Inclusive Humanitarian Action Policy Brief – August 2026

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 in emergency response is a core component of principled and effective humanitarian action. It ensures that vulnerable populations at risk of exclusion have equal access to humanitarian assistance and services essential for survival, protection, and recovery.

Persons with disabilities face compounded risks in emergencies, from inaccessible early-warning information to loss of assistive devices and inaccessible aid distributions. Yet most humanitarian actors still lack the technical capacity and skills to adapt life-saving services (food security, health, water, sanitation and hygiene -WASH-, protection) accordingly. This gap heightens the vulnerability of populations already at risk of exclusion.

Quick facts

- According to the World Health Organization, 16% of the world population has a disability[1] 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 and 10 times more likely to experience sexual violence than women without disabilities [2].
- 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 disabilities[3].

Disability-inclusive humanitarian action is grounded in International Humanitarian Law (IHL) and International Human Rights Law (IHRL), placing persons with disabilities as rights-holders at the center of response. The Inter Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities set four "must-do actions" across the program cycle: disaggregate data, identify and remove barriers, promote meaningful participation, and support persons with disabilities to develop

[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

their own capacities. Humanity & Inclusion (HI) provides technical assistance to mainstream actors to embed these actions at global, national, and service-delivery levels

Humanity & Inclusion (HI) has vast global experience in providing technical assistance to mainstream humanitarian actors to ensure these four must-do actions are systematically considered across the project cycle and to strengthen disability inclusion in their work at global, national, subnational, and service delivery levels.

HI has worked in Sudan since 2024, responding to immediate humanitarian needs and service disruptions in a highly complex humanitarian context marked by shifting conflict dynamics, repeated displacement, escalating humanitarian needs, severe food insecurity, and deteriorating health conditions, while access restrictions, fragmented coordination, administrative and funding constraints hinder humanitarian response efforts.

HI provides inclusive food assistance, WASH, Early rehabilitation, and stimulation therapy for conflict-affected and displaced communities across 3 states in Sudan, ensuring disability, gender and age responsive action in the delivery of aid and assistance. At the same time, HI strengthens the participation and leadership of Organisations of Persons with Disabilities (OPDs) and builds the capacity of humanitarian actors at national, sub-national, and camp levels to promote disability-inclusive humanitarian coordination, planning, and programming across the Sudan response.

Caption: A cash for food and WASH Kit distribution in West Darfur. ©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

Available evidence suggests that disability prevalence in Sudan is high. HI's secondary analysis of the 2025 Multi-Sector Needs Assessment (MSNA) dataset found that **39.6%** of assessed households included at least one person with mild or more severe functional difficulties, while **9.8%** included at least one person with moderate or severe functional difficulties.

Disability prevalence increased with age (**66%** among households headed by persons aged 60 years and above) and was higher in female-headed households than in male-headed households **(43.6%** vs. **37.7%).** Geographically, prevalence varied considerably across Sudan, with higher rates observed in Northern State, Khartoum, River Nile, and the Darfur region, while Kassala and West Kordofan recorded the lowest prevalence. Disability prevalence was also higher in urban areas and among returnee households. These patterns likely reflect differences in population age structure, conflict exposure, and displacement dynamics.

The conflict has had a disproportionate impact on persons with disabilities in Sudan. Insecurity, repeated displacement, and damage to civilian infrastructure and essential services have increased their risk of injury and death. Many have been separated from family members or caregivers, lost essential assistive devices, and experienced disruptions to health, rehabilitation, education, mental health and psychosocial support, and other services that are critical to maintaining their health, functioning, and independence. The conflict has also heightened the risks of neglect, exploitation, abuse, and violence.

These impacts have resulted in more severe, complex, and multi-sectoral humanitarian needs for persons with disabilities:

- Nearly two-thirds (63.5%) experienced extreme multi-sectoral needs (MSNI 4).
- Food security needs were particularly acute, with **88.2%** of households with persons with disabilities experiencing food security gaps.
- Health needs were also significantly higher, affecting **75.1%** of these households.
- In addition, households with persons with disabilities had poorer food consumption scores, higher household hunger scores, and were more likely to rely on negative coping strategies.
- WASH, livelihood, shelter and protection needs were also consistently higher among households with persons with disabilities than among households without persons with disabilities.

