WORLD HUMANITARIAN SUMMIT
moving towards a major breakthrough for people with disabilities?
INTRODUCTION

At the instigation of the United Nations General Secretary Ban Ki-moon, the first United Nations World Humanitarian Summit will be held in Istanbul (Turkey) on May 23 - 24, 2016.

This summit is intended to determine an agenda for adapting humanitarian operations to the major challenges the world currently faces, in a context where the number of crises is constantly increasing.

THE SUMMIT WILL BRING TOGETHER 5,000 PARTICIPANTS:

Heads of State and governments, mayors and local elected officials, representatives of municipalities affected by crises, private-sector representatives, heads of multi-lateral organisations and national and international NGOs, representatives of young people, civil society, and academia.

PEOPLE WITH DISABILITIES are all too often forgotten by humanitarian aid actors, so Handicap International has grasped the unique opportunity this international event presents to promote their cause. The organisation will launch a Charter on the inclusion of people with disabilities in humanitarian aid.
The World Humanitarian Summit offers a unique opportunity to better take into account the millions of people with disabilities affected by humanitarian crises. A new Charter, under which humanitarian organisations, States and funding bodies will commit to including people with disabilities in their emergency responses, will be opened for signature. The number of signatures will determine the practical impact this text will have in terms of ensuring people with disabilities can access humanitarian aid. Handicap International is calling on States, humanitarian organisations, and funding bodies to seize this historic opportunity.

In humanitarian crisis situations people with disabilities are often insufficiently taken into consideration, and sometimes not at all. They are often left out of aid provision. This injustice affects millions of people. According to a study by Handicap International (1), 75% of people with disabilities do not have sufficient access to humanitarian aid.

The Charter, launched by Handicap International offers a unique opportunity to correct this injustice. It will allow all emergency response actors to commit to implementing practical measures to ensure people with disabilities can fully benefit from humanitarian aid. According to the World Health Organization, people with disabilities represent 15% of the world’s population. Statistics from Handicap International show that one in every five Syrian refugees has a disability.(2)

This Charter needs to be adopted widely if it is to become a collective victory. The organisation has co-piloted the drafting of this text which is broadly inspired by the values we have promoted since our creation and the work we do in more than 60 countries.

In emergency situations, people with disabilities are often left by the wayside in terms of humanitarian aid provision. How can we ensure that people with reduced mobility can access food distributions? How can information about health care be provided so that it also reaches people with limited or no hearing? People with disabilities are often marginalised in their own communities. NGOs have difficulty identifying them in emergency situations, and they do not always have the required expertise to provide suitable services. However, in the wake of an earthquake or where there are mass population movements due to conflict, for example, people with disabilities are often the most vulnerable and the most at risk. This is before we take into account the disabling after-effects of the crisis itself. According to our survey on disability and the Syria crisis, conducted in 2014, almost 80% of the physical injuries sustained are directly caused by the conflict. (3)

SO NOTHING HAS BEEN DONE TO ADDRESS THIS ISSUE?

No. That is not entirely true. Article 11 of the Convention on the Rights of Persons with Disabilities, which will celebrate its tenth anniversary this year states that all States Parties shall take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk...” Some funding bodies and humanitarian organisations have made progress in this direction. However, there is no impetus at the international level to genuinely change practices, notably during emergencies.

ARE NGOS TRAINED IN MANAGING PEOPLE WITH DISABILITIES AND ARE THEIR PRACTICES FIT FOR PURPOSE?

Yes, but this is still insufficient for two reasons. First of all, because in emergency situations, NGOs meet the general needs of the masses. Secondly, because including people with disabilities in the emergency response requires humanitarian organisations to change their practices. Very few NGOs know how to do this.

WHAT DO HUMANITARIAN ORGANISATIONS AND FUNDING BODIES NEED TO DO TO CHANGE THE SITUATION?

Take people with disabilities into account at each stage of the process. For example, people with disabilities should be involved in designing humanitarian programmes as they have the best understanding of their needs and the barriers they face. Organisations and funding bodies need to improve their practices, develop new expertise in order to identify people with disabilities and meet their needs. A lot of work has already been done, but attitudes still need to change: often in an emergency situation, people feel that people with disabilities are not a priority. In addition, it is common fallacy that taking into account the needs of people with disabilities generates additional costs, but that is not true when proper planning is implemented.

WHAT WILL THE CHARTER CHANGE?

