

Study of Emergency Support for Solo Travellers in India: Accessibility, Response and Service Coordination

Mr. Santosh Oommen Mathews^{1*}, Dr. C. Sunanda Yadav²

1 Research Scholar, Tilak Maharashtra Vidyapeeth, Pune Maharashtra, India

sunandayadav@yahoo.com

2 Faculty, Tilak Maharashtra Vidyapeeth, Pune Maharashtra, India

Abstract: Solo travel has emerged as a distinct tourism segment, creating specific requirements for destination and tourism-service management. Travellers undertaking journeys without companions may have to independently seek assistance during illness, accidents, theft, loss of documents, harassment or other emergencies. India has established emergency and tourist-support mechanisms, including the nationwide Emergency Response Support System (112) and the Ministry of Tourism's multilingual tourist helpline (1363). However, these mechanisms have not been sufficiently examined from the operational perspective of travellers who are travelling alone. Existing solo-travel research has predominantly examined perceived risk, safety concerns, destination choice and travel behaviour, while tourism emergency-management research has emphasised multi-stakeholder coordination. This study examines emergency support for solo travellers in India through three dimensions: accessibility, response and service coordination. A qualitative document-based approach is adopted using secondary data from peer-reviewed literature, government publications, tourism-authority documents and institutional sources. The documents are analysed thematically to identify existing support mechanisms, access pathways, response arrangements and coordination requirements. The study finds that India's emergency-support infrastructure provides important formal access points, but the solo-traveller perspective remains insufficiently integrated into tourism-service planning. The paper proposes a traveller-centred support pathway linking emergency identification, accessible contact, appropriate response, stakeholder coordination and follow-up. The study contributes to destination-management discussion by shifting attention from general perceptions of traveller safety towards the operational accessibility and coordination of emergency support.

Keywords: Solo travellers; emergency support; tourism management; service accessibility; emergency response; service coordination; India

INTRODUCTION

Solo travel represents a distinct form of tourism in which individuals undertake travel without accompanying family members, friends or organised groups. The independence associated with solo travel provides flexibility in destination selection, accommodation and travel planning, but it also means that the traveller personally manages unexpected situations. Research on solo travel has examined perceived risk, safety and travel behaviour, including

evidence from Indian solo female travellers showing that perceived risk can influence hospitality-related decision-making [1].

An emergency can introduce a different dimension of vulnerability. Sudden illness, an accident, theft, loss of documents, harassment or becoming stranded may require the traveller to identify an appropriate service, communicate the problem and arrange further assistance. A traveller accompanied by others may divide these tasks among companions. A solo traveller generally has to undertake them independently. The issue is therefore not simply whether an emergency service exists, but whether the traveller can identify and reach the appropriate support and whether relevant organisations can respond and coordinate effectively.

India provides an important setting for examining this issue because the country has an established emergency-support infrastructure. The Government of India's Emergency Response Support System (ERSS) provides the nationwide emergency number 112 and is designed to receive emergency requests through multiple channels and connect them with relevant police, health, fire and other response services [2,3]. The Ministry of Tourism also operates a 24×7 multilingual Tourist Helpline through 1363 or 1800-11-1363 to provide tourism information and guidance to tourists in distress [4]. The Ministry has additionally reported the deployment of tourist police in several States and Union Territories [5].

These mechanisms demonstrate that the research problem should not be framed as an absence of emergency services in India. Rather, the relevant management question is whether existing mechanisms are sufficiently accessible and coordinated from the perspective of a person travelling alone. This distinction is important because a formal emergency facility and a tourism-support pathway are not necessarily the same thing.

Tourism emergency-management research has emphasised the complexity of assigning responsibility among public and private stakeholders. Morakabati, Page and Fletcher's global study found that tourist emergency management involves multiple sectors and highlighted the importance of clearly allocating responsibilities and improving collaboration among stakeholders [6]. More recent research on tourists' access to emergency healthcare similarly identifies barriers related to timely and appropriate care, communication and other aspects of accessing emergency healthcare while travelling [7].

The research problem addressed in this paper is therefore the operational pathway between an emergency involving a solo traveller and the assistance available through existing tourism and

emergency-service systems. The study focuses on three interconnected dimensions: **accessibility, response and service coordination**. Accessibility concerns whether the traveller can identify and reach appropriate assistance; response concerns whether the support pathway can direct the traveller towards an appropriate service; and coordination concerns how tourism and emergency-service stakeholders connect their respective responsibilities.

The study aims to provide a tourism-management perspective rather than an evaluation of the performance of individual emergency agencies. It examines existing mechanisms and documented arrangements and identifies where the solo-traveller perspective can be incorporated more effectively into destination and tourism-service planning.

