Inclusion of Persons with Disabilities in the Syrian Humanitarian Response

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 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) and the 2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. The provisions in these documents ensure respect for the dignity of persons with disabilities, as well as their protection and safety.

The CRPD 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”.

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 nearly a third (30%) of Syrians aged 12 and up have disabilities - double the global average of 15%. Further over a third (37%) of Internally Displaced Persons (IDPs) aged 12 and up and 40% of heads of households, have disabilities.
- 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.
- The number of persons with disabilities in Syria will 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), and through new conflict or non-conflict related injuries.
- 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. 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 accessible 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 and households with at least one member with a disability are considered vulnerable, i.e. due to high risk exclusion. This should be addressed through inclusive humanitarian action: Persons with disabilities have fewer livelihood opportunities e.g. because social stigma makes it difficult to compete in the labour market and, especially if they are female, a higher likelihood of being exploited; only 7% of women with disabilities are currently engaged in the labour force when compared to 62% of men with disabilities; Since households with a family member that has an injury or disability are affected by an inaccessible labour market and attitudinal barriers, they often have fewer family members that are working for an income while also facing 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.[9]
- Surveys conducted among Syrian refugees in Lebanon and Jordan 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.
- 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 gender-based violence than women that do not have a disability.[10]

**The 2019 IASC Guidelines 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. Visit the [website](#) to access the Guidelines.

---

**Recommendations**

**To donors and UN agencies:**

- Ensure that humanitarian actors 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 included throughout the Humanitarian Programme Cycle (HPC) in each sector response plan, including cluster level participation;
- 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 [capacity development](#) of persons with disabilities, [train staff](#) on inclusion of persons with disabilities, and, as per the IASC Guidelines four must-do actions, do a barriers and facilitators analysis of areas of operation;
- Ensure [case management](#) of persons with disabilities by accompanying them to overcome barriers to accessing services and ensuring participatory [project design](#) to make services more inclusive, e.g. by decentralising service sites, doing home-based distributions, giving flexible options for participation in various activities (e.g. adapted livelihood activities) and being more accountable to affected populations;
- 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-to-understand format; high contrast print and, where possible, braille; and use of available technologies such as subtitles in verbal messaging or via radio;
- Ensure [data collection](#) throughout the project phases includes disaggregation based on gender, age and disability using the UN-approved Washington Group Questions and the UNICEF child functioning model.

**To the UN Secretary General and the UN Security Council:**

- Monitor the implementation of [Resolution 2475 (2019)](http://www.hi.org) on the protection of persons with disabilities in armed conflict in Syria.

---