



Core reference

The HI's theory of change:
Access to services for people with disabilities and vulnerable populations

Humanity & Inclusion
2018, updated in 2022



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Introduction

The [theory of change](#) adopted by Humanity & Inclusion (HI) enables us to identify objectives related to the realisation of our mission and determine the steps to be taken to meet these objectives.

Access to services is the analytical framework applied by HI to all of our actions in order to help us meet the essential needs, improve the living conditions and promote respect for and the dignity and fundamental rights of people with disabilities and vulnerable populations.

This document defines the process of change required for ensuring access to services for people with disabilities and vulnerable populations and identifies the intermediate results expected at various levels.

It also explains the strategic choices made by HI following the adoption of the [Agenda 2030](#) by the United Nations in September 2015 and the Agenda for Humanity at the World Humanitarian Summit (WSH) in May 2016. Both of these Agendas seek to ensure that development and emergency actions effectively “leave no-one behind” and make humanitarian aid truly inclusive.

This document provides a benchmark for all the sectors of intervention within HI’s scope of activities¹. On the basis of this benchmark, the necessary adaptations can then be made at sector-level, and relevant hypotheses and monitoring indicators defined for each [sector](#) and setting.

¹ See [HI: Values and principles charter & Scope of activities](#), Core reference n°1, 2022

1. Understanding people in their environments

- 1.1** HI draws on an anthropological analysis, according to which human development results from **interactions between individuals and their environment**² at micro, meso and macro levels.
- 1.2** Participation – or the accomplishment of day-to-day activities and social roles valued within a specific context – may range from survival, thanks to access to essential services meeting basic needs, through to the total fulfilment of an individual in all the economic, political, social and cultural spheres of his or her life. **Some people and populations experience greater [discrimination](#) and/or exclusion** in accessing services and all or aspects of community life due to the barriers they encounter in their living environment. For example: people with reduced mobility living in a non-accessible city cannot get to work using public transport; homosexual people living in a conservative society may be in mortal danger if their sexual orientation is discovered; people affected by a natural disaster may be unable to cover their basic needs if they do not have immediate access to services; people living in an isolated landmine-contaminated area are in mortal danger and are deprived of economic opportunities (unable to cultivate their land, for example); women living in a refugee camp may be more exposed to violence.



Fig. A - Interaction between individuals (represented in the inner circle by pictograms of a young girl, refugee couple, person in a wheelchair, blind person and elderly person) and the environment (represented in the outer circle by pictograms illustrating a range of contexts: rural/urban, impacted by drought, contaminated by landmines, affected by light weapon proliferation, etc.).

² Urie Brofenbrenner, *The Ecology of Human Development: Experiments by Nature and Design*, 1979.

1.3 Risks of experiencing **discrimination** and/or exclusion are therefore greater for **certain people**, households or communities due to incompatibility between their environment (physical and social) and their characteristics, identities, needs and priorities. Such situations threaten the realisation of their **human rights** and, in some cases, their survival.

1.4 HI recognises **nine individual inequality factors**, determined by the perceptions and beliefs prevalent in specific environments: Disability; Age; Gender; Sexual orientation; Socio-economic status; Geographical location; Ethnic origin, religion and political opinion. A characteristic valued in a given context (e.g.: advanced age as a source of legitimacy for the exercise of functions of authority in Africa) is not necessarily valued in another context (ex: isolation and abandonment of older people in Europe). These inequality factors overlap and interact, generating multiple forms of **discrimination** and exclusion.

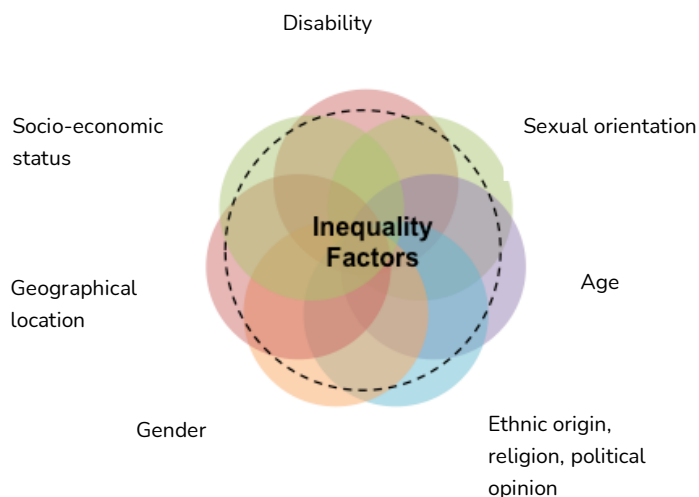


Fig. B - Factors of exclusion and inequality, represented by overlapping circles that reinforce inequalities and exclusion as a result of the perceptions and beliefs of a given environment.

1.5 HI's action focuses on two situations in which exclusion and **discrimination** can manifest themselves:

- **Situations of vulnerability**, namely of significant exposure (elevated risk) to one or more types of threat likely to limit or impede the satisfaction of a person's or a population's basic needs.
- **Situations of disability**, namely of (confirmed) restriction of participation caused by negative interaction between people with impairment and the barriers in their living environment.

1.6 HI does not systematically link disability and **vulnerability**, but recognises that, due to the barriers encountered by people with disabilities, they are more likely than other people to be excluded and experience exclusion or **discrimination**, even in the satisfaction of their basic needs and **rights**. Not all people with disabilities are vulnerable and the most vulnerable people do not necessarily have disabilities.

