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.

Gaps in humanitarian response

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


References

What can humanitarian actors do?

### Humanitarian agencies
- **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, economic situation, distance to services etc.
- **Consult vulnerable people** and encourage their participation in the crisis response’s **decision-making** and **planning** process (assessment, coordination mechanisms, clusters etc.)
- **Work to eliminate existing barriers** (physical, institutional and attitudinal) to basic services through:
  - **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 vulnerability criteria as a requirement** in emergency calls for proposals.

### States
- **Ensure all services and assistance are available and accessible** to vulnerable 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 need 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.**
- **Support 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 • Lists of services relevant to people with disabilities/injuries are 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 the most vulnerable • 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.