

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 both **protection and assistance** in line with their commitments on 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 and participation 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 necessity 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 marginalised or vulnerable group, there are strategies to address needs**, so as to overcome particular barriers in 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 also have the **right to 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 many new conflict & non- conflict related trauma cases per month are leading to thousands of permanent disabilities that will require long-term physical rehabilitation care⁽¹⁾.

■ In a survey conducted in Syria using the Washington Group questions tool in 2017 by an NGO consortium, 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.

■ 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⁽²⁾.

■ In Lebanon and Jordan 22.8% of Syrian refugees surveyed by HI using the Washington Group questions tool have some level of impairment, **61.4% of households have at least one member with a disability**⁽³⁾.

■ **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 [HNO], 2018, Syrian Arab Republic, available online at: <https://hno-syria.org/> [Accessed 4/2/19]

2. Syria Relief, June 2018, 'Children living with disabilities inside Syria, Understanding the types of disabilities and access to services for children living in Syria', available online at: <https://www.syriarelieff.org.uk/children-living-with-disabilities-in-syria/> [Accessed 4/2/19]

3. iMMAP & HI (2018), 'Demographics and Disability - Factsheet 1 of 4', available online at: <https://humanity-inclusion.org.uk/en/news/1-in-5-syrian-refugees-has-a-disability-new-survey-reveals> [Accessed 22/2/2019]

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 the full list of endorsers.

Understanding vulnerabilities

- The exclusion of persons with disabilities and elderly 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 by the Syrian crisis**. They face increased barriers in accessing support and life-saving services, and are at increased risk of exclusion, poverty and often face more 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 disability 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 of persons 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, 2014, 'Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis', available online at: <https://internationalmedicalcorps.org/wp-content/uploads/2017/07/Syria-Crisis-Addressing-Mental-Health.pdf> [Accessed 4/2/19]

Recommendations

All stakeholders: donors, international actors (including UN agencies) and involved parties should:

- 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** so that their needs and concerns are articulated and addressed in the response,
 - **Are included throughout the Humanitarian Planning Cycle (HPC)** in each sector response plan,
 - **Can be identified by 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;
- Make clear that an **inclusive humanitarian response requires further resources**, and explicit long term commitments, alliances with specialized actors, and indicators to measure achievements;

- Encourage that all actors to 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;
 - **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).