

Inclusion of Persons with Disabilities in the Syrian Humanitarian Response

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.⁽²⁾

Syrian women and girls with disabilities are especially vulnerable; if they are working they are more likely to be **exploited**, and they are disproportionately more likely to experience both unique and more common forms of **gender-based violence** than women and girls without disabilities.

Inclusion of persons with disabilities in the Syrian humanitarian response and the COVID-19 response must be strengthened, both in terms of **protection and assistance**, and in line with the **2019 IASC Guidelines, the 2016 Charter on Inclusion of Persons with Disabilities in Humanitarian Action and the 2006 UN Convention on the Rights of Persons with Disabilities**. The provisions in these documents ensure respect for the **dignity** of persons with disabilities, as well as their **protection and safety**.

The 2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action defines

Persons with disabilities to “include those 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”.⁽¹⁾

Inclusion of persons with disabilities is a cross-cutting issue 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 particular strategies to address needs** in order to overcome particular barriers in accessing services. Inclusion can only be realised 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, and benefits from **dedicated resources, appropriate funding, and deliberate action**.

Urgent Concerns

- A recent UN study found that **over a quarter of Syrians (nearly 4 million people) have disabilities** - almost **double the global average** of 15%. Further **over half of people aged 40, a third of Internally Displaced Persons (IDPs)**⁽³⁾ and a **third of heads of households**, have disabilities.⁽⁴⁾
- In **Turkey, Lebanon and Jordan nearly two-thirds of Syrian refugee households** have at least one member with disabilities. In Lebanon and Jordan almost **one in three** disabilities is the result of **illness or disease**.⁽⁵⁾ While in northeast Syria, over **two-thirds of returnee households** have at least **one member with disabilities**.⁽⁶⁾
- **The number of persons with disabilities in Syria will**

1. 2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019_0.pdf.

2. 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>.

3. Humanitarian Needs Assessment Programme (HNAP), 'Returnee Report Series 2020 Disability Prevalence and Impact'.

4. Humanitarian Needs Assessment Programme (HNAP), 'Disability: Prevalence And Impact', 2019, https://www.globalprotectioncluster.org/wp-content/uploads/Disability_Prevalence-and-Impact_FINAL-2.pdf.

5. Humanity & Inclusion and iMMAP, Removing Barriers – The Pathways towards Inclusive Access – Disability Assessment among Syrian Refugees in Jordan and Lebanon, 2018, <https://reliefweb.int/sites/reliefweb.int/files/resources/65892.pdf>; 'Disability and mental health among Syrian refugees in Sultanbeyli, Istanbul 2019 Survey Report', https://www.ri.org/content/uploads/2020/02/LSHTM_DisabilityMHSultanbeyli_Report_2020-1.pdf.

6. Humanitarian Needs Assessment Programme (HNAP), 'Returnee Report Series 2020 Disability Prevalence and Impact'.

likely increase as existing conditions are **exacerbated** due to the lack of appropriate health care (**nearly half of health facilities** in Syria are **not fully functional**), through **new conflict or non-conflict related injuries**, and through the **return of refugees**.

- **Persons with disabilities** are at increased risk of contracting 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.⁽⁷⁾ 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 basis of disability; inaccessibility of sanitation infrastructure; discriminatory health workforce and systems, lack of protection and social support mechanisms. Further, given existing access barriers, persons with disabilities are more likely to **face challenges accessing COVID-19 vaccination services**.

- Persons with disabilities have **specific vulnerabilities** that should be addressed through tailored humanitarian action:

- Persons with disabilities **have fewer livelihoods opportunities** e.g. due to difficulties competing in the labour market and, especially if they are female, a higher **likelihood of being exploited**.⁽⁸⁾

- 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:

- **Nearly two-thirds of persons with disabilities** are out of the formal labour market;⁽⁹⁾

- **Two-thirds of households with two or more members with a disability** have to borrow money or buy essential items on credit and a quarter receive assistance from the local community.⁽¹⁰⁾

- Surveys conducted among Syrian refugees in Lebanon, Jordan and Turkey in 2018 and 2019 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**;

- **A quarter of persons** with disabilities in Jordan and **two-thirds** in Lebanon **require specialized services** but **cannot access them**;

- In Turkey, persons with disabilities are **4.5 times more likely** than persons without disabilities to have a serious health problem in the past year.

- It is difficult to collect data on persons with disabilities that are underage but a 2018 survey conducted among 789 children with disabilities

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

8. Syria Resilience Consortium, Hidden, Overlooked and at Risk - the Role of Gender, Age and Disability in Syria, 2019.

9 and 10. Humanitarian Needs Assessment Programme (HNAP), 'Disability: Prevalence And Impact', 2019, https://www.globalprotectioncluster.org/wp-content/uploads/Disability_Prevalence-and-Impact_FINAL-2.pdf.

11. https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019_0.pdf .

The 2019 IASC Guidelines and 2016 Charter on Inclusion of Persons with Disabilities in Humanitarian Action

The 2019 IASC Guidelines set out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings. They will ensure the inclusion of persons with disabilities in all sectors and in all phases of humanitarian action. The idea to develop the Guidelines originated with the launch of the 2016 Charter.

Visit the [website^{\(11\)}](#) to access the Guidelines.

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 the full list of endorsers.

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;⁽¹²⁾

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

13. 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.)

■ 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.⁽¹³⁾

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 reaffirm the implementation of the **commitments of the IASC Guidelines and Charter on 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 Programme Cycle (HPC)** in each sector response plan;
- Show long-term commitment to an **inclusive humanitarian response by providing the necessary resources**, forging alliances with specialised 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 mitigation 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;
 - Equal access to COVID-19 vaccination services.

To the UN Security Council:

- Monitor the implementation of **Resolution 2475 (2019)** in Syria.



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