSS*, vol. 32, n° 2, 2008, p. 243–265.

³ To use the title of Corine Pelluchon's book, *L'autonomie brisée. Bioéthique et philosophie*, PUF, 2009.

The ethics of care understands vulnerability as the state of being exposed to the threat of harm.⁴ This exposure is the result of both the intrinsic properties of the subject, the “fundamental”⁵ or “inherent”⁶ vulnerability of which is then called into question, and of the action of the environment which generates “situational vulnerability”,⁷ to the extent that no form of vulnerability is completely natural. Vulnerability, therefore, can only be considered from the point of view of the context and relational network to which the individual belongs – elements which shape the individual’s conditions of exposure to a threat as well as their options for taking action against that threat. Indeed, social or political circumstances can exacerbate “problematic forms of vulnerability”⁸ and even create new vulnerabilities, which will be described as “pathogenic”⁹ when they result from structural conditions of injustice and oppression or, paradoxically, from actions intended to strengthen autonomy.¹⁰

This is why vulnerability is linked to the notion of interdependence, according to which “every human depends on someone else *before* being able to claim to be an autonomous subject”:¹¹ autonomy and the capacity to act are therefore only possible thanks to the care initially provided to counter vulnerability. In order to understand the vulnerability of the people deemed to be in need of assistance in an emergency situation, we must therefore examine the nature and challenges of the threat, the factors that make these people vulnerable, and the actions likely to increase that vulnerability. Recipients must be considered in terms of their relationships with other members of their community and humanitarian actors, whilst examining the interdependencies that arise between them at the heart of what constitutes the “humanitarian relationship”.

The humanitarian relationship: tension and asymmetry

A rarely discussed aspect of international aid projects is the double dependency that characterises them: whilst local populations may develop a dependency on international organisations, humanitarian agencies depend on the communities to set up and carry out their projects (especially in the eyes of institutional donors), and to ensure that their operations continue.¹² Local civil societies (community, religious and economic actors etc.) therefore play an important role in the different stages of humanitarian practice. The fact that this role is not always recognised can reinforce an asymmetry in the humanitarian relationship which will emerge in different ways. For example, we know that communications NGOs produce are mainly aimed at audiences in the countries of the Global North rather than in the countries where they operate, thus limiting the amount of information available to the assisted populations on the programmes that concern them.¹³ Given that recipients are not considered to be partners, however, it is not possible to be indebted to them for anything. The ethics of care thus makes it possible to identify a central barrier to the positive perception of humanitarian aid by those for whom it is nevertheless intended, and therefore to its legitimacy.

⁴ Robert E. Goodin, *Protecting the Vulnerable: A Re-Analysis of Our Social Responsibilities*, University of Chicago Press, 1985.

⁵ *Idem.*

⁶ Catriona Mackenzie, Wendy Rogers and Susan Dodds, *Vulnerability: New Essays in Ethics and Feminist Philosophy*, Oxford University Press, 2014, pp. 7–9.

⁷ *Idem.*

⁸ *Idem.*

⁹ *Idem.*

¹⁰ *Ibid.*, p. 9

¹¹ Joseph Cohen, « Après Levinas, l'éthique aujourd'hui », *Cités*, vol. 2, n° 58, 2014, p. 52 [in italics in the original text].

¹² Mary Anderson, Dayna Brown and Isabella Jean, *Time to Listen: Hearing People on the Receiving End of International Aid*, CDA Collaborative Learning Projects, 2012, p. 23.

¹³ Caroline Abu-Sada, *Dans l'œil des autres – Perception de l'action humanitaire et de MSF*, Éditions Antipodes, 2011.

Furthermore, some members of the local population often take part in aid missions and are often employed by international organisations, for example as administrative and support staff, interpreters, drivers or guides. Even though their role is essential to the success of humanitarian operations,¹⁴ it is all too often forgotten that they are also *de facto* mediators with the recipients: aid organisations rely heavily on these local staff to communicate with key actors or access target populations. This scenario demonstrates the complex nature of the relationship networks that emerge during an emergency situation: as both recipients and providers of aid, community members take part in local socio-political life whilst being part of the humanitarian system. These relationships can also lead to tension, however, as shown by Élysée Nouvet's study of healthcare missions in Nicaragua.¹⁵ According to Nouvet, when local health professionals feel that they are an integral part of a collaborative approach on an equal footing with expatriate humanitarian aid staff, their assessment of the collaboration remains positive. Conversely, not being consulted when interventions are planned tends to lead to a sense of disappointment. For Nouvet, acknowledging the work of local professionals on a par with that of expatriates therefore remains the decisive factor in assessing their participation in this type of mission. In fact, the lack of acknowledgement can sometimes be experienced as humiliation. There are other examples of asymmetry in partnerships, particularly in terms of security, with international staff often being more "protected" than local staff.¹⁶ Ultimately, the figure of the local employee invites us to deconstruct the classic image of humanitarian aid, with particular regard to how recipients are depicted. It is not enough, however, to address the gap between foreign staff and local populations.