- 1.7** Disability issues are at the heart of HI's mandate. The **Convention on the Rights of Persons with Disabilities** (CRPD, Article 1) offers an interactive and contextual definition of disability, including among people with disabilities all people “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1).
- 1.8** The International Classification of Functioning, Disability and Health (ICF, WHO) and the Disability Creation Process (DCP, INDCP) define disability as a restriction of participation stemming from the negative interaction between environmental factors and personal factors. These interactions include dynamic interrelations between **organic systems** (measured on a scale ranging from “full integrity” to “total deficiency”), **aptitudes** (measured on a scale from “optimal capacity” to “total impairment”), and **identity factors** (such as age, socio-economic status, or ethnic origin)³.
- 1.9** HI has always given priority to improving the situation of **people with disabilities** in all of our intervention settings and sectors. We do so by considering the intersection between disabilities and other personal factors that may also be potential sources of exclusion and **discrimination** (for example, being a woman with a disability).
- 1.10** HI recognises that people with disabilities do not constitute a homogeneous group. Though our expertise is historically more focused on people with physical disabilities, HI works in support of all people with disabilities, recognising that some groups (for example, people with intellectual, sensory or psychosocial impairments) are often more excluded than others.
- 1.11** Our actions also target **people affected by crises, as they are particularly vulnerable**, especially in emergency/post-emergency or chronic crisis contexts. Whenever possible, HI focuses on the most vulnerable people within impacted populations. They may or may not be people with disabilities. We have developed a specific methodology for use in emergency response situations based on specific criteria for determining **vulnerability** and targeting the most vulnerable. For example, after the earthquake in Nepal, our action focused on those families whose homes were the most damaged, whose capacities to rebuild without assistance were the most limited, and who were the most exposed to risks due to inequality factors such as their socio-economic status, being a member of a lower cast (Dalits) or a minority ethnic group, age (children or older people), pregnancy, etc.

³ Patrick Fougeyrollas, Disability Creation Process, 1990. HI bases its overall understanding of disability on the DCP, adopted by the Board of Trustees in 2009.

- 1.12** Because of our involvement in the drafting and implementation of the landmine and cluster munitions prohibition treaties, we are also strongly engaged in assisting the survivors of accidents due to explosive devices.
- 1.13** By targeting people with disabilities and vulnerable populations, HI's action focuses both on individualised approaches and on interventions at the household and community levels.
- 1.14** For many years, through its focus on the most excluded, HI has been addressing the objective of **“leaving no one behind”**, reaffirmed in [Agenda 2030](#), the Sustainable Development Goals and the Agenda for Humanity adopted at the World Humanitarian Summit.

2. Our analysis of barriers hindering full and effective participation of people with disabilities and vulnerable populations in community life

- 2.1** HI's work with people with disabilities and vulnerable populations involves the implementation of actions **relating to people, the environment and their interactions**. It is therefore essential to analyse the factors that influence these interactions, in order to bring about changes that will reduce risks, strengthen the capacities of individuals and communities and remove barriers in their environment, thereby improving [full and effective participation of all in community life, on the basis of equality with others](#).
- 2.2** We use **one single approach** and adapt this approach to the setting, our sectors of intervention and the populations concerned. The analysis presented below draws on the lessons learned by HI through working with people with disabilities and vulnerable populations since 1982 - lessons which are constantly reviewed and consolidated through our participation in related international networks.
- 2.3** At both the individual and environmental level, [threats exist that are liable to damage the integrity or the development of people, households and/or communities](#). These threats can become real causes of impairment, disability or discrimination. At the global level, they include conflicts, injury or trauma, natural disasters, malnutrition, disease (infectious, non-communicable, congenital, or chronic), accidents and ageing⁴. To this list, which is the same for most NGOs/IOs, can be added a long-term strategic priority of HI: exposure to landmines and explosive remnants of war.
- 2.4** The exclusion and multiple forms of discrimination experienced by people with disabilities, vulnerable people and their communities often result in **significant restrictions to their access to the different services** to which they are entitled and which they need in order to lead dignified and fulfilled lives - or sometimes just to survive⁵. Indeed, services (health, education, water, sanitation, justice, law-

⁴ According to the Department for International Development and Disability Issues, 2000 and the Global Report on Disability, WHO and World Bank, 2011. Note: the order in which threats are listed does not reflect any hierarchy in their prevalence as causes of disability.

⁵ "Poverty is characterized by a lack of access to essential goods, services, assets, and opportunities to which every human being is entitled. (...) In addition, individuals and societies are also poor—and tend to remain so—if they are not empowered to participate in making the decisions that shape their lives", Asian Development Bank, Poverty Reduction Strategy.

enforcement, social services, etc.) are resources intended to address people's needs in accordance with their fundamental rights.

2.5 The causes of these barriers are two-fold:

- Problems with the **services stakeholder system or**, more specifically, with the willingness and capacity of stakeholders to assume their responsibilities and respect their individual obligations. Indeed, governments, service providers, organisations, civil society, as well as the populations themselves and international cooperation agencies interact in a complex system whose workings can facilitate or impede access to services for all. **Governments** in particular have a crucial part to play in regulating the services system, notably by implementing policies that reflect their obligations towards their populations by reason of the political commitments they have made and the international treaties they have ratified.
- Problems related to **compliance with quality criteria** within services responsible for satisfying people's needs and priorities. The aim should not be for all services to function in a way that suits the greatest number, but rather in a way that gives everyone access to equal opportunities that empower their full participation in community life on an equal basis with others, whatever their disability, age, ethnic origin, etc.