This text could have a crucial impact. First of all, it represents the collective acknowledgement by humanitarian professionals that there is a major problem. Remember, there are 1 billion people with disabilities in the world. We estimate that several million people with disabilities live in areas affected by a humanitarian crisis. It is also the first international political commitment to address the injustice people with disabilities suffer in emergency situations. The Charter will help to uphold a principle that is dear to all humanitarian organisations and funding bodies: the impartiality of aid.

(3) Hidden Victims of the Syrian Crisis, 2014.
PEOPLE WITH DISABILITIES LEFT OUT OF HUMANITARIAN AID

The survey (4) Disability in Humanitarian Context, conducted by Handicap International during the first half of 2015, reports on the unfair treatment of people with disabilities in humanitarian aid settings:

75% of the people with disabilities surveyed stated that they do not have adequate access to basic aid (water, food, shelter, medical care). Half of respondents reported a lack of access to specific treatment (rehabilitation and mobility aids).

More worrying, 27% reported having suffered sexual, physical or psychological violence.

85% of the humanitarian organisations which answered the survey acknowledged the extreme vulnerability of people with disabilities and 92% consider that these people are not appropriately managed.

THE OBSTACLES PEOPLE WITH DISABILITIES FACE

People with disabilities face numerous obstacles when trying to access humanitarian aid; these can be broken down as follows:

Accessibility issues Humanitarian infrastructure (health care centres, water supplies, latrines) are designed in a way that makes them difficult for people with disabilities to use.

Problems adapting aid People with disabilities require specific services adapted to their disability. The aid provided is sometimes incompatible with their disability: inaccessible distribution points, facilities that are difficult to use, etc.

Identification issues Organisations can have difficulties identifying and recording people with disabilities. The latter are sometimes confined to their living space. The census forms the organisations use do not always identify disabilities.

Communication and information problems Humanitarian information is very rarely adapted to people with hearing or sight impairments (often printed or broadcast by radio, etc.). Very often, information on humanitarian services does not reach people with disabilities.

(4) Disability In Humanitarian Context, August 2016
A young boy amputated following the earthquake in Haiti in 2010.

THE WORLD HUMANITARIAN SUMMIT, A UNIQUE OPPORTUNITY FOR PEOPLE WITH DISABILITIES

THE WORLD HUMANITARIAN SUMMIT IS ORGANISED AS FOLLOWS (5):

- **3** plenary sessions
- **7** high-level round tables
- **15** special sessions dedicated to different themes such as innovation, global health, etc.
- **More than 100** fringe events

Handicap International has been involved in ensuring that one special session is dedicated to the inclusion of people with disabilities in humanitarian aid. During this session, the Charter, which has been drawn up under the coordination of Handicap International with a group of States and organisations working on disability, will be submitted for signature. This Charter contains five commitments and an action plan for implementation.

THESE COMMITMENTS ARE:

- **Non-discrimination and respect** for the diversity of people with disabilities.
- **Consulting and involving people** with disabilities in the design and evaluation of humanitarian programmes.
- **Making inclusive services available** by ensuring accessibility for people with disabilities and removing existing obstacles.
- **Implementing international policies and directives** with the aim of making recommendations to humanitarian actors.
- **Cooperation among humanitarian organisations, funding bodies, States, local authorities** with the aim of strengthening and supporting humanitarian actors in the move towards more inclusive services for people with disabilities.

Handicap International instigated the Charter and related action plan. The organisation has been involved in drafting the text with a working group, including State representatives, international organisations, United Nations agencies, Disabled People’s Organisations, and NGOs.
PEOPLE WITH DISABILITIES IN THE SYRIAN CRISIS

A survey (6) jointly conducted by Handicap International and HelpAge International in 2014, highlights the large number of people with disabilities among victims of the Syrian conflict:

>> 30% of Syrian refugees in Jordan and Lebanon have specific needs: one person in five has a disability. One person in seven suffers from a chronic disease, one in 20 has an injury.

>> 45% of refugees with specific needs experience difficulties carrying out simple, daily tasks.

>> 77% of older refugees (60 years and older) live with a disability, injury or chronic disease, and 65% of them present signs of psychological distress.

Humanitarian crises lead to an increase in the number of people with disabilities resulting from injury or the lack of access to medical care. In crisis situations, the systems in place are often stretched to breaking point or collapse entirely. 54% of the people surveyed said that the crisis or disaster they had endured had had physical consequences, which in some cases had caused new impairments.

