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ESCWA

Economic and Social Commission for Western Asia

Persons with Disabilities in Emergencies



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I. Introduction

The Arab region¹ faces complex and growing humanitarian emergencies. Conflict, instability and violence in several Arab countries have had catastrophic consequences for civilian populations. The armed conflict in the Syrian Arab Republic has forced millions to flee their homes and the recent Israeli military incursion into Gaza affected the entire population of 1.8 million people, more than half of whom are under the age of 18.² In Yemen, 14.7 million people are estimated to be in need of humanitarian assistance, making it one of the largest emergencies in the world.³

Moreover, the number of natural disasters in the Arab region has tripled over the past three decades,⁴ causing widespread human suffering and massive economic losses. In 2011, drought in the Horn of Africa triggered a devastating famine in Somalia and critical levels of food insecurity in Djibouti. A tropical cyclone in 2010 caused an estimated 1 billion United States dollars in damage in Oman.⁵

Such emergencies cause a substantial increase in the number of persons with disabilities. People incur permanent disabilities as a result of, for example, violence or falling debris. Injuries lead to disability because of the lack of access to essential health services.

The effects are devastating. In Gaza, initial estimates indicate that up to 1,000 of the 3,000 children injured during the recent military incursion will face permanent disability.⁶ A recent study found that 22.4 per cent of surveyed Syrian refugees in Lebanon and Jordan have some form of disability.⁷ The number of persons with disabilities among the total Syrian refugee population could thus reach into the hundreds of thousands.

II. Inequality and Exclusion: Challenges Faced by Persons with Disabilities in Emergencies

Persons with disabilities constitute one of the most marginalized and vulnerable social groups in humanitarian crises. They often face extreme difficulties when attempting to flee or evacuate during an emergency, and may be left behind by family or community members who are unable to assist them. As

a result, they run a greater risk of injury or death (box 1).

During the response phase, persons with disabilities have limited access to assistance and services. Schools and child-friendly spaces are often inaccessible, and teachers may lack the training and materials to address the needs of pupils with disabilities. Significant disruptions in the health sector may deprive persons with disabilities of



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Box 1. Facts and figures on persons with disabilities in emergencies

- According to a United Nations global survey, only 20 per cent of persons with disabilities can evacuate immediately and without difficulty in the event of a sudden disaster.
- Recent data from Japan indicate that the death rate of persons with disabilities in disasters is two to four times higher than for persons without disabilities.
- Disability tends to be much more prevalent among older persons – a study of Syrian refugees in Lebanon and Jordan found that two thirds of older persons had at least one type of impairment.
- A survey of Syrian refugees in northern Iraq found that 99 per cent of households with family members with disabilities reported difficulties in accessing essential services.
- In the Syrian Arab Republic, a recent study found that 88 per cent of internally displaced persons with new injuries related to the crisis did not have satisfactory access to rehabilitation services.

Sources: United Nations Office for Disaster Risk Reduction, 2013, p. 1; Sendai Statement, 2014, p. 2; HelpAge International and Handicap International, 2014, p. 6; United Nations High Commissioner for Refugees and REACH, 2014, p. 14; and Handicap International, 2014, p. 2.

access to even the most basic health care. Rehabilitation facilities and services, which are important for enabling the participation of persons with disabilities, may be damaged or destroyed during an emergency, leaving them inaccessible, unaffordable or non-existent.⁸

Humanitarian crises also lead to increased protection concerns for persons with disabilities. The breakdown of social cohesion and traditional community structures puts such persons – especially in the case of women, girls and persons with intellectual impairments – at greater risk of abuse and violence. Recent research on Somali and Syrian refugees has revealed that, without proper guidance and support, families sometimes resort to harmful coping strategies, including the use of physical and medical restraints on children with intellectual impairments.⁹ Moreover, due to social isolation and in the absence of specialized protection services, persons with disabilities often lack access to channels through which to seek help or report abuse.