2.6 Despite the diversity of situations, by drawing upon its experience in more than 60 countries over 40 years, HI has identified the following main barriers to access to services for people with disabilities or vulnerable populations:

- **Inadequate policies** - policies are inadequate or non-existent, are not implemented, not funded and/or their application and impact are not monitored;
- **Inadequate services** - services are inadequate (lack of professional staff...) or non-existent, service provider and professional capacities are inadequate, and a multitude of difficulties arise during provision of services;
- **Insufficient implication and participatory approaches** - people with disabilities and vulnerable populations are not consulted or sufficiently represented, and do not participate in decision-making concerning them;
- **Negative attitudes** - communities and societies, even institutions and governments, stigmatise people with disabilities and vulnerable populations, adopting negative attitudes and behaviour towards them;
- **Insufficient and inadequate funding** - funding, including the funding from international cooperation upon which many people with disabilities and vulnerable populations living in poor countries depend, is insufficient or inadequate to address the needs and priorities of people with disabilities and vulnerable populations;

- **Insufficient data** - Data is insufficient to understand and help others understand the situation of people with disabilities and vulnerable populations and to provide a satisfactory response;
- **Lack of individual opportunities** - people with disabilities and vulnerable populations lack access to opportunities that would enable them to acquire the skills and confidence required to actively engage in improving their situation
- **Extreme perturbations of the environment caused by humanitarian crises**, such as population displacements, political tensions, infrastructure destruction, heightened corruption, etc.

3. Towards access for all: Intermediate changes necessary

3.1 HI focuses on improving access to the following [sectors](#) of intervention:

- Physical and functional rehabilitation
- Safe and Inclusive Mobility
- Sexual and Reproductive Health and Rights
- Maternal, Newborn and Child Health
- Early Childhood Development
- Non-communicable diseases
- Emerging Infectious diseases
- Water, Sanitation and Hygiene (WASH)
- Mental health and Psychosocial support (MHPSS)
- Risk Education
- Land release
- Conflict transformation
- Disaster Risk Reduction & Climate Change Adaptation
- Protection against violence and abuse
- Inclusive Humanitarian Action
- Inclusive Governance
- Shelter & Non Food Items
- Accessibility of the environment & Information and Communication Technologies (ICT)
- Social development and Social protection
- Inclusive Education
- Food assistance
- Economic inclusion
- Common transportation and storage platforms
- Access civil engineering
- Logistics analysis
- Supply chain & access capacity building of humanitarian and market actors

3.2 **Access to services for people with disabilities and vulnerable populations is at the heart of HI's theory of change.** We help ensure access to all services for all people (universal access) by placing a specific focus on people with disabilities and vulnerable populations. Access to services is a systemic analytical framework developed by HI in order to respond to the situations described above and to implement adapted responses in the form of concrete actions to ensure full and effective participation in community life by everyone, with specific attention paid to people with disabilities and vulnerable populations who are the most excluded.

- 3.3** Access to services draws on the obligations of governments, as stipulated in their political commitments and in the international frameworks and treaties that they have ratified. These include Human Rights treaties, including the **Convention on the Rights of Persons with Disabilities**, and International Humanitarian Law, in particular UNGA resolutions 46/182 et 58/114; the Oslo and Ottawa Treaties, as well as major international political declarations such as [Agenda 2030](#), the Sendai Framework for Disaster Risk Reduction, the Beijing Declaration and Platform for Action, the Addis Ababa Action Agenda, and the Agenda for Humanity produced by the World Humanitarian Summit.
- 3.4** Ensuring the influence of these international frameworks is an integral part of HI's mandate and expertise:
- We played a key part in the drafting and signature of the Ottawa Treaty for the prohibition of anti-personnel mines, for which we were co-winners of the Nobel Peace Prize in 1997, and in the signature of the Oslo Treaty for the prohibition of cluster munitions in 2008.
 - HI also played an important part in drafting the Convention on the Rights of Persons with Disabilities, supporting the active participation of people with disabilities from developing countries in the negotiations, and advocating for the application of the Convention within an international cooperation framework⁶.
 - HI promotes and defends the respect of humanitarian principles in its emergency interventions and with the other humanitarian aid operators working in the field.
- 3.5** Access to services framework emphasises the fact **that access to services necessary for leading a dignified life is crucial to the realisation of basic human rights for all**. It provides an opportunity to reflect on the resources to be allocated (e.g. human, financial) to address people's needs and in view of obligations made by governments for the realisation of these rights.

⁶ HI also made a significant contribution by relaying the positions of the International Disability and Development Consortium (IDDC), thereby contributing to the adoption of a specific article on international cooperation (Article 32) – a first in the history of human rights treaties. This article is of crucial importance given the close links between disability and poverty, and the fact that almost 80% of people with disabilities live in poor and middle-income countries.

3.6 Access to services is based on an analysis of functioning and malfunctioning (or breakdowns) and the definition of an adapted response in terms of:

- **The governance of the services stakeholder system**, repositioning service provision with respect to the regulation of services at the political level and demands for services at user level:
 - **Decision-makers:** at the national level, these are the governments. They must define strategic orientations and resources enabling access to services for all, evaluate the needs and priorities of users and guarantee and supervise service provision.
 - **Service providers:** whatever the sector, they must provide a service, ensure that this service meets the needs and priorities of its users, and provide expertise for the improvement of the services system.
 - **Users:** Citizens and service users must be able to represent user priorities, express demands, needs and priorities in terms of services and an opinion regarding service quality.
- **Service quality**, respecting 10 criteria: availability, [participation](#)/ participatory approaches, [non-discrimination](#), [accessibility](#), [adaptability](#), [affordability](#), [person-centredness](#), [accountability](#), [continuity](#), [technical quality](#)⁷ The accessibility, active participation and non-discrimination principles constitute the pillars of an inclusive approach, the modalities of which vary according to the context.