Barriers faced by persons with disabilities in Sudan

Persons with disabilities face additional and intersecting barriers: physical, communication, attitudinal, and institutional barriers that amplify the impacts of the conflict and limit their ability to cope within the complex humanitarian content.

Physical Barriers: The MSNA data show that 34.9% of households with disabilities reported movement restrictions due to physical mobility barriers and security-related restrictions, compared with 26.6% of other households (+8.2 percentage points). In conflict-affected areas of Sudan, these barriers include inaccessible aid distribution points, helpdesks and facilities; uncleared conflict-related rubble; limited or inaccessible transportation; damage to or loss of assistive devices, with limited access to replacements; and separation from caregivers. These challenges restrict safe movement, access to humanitarian services and participation in community activities. Persons with disabilities and their families also face additional financial costs, including for accessible transport and escorts, as well as loss of income when caregivers need to accompany them. These costs can place severe financial strain on households whose livelihoods and resources have already been significantly affected by conflict and displacement.

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

Communication barriers: Inaccessible safety and humanitarian information, and limited access to required documentation, prevent persons with disabilities from understanding risks, identifying available assistance, and accessing and using humanitarian services in Sudan. Information on explosive ordnance and safety, disease outbreaks and nutrition, for example, is often communicated through printed materials (posters and leaflets), community sessions and social media that do not fully address the communication needs of people with difficulties seeing, hearing, reading or understanding. Access to these communication channels can also be limited. For example, "persons with disabilities are 15% less likely to own a mobile phone and 45% less likely to own a smartphone".[4] And will therefore have limited access to information via social media and phone. Therefore, providing information through accessible formats and multiple channels is important to reduce the risk of exclusion.

> *"When organizations announce about services during meetings, it is difficult for some people with disability like the deaf to follow and hear, there are no sign language interpreters"* – man, 56, focus group discussion participant with a hearing impairment, in Alfao, Al-Gedaref.

Attitudinal barriers: Humanitarian services providers (including local leaders, government officials) often treat persons with disabilities with negative attitudes. In Sudan, some traditional or cultural beliefs regarding persons with different types of disabilities can reinforce negative attitudes. 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. These perceptions contribute to stigma, discrimination, denial, and harassment, and affect how persons with disabilities are treated and their ability to safely access humanitarian assistance. This is reflected in the experience of a young woman with a physical impairment in Gedaref:

> *"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.

[4] https://www.nrc.no/globalassets/pdf/reports/conua/connectivity-needs-and-usage-assessment_west-darfur.pdf

It is important to note that in other communities, people viewed a person with a disability as a source of happiness in the home.

Institutional barriers: Though disability inclusion is recognised in humanitarian planning in Sudan, with the Humanitarian Needs and Response Plan (HNRP) setting targets for reaching persons with disabilities and humanitarian sectors explicitly including inclusion in their cluster-level objectives, implementation of these commitments remains uneven. This is influenced by gaps in knowledge, capacity and resources among humanitarian actors, as well as coordination challenges between humanitarian actors and local authorities. This affects routine collection of disability disaggregated data, prioritization of aid, resource allocation, adapting standards and protocols to ensure disability inclusion in humanitarian response and in monitoring the extent to which persons with disabilities are being reached.

At the same time, while OPDs are recognised within humanitarian planning processes, their meaningful participation at field level remains limited. This reflects limited awareness among some OPDs of humanitarian coordination mechanisms, alongside the regulatory and administrative environment in which OPDs operate, which can constrain their ability to engage consistently across humanitarian coordination and response processes.

> "*We are an association of persons with physical disabilities in Jazirah. The orthotic and prosthetic centre has not been functioning since the war. We urgently need these assistive devices to live and move independently. But we are not invited to meetings or discussions about response planning, so our needs are not seen.*" — Man, 48, training participant with a physical impairment, Al Jazira

These barriers can limit people's ability to understand and respond to risks, evacuate safely, access essential information, services and humanitarian assistance, and participate in community life, while increasing exposure to stigma, discrimination, harassment, exploitation and violence. The 2025 MSNA found that only 43.1% of households with at least one member with a disability reported receiving humanitarian assistance; while most assistance received was food assistance, access to cash, health and shelter assistance was considerably more limited. As this is household-level data, it does not indicate whether persons with disabilities within these households were themselves able to access or benefit from the assistance they needed. These barriers are also associated with significant psychosocial impacts: 30.7% of households with a member with a disability reported signs of psychological distress in the 2025 MSNA, while HI qualitative research identified increased stress, anxiety, sleep difficulties, lack of motivation and feelings of hopelessness, alongside concerns about family separation, exploitation, trafficking and violence.

