

Inclusion of persons with disabilities and most vulnerable people in emergency response must be considered a core component of principled and effective humanitarian action. It relates to the humanitarian principles of humanity and impartiality as well as the human rights principles of equity and non-discrimination. **Making sure that the most at risk crisis-affected people have access to the basic aid and specific services essential for their survival, protection and recovery requires deliberate action from the humanitarian community.**

## LACK OF ACCESS TO BASIC AND SPECIFIC SERVICES

In context of natural disaster or man-made crisis, some people, because of personal and environmental factors (non accessible information or infrastructure, discrimination etc.) can have additional difficulties to cope with the situation. Those include people with disabilities but also older people, people with injuries or chronic diseases, women and children, as well as people from minorities who are at higher risk of falling through the cracks of humanitarian response and thus being denied access to basic services.

In addition some of these persons may have urgent need for specific services such as early physical rehabilitation or psychosocial support, which are essential for their well-being, but are often not available in mainstream humanitarian assistance. **Humanitarian programs should be tailored to reach and identify those persons most at risk**, eliminate the barriers preventing them to access basic services and provide them with the specific services needed.

## QUICK FACTS

- According to the World Health Organization, 15% of the world population has a disability including 93 million of children, 13 million of those experiencing severe difficulties.<sup>(1)</sup>
- For every child conflict fatality, three times as many are injured or permanently disabled.<sup>(2)</sup>
- Amongst the Syrian refugees surveyed by Handicap International in 2014, 22% had an impairment, 15.6% had chronic diseases, 5.7% had a significant injury and 5 % were older people.<sup>(3)</sup>
- 41% of Syrian refugees with disabilities are under the age of 18.<sup>(4)</sup>
- In Haiti, more than 300,000 people were injured by the earthquake in 2010.<sup>(5)</sup>

## GAPS IN HUMANITARIAN RESPONSE



Syria/ Idlib Governorate © Brice Blondel / Handicap International

While progress has been made in the way humanitarian frameworks and policies address the issue of inclusion, stakeholders continue to face difficulties to translate those policies into action. Field experience and observations indicate that **persons with disabilities and most vulnerable people are often neglected in the contingency planning, assessment, collection of data, design and delivery of humanitarian relief**, making them 'invisible' to relief operations. In addition, specific action is rarely undertaken to ensure their protection while they are at greater risk of being physically or emotionally abused. Furthermore, vulnerable people are **rarely consulted and included in decision-making processes** further impeding good understanding of their needs. This de facto exclusion worsens the long term impact of the crisis on these vulnerable people and communities.

## LEGAL AND POLICY FRAMEWORKS

**International Humanitarian Law and humanitarian principles:** Common Art. 3 of the Geneva Conventions; Art. 16, 17, 56 and 59 of the Fourth Geneva Convention; Art. 72, 75, 76 and 77 of Additional Protocol I; Art. 4 and 7 of Additional Protocol II | **Human rights provisions:** Convention on the Rights of Persons with Disabilities: Art. 9, 11, 19 and 32; Convention on the Rights of the Child: Art. 3.3, 6, 23 and 24; Convention on the Elimination of all forms of Discrimination Against Women: Art. 2 and 12; 1951 Convention relating to the Status of Refugees: Art. 23  
**European Union Consensus on Humanitarian Aid | Humanitarian Charter and Sphere Handbook**

## WHAT CAN HUMANITARIAN ACTORS DO?

### Humanitarian agencies

- **Consult populations at risk of exclusion** and encourage their participation in the crisis response's **decision-making** and **planning** process (assessment, coordination mechanisms, clusters etc.)
- **Ensure their assessments are inclusive:** identify the most vulnerable people; collect and provide disaggregated data by sex, age and type of impairment taking into account contextual factors such as family or social support, discrimination, livelihoods, distance to services etc.
- **Work to eliminate existing barriers** (physical, institutional and attitudinal) to basic services through ensuring comprehensive accessibility:
  - **physical accessibility of services**, for instance at camp and community level with a specific attention to food distribution points, Water Sanitation and Hygiene infrastructures, health structures, shelter and education sites...
  - **inclusive ways to disseminate information.** For example use at least two **different means of communication** (audio, written) and **simple language** or **drawings** to be sure to reach everyone.
- **Map existing services to refer and respond to urgent basic and specific needs** of the most vulnerable.
- Ensure that the **coordination mechanisms** identify and address the specific vulnerability-related concerns within sector forums.

### Donors

- Systematically **dedicate an appropriate share of funding** to inclusive emergency mechanisms and programs.
- Integrate criteria related to exclusion factors as a requirement in emergency calls for proposals.
- **Develop guidelines and strategies to better address the needs of the most vulnerable persons,**

In Lebanon, Jordan, South-Sudan, Mali and Kenya, Handicap International has deployed “Disability and vulnerability focal points” (DVFP) mechanisms which aim at identifying the most vulnerable persons partly or completely excluded from the humanitarian assistance. Through a network of focal points, completed by mobile multidisciplinary teams and in link with communities, DVFP teams spread accessible information on services, identify people, assess both their basic and specific needs, refer and support them in accessing adequate and available services or respond directly to their needs.

in particular by supporting the **development of indicators on vulnerability factors** within assessment, program design and implementation as well as monitoring and accountability tools.

- **Support governments and local authorities** to adapt strategies, services, infrastructures and regulatory frameworks to guarantee accessibility by vulnerable people.

### States

- **Ensure all services and assistance are available and accessible** to everyone, including people with specific needs.
- Develop strategies that strengthen existing family and community support mechanisms for the most vulnerable, including for people with specific needs.
- **Address gaps in the quality of primary healthcare services** including for people with chronic diseases and people in needs of rehabilitation services.
- **Ensure services**, including medical assistance and longer-term rehabilitation, **are available for post-operative patients to avoid or reduce long term impairment.**
- Ensure the **participation of vulnerable people in project design and implementation.**

## HOW TO MEASURE PROGRESS?

### Access to services

Physical access is ensured (schools, health centres, transportation, camps services including toilets and showers, housing) ● Governmental services are accessible ● Directory of services relevant to people with disabilities/injuries is compiled ● Communication is accessible for people with sensory impairments. ● Action to distribute food/water/household items directly to vulnerable people is taken ● Vulnerable people are included in planning and decision-making process regarding needs assessments, reconstruction and implementation of projects ● Data collected show a better inclusion of vulnerable persons.

### Legislation and policies

Guidelines and strategies request partners to pay specific attention to the needs of populations at risk of exclusion. ● Humanitarian organizations' guidelines ensure that the basic and specific needs of vulnerable persons are met at all stages of program design and implementation. ● Contingency policies pay attention to vulnerable people by including them in the planning process. ● Universal Design or the country's accessibility standards are used as the minimum accessibility standard for public and private structures.