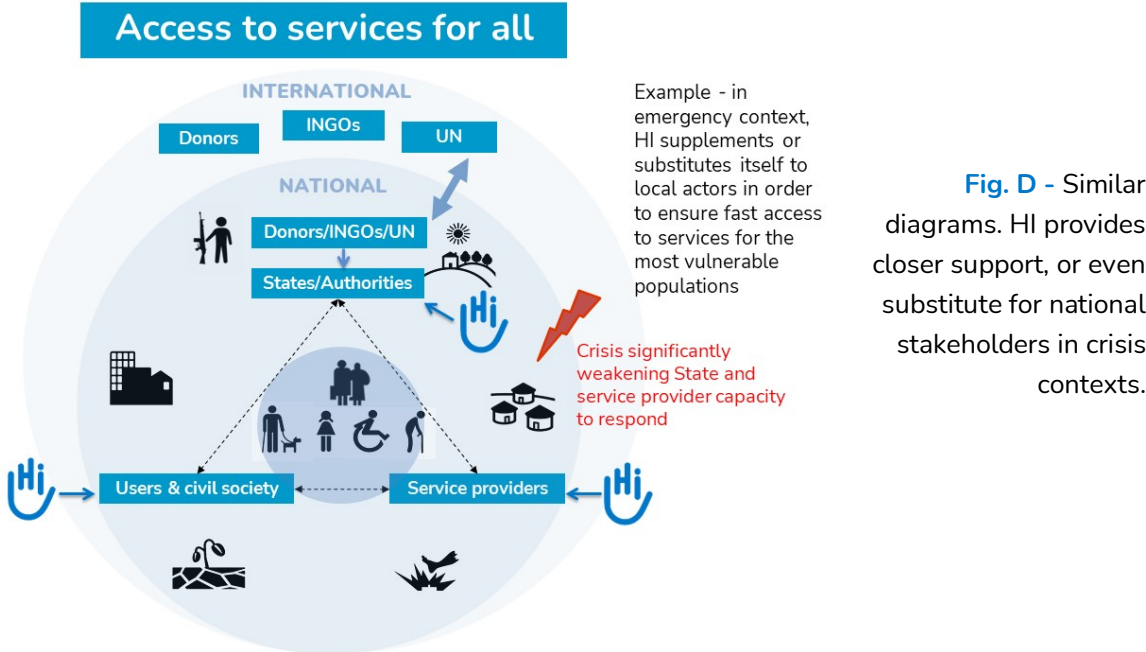
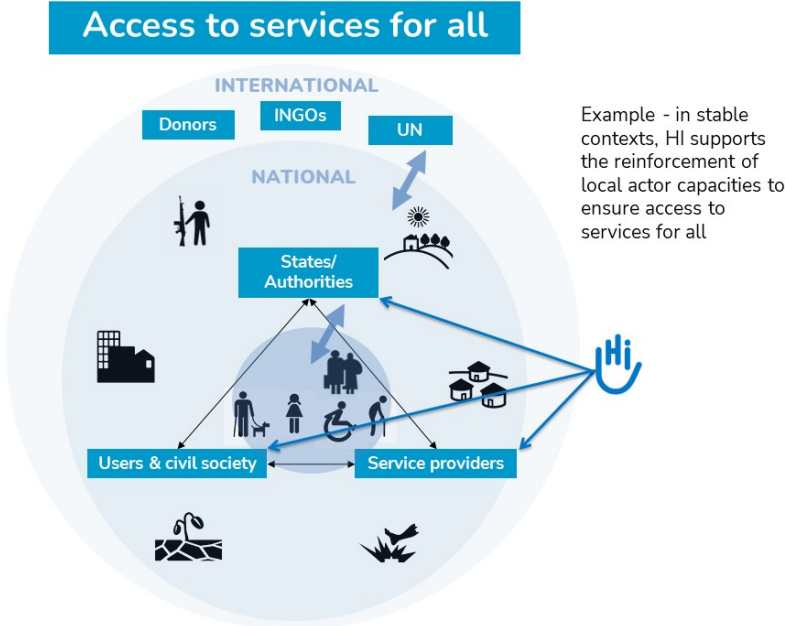
3.7 **A twin-track approach:** In its operational response to its mission, HI combines two complementary actions. The first involves **supporting a cross-cutting and integrated response to person's with disability** (all contexts) **and vulnerable people** (in emergency response) that will empower communities, societies and international cooperation agencies to find adapted responses to the priorities and needs of all populations, without discriminating (voluntarily or involuntarily) against those most at risk. The second action is to provide **targeted support that enables specific measures to be adopted to ensure that these populations have the same opportunities to participate** as everyone else, including equal access to emergency aid services⁸.

⁷ These criteria were compiled following a comparative study of 13 quality standards selected from among those used by HI in its various sectors of activity (health, rehabilitation, social services, microfinance, landmine risk education, etc.), and in its different intervention settings (emergency/post-emergency, chronic crises, development). See definitions in [Glossary part](#).

⁸ This twin-track approach for inclusive development is illustrated in the diagram by a two-headed arrow.