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These challenges in emergency situations also heighten the vulnerability of families and communities. The cost of specialized treatment and assistive devices can be especially onerous for families, many of whom may have already lost their belongings and livelihoods. Children (especially girls) with parents or siblings with disabilities are more likely to be removed from school in order to work or perform household tasks, a trend that reverses development gains and has negative consequences for the whole community. Research shows that, following the 2005 earthquake in Pakistan, many girls whose mothers were left with permanent disabilities in the disaster had to remain at home to take over care-giving responsibilities.¹⁰

The lack of data on persons with disabilities contributes greatly to their exclusion in emergencies. Data collection during an emergency is often impeded by such challenges as limited humanitarian access and dynamic population movements, and baseline data may be unreliable or out of date (box 2). Without accurate, detailed and updated data, decision-makers may well underestimate the number and needs of persons with disabilities, thereby significantly increasing the risk of their exclusion from response and recovery measures.

Equally alarming is the fact that persons with disabilities generally are not consulted or involved in emergency management processes.¹¹ This represents a missed opportunity to benefit from their knowledge, skills and capacities, exacerbates their exclusion and increases the likelihood that their needs will be overlooked in emergency efforts.

Box 2. Baseline data on disability in the Arab region

Baseline disability data collected before a crisis can be critical in ensuring the inclusion of persons with disabilities in emergency responses. However, reliable and updated data on disability are limited in the Arab region. This is one of the main findings of “Disability in the Arab Region: An Overview”; the first compilation of baseline disability statistics and information for all 22 Arab States, which was published recently by the Economic and Social Commission for Western Asia (ESCWA) and the League of Arab States.

It is important for Arab Governments to improve cooperation and strengthen capacities in order to address gaps in their national evidence base on disability. This includes the collection of in-depth disability data at the local level, which should be undertaken in close cooperation with relevant actors, such as local authorities and organizations of persons with disabilities. Such efforts will increase the likelihood that the needs and concerns of persons with disabilities will be more accurately measured and addressed in emergencies.

Source: ESCWA and League of Arab States, 2014.

“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”

*Convention on the Rights of Persons with Disabilities,
Article 11*

III. Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities sets forth the obligations of States Parties to protect and promote the dignity, well-being and inclusion of persons with disabilities, and covers such areas as accessibility, education, employment and health. It is one of only two core human rights treaties that contain a specific provision (Article 11) on the protection of human rights in situations of risk.¹²

Adopted by the General Assembly in 2006, the Convention enjoys widespread support in the Arab region. By October 2014, 18 out of 22 Arab countries had acceded to or ratified the Convention,¹³ reflecting the growing commitment of Arab Governments to strengthen the protection and promotion of the rights of persons with disabilities, including in humanitarian crises.

In recent years, Arab countries have taken important steps to implement the Convention, including the establishment of national coordination mechanisms and the adoption of national laws and policies on disability.¹⁴ However, further efforts are needed in order to put policy into practice, and to ensure that rights under the Convention are made a reality, including in emergency situations.

As the regional development arm of the United Nations in the Arab region, ESCWA works together with its member States to support and promote the implementation of the Convention in Arab countries. ESCWA has, for example, collaborated with the League of Arab States and civil society to monitor the implementation of the Convention and the Arab Decade for Persons with Disabilities (2004-2013), and worked to build the capacity of Arab Governments to do so. Looking forward, ESCWA will continue to encourage and support the ratification and implementation of the Convention by Arab States, including through its upcoming chairmanship of the Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities (IASG-CRPD) in 2015.¹⁵

IV. The Way Forward: Building Resilience and Protecting Rights

Persons with disabilities in the Arab region face many challenges. Despite their resources, skills and capacities, they are often overlooked and excluded. As a result, they experience greater poverty, poorer health and more limited access to quality education and employment.

These inequalities are exacerbated in humanitarian crises. As a result, one of the best ways to ensure the safety, well-being and dignity of persons with disabilities in emergencies is to protect and promote their rights before disaster strikes. Governments should do more to make sure that persons with disabilities can participate effectively in national development on an equal basis with others.

The post-2015 development agenda and Sustainable Development Goals (SDGs) provide a major opportunity to address these

issues. As the deadline for the Millennium Development Goals approaches and the global community continues to formulate a new international development framework, policymakers should ensure that disability is fully included in the SDG targets and indicators.

