Inclusion of Persons with Disabilities in the Syrian Humanitarian Response

Inclusion of persons with disabilities in the Syrian humanitarian response and the COVID-19 emergency response must be strengthened, both in terms of protection and assistance, in line with commitments laid out in the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. The provisions in this Charter ensure respect for the dignity of persons with disabilities, as well as their protection and safety.

Inclusion of persons with disabilities is a cross-cutting activity that lies at the heart of a non-discriminatory and principled emergency response. It is rooted in the humanitarian principles of humanity and impartiality and the human rights principles of equity and non-discrimination. All people affected by a crisis have the right to equal and dignified access to humanitarian assistance based on their needs and without discrimination. They also have the right to be involved in an equitable manner in decisions that concern them.

An inclusive humanitarian response recognises that for every marginalised or vulnerable group, there are strategies to address needs, so as to overcome particular barriers in accessing services. Inclusion can only be realized through the recognition that it is a core component of principled and effective humanitarian action and requires commitment at all levels, from the coordination level to service delivery, translated into the provision of dedicated resources, appropriate funding, and deliberate action.

Understanding vulnerabilities

Persons with disabilities are marginalised and disproportionately affected by the Syrian crisis. They face multiple and intersecting forms of discrimination, increased barriers to accessing support and life-saving services, and often face more protection risks.

The exclusion of persons with disabilities from the emergency response, including due to the absence of e.g. prosthetics and orthotics and rehabilitation services, results in increased levels of long-term incapacity, psychosocial distress, and worsening health outcomes. One person’s reduced access to livelihoods opportunities because of a physical and/or psychological disability can affect an entire household, resulting in lower income, fewer assets, increased food insecurity, and negative coping strategies. One of the key contributors to psychosocial distress among persons with disabilities is the inability to find work and dependency on family savings.*

Urgent Concerns

- A recent study conducted by the Humanitarian Needs Assessment Programme for Syria shows that 27% of Syrians live with a disability, almost double the global average of 15%. The percentage shoots up for people aged 40 and above (56% live with a disability) and heads of households (33% live with a disability).
- In Lebanon and Jordan 61.4% of Syrian refugee households have at least one member with a disability, almost one in three of those disabilities is the result of illness or disease.(1)
- The number of persons with disabilities in Syria will likely increase as existing conditions are exacerbated due to the lack of appropriate health care. (46% of health facilities in Syria are not fully functional)(2), through new conflict or non-conflict related injuries and through the return of refugees.
- Persons with disabilities are at increased risk to contracting the COVID-19 due to the need for close contact with personal assistants and caregivers, increased risk of infection and complications due to underlying health conditions and socio-economic inequalities, including poor access to health care. (2) These risks are compounded by numerous barriers to emergency preparedness due to displacement and drastic changes in living conditions, such as inaccessibility of contingency planning, lack of access to public health and protection messaging, risks of increased stigma on the basis of disability; inaccessibility of sanitation infrastructure; discriminatory health workforce and systems, lack of protection and social support mechanisms.
- Persons with disabilities have specific vulnerabilities that should be addressed through tailored humanitarian action:
  - persons with disabilities have fewer livelihoods opportunities due to e.g. difficulties competing in the labour market and, especially if they are female, a higher likelihood of being exploited; (3)
  - households with a family member that has an injury or disability have fewer family members that can work for an income and higher health-related costs. This significantly increases their risk of poverty. A survey conducted in Syria in 2017 by a consortium of humanitarian agencies showed that:
    - 50% of households with a disabled family member suffered from poor food consumption, compared to


3. Syria Resilience Consortium, Hidden, Overlooked and at Risk - The Role of Gender, Age and Disability in Syria, 2019
The Charter on Inclusion of Persons with Disabilities in Humanitarian Action

Launched at the World Humanitarian Summit (WHS) on 23–24 May 2016 in Istanbul the Charter on Inclusion of Persons with Disabilities in Humanitarian Action provides a policy framework on inclusion of persons with disabilities in humanitarian action. It has been seen as major steps forward by the humanitarian community, and has been endorsed by a large variety of stakeholders, including States, UN agencies, NGOs, and organisations representative of persons with disabilities (DPOs).

Visit the website http://humanitariananddisabilitycharter.org to consult the text of the Charter and see the full list of endorsers.

34% for households without persons with a disability; • households with one or more members with a disability had, on average, nearly $200 more debt than other households; • households with one or more members with a disability were more likely to engage in negative coping strategies, such as parents eating less so children can eat more, and selling food to buy medicine or other essential items.

A survey conducted among Syrian refugees in Lebanon and Jordan in 2018 showed that:
• in Lebanon, households with member(s) with disabilities are significantly less likely (12.5 % of those surveyed) to access safe water than households without any members with disabilities (5.4%). They report that the service is either not available or that they cannot afford it; • 25.5% of persons with disabilities in Jordan and 57.5% in Lebanon require specialized services but cannot access them.
• A 2018 survey conducted among 789 disabled children in four governorates in Syria found that: 89% of respondents need medical rehabilitation services, while 69% indicated that these services were not available in their area; 80% of respondents need accessible health care services, while 62% indicated that these services were not available in their area; 65% of respondents need educational services, 82% did not have access to these services in their area;

- While women are generally more vulnerable to experiencing physical, sexual, psychological and economic violence than men, women and girls with a disability are disproportionately more likely to experience both unique and more common forms of gender-based violence than women that do not have a disability.

Recommendations

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 use the recently launched IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action in the Syrian response;
■ Encourage all humanitarian actors to use the UN-approved Washington Group questions when collecting data on persons with disabilities, disaggregate data by sex, age and disability, and ensure that persons with disabilities:
  - are identified and consulted with at the early stages of a crisis so that their needs and concerns are articulated and can be addressed in the response;
  - are included throughout the Humanitarian Planning Cycle (HPC) in each sector response plan;
■ Show long-term commitment to an inclusive humanitarian response by providing the necessary resources, forging alliances with specialized actors, and using inclusion-specific indicators to measure the impact of programmes;
■ Ensure that considerations related to age and disability are taken into account in project review and prioritisation, through the application of principles of non-discrimination and participation, and the drafting of policies on inclusion, cooperation and coordination.

To humanitarian actors:
■ Ensure case management of persons with disabilities by accompanying them to overcome barriers to accessing services;
■ Adapt project design to make services more inclusive: this can be done by decentralising service sites, doing home-based distributions, giving flexible options for participation in various activities (e.g. adapted livelihoods activities);
■ Ensure that persons with disabilities receive information about COVID-19 infection mitigating tips, public restriction plans, and the services offered in a diversity of accessible formats, including: easy-read format; high contrast print and, where possible, braille; and use of available technologies such as subtitles in verbal messaging;
■ Ensure that persons with disabilities have equal access to essential services and protection for the duration of the COVID-19 pandemic by considering specific needs such as:
  - Diverse communication methods;
  - Personal assistance/care provided by another person;
  - Need for physical personal contact to support daily activities and independence and therefore additional hygiene considerations and supplies;
  - Physical accessibility to structures, particularly sanitation and health structures;
  - Equal access to distributions through diversity and relevance of items and adapted distribution techniques;
  - Equal access to financial support and adapted and safe methods of delivery.

To UN Security Council:
■ Monitor the implementation of Resolution 2475 (2019) in Syria.