- 3.8 Via its advocacy initiatives, HI aims to change the policies affecting its different areas of actions.
- 3.9 HI is particularly careful to determine which of the 9 **inequality** factors (described in 1.4) apply to our intervention contexts. All of our actions always take 3 of these factors into consideration: disability, age and gender⁹, in particularly by taking into account the intersectional aspects of these three dimensions.

Fig. C - Diagram representing the relations between stakeholders of the national service system and the interaction with international stakeholders. HI reinforces the capacities of national stakeholders in stable contexts.



⁹ See [Humanity & Inclusion’s policy on Disability, Gender and Age](#), HI, 2018

- 3.10** HI's actions aim to bring about **essential intermediate changes** to guarantee access to services for all. To do so, it carries out a systemic analysis based on universal access to services in all of its intervention contexts.
- 3.11** This analysis enables us to **identify the most adapted intervention approaches and deploy actions** that will accelerate the intermediate changes required. In order to achieve access to services for all and obtain these sometimes ambitious intermediate changes, HI **recognises the importance of adapting its intervention methods to the contexts**.
- Thus, in emergencies, when the authorities are unable to supply the aid needed by their populations, it is often necessary to substitute for the service providers in order to provide a rapid response that will save lives and mitigate the impact of the crisis. And sometimes, in agreement with the authorities, the international community also has to substitute for the State and regulate the response of the relief services (UN clusters).
 - However, whenever and as soon as is possible, HI gives precedence to national actor capacity-building to ensure the impact and sustainability of its interventions.
- 3.12** By applying the same analytical framework to identify the deficiencies of a system of services and measure where and how to intervene, we are able to **strengthen the coherency of our interventions throughout the NEXUS from emergency to development**. This analysis allows for the operational modalities that differ according to the [intervention context](#). HI thus has developed a unique capacity to link response mechanisms that ensure coherency and continuity in the transitions between different types of contexts. This capacity is essential in order to also intervene in increasingly-frequent chronic crisis situations. The principle of [continuity](#) is therefore a key quality criteria for access to services.
- 3.13** The table below shows the intermediate changes necessary to address the barriers identified, and specifies the types of actions that HI proposes to implement, with an adaptation for each setting. It is followed by a diagram illustrating the theory of change.

Identified barriers	Expected Intermediate changes	HI's action throughout the NEXUS from emergency to development	
		Examples of actions more specific to emergency settings	Examples of actions more specific to stable settings
<p>Inadequate policies - Policies are inadequate or non-existent, are not implemented, not funded and/or their application and impact are not monitored</p>	<p>Fair and relevant policies are defined, funded, implemented and monitored in order to guarantee access to all services for all vulnerable populations and people with disabilities</p>	<p>Provide relevant and targeted technical assistance to humanitarian response actors for the definition, implementation and evaluation of humanitarian response standards and policies satisfying the needs and priorities of people with disabilities and vulnerable populations</p>	<p>Provide relevant and targeted technical assistance to national and local decision-makers for the definition, implementation and evaluation of inclusive policies, satisfying the needs and priorities of people with disabilities and vulnerable populations</p>
<p>Inadequate services - Services are inadequate, service provider and professional capacities are inadequate, and a multitude of difficulties arise during the provision of services</p>	<p>Nature and quality of services, including service provider and professional capacities, satisfy the needs, and priorities of people with disabilities and vulnerable populations</p>	<p>Provide directly delivered services alongside or, if necessary, substituting for normal service providers, while reinforcing their capacity to provide essential emergency response services</p>	<p>Reinforce capacities of service provision systems and actors in all necessary sectors, including via training of professionals</p>

<p>Insufficient implication and participatory approaches - People with disabilities and vulnerable populations are not consulted or sufficiently represented and do not participate in decision-making concerning them</p>	<p>Active participation of people with disabilities and vulnerable populations in decisions concerning them is ensured, including via their representative organisations</p>	<p>Consult representatives of people with disabilities and vulnerable populations in order to identify their needs and priorities and provide rapid responses</p>	<p>Support civil society organisations (specifically organisations of people with disabilities) in self-structuring and developing their capacities for representation, advocacy and monitoring of the rights of people with disabilities and vulnerable populations; support their participation in the decisions concerning them, at all levels</p>
<p>Negative attitudes - Communities and societies stigmatise people with disabilities and vulnerable populations, adopting negative attitudes and behaviour towards them</p>	<p>Stereotypes and discrimination in attitudes and practices towards people with disabilities and vulnerable populations are reduced</p>	<p>Combat discrimination and promote a culture of inclusion among emergency response operators and concerned communities</p>	<p>Promote a culture of inclusion and support representative associations in combating discrimination and stereotypes, including through alliances between civil society organisations</p>

<p>Insufficient and inadequate funding - Funding, including the funding from international cooperation agencies upon which many people with disabilities and vulnerable populations living in poor countries depend, is insufficient or inadequate to address the needs and priorities of people with disabilities and vulnerable populations</p>	<p>Sufficient funding is allocated to programmes, policies, services and measures that enable a response to the needs and priorities of people with disabilities and vulnerable populations and the improvement of their participation in community life</p>	<p>Promote funding of national and international programme and actions providing emergency response to the needs and priorities of people with disabilities and vulnerable populations</p>	<p>Promote funding of national and international policies, programmes, services and actions fostering effective participation of people with disabilities and supporting the engagement of organisations of people with disabilities in effective budget advocacy</p>
<p>Insufficient data - Data is insufficient to understand and help others understand the situation of people with disabilities and vulnerable populations and to provide a satisfactory response</p>	<p>The situation of people with disabilities and vulnerable populations and their access to services is fully understood and monitored through systems of collection and analysis of data that takes inequality factors into account</p>	<p>Ensure - and support humanitarian response actors in ensuring - swift and coordinated collection and analysis of data relative to the situation of people with disabilities and vulnerable populations in emergency situations</p>	<p>Contribute to and support the collection, coordination, analysis and sharing of information and data enabling the realisation of the rights of people with disabilities to be monitored, while promoting data comparability through the use of the best international standards available</p>