Further recommendations include:

- Ensure the full and effective participation of persons with disabilities and their representative organizations in all phases of emergency management:

In order to address the needs of persons with disabilities and promote their inclusion in crisis situations, they must be fully and effectively involved in emergency preparedness, response and recovery efforts. Effective channels for consulting persons



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with disabilities must be established and capacity-building of organizations of persons with disabilities should be carried out. A concerted effort must be made to take into account the needs of persons facing intersectional vulnerabilities, such as women and older persons with disabilities;

- **Adopt a twin-track approach in all phases of emergency management:**

Policymakers should: (1) remove barriers and ensure that persons with disabilities have full access to prevention, response and recovery measures on an equal basis with others; and (2) act to address the specific needs of persons with disabilities and promote their empowerment. In so doing, they will help to combat inequalities and enable the participation of persons with disabilities before, during and after an emergency;

- **Improve the evidence base on disability:**

Accurate and reliable disability data help responders and policymakers to make informed decisions in an emergency. Without such data, humanitarian actors may underestimate the number of persons with disabilities or fail to address their needs. By improving the collection, analysis and dissemination of baseline disability data, Governments can make a major contribution to protecting the rights of persons with disabilities in emergencies;

- **Invest in disability-inclusive disaster risk reduction:**

As the incidence of natural disasters rises, investment in disaster risk reduction (DRR) is becoming increasingly important. By prioritizing and including persons with disabilities, DRR efforts can help to reduce their vulnerability significantly. Such investments could include the building of accessible evacuation routes and the

provision of information through early warning systems in formats accessible to persons who are deaf or hard of hearing, and to persons with mental and intellectual impairments;

- **Apply universal design principles:**

It is essential to apply universal design principles in order to make products and spaces accessible to and usable by all. Such an approach should be adopted not only in the construction and adaptation of buildings and infrastructure, but also in the provision of information, services and devices. Applying universal design principles facilitates the participation of persons with disabilities and benefits everyone. Building ramps and wide passageways in health clinics and shelters, for instance, improves their accessibility not only to persons with physical impairments, but also to pregnant women, older persons and those with injuries and chronic diseases.



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Endnotes

- ¹ The Arab region is comprised of the following countries: Algeria, Bahrain, the Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, the Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.
- ² United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 2014a, p. 10.
- ³ OCHA, 2014b, p. 14.
- ⁴ Center for Research on the Epidemiology of Disasters, 2014.
- ⁵ Ibid.
- ⁶ OCHA, 2014c, p. 2.
- ⁷ HelpAge International and Handicap International, 2014, p. 12.
- ⁸ Women's Refugee Commission, 2013, pp. 6-7; and World Health Organization, 2005, p. 1.
- ⁹ Women's Refugee Commission, 2013, p. 7; and Cone, 2010, p. 19.
- ¹⁰ Irshad and others, 2012, p. 459.
- ¹¹ Smith and others, 2012, pp. 5-6; and Reilly, 2010, p. 10.
- ¹² Schulze, 2010, p. 83.
- ¹³ Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, the Sudan, Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.
- ¹⁴ ESCWA and the League of Arab States, 2014, pp. 13-14.
- ¹⁵ The IASG-CRPD is an inter-agency network composed of 26 United Nations system organizations that supports the promotion and implementation of the Convention and its Optional Protocol. See: <http://www.un.org/disabilities/default.asp?navid=46&pid=323>.