(6) Hidden Victims of the Syrian Crisis, April 2014.
HANDICAP INTERNATIONAL CAMPAIGNS AND TAKES ACTION TO DEFEND THE RIGHTS OF PEOPLE WITH DISABILITIES

Impartiality, equity, non-discrimination, involvement of people with disabilities in the decisions that affect them. The principles set out in the Charter are those which Handicap International has defended since its own creation in 1982.

AN ORGANISATION WHICH CAMPAIGNS

People with disabilities have rights, and since 1982, the organisation has been engaged in advocacy campaigns to uphold those rights. Handicap International advocates were critical campaigners for the adoption of the Convention on the Rights of Persons with Disabilities in 2006, and for people with disabilities to be taken into account in the Sustainable Development Goals adopted in 2015.

AN ORGANISATION WHICH TAKES ACTION

During humanitarian disasters, Handicap International works with victims, paying particular attention to people with disabilities or those who are excluded from the systems to provide aid. The organisation campaigns to ensure these people are taken into account in the overall system for aid provision, and is involved in organising the relief effort through integrated and adapted projects:

- Support for hospitals in providing care management for the injured: technical and logistical assistance, building teams and providing equipment, etc.
- Physical and functional rehabilitation for people with injuries or disabilities; mobility aids (wheelchairs, walking frames, etc.). Functional rehabilitation sessions, orthopaedic fitting and prostheses production, training rehabilitation technicians.
- Psychosocial support (individual and community): implementation of activities to reduce the psychological distress of at-risk people or victims, through targeted individual interviews, peer support groups and activities to develop social cohesion, etc.
- Protection against violence: prevention, identification and referral of at-risk people or victims of violence.

TO SUPPORT THE MOST VULNERABLE:

- Setting up disability and vulnerability focal points (DVFP): these flexible structures and mobile teams identify, assess and refer the most excluded and at-risk people. Direct services can also be linked into this mechanism.
- Full inclusion in the humanitarian response: advocacy, technical support, consultancy work with actors (international and local NGOs, United Nations agencies, national authorities, etc.) to implement inclusive responses, and ensure everybody can access assistance.
- Prevention and awareness-raising amongst the population in the event of an emergency due to a virus or disease: support for NGOs and local structures engaged in the fight against the disease in question (ebola, cholera, etc.)
**“MAKING THE VOICES OF THE MOST VULNERABLE HEARD”**

Handicap International has put into place a network of volunteers to promote the rights of people with disabilities and injuries who have taken refuge in Iraq, Jordan and Lebanon. This project also aims to ensure their needs are better taken into account in the local and international provision of aid. This is the case in the Domiz camp, where 16 refugees are actively involved in implementing activities to encourage self-help and to raise awareness.

Their names are Sefadin, Leyla, Youssef, and Zahra. Syrian by birth, they have fled the fighting and taken refuge in the Domiz camp in Iraqi Kurdistan. All four have become volunteers to support the families of refugees with disabilities. Today, they are running a self-help group on the issue of the isolation of people with disabilities, who run the risk of being deprived of the humanitarian aid services available in the camp.

This is a crucial problem for Zahra. “Some people find themselves isolated due to their disability and are not sufficiently taken into account by the camp managers when implementing support services, this is particularly true for people with reduced mobility. With winter fast approaching, those who are living in tents have no way of protecting themselves against the cold. We need to make sure their voices are heard and that they receive the assistance they need, just like everyone else.”

**FINDING SOLUTIONS TOGETHER TO BECOME ACTORS IN THEIR OWN DEVELOPMENT**

The aim of the self-help sessions is to give families the opportunity to discuss the difficulties they face and find solutions together in order to improve the lives of people with disabilities in the camp.

“These sessions also build relationships: participants often exchange phone numbers and keep in touch independently of the activities organised by the volunteers,” explains Haidar Hawler, Project Worker for Handicap International.

The capacity building project for people with disabilities and injuries amongst the Syrian population affected by the crisis was launched in 2013. This regional initiative aims to develop a network of representatives to promote the rights of people with disabilities and improved provision from humanitarian organisations.

These representatives identify the services available to people with disabilities and injuries within their host communities and humanitarian aid structures, with the aim of informing the refugee population about available services, and also ensuring structures have the capacity to take into account the needs of the most vulnerable.

Domiz, November 2015.