<p>Lack of individual opportunities - People with disabilities and vulnerable populations lack access to opportunities that would enable them to acquire the skills and confidence required to actively engage in improving their situation</p>	<p>People with disabilities and vulnerable populations have access to the opportunities empowering them to be actors of change</p>	<p>Involve people with disabilities and vulnerable populations as full actors in crisis response</p>	<p>Support the capacity development and self-determination of people with disabilities, including via access to information on their rights</p>
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Summary of HI's theory of change: Towards access to services for all

Inequality factors

- Disability
- Gender
- Age
- Ethnic origin, religion, political opinion
- Socio-economical status
- Sexual orientation
- Geographical location

Major causes of impairment and vulnerability

- Conflict & trauma
- Natural disasters
- Malnutrition
- Accidents
- Disease (infectious, non communicable, congenital, chronic)
- Ageing

Major environmental barriers creating disability and vulnerability situations

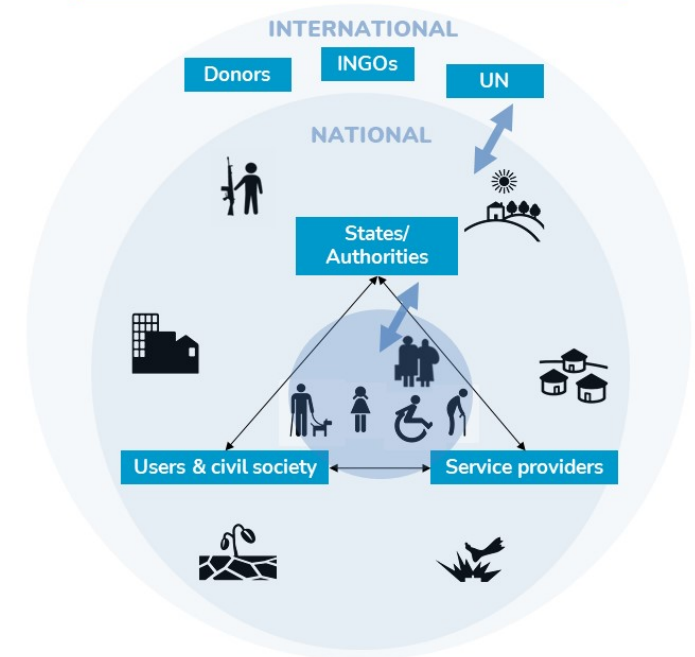
- Inadequate policies
- Negative and stigmatising attitudes
- Lack of actor capacity and engagement to guarantee universal access to services
- Insufficient services and difficulties related to service provision
- Insufficient funding
- Lack of accessibility
- Lack of people with disabilities' participation

An adapted* HI response whether in **emergency**, **chronic crisis** & **development**



Participation, accessibility, non-discrimination

Access to services for all



* HI recognizes that the primary purpose of emergency responses is not to trigger the entire cycle of these changes.

Glossary of key terms

Abilities and disabilities (capabilities)	<p>Capacities and impairments are varying degrees of aptitudes. In other words, they are the extent to which a person is able (or not) to accomplish a physical or intellectual activity. People with impairments may or not be disabled, depending upon the level of adjustment of their environment. In everyday language, we speak of “people with disabilities” rather than “people with impairments”. As disability is a relative and contextual concept. “People with disabilities” (or “people with impairments”) are not disabled in all aspects of their lives.</p>
Access to services: Quality criteria	<p>Access to services quality criteria selected by HI: availability, participation/ participatory approaches, non-discrimination, accessibility, adaptability, affordability, person-centredness, accountability, continuity, technical quality¹⁰.</p>
Access to services for people with disabilities and vulnerable populations	<p>Systemic analytical framework guiding HI’s work and its Theory of Change, with a view to achieving full and effective participation of people with disabilities and vulnerable populations in community life, on an equal basis with others. This systemic analytical framework is at the heart of HI’s Theory of Change.</p>
Accessibility (Quality criteria)	<p>Accessibility is the degree to which a product, device, service, or a part of the environment is made available to the greatest number of people possible. Accessibility may be considered as the capacity to reach, enter and circulate within a specific location, and benefit from a service, system or entity. The objective is a barrier-free environment.</p> <p>In the present context, accessibility includes:</p> <ul style="list-style-type: none"> • Accessibility of infrastructure • Accessibility of transport • Accessibility of technology, information and communication media • Geographical service coverage (distance to outreach services and strategies).

¹⁰ These criteria were compiled following a comparative study of 13 quality standards selected amongst those used by HI in its various sectors of activity (health, rehabilitation, social services, microfinance, landmine risk education, etc.), and in its different intervention contexts (emergency/post-emergency, chronic crises, development).

