Leaving no one behind: inclusion in COVID-19 responses in South Asia

Summary

The coronavirus (COVID-19) pandemic is affecting people in many different contexts. While the right to life with dignity is universal, each response to the pandemic must be contextualised to apply the humanitarian standards appropriately for that environment. This case study offers examples of good practice.

There are tools from the humanitarian sector that can directly support responses to the COVID-19 pandemic. **Sphere standards** define the minimum response all crisis-affected people have a right to expect. People are affected in different ways and some may be stigmatised. Responses in South Asia show how to include everyone, respond to their different needs and respect their dignity.

Key question

How can humanitarian standards be applied to the COVID-19 response to ensure that no one is left behind?

Humanitarian standards

The Humanitarian Charter expresses a shared conviction that all people affected by a crisis have a right to receive protection and assistance to ensure the basic conditions for life with dignity. Assistance must be provided according to the principle of impartiality, which requires that it be provided solely on the basis of need. This reflects the wider principle of non-discrimination: that no one should be discriminated against on any grounds of status, including age, gender, race, colour, ethnicity, sexual orientation, language, religion, disability, health status, political or other opinion, and national or social origin.

South Asia: leaving no one behind

People's identity shapes the extent to which they are vulnerable to, are affected by, respond to and recover from crises. Emergencies exacerbate these inequalities. Without an inclusive approach, humanitarian responses easily miss many marginalised groups. In South Asia, 15% of the population has some form of disability. In India alone, over 60 million elderly people with co-morbidities are at high risk from COVID-19 infection and unable to access tests and medicines due to restrictions on movement. Many lesbian, gay, bisexual, trans, queer and intersex people, and people living with HIV were stigmatised, excluded from employment and left without a livelihood. Migrants, unlisted on the registers of residents, were excluded from food distributions. These vulnerable and marginalised groups were at greater risk from the COVID-19 pandemic; yet, they found it harder to access information and support.

Photo: Masud Kaiser/CDD

"It's not easy for persons with disabilities to maintain social distance. While people without disabilities can move around without touching anything, persons with disabilities have to use railings, walls, wheelchairs or depend on others to move around. This

increases their risk of being infected. There is no database of people living with disabilities and so they are often excluded from relief distribution", explains Imran Hossein of the Centre for Disability in Development (CDD) in Bangladesh.

The Humanitarian Charter demands full, equal and meaningful involvement of everyone in decision-making and activities that affect their lives. Good inclusive practices have been demonstrated by Sphere partners' COVID-19 responses in South Asia. HelpAge India set up a national helpline and a Covid SOS App, receiving 40,000 calls a month. This enabled the agency to assess the particular needs of their marginalised constituents for food and healthcare, and informed an advocacy initiative that unblocked pensions and entitlements for 20 million elderly people, widows and people with disabilities.

"The COVID-19 pandemic is an evolving situation from lockdown and migration, to escalation and economic impacts", notes Dr Sara Varughese, country director of Christian Blind Mission (CBM) India. The response needed to adapt and evolve with each stage, and to be tailored for each of CBM India's 200,000 constituents with disabilities. CBM's response started with research on the effects of COVID-19 on people with disabilities. Its Hands-on Humanitarian Tool, a mobile app, provides tips and guidance to CBM India's 27 partners on how to include people with disabilities in their response. CBM India focused on ensuring that health messages were accessible for all – in five languages, with video and online guidance on how to communicate with children with disabilities in hospitals and schools. A comprehensive menu of aid was then shaped around identified individual needs: food, health, hygiene, livelihoods and psychosocial support.

"People with disabilities are not just people in need during a pandemic, but they can also be contributors," argues Dr Varughese. "If we exclude people, we are also squandering capacity to deliver the response." CBM India's farmer producer groups donated their profits to the COVID-19 response, delivering bags of relief items to households in their districts. Elsewhere, lesbian, gay, bisexual, trans, queer and intersex activists manufactured masks or made regular visits to 'the last house on the street' to deliver health messages, survey needs and ensure that 'no one will sleep hungry'.

Lessons

An inclusive approach analyses how people are excluded to actively include them by creating an environment where differences are embraced and promoted as strengths.

Delivering an inclusive response means providing equitable access to services for all. In the longer term, inclusion also focuses on people's rights by tackling, and ending exclusion, stigma and discrimination to create an inclusive society.

Resilience-building and recovery start at the outset of an emergency response. Enabling marginalised people to take part in the response respects their dignity and builds their capacity and agency.

Relief for people with disabilities and other migrants trudging home during lockdown. Photo: Naujhil Integrated Rural Project for Health Development (NIRPHAD)/CBM

Resources

- To learn more about inclusive approaches in South Asia, **watch the webinar recording**
- Read the **Sphere guidance on COVID-19 response**
- International Federation of Red Cross and Red Crescent Societies' **Protection, gender and inclusion in emergencies: toolkit**
- CBM's mobile app **Hands-on Humanitarian Tool**

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