LITERATURE REVIEW

Solo Travel, Risk and Safety - Solo-travel research has frequently focused on perceived risk, safety, destination choice and traveller behaviour. Recent research involving Indian solo female travellers demonstrates the continuing importance of perceived risk in hospitality-related decision-making [1]. Such research establishes the relevance of safety to the solo-travel experience, but perceived risk and emergency support are not identical concepts. Risk concerns the possibility of an adverse event, whereas emergency support concerns the response after an incident or immediate problem occurs. This distinction provides the basis for examining emergency support as a separate tourism-management issue. A traveller may perceive a destination as risky without experiencing an emergency, while an emergency may occur even when perceived risk was initially low.

Emergency Support and Accessibility - Accessibility involves more than the existence of an emergency number or service. It includes the ability to identify the relevant service, understand how to contact it and obtain appropriate assistance. This is particularly relevant to travellers who have limited local knowledge. Recent research on emergency healthcare access among tourists identifies barriers associated with obtaining timely and appropriate emergency care and highlights communication and other access-related difficulties [7]. For tourism management, these findings suggest that emergency preparedness should consider the traveller's pathway to assistance rather than only the capacity of the final service provider. India's ERSS provides an important formal access mechanism. The system allows emergency requests through voice calls and several digital channels and is designed to connect requests with police, health, fire and other services [2,3]. The Ministry of Tourism's tourist helpline provides an additional

tourism-specific access point and offers guidance to tourists in distress [4]. These mechanisms demonstrate existing institutional capacity while also providing a basis for examining how the different channels relate to the specific needs of solo travellers.

Emergency Response - Emergency response concerns what happens after assistance is requested. The appropriate response depends on the type and urgency of the incident. A medical emergency may require healthcare intervention, whereas theft or loss of documents may require interaction with police, accommodation providers and other authorities. Emergency-management literature emphasises preparedness, response and recovery as interconnected components of emergency management [6]. For tourism, the challenge is intensified because visitors may be unfamiliar with local institutions and because responsibility can be distributed among several organisations. The effectiveness of the response therefore depends partly on clear responsibilities and communication between stakeholders.

Service Coordination in Tourism - Tourism emergencies frequently involve multiple organisations. Accommodation providers, transport operators, healthcare services, police, tourism authorities and destination-management organisations may each have different responsibilities. Morakabati, Page and Fletcher [6] found that tourism emergency management involves multiple sectors and that unclear or fragmented responsibilities can affect communication and coordination.

This literature supports examining coordination as a separate dimension of solo-traveller emergency support. However, coordination should not be interpreted as replacing specialist emergency agencies. Its management role is to establish clear pathways through which a traveller can reach the appropriate agency and through which relevant tourism stakeholders can assist without duplicating emergency functions.

Research Gap - The literature establishes three relevant bodies of knowledge: solo-travel research concerning risk and safety; emergency-healthcare research concerning access barriers; and tourism emergency-management research concerning stakeholder responsibility and coordination [1,6,7]. However, these strands have not been sufficiently connected to examine the emergency-support pathway for solo travellers in India.

The specific gap is therefore not the absence of research on solo-travel safety or tourism emergencies. It is the limited examination of **how existing emergency and tourism-support mechanisms can be accessed, navigated and coordinated from the perspective of an**

individual traveller without a companion. The present study addresses this gap through the dimensions of accessibility, response and service coordination.

OBJECTIVES AND RESEARCH METHODOLOGY

The Objectives of this research are as under :

1. To examine emergency-support accessibility for solo travellers in India.
2. To examine the response mechanisms relevant to solo-traveller emergencies.
3. To examine coordination between tourism and emergency-service stakeholders.
4. To identify service gaps that may affect emergency support for solo travellers.

Research Methodology - The study adopts a qualitative, document-based research design using secondary data. The source base comprises four categories: peer-reviewed academic literature; Government of India publications; tourism-authority documents; and publicly available institutional information concerning emergency and tourism-support mechanisms.

The academic literature was examined in relation to solo travel, traveller risk, emergency healthcare access and tourism emergency management. Government and tourism-authority documents were examined to identify formal emergency numbers, tourist helplines, tourist-police initiatives and institutional responsibilities. The analysis does not attempt to measure the frequency of emergencies, actual individual response times or traveller satisfaction.

The documents were organised according to three analytical themes: **accessibility, response and service coordination**. Accessibility refers to the ability to identify and reach appropriate assistance. Response refers to the pathway from an emergency request to appropriate service intervention. Service coordination refers to the relationships among tourism businesses, destination-management organisations and specialist emergency agencies.

Thematic document analysis was used to identify recurring mechanisms, responsibilities, access arrangements and potential gaps relevant to solo travellers. The analysis is interpretive and management-oriented. It does not assess the operational performance of 112, police, hospitals or individual tourism organisations because the available secondary evidence does not permit such performance measurement.

