

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**.

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

1. Humanity & Inclusion and iMMAP, Removing Barriers – The Pathways towards Inclusive Access – Disability Assessment among Syrian Refugees in Jordan and Lebanon, 2018.

2. World Economic Forum, 'Coronavirus: A pandemic in the age of inequality', 2020

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.*

* International Medical Corps, 'Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis', 2014, available online at: <https://internationalmedicalcorps.org/wp-content/uploads/2017/07/Syria-Crisis-Addressing-Mental-Health.pdf>

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://humanitariandisabilitycharter.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;⁽⁴⁾

– **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.⁽⁵⁾

4. Syria Relief, 'Children living with disabilities inside Syria, Understanding the types of disabilities and access to services for children living in Syria', 2018, available online at: <https://www.syriarelieff.org.uk/children-living-with-disabilities-in-syria/>

5. UNFPA, 'Addressing Violence against Women and Girls in Sexual and Reproductive Services: a Review of Knowledge Assets', 2010; Stephanie Ortoleva and Hope Lewis, 'Forgotten Sisters — a Report on Violence against Women and Disabilities: an Overview of its Nature, Scope, Causes and Consequences', Northeastern University School of Law Research Paper No. 104-2012 (2012)

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.