



Inclusive Humanitarian Action Policy Brief – April 2025

Amplifying the Voices of Sudanese Persons with Disabilities: A Life Saving Call to Address Their Needs in the Humanitarian Crisis

The inclusion of persons with disabilities and most vulnerable people in an emergency response is considered a core component of principled and effective humanitarian action. It relates to the humanitarian principles of humanity and impartiality, as well as to the human rights principles of equity and non-discrimination. It ensures that people who are most at risk of exclusion have access to humanitarian assistance and services which are essential for their survival, protection and recovery.

This access requires deliberate action from the humanitarian community. Persons with disabilities must access life-saving service or else their lives are at risk:

- Persons with disabilities and their families are disproportionately impacted by natural disasters and conflicts. They can face more risks to their life and wellbeing during an emergency because they face more barriers when escaping or mitigating dangerous situations, including, for example, being informed about dangers or knowing where to escape to for safety.
- Moreover, persons with disabilities often face barriers and/or abuse when attempting to access emergency food, shelters, basic and emergency medical care, water and sanitation or makeshift shelters. In addition, natural disasters and conflicts increase the risk for people to acquire impairments or additional impairments; thus, increasing the number of persons with disabilities.
- Despite those heightened risks, the majority of humanitarian actors struggle to provide accessible humanitarian assistance to persons with disabilities. They are under commitment but lack the capacity to provide inclusive lifesaving services such as food security assistance and protection services such as gender-based violence related services.

Quick facts

- According to the World Health Organization, 16% of the world population has a disability¹ including 93 million children, 13 million of those experiencing severe difficulties.
- Women with disabilities are 2–4 times more likely to experience intimate partner violence than those without disabilities and 10 times more likely to experience sexual violence².
- Women with disabilities are twice as likely, and girls with disabilities are up to 4 times more likely, to be affected by violence than their peers without disabilities³.

Inclusive Humanitarian Action (IHA) is grounded in international frameworks that affirm the rights of all individuals under International Humanitarian Law (IHL) and International Human Rights Law (IHRL). Disability-inclusive humanitarian action requires placing persons with disabilities as rights-holders at the center of the humanitarian response to ensure meaningful access, both in terms of protection and assistance. IHA focuses on the identification and removal of barriers faced by persons with disabilities when accessing humanitarian services across all sectors through their direct participation and engagement in the process.

The **Inter Agency Standing Committee (IASC)’s Guidelines on Inclusion of persons with disabilities in humanitarian action**⁴ provides an excellent framework for action by emphasizing the four “must-do actions” across all stages of a program cycle:

- Disaggregate data for monitoring inclusion,
- Identify and remove barriers,
- Promote meaningful participation,
- Empower persons with disabilities and support them to develop their capacities.

Humanitarian actors should systematically consider these four must-do actions to promote inclusion in their work at global, national, and subnational levels.

HI in partnership with a national organisation started its operation in Sudan early 2024. During the period, HI responded to the needs of the population most at-risk of exclusion in Gedaref State through provision of physical and functional rehabilitation, mental health and psychosocial support, protection, and Inclusive Humanitarian Action (IHA) services. The IHA sector mainly focused on the provision of technical support to humanitarian actors to ensure a more disability-inclusive humanitarian response with participation of persons with disabilities. This included sensitizing staff to inclusion principles and approaches as well as training focal points on the 4 must-do actions of the IASC guidelines.

¹ Available at: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

² We Decide and UN Women at: <https://www.unwomen.org/en/what-we-do/women-and-girls-with-disabilities/facts-and-figures>

³ Addressing violence against women: a call to action, The Lancet, 2012

⁴ Available at: <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>



Caption: A female physiotherapist from a national organisation attending a male older patient with left shoulder injury at a Teaching Hospital in Gedaref State. ©HI



Caption: A male physiotherapist from a national organisation attending a male older patient with right leg fracture at a Teaching Hospital in Gedaref State. ©HI

Situation of persons with disabilities in Sudan – Voices from affected population

In conflict affected areas in Sudan, the percentage of persons with disabilities is likely to be far higher than the 16% global average, with evidence of analysis from different context showing that the figure increases significantly due to the ongoing conflict, although exact figures are not yet known. Persons with disabilities are disproportionately affected, often left behind and insufficiently protected in emergencies and struggle to meaningfully access life-saving humanitarian assistance and protection due to institutional, attitudinal, environmental and communication barriers.

The 2025 Humanitarian Needs and Response Plan-Sudan⁵ (HNRP) refers to 15% of persons with disabilities representing 4.6 million of people in need among them 3.1 million being targeted in the humanitarian response. This figure was estimated based on global averages as the Multi-Sectoral Needs Assessment⁶ (MSNA) was not able to accurately capture the percentage of persons with disabilities in Sudan. Additionally, in Sudan, disability data on existing barriers and risks faced by persons with disabilities is inadequately collected and reflected in the MSNA Inclusive and disaggregated data collection is imperative to clarify what barriers are faced by person with disabilities in order to remove them and ensure their access to life-saving services.