ANALYSIS AND FINDINGS

Existing Emergency-Support Accessibility - The first finding is that India already provides formal access points for emergency and tourism-related assistance. The national ERSS operates through 112 and is designed to receive emergency requests through multiple channels and connect them with relevant response services [2,3]. The official Incredible India emergency information also identifies 112 as the national emergency number and 1363 as the tourist helpline [8].

The Ministry of Tourism's tourist helpline provides a tourism-specific access mechanism. The Ministry reported in 2026 that the helpline operates 24×7 in 12 languages and provides information and appropriate guidance to tourists in distress [4]. This is particularly relevant to visitors who may have difficulty identifying local tourism or emergency contacts. The finding therefore does **not** support a conclusion that emergency assistance is unavailable in India. Instead, it indicates that the country has multiple formal access mechanisms. From the solo-traveller perspective, the management issue is how easily an individual can determine which mechanism to use in a particular situation.

This distinction also highlights the importance of information design. A traveller may encounter an emergency involving health, safety, theft or documents and may need to determine whether to contact emergency services, tourism support, accommodation staff or another authority. A traveller-centred system should therefore make the pathway between the incident and the appropriate service understandable.

Response Mechanisms - The second finding concerns the relationship between access and response. The existence of a contact point does not itself establish that every type of emergency will receive the same response. India's ERSS is explicitly structured to route emergency requests towards relevant police, health, fire and other response services [2,3]. This demonstrates an institutional mechanism for matching emergency requests with specialist response functions.

The literature also indicates that tourists may encounter barriers in accessing emergency healthcare, including challenges related to timely and appropriate care and communication [7]. These findings are relevant to solo travellers because an individual away from home may have limited local knowledge and fewer opportunities to delegate tasks during an emergency.

Accordingly, the appropriate management objective is not to create one universal service for every emergency. It is to ensure that an accessible entry point can guide the traveller towards the appropriate specialist response. This distinction is important because the tourism sector should facilitate access without assuming the responsibilities of police, healthcare or other emergency agencies.

Service Coordination - The third finding concerns the distributed nature of emergency responsibility. Tourism emergencies can involve several organisations, and international tourism research has demonstrated the importance of identifying responsibilities and strengthening collaboration among public and private stakeholders [6].

India's ERSS itself provides evidence of an integrated response architecture in which emergency requests are forwarded to police, health, fire, disaster and other relevant response functions [3]. In tourism, the Ministry of Tourism has also reported the deployment of tourist police in several States and Union Territories [5]. These developments demonstrate that coordination mechanisms exist at institutional levels. The remaining management issue is therefore the connection between **existing emergency systems and tourism-service touchpoints**. Accommodation providers, tour operators and destination organisations can potentially assist travellers by maintaining accurate emergency information and clear referral procedures. Their role should be facilitative rather than substitutive.

Identified Gaps - The analysis identifies four areas requiring further attention.

- **First, the solo-traveller perspective is not explicit in the design of the identified national emergency mechanisms.** The systems are principally citizen- or tourist-oriented rather than specifically designed around the circumstances of an individual travelling without a companion [2,4].
- **Second, multiple access channels create a need for clear pathway information.** The existence of 112, tourist assistance, police, healthcare and tourism-service channels is valuable, but the traveller still needs to understand which channel is appropriate for the specific situation.
- **Third, the evidence base does not establish actual solo-traveller response times.** This is a limitation of the secondary-data design rather than evidence of poor emergency performance. The literature supports the importance of timely and appropriate

emergency healthcare access [7], but the present study cannot claim that Indian solo travellers routinely experience response delays.

- **Fourth, responsibility can extend across organisational boundaries.** Tourism providers may encounter the traveller first, while specialist agencies provide the emergency intervention. The management challenge is therefore to make the referral and coordination pathway clear.

Proposed Emergency-Support Framework - Based on the documentary evidence and literature, the study proposes a five-stage framework:

Emergency identification → Accessible contact → Appropriate response → Stakeholder coordination → Follow-up

The framework does not propose replacing India's existing emergency system. Instead, it provides a tourism-management layer that connects the solo traveller with existing specialist services. The first stage requires the traveller to identify the situation. The second provides a clear and accessible contact route. The third directs the request to the appropriate specialist response. The fourth enables relevant tourism and emergency stakeholders to coordinate their respective roles. The fifth provides basic follow-up where appropriate.

DISCUSSION

The findings support a shift from viewing solo-traveller safety solely as a matter of individual risk management towards examining the accessibility of destination-support systems. Existing research demonstrates that perceived risk is important in solo-travel behaviour [1], while emergency-management research shows that tourist emergencies can involve multiple organisations and responsibilities [6]. The present study connects these two perspectives by focusing on the period after an emergency occurs. The first implication is that **India has an emergency-support infrastructure, but infrastructure availability and traveller accessibility are not identical concepts**. The existence of 112 and the tourist helpline provides important formal access points [2,4]. The management question is whether a solo traveller can understand and navigate these pathways under stressful circumstances.