References

- Center for Research on the Epidemiology of Disasters (2014). Emergency Events Database (EM-DAT). Available from www.emdat.be/database. Accessed 16 September 2014.
- Cone, Devon (2010). Shifting community views: reducing stigma in Dadaab. In *Forced Migration Review*, Issue 35 (July).
- Economic and Social Commission for Western Asia (ESCWA) and League of Arab States (2014). *Disability in the Arab Region: An Overview*. Beirut.
- Handicap International (2014). Causes and types of injuries encountered by Handicap International while working with Internally Displaced Persons in Syria: A focus on the impact of explosive weapons. Lyon.
- HelpAge International and Handicap International (2014). Hidden victims of the Syrian crisis: disabled, injured and older refugees. London.
- Irshad, Humaira and others (2012). Long-term gendered consequences of permanent disabilities caused by the 2005 Pakistan earthquake. *Disasters*, vol. 36, No. 3, pp. 452-464.
- Reilly, Rachael (2010). Disabilities among refugees and conflict-affected populations. In *Forced Migration Review*, Issue 35 (July), pp. 8-10.
- Schulze, Marianne (2010). *Understanding the UN Convention on the Rights of Persons with Disabilities*. New York: Handicap International.
- Sendai Statement to Promote Disability-inclusive Disaster Risk Reduction for Resilient, Inclusive and Equitable Societies in Asia and the Pacific. Issued at the 2014 Asia-Pacific Meeting on Disability-inclusive Disaster Risk Reduction: Changing Mindsets through Knowledge, Sendai, Japan, April.
- Smith, Fred and others (2012). *Disability and Disasters: The Importance of an Inclusive Approach to Vulnerability and Social Capital*. Sightsavers.
- United Nations High Commissioner for Refugees (UNHCR) and REACH (2014). *Syrian Refugees Living with Disabilities in Northern Iraq: Assessment Report*. United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2014a). *Gaza Crisis Appeal: September 2014 Update*. East Jerusalem.
- OCHA (2014b). *Global Humanitarian Overview: Status Report*. New York.
- OCHA (2014c). *Gaza Initial Rapid Assessment*. East Jerusalem.
- United Nations Office for Disaster Risk Reduction (UNISDR) (2013). UN global survey explains why so many people living with disabilities die in disasters. Press release (10 October).
- Women's Refugee Commission (2013). *Disability Inclusion in the Syrian Refugee Response in Lebanon*. New York.
- World Health Organization (WHO) (2005). *Disasters, Disability and Rehabilitation*. Geneva.

Interview with Dr. Ghassan Abu Sitta: The impact of emergencies on disability

Dr. Ghassan Abu Sitta is the Chief of the Plastic and Reconstructive Surgery Division at the American University of Beirut Medical Center. He has volunteered at Al-Shifa Hospital in Gaza City during the Israeli military incursion in July-August 2014. He has also travelled to Palestine on six medical missions, including during the first and second intifadas, and in 2008 and 2012. In this interview, he talks mainly about his recent mission and his observations and reflections on the impact of emergencies on disability.



Q: *Research indicates that many people are left with permanent disabilities as a result of injuries sustained during an emergency. Did you encounter this during your recent medical mission to Gaza?*

A: Absolutely. I treated five to eight cases a day and I think approximately 80 per cent of these people will have some form of disability. The most common types of disabilities included limb amputations, shattered or crushed joints, blindness or loss of eyesight, and severe burns. Children represented the most vulnerable group. I would say 50 to 60 per cent of my patients were children. I treated one boy who lost his eyesight when his home was destroyed. I also treated a girl whose elbow was shattered, and as a result will have limited mobility in her arm. We treated several children between the ages of 5 and 15 who underwent amputations, in some cases bilateral amputations. In many cases, the injuries occurred in homes which were rendered uninhabitable during the military operation, making it more difficult for the family to care for them.

Q: *What were some of the obstacles you faced in treating persons with injuries and/or disabilities?*

A: The siege has left the health sector in Gaza lacking in equipment and infrastructure. Health workers have not had access to higher education, so the health system relies on the last generation that was able to obtain medical training outside Gaza. Moreover, there is a lack of rehabilitation specialists.

Q: *What obstacles will persons with disabilities in Gaza face in the future?*

A: Several facilities for persons with disabilities, such as the Al-Wafa Hospital, were targeted and are no longer working. So first of all, those facilities should be rebuilt and equipped. Housing must be provided for persons with disabilities and their families, and health services should be rebuilt and expanded. There is also a disproportionately high need for rehabilitative services of all types: from prosthetics and equipment to physiotherapists and doctors.

Q: *What steps should be taken to better address the needs of persons with disabilities in emergencies?*

A: A register should be set up in order to understand the scale of the issue. It should include information on the level of disability as well as the needs, family support and housing situation of persons with disabilities. You can then start planning for their specific needs. In addition, huge parts of Gaza, unfortunately, need rebuilding and we must ensure that buildings, infrastructure and facilities are made accessible and inclusive.