⁵ Available at: <https://www.unocha.org/publications/report/sudan/sudan-humanitarian-needs-and-response-plan-2025-executive-summary-issued-december-2024>

⁶ Sudan Multisectoral Needs Assessment Report, 2025

In the previous HNRP 2024⁷, persons with disabilities were already recognized to be among the most vulnerable groups, acknowledging collective efforts to address their specific needs and ensure the promotion and protection of their rights. However, there was a gap in the HNRP in understanding or identifying the specific factors that place persons with disabilities at heightened risk, and the concrete actions needed to make humanitarian response more inclusive. In order to ensure an inclusive and quality programming the HNRP is committed to addressing the vulnerabilities and diverse needs of all people, regardless of their gender, disability, or other specific characteristics.

This holistic approach seeks to ensure that the priorities of affected people are at the forefront of decision-making, and will among other commitments promote disability-inclusive response, including improved data collection and training, and integration of Gender, and Age Marker and disability inclusion.

Challenges and risks faced by persons with disabilities in Sudan

Upon analysis of reports conducted by humanitarian actors and HI's assessments of the needs of, and barriers faced by, persons with disabilities and representatives of Organisations of Persons with Disabilities (OPDs) in Sudan shows that they face challenges to access services and to participate in decision-making. The crisis has affected both men and women with disabilities, increasing initial protection risks especially for women and girls with disabilities.

Access to assistance and protection

The ongoing crisis has affected women and men with diverse types of disabilities more than men and women without disabilities as reported by interviewees during rapid analysis of the situation of persons with disabilities⁸. The barriers faced by persons with disabilities when accessing humanitarian assistance are stigma, feeling unsafe, experiencing violence, community rejection, and limited freedom of movement especially for people with intellectual disabilities.

“ Yes, the war has affected most disabled people blind individuals who are heads of household have lost identification documents which are mandatory official documents required by some organizations in order to access services.” – woman, 45- key informant interviewee with a visual impairment, in Baladit, Al-Gedaref.

Safety

Persons with disabilities living in conflict settings face increased protection-related risks, safety and security concerns because they are unable to defend themselves and evacuate from the war zones. The main safety concerns reported by persons with disabilities included danger moving around the community, lack of freedom of movement, discrimination and stigma, human trafficking, exposure to exploitation within the centers and shelter by those in positions of authority, and violent attacks during evacuation. Also, they reported increased levels of negative psychological impacts with the majority of respondents indicating increased stress, followed by anxiousness, difficulty in sleeping, feeling unmotivated, and feeling hopeless.

⁷ Humanitarian Needs Response Plan, 2024

⁸ This rapid analysis was conducted by HI in February 2025 by HI in Khartoum, West Darfur and Gedaref used a qualitative and quantitative methodology interviewed forty-two key informants, and six focus group discussions

“I have difficulty in sleeping, unable to move around the community, feeling hopeless, and fear being attacked” – woman, 27, key informant interviewee with physical impairment, in Al-Salamabi, Al-Gedaref.

Access to information and rights

Persons with disabilities face challenges and barriers when accessing information needed for them to stay safe and healthy in the ongoing conflict. Example of the barriers experienced included not being able to access relevant information about their needs, not knowing where and how to access information, not having access to information channels, stigma and discrimination, and not feeling safe when accessing information, lack of accessible transport, language barriers, lack of mobile phones and radios, service delivery locations being too far away, discrimination towards young persons with disabilities (especially women).

“When organizations announce about services during meetings, its difficulty for some disabled people like deaf to follow and hear, no sign language interpreters” – man, 56, focus group discussion participant with a hearing impairment, in Alfao, Al-Gedaref.

Participation

There is lack of involvement or engagement of persons with disabilities in the humanitarian response for example persons with disabilities’ contribution to decision-making processes in the community is very low as revealed by interviewees in Al-Gedaref. Participants reported that persons with different types of disabilities and their representative OPDs were inadequately consulted by humanitarian organizations in the community.

“My device is in bad shape and I cannot go to the food distribution center. I have to give some part of my food ratio to cover for transport,” - man, 48, key informant interviewee with a physical impairment, in Baladit, Al-Gedaref.

Community perceptions

In regard to community perceptions humanitarian services providers (including local leaders, government officials) treat persons with disabilities with negative attitudes compared to persons without disabilities. Subsequently, within Sudan there are different traditional or cultural beliefs regarding persons with different types of disabilities, for example some people believe that there is ‘no hope’ for a person with disability, others view a household with a person with a disability as having bad luck. Moreover, people with disabilities can experience stigma and discrimination directed towards them and their families, as well as a lack of acceptance or denial and harassment due to their perceived weakness. However, in other communities, people view a person with a disability as a source of happiness in the home.

“I am afraid living in this community because of the insecurity, unable to access humanitarian assistance, people are being harassed, and called nick-names because of disability”- Female youth, 24, key informant interviewee with physical impairment, in Gedaref Locality, Al-Gedaref.