Accountability (Quality criteria)	<p>Accountability is the recognition and acceptance of responsibility for actions, products, decisions and policies, including responsibility for administration, governance and implementation. It includes the obligation of providing account for, justification of and response to all consequences resulting from one's choices. Accountability includes:</p> <ul style="list-style-type: none"> • Responsibility to both private and institutional donors. • Responsibility to beneficiaries/target groups, in this instance to service users.
Adaptability (Quality criteria)	<p>Adaptability is the capacity to change one's actions or oneself in order to adapt to the changes that occur and to a diversity of situations, contexts and people. Adaptability includes:</p> <ul style="list-style-type: none"> • Rapid availability of services (in emergencies, for example) • Improvement through continuous learning and integration of lessons learnt through experience • Capacity to cope in the face of change and stress (for example, environmental stress) • Organisational capacity of services and systems to adapt to different contexts and use community resources and capacities in these contexts.
Affordability (Quality criteria)	<p>Financial accessibility (sometimes called 'affordability') is the degree to which services are affordable, as measured by their cost in relation to the sum that the client or user is able to pay. Indeed, services of public or general economic interest must be affordable for all. For example, a principle of equity must underlie health service costs, to ensure that these services, whether public or private, are also affordable for socially disadvantaged groups.</p>
Agenda 2030 and Sustainable Development Objectives	<p>Agenda 2030 for Sustainable Development is an international political declaration officially adopted by consensus by the UN in September 2015, after months of intergovernmental negotiations. The agenda is a plan of action for “people, planet and prosperity”, in other words for action on social development, climate change and economic development. It contains 17 Sustainable Development Goals (SDG) and 169 targets, at the heart of the commitments and priorities identified to eradicate poverty in the world.</p>
Basic needs	<p>Needs determining people's survival. These needs vary from one context to another and from one person to another, and often include water, food, housing, and protection. There is no hierarchy between needs, and access to an income, or access to medication can also be critical to survival for some people. The meeting of basic needs is a right guaranteed by human rights treaties.</p>

<p>Contexts of intervention</p>	<ul style="list-style-type: none"> • Emergency/Post-emergency: A situation of disaster of human or natural origin, the effects of which threaten the life of a community or a large group of people, their health, their safety, their living conditions, their dignity and their capacity of choice – as their basic needs are no longer covered. In complex emergencies, in addition to the direct and immediate effects of the crisis, political, economic and social institutions are weakened or collapse more or less rapidly. • Chronic crises: A situation of regular or enduring instability, generally caused by failing political, administrative and social institutions, and resulting in poverty and insecurity that, as in emergency or post-emergency situations, seriously affect the population’s living conditions. • Development: Although often marked by poverty and exclusion, a stable context allowing processes for improving economic, social, cultural and political conditions to be implemented.
<p>Continuity (Quality criteria)</p>	<p>Continuity refers to the necessary coordination between a range of services, referrals, programmes and systems (including the implementation collaboration mechanisms and principles), in order to ensure a global response to a person’s multiple and evolving needs. Continuity and coordination also help prevent the duplication of actions. Continuity includes:</p> <ul style="list-style-type: none"> • Coverage of the complete range of necessary services (mainstream, specific, support) in each sector • Interrelations and connections between services of a specific sector (between different types of services and different types of environments in which services are provided: communities, institutions...) • Coordination between service sectors • A continuum of services for different stages of life • An emergency-development NEXUS
<p>Disability</p>	<p>Situation characterised by a restriction in participation due to the negative interaction between a person with impairments and the barriers present in their living environment. The Convention on the Rights of Persons with Disabilities recognises that “disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others” (Preamble).</p>

Discrimination	<p>Any distinction, exclusion or restriction based upon a personal characteristic (See inequality factors, notably) whose purpose or effect is to compromise or suppress the recognition, enjoyment or exercise, on the basis of equality with others, of all human rights and all fundamental freedoms in political, economic, social, cultural, civil or other domains. Discrimination based on disability includes all forms of discrimination, including the refusal of reasonable adjustment.</p>
Human Rights	<p>Human rights are the inviolable rights of all human beings, whatever their nationality, place of residence, sex, ethnic or national origin, colour, religion, language or any other status. All human beings have the right to exercise their human rights without discrimination and on an equal footing. These rights are intimately connected, interdependent and indivisible.</p> <p>The universality of human rights principle is the cornerstone of international human rights legislation. Human rights are inviolable. They cannot be revoked, except in specific situations, in compliance with a specific procedure. For example, the right to freedom can be restricted if a tribunal finds a person guilty of a crime.</p> <p>All human rights, whether civic or political, are indivisible, in particular the right to life, equality before the law and freedom of expression. Economic, social and cultural rights, such as the right to employment, social security and education; and collective rights, such as the right to development and self-determination, are indivisible, related and interdependent. The improvement of a right assists the progress of others. Similarly, the deprivation of a right has a negative impact upon others. In terms of human rights and freedoms, the non-discrimination principle applies to all persons and prohibits all discrimination based upon a non-exhaustive list, which includes sex, race, colour, disability, etc.</p>
Inclusion	<p>Inclusion is one of HI core values: "We advocate inclusion and participation for everyone, upholding diversity, fairness and individual choices. We value difference". HI's projects strengthen the inclusiveness of disaster risk preparedness, emergency responses, chronic crises and social development processes, inclusion being made tangible by actions which:</p> <ul style="list-style-type: none"> • Improve the quality of life of people with disabilities and vulnerable people • And/or durably reduce environmental barriers • And/or develop these people's ability to make their own choices.

