

Inclusion of Persons with Disabilities in the Syrian Humanitarian Response

Inclusion of persons with disabilities must be strengthened in the Syrian humanitarian response by all actors, in terms of participation, protection and assistance.

HI engages humanitarian actors in the Syrian crisis to implement commitments of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. This ensures that the protection, safety and respect for the dignity of persons with disabilities are maintained. Persons with disabilities require access to humanitarian assistance without discrimination, in full accordance with their rights.

Inclusion requires dedicated resources, appropriate funding, and deliberate actions at all levels, from coordination level to service delivery.

Urgent Concerns

An inclusive response

■ An inclusive humanitarian response is a **core component of principled and effective humanitarian action**: inclusion of persons with disabilities is a cross-cutting concern 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.

■ An inclusive humanitarian response recognises that for every group that is marginalised or vulnerable, there are strategies to address their particular needs, so as to overcome particular barriers in their accessing services.

■ 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 have the right to also be involved in an equitable manner in decisions that concern them.

Facts & Figures

■ Estimates are that 2.9 million people inside Syria are living with a permanent disability and 30,000 new conflict-related trauma cases per month are leading to thousands of permanent disabilities⁽¹⁾.

■ In a survey conducted in Syria in 2017⁽²⁾ by the Syria Resilience Consortium⁽³⁾, within a sample of more than 5,000 beneficiaries of livelihoods programmes, the following findings emerged:

- 50% of households surveyed who counted a member with a disability suffered from poor food consumption, compared with 34% for households without persons with a disability.
- Households with one or more members with a disability had nearly \$200 more debt on average than other households.
- Families with at least one member with a disability were more likely to engage in negative coping strategies such as parents eating less so children can eat more, selling food to buy medicine or other essential items.

■ In 2015, the total number of persons with injuries in Syria was already estimated at 1 million people. HI's data cross checked with UNOCHA data, found that among persons with injuries and persons with disabilities, 50,000 have had amputations and were in need for prosthesis and orthotics (P&O).

■ In Lebanon and Jordan 22.8% of Syrian refugees surveyed by HI have some level of impairment, 61.4% of households have at least one member with a disability and 71.2% of persons with disabilities had suffered from illness, injury and malnutrition caused by the conflict.⁽⁴⁾

■ Women and girls have a higher overall disability prevalence compared to men and anxiety and fatigue are the most prevalent disability after mobility for adults aged 18 and over.⁽⁵⁾

■ The number of persons with disabilities will likely increase, either through exacerbation of existing conditions due to lack of appropriate health care, due to new impairments resulting from the conflict, and through increased barriers persons with disabilities face in accessing services.

1. Humanitarian Needs Overview (2018), Syrian Arab Republic. Available at: <https://hno-syria.org/>

2. Syria Resilience Consortium (2017), Baseline Report.

3. Syria Resilience Consortium membership comprises Care, Humanity & Inclusion, Mercy Corps, IRC, DRC, NRC.

4 & 7. iMMAP& HI survey of 8, 876 Syrian refugees in Lebanon and Jordan (2017/2018 report of findings pending).

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 the full list of endorsers.

Understanding vulnerabilities

- The exclusion of persons with disabilities and older people from emergency responses results in increased levels of long-term incapacity, psychosocial distress, and worsening health outcomes.
- Persons with disabilities are marginalised and **disproportionately affected during disaster and conflict** situations. They face increased barriers in accessing support and life-saving services, and are at increased risk of exclusion, poverty and protection risks.
- They face multiple and **intersecting forms of discrimination**, related to gender, age, disability, and other factors.
- **Women and girls with disabilities** are three times more likely to experience gender-based violence compared to non-disabled women. It is therefore important to mainstream protection into livelihoods work, through thorough do-no-harm analysis.

- The **reduction in livelihoods opportunities** resulting from physical and psychological injuries to a household member can affect the entire household, resulting in lower wealth, assets, increased food insecurity, and negative coping strategies. One of the key contributors to psychosocial distress is the inability to find work and dependency on family savings.⁽¹⁾

- Access to Prosthetics and Orthotics (P&O) equipment/supplies is extremely limited and there are no after-care services in Syria. These are important considerations, as families with members with injuries or disabilities have a higher dependency ratio, less ability to work and higher health-related costs, causing them to be at higher risk of falling into poverty and negative coping strategies.

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

Immediate Recommendations

Donors should:

- Make clear that an inclusive humanitarian response requires further resources, and explicit long term commitments, alliances with specialised actors, and indicators to measure achievements.
- Ensure that all people affected by crisis, including older people and persons with disabilities, are:
 - **Identified and consulted with early on and at every stage of the project cycle** with persons so that their needs and concerns are articulated and addressed in the response.
 - Included **people throughout the Humanitarian Planning Cycle (HPC)** in each sector response plan.
 - **Sector data is disaggregated** by sex, age and disability.
- 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 Charter on Inclusion of Persons with Disabilities in Humanitarian Action in the Syrian response.

All humanitarian actors should:

- 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. livelihoods participation to be adapted).

Mid-to-long term recommendations

Donors should:

- Encourage that all actors use the UN approved Washington Group questions when collecting data on persons with disabilities. The analysis of this data will facilitate the inclusive actions toward identified persons with specific difficulties in functioning.
- Project review and prioritisation need to ensure considerations related to age and disability are taken into account, through the application of non-discrimination, participation, inclusive policies, inclusive response and services, cooperation and coordination. There should be an increased targeting of activities to reach the most vulnerable groups across all sectors, including equal access for older people and persons with disabilities.
- Humanitarian actors should ensure case management of most vulnerable persons by accompanying them to overcome barriers to accessing services.