How can recipients be involved in humanitarian aid interventions?

Crisis-affected populations do have a role to play in humanitarian action. This can be achieved indirectly, for example when local actors are asked to identify needs and prepare the implementation of missions in the "caring about" and "taking care of" phases. It can also be achieved in a more direct way, when local employees are involved in the "care giving" phase or when recipients are engaged in the "care receiving" phase. Consideration of interdependence relationships in this context highlights the ethical challenges and tensions associated with the humanitarian relationship. It can be seen that, regardless of how local populations contribute to the humanitarian system, their participation is not clearly recognised, let alone defined, and neither is the way in which it is promoted.

Since humanitarian aid can strengthen or weaken the autonomy of assisted populations by creating new dependencies, the active involvement of recipients is an ethical requirement. International humanitarian aid actors are aware of this issue, as shown by the increasing amount of time devoted to it in their discussions during which the participation of local populations is regularly brought up, both in the interests of effectiveness and quality (with the aim of strengthening the autonomy of society) or out of respect for the dignity of the population.¹⁷

One of the processes in which these populations are encouraged to take part is the evaluation of humanitarian projects, particularly through perception studies, which are supposed to give recipients a voice. Even though these studies often reveal a negative perception of the assistance received

¹⁴ Béatrice Pouligny, *Ils nous avaient promis la paix. Opérations de l'ONU et populations locales*, Éditions Presses de Sciences Po, 2004.

¹⁵ Élysée Nouvet, "Extra-ordinary aid and its shadows: The work of gratitude in Nicaraguan humanitarian healthcare", *Critique of Anthropology*, vol. 36, no. 3, 2016, pp. 244–263.

¹⁶ *Ibid.*, p. 130.

¹⁷ Dayna Brown et Antonio Donini, *Rhétorique ou réalité ? Placer les populations affectées au cœur de l'action humanitaire*, étude ALNAP, 2014.

(mismatch between needs and the response, mistrust of NGOs, etc.),¹⁸ this approach does generate solutions. The way in which assistance is perceived makes it possible to highlight inconsistencies between the actions carried out and the objectives defined, which can act as the basis for corrections and improvements. In this regard, following the Nicaragua survey, Nouvet¹⁹ pointed out that one of the factors determining the quality of the assistance received is the overall understanding of the care process, where care is not limited to action but is accompanied by a benevolent and attentive attitude, which she sums up in the formula “caring not just curing”. Furthermore, listening to recipients and showing them concern is a way of respecting their dignity, recognising their rights, promoting their agency and fostering their empowerment.²⁰ With this in mind, perception studies can correspond to the last phase of the care process, “care receiving”, and would constitute an ethical approach in itself.

The ethics of care in the service of humanitarian action

Even though the participation of humanitarian aid recipients is still an open issue, we can see that it first requires recognition of the various ways in which recipients are already taking part in the establishment and roll-out of humanitarian missions, followed by a reconsideration of their vulnerability and autonomy in light of the interdependencies that emerge in practice. In order to redefine their role within the humanitarian system, recipients must be understood through the lens of the humanitarian relationship. Ultimately, the study of humanitarian aid as a care practice not only addresses the very challenges of providing aid, but also the different values and principles associated with each stage of the aid process, which themselves are useful for directing action. With this in mind, practices such as perception studies help highlight the role of beneficiaries in aid interventions, thus reflecting a form of participation likely to inspire others.

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Biography

Sofía Durán Cárdenas • Sofía Durán Cárdenas is a PhD student (doctoral contract) at the Grenoble Institute of Philosophy (France). After graduating with a Bachelor’s degree in philosophy from the University of Costa Rica, where she took part in the Working Group on Applied Ethics, she obtained a Master’s degree in practical philosophy from the Université Grenoble-Alpes (France), for which she wrote a thesis on the ethical challenges of humanitarian aid in light of the ethics of care. Her research currently focuses on humanitarian ethics, with particular regard to the notions of agency and vulnerability in the approach to aid recipients. Sofía has acted as an interpreter for asylum seekers for international NGOs in Costa Rica and Panama, and has worked as a gender and intersectionality consultant on disaster-risk management projects.

¹⁸ See Elysée Nouvet, Caroline Abu-Sada, Sonya de Laat *et al.*, “Opportunities, limits and challenges of perceptions studies for humanitarian contexts”, *Canadian Journal of Development Studies*, vol. 37, no. 3, 2016, pp. 358–377 ; Mary Anderson, Dayna Brown and Isabella Jean, *Time to listen...*, *op. cit.*, p. 23 ; Isabelle Delpla, *La justice des gens. Enquêtes dans la Bosnie des nouvelles après-guerres*, Presses universitaires de Rennes, 2014.

¹⁹ Elysée Nouvet, “Extra-ordinary aid and its shadows...”, *art. cit.*, pp. 244–263.

²⁰ Elysée Nouvet, Caroline Abu-Sada, Sonya de Laat *et al.*, “Opportunities, Limits and Challenges...”, *art. cit.*, pp. 358–377.

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