	Inclusion can be seen as a process or a goal, these two approaches are perfectly compatible.
Inequality	Result of differential treatment experienced by certain people, singled out from the rest of the population. HI has identified 9 key inequality factors: Disability, age, gender, sexual orientation, socio-economic status, geographical location, ethnic origin, religion and political opinion. Equity measures, including positive discrimination, are necessary in response to inequalities, so that diverse individuals may benefit from equal opportunities.
Non-discrimination (Quality criteria)	Non-discrimination is the act of preventing any distinction, exclusion or restriction based upon disability or other criteria (sex, age, ethnic origin, etc.) whose purpose or effect is to compromise or suppress the recognition, enjoyment or exercise, on the basis of equality with others, of all human rights and all fundamental freedoms in political, economic, social, cultural, civil or other domains. It includes all forms of discrimination, including the refusal of reasonable adjustment.
Participation/ participatory approaches (Quality criteria) – understood here as a process	<p>Participation (as a process) corresponds to the active engagement of those people concerned, and in particular of service users, in service conception, implementation, monitoring and evaluation. Ideally, participatory approaches involve:</p> <ul style="list-style-type: none"> • All stages of programming, from implementation to project monitoring • The highest degree of contribution relevant in a specific context (from simple consultation to collective decision-making) • Individual (people) or collective (user groups, organisations of people with disabilities) participation • Direct or indirect participation via representatives designated by democratic and transparent processes. <p>The degree of active participation and associated facilitating modalities are context-dependent. The process in question serves the broader objective of enabling full and effective participation in community life (See Participation as result).</p>

<p>Participation or Social participation or Full and effective participation in community life – understood here as result</p>	<p>(Social) participation is a situation of realisation of life habits, that is to say day-to-day activities or social roles valued by the person or by their socio-cultural context, given the person’s characteristics (age, sex, identity, etc.). The realisation of these life habits ensures a person’s survival and full development throughout their existence. These life habits include day-to-day activities such as communication, mobility, nutrition, fitness, personal care and housing; and social roles such as responsibilities, interpersonal relationships, community life, education, employment and recreation. Aiming for the participation of people in community life also involves participatory processes that mobilise these people's active contribution (See Participation/ Participatory approaches - quality criteria). The wording “full and effective participation in community life” echoes the CRPD’s purpose (Article 1).</p>
<p>Person-centred (Quality criteria)</p>	<p>Person-centred services are services that attach importance to the “user” in order that he/she fully benefit from the services in question.</p> <p>It is a matter of focusing attention upon the person’s active role in the process of accessing the service, by finding options adapted to each individual situation, and ensuring a logical service response, that is to say a response that supports the person and values and/or respects:</p> <ul style="list-style-type: none"> • His/her choices, strengths and capacities • His/her contribution • His/her self-reliance • His/her privacy, freedom and dignity • His/her integrity and protection from abuse.
<p>Person with disabilities</p>	<p>According to the CRPD, people with disabilities include people “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article1).</p>
<p>Risk</p>	<p>Probability of being impacted or concerned by a threat.</p>

<p>Service sectors given priority in HI's action</p>	<ul style="list-style-type: none"> • Physical and functional rehabilitation • Safe and Inclusive Mobility • Sexual and Reproductive Health and Rights • Maternal, Newborn and Child Health • Early Childhood Development • Non-communicable diseases • Emerging Infectious diseases • Water, Sanitation and Hygiene (WASH) • Mental health and Psychosocial support (MHPSS) • Risk Education • Land release • Conflict transformation • Disaster Risk Reduction & Climate Change Adaptation • Protection against violence and abuse • Inclusive Humanitarian Action • Inclusive Governance • Shelter & Non Food Items • Accessibility of the environment & Information and Communication Technologies (ICT) • Social development and Social protection • Inclusive Education • Food assistance • Economic inclusion • Common transportation and storage platforms • Access civil engineering • Logistics analysis • Supply chain & access capacity building of humanitarian and market actors
<p>Technical quality</p>	<p>Technical quality implies fulfilling all the characteristics that will enable a service, a sector or a system of services to satisfy both expressed and implicit needs in the best way possible. Quality is often measured through compliance with the technical standards specific to each sector or profession (for example, ISPO standards for orthopaedic services, or IMAS for mine action). Note: The “do no harm” principle should be a foundational condition for technical standards of all sectors.</p>

Theory of change	A theory of change defines the understanding that an organisation or group has of a given process of change. It specifies how the change must occur according to this group, and why. In doing so, it must enable the complexity of a process of change within its specific context to be taken into account. For HI, this analytical process is a continuous one that helps the organisation and its actors to clarify their contribution to the process of change, and supports the planning, monitoring and evaluation of its actions ¹¹ .
Threat or Hazard	A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation ¹² .
Vulnerability	Significant exposure (elevated risk) to one or more types of threat or hazards which, depending on the capacity of individuals or populations to anticipate, cope or recover, are liable to limit or impede the satisfaction of their basic needs and access to their fundamental rights. Vulnerability characterizes a situation, it can have several causes and vary over time.

¹¹ According to F3E, http://f3e.asso.fr/media/transfer/doc/reperes_toc_v4.pdf

¹² <https://www.unisdr.org/we/inform/terminology>



The HI's theory of change:

Access to services for people with disabilities and vulnerable populations

The theory of change adopted by Humanity & Inclusion (HI) enables us to identify objectives related to the realisation of our mission and determine the steps to be taken to meet these objectives.

Access to services is the analytical framework applied by HI to all of our actions in order to help us meet the essential needs, improve the living conditions and promote respect for and the dignity and fundamental rights of people with disabilities and vulnerable populations.

This document defines the process of change required for ensuring access to services for people with disabilities and vulnerable populations and identifies the intermediate results expected at various levels.

Initially published in the Guidance Note series, this document is now part of the Reference core series.

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