Second, response should be considered in relation to the nature of the emergency. India's ERSS is designed to route emergency requests to appropriate services [3], while tourism-support mechanisms can provide information and guidance [4]. The tourism sector should therefore

focus on improving the connection between the traveller and specialist responders rather than developing parallel emergency services.

Third, coordination remains central. Tourism emergency-management research identifies fragmented responsibilities as an important challenge and supports clearer allocation of responsibilities among stakeholders [6]. For solo travellers, this issue becomes particularly relevant because the individual may otherwise have to coordinate several services independently.

The findings also indicate that digital technology should be treated as an enabling mechanism rather than a complete emergency solution. India's ERSS provides several digital and non-digital channels [2,3], but a traveller may not always have access to a functioning phone, connectivity or sufficient battery power. Human assistance and physical information points can therefore complement digital systems. The proposed framework contributes a traveller-centred perspective to existing emergency-support structures. Its purpose is not to establish a new emergency authority but to clarify the pathway connecting solo travellers with existing services.

RECOMMENDATIONS

1. **Standardise emergency information at tourism touchpoints.** Hotels, hostels, homestays and tour operators should provide verified emergency contacts and clear instructions for accessing 112 and tourist assistance.
2. **Create clear destination-level referral pathways.** Destination-management organisations can map the relationship between tourism information, emergency services, healthcare, police and accommodation support so that travellers can be directed to the appropriate service.
3. **Strengthen emergency preparedness among accommodation providers.** Staff should know how to contact relevant authorities and assist travellers in communicating essential information during emergencies.
4. **Maintain non-digital access options.** Physical emergency information and staffed assistance points should complement digital channels, particularly where connectivity or device access is disrupted.

5. **Develop destination-specific solo-travel protocols.** Destinations with substantial independent-traveller activity can incorporate solo-traveller requirements into existing tourism-service and emergency-preparedness planning.
6. **Introduce basic follow-up procedures.** Where tourism providers become involved in an emergency, a simple follow-up process can help confirm that the traveller has reached the appropriate specialist service.

These recommendations should strengthen connections between existing systems rather than create parallel emergency structures.

CONCLUSION

India has established formal mechanisms for emergency and tourist assistance, including the 112 Emergency Response Support System and the Ministry of Tourism's 24×7 multilingual tourist helpline. The research therefore identifies the principal issue not as the absence of emergency infrastructure but as the need to examine that infrastructure from the specific perspective of a traveller who is alone. The study identifies **accessibility, response and service coordination** as interconnected elements of emergency support. Existing systems provide important institutional foundations, but tourism-service planning can improve the clarity of pathways through which solo travellers reach appropriate assistance. The proposed framework—emergency identification, accessible contact, appropriate response, stakeholder coordination and follow-up—provides a management-oriented structure for strengthening these connections.

Because the study relies on secondary data, it does not claim to measure actual emergency frequency, traveller satisfaction or individual response times. Future primary research should examine the experiences of solo travellers and tourism-service providers across different Indian destinations to test the proposed framework and identify destination-level differences.

References

1. Islam, M. T., Pandey, U., & Kumar, J. (2024). Electronic word-of-mouth and Indian solo female travellers' hotel booking intention: Moderating role of perceived risk. *International Social Science Journal*. <https://doi.org/10.1111/issj.12529>.

2. Emergency Response Support System (ERSS), Government of India. *Emergency Response Support System in India – 112*. Government of India.
3. Ministry of Home Affairs, Government of India. *Emergency Response Support System (ERSS)*. Government of India.
4. Press Information Bureau, Government of India, Ministry of Tourism. (2026). *Ministry of Tourism has set up a 24x7 Multi-Lingual Tourist Helpline*. 5 February 2026.
5. Press Information Bureau, Government of India, Ministry of Tourism. (2026). *Tourism reforms undertaken by the Central Government to strengthen on-ground safety mechanism for tourists*. 12 February 2026.
6. Morakabati, Y., Page, S. J., & Fletcher, J. (2017). Emergency management and tourism stakeholder responses to crises: A global survey. *Journal of Travel Research*, 56(3), 299–316. <https://doi.org/10.1177/0047287516641516>.
7. Peleka, P., Aggelopoulou, D.-M., & Siskou, O. (2026). Investigating tourists' emergency healthcare access barriers: A systematic literature review. *Healthcare*, 14(6), 761. <https://doi.org/10.3390/healthcare14060761>.
8. Ministry of Tourism, Government of India. *Incredible India – Emergency*. Government of India.