Other factors to consider on how persons with disabilities are impacted in Sudan:

- Lack of sufficient income preventing access to basic and priority needs in the community heightening the risks of diseases and infections,
- Loss/lack of assistive products/devices, limited movement of persons with disabilities within displacement sites/camps, increasing the risk of inability to access services and participate in community activities,

- Discrimination, fear of attack, harassment and gender-based violence, feeling less safe and protected, limited access to services for persons with disabilities thereby increasing inability to benefit from the humanitarian aid,
- Physical barriers, inaccessible toilets, and lack of access to information and documentation contributed to inability to access and use the different humanitarian services in the community.

Recommendations

To further enhance the capacities of humanitarian coordinators and actors in mainstreaming disability within programming and address the needs of the most-at-risk, this factsheet provides a set of recommendations as per the IASC Guidelines⁹ Chapter 9 which is on Inclusion of persons with disabilities in humanitarian action. These recommendations are adapted to the needs of persons with disabilities in the Sudanese context, however one of the highest needs is the collection of inclusive and disaggregated data on the percentage, needs and priorities of persons with disabilities affected by the conflict in Sudan.

If persons with disabilities can't access life-saving assistance, their life may be at risk. Following the below recommendations means that the number of deaths of persons with disabilities will decrease as access to humanitarian aid is life-saving for persons with disabilities.

To donors and UN agencies:

- Work towards the full implementation of human rights frameworks, including the Convention on the Rights of Persons with Disabilities, and reaffirm the implementation of the Commitments of the IASC Guidelines and Charter on Inclusion of Persons with Disabilities in Humanitarian Action;
- Data are essential: Specific needs and barriers in access to services have to be identified in order to address them and effectively identify and respond to the needs and rights of persons with disabilities. Without robust data, it is impossible to respond to the needs of persons with disabilities and adequately inform response prioritization and targeting.
- Encourage all humanitarian actors to use the UN-approved Washington Group questions when collecting data on persons with disabilities, disaggregate data by sex, age, and disability, and ensure that persons with disabilities:
 - are identified and consulted with at the early stages of a crisis so that their needs and concerns are articulated and can be addressed in the response;
 - are included throughout the Humanitarian Programme Cycle (HPC) in each sector response plan;
- Ensure humanitarian aid is customized to the specific needs of persons with disabilities, as identified in need assessments, such as the Humanitarian Needs and Response Plan
- Ensure that indicators used in proposals are disability sensitive, meaning that actors monitor the level of access to their services for persons with disabilities;
- Due to the shortage of funding in Sudan it is highly recommended that disability is prioritized amongst donors and UN agencies.
- Donors must continue to provide accessible, flexible, and long-term funding to facilitate inclusive humanitarian action in Sudan and respond to the escalating needs. They must ensure direct funding to Local and National NGOs, women-led organisations as well as

⁹ Available at: <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

organisations working with refugees, minorities, and people with disabilities, who must be seen as strategic partners.

To Humanitarian leadership and Country Team

- Integrate disability-inclusion in the Terms of Reference for the Humanitarian Country Team and in any cross sectoral or cross cluster action plan;
- Ensure that needs assessment processes that estimate the severity of needs consider the impact of the situation on persons with disabilities and their families, this is mainly achieved through ensuring that tools used can capture the needs and priorities of persons with disabilities;
- Ensure that multisectoral needs assessments consider the requirements, risks, skills, capacities, and views and perceptions of persons with disabilities;
- All data collected in the course of multisectoral needs assessments should be disaggregated by sex, age and disability (using data collection tools tested in humanitarian contexts, such as the Washington Group Short Set of Disability Questions). It is recommended that disability data is collected at an individual level rather than at a household level, where possible;
- Include persons with disabilities and OPDs in needs assessment teams, ensuring to build their capacity prior to their involvement for effective and meaningful participation;
- Include disability in the strategic and results frameworks of response plans; ensure that reporting reflects the diversity of persons with disabilities;
- Ensure that all strategic response plans (humanitarian response plans, rapid response plans, etc.) include all persons with disabilities who are in need;
- Describe in the plan how the response will address factors that help to heighten the risks faced by persons with disabilities;
- Actively consult and engage with Organizations of Persons with Disabilities (OPDs) as well as the Inclusion Task Force in Sudan.

To humanitarian actors:

- Keep in mind that disability mainstreaming is a process, not a series of isolated actions or trainings. Ensure you systematically use the data collected to constantly adapt and improve your programming to accommodate persons with disabilities better.
- Ensure case management of persons with disabilities by accompanying them to overcome barriers to accessing services;
- Adapt project design to make services more inclusive: this can be done by decentralizing service sites, doing home-based distributions, and giving flexible options for participation in various activities (e.g. adapted livelihoods activities);
- Many organizations are in a consortium they can assign a focal point for disability inclusion to ensure their services and programming is inclusive of persons with disabilities
- It is recommended to partner or consult with organizations of persons with disabilities in all stages of program design, implementation and monitoring
- Ensure that your organization is a member of, and regularly attends the Inclusion Task Force meetings.
- Protection, WASH and food security actors are especially requested to ensure that their services are completely accessible to person with disabilities as these are of the highest needs in Sudan for persons with disabilities.

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