Together, these intersecting barriers amplify the impacts of conflict and displacement for persons with disabilities, increasing risks to their safety, well-being, dignity and independence

Recommendations

If persons with disabilities cannot access life-saving assistance, their lives may be at risk. This risk is compounded by the ongoing Humanitarian Reset: as funding shortfalls push the sector toward hyperprioritisation, it risks narrowing the response to the most acute while sidelining disability inclusion, unless explicit safeguards are built into programming, response plans and funding allocations.

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 based on the IASC Guidelines[5] Chapter 9.

Following the below recommendations will increase access to life-saving humanitarian aid for persons with disabilities. However, one of the highest priority is the collection of inclusive and disaggregated data on the percentage, needs and priorities of persons with disabilities affected by the conflict in Sudan and reporting on Sudan HNRP targets.

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;
- **Strengthen disability inclusion requirements in funding, planning, monitoring, and reporting:** Donors and UN agencies should integrate clear disability inclusion requirements into funding, planning, monitoring, and reporting processes to uphold their commitments on disability inclusion. This should include requiring partners to set measurable disability inclusion targets and report on progress, helping to ensure humanitarian assistance is accessible, inclusive, and accountable to persons with disabilities.
- **Promote disability-inclusive data across the humanitarian programme cycle:** Donors and UN agencies should systematically promote the collection, analysis, and use of disability-disaggregated data, including the Washington Group Questions where appropriate, to inform inclusive planning, response prioritisation, targeting, and monitoring of equitable access to humanitarian assistance. Adequate investment in data systems and staff capacity is essential to translate evidence into more inclusive action.
- **Set disability inclusion targets and measure results:** UN Agencies and cluster leads should incorporate disability inclusion targets and indicators into sector strategies, response plans, and track progress, on, reach and outcomes for persons with disabilities.
- **Funding for inclusive humanitarian action:** Humanitarian assistance should be prioritised according to need. However, meeting needs equitably requires recognising that persons with disabilities often face additional barriers and higher costs to access services. Donors and UN agencies should ensure that humanitarian funding covers the additional costs of disability inclusion, including accessibility measures, reasonable accommodation, accessible communication, and the meaningful participation of persons with disabilities and their representative organisations (OPDs). Flexible and predictable funding should also strengthen the capacity of local actors and OPDs to deliver inclusive humanitarian assistance.

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;

[5] Available at: https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019

- 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 OPDs as well as the Inclusion Task Force in Sudan.

To humanitarian actors:

- **Intentionally target persons with disabilities to ensure equitable access to humanitarian assistance**. Recognise disability as a key determinant of humanitarian need and systematically identify and include adults and children with disabilities in humanitarian programmes. Use disability-disaggregated data to identify sectors where the greatest disparities in access and needs exist, such as health, protection (particularly MHPSS), WASH, food security, and livelihood, and use this evidence to adapt and strengthen programme design and delivery.
- **Build organisational capacity to deliver inclusive humanitarian action**: Disability inclusion is a process, not a series of isolated actions or trainings. Humanitarian organisations should invest in continuous capacity development informed through learning needs assessments, need based training, coaching, technical advice, practical tools for implementation, and draw on the expertise of OPDs and disability focused (specialist) organisations to strengthen disability inclusion across the programme cycle.
- **Systematically identify barriers to access and design programmes that proactively remove the physical, communication, attitudinal, and procedural barriers** that prevent persons with disabilities from accessing humanitarian assistance.
- **Engage with organisations of persons with disabilities (OPDs) as strategic partners** throughout needs assessment, programme design, implementation, monitoring, and evaluation, recognising their expertise and leadership in promoting inclusive humanitarian action.
- **Monitor equitable access through disability-disaggregated data.** Humanitarian actors should routinely collect, analyse, and use disability-disaggregated data to monitor whether persons with disabilities are accessing and benefiting from humanitarian assistance on an equal basis with others. At a minimum, data should be disaggregated by disability, age, and sex, and used alongside disability-sensitive indicators to identify barriers, inform programme adaptation, and strengthen accountability.

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