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## Disability in Humanitarian Context: A Case Study from Iraq

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**“Disability** is an evolving concept. Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” (Preamble of the Convention on the Rights of Persons with Disabilities).

**“Persons with disabilities** 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” (Article 1 of the Convention on the Rights of Persons with Disabilities).

23<sup>rd</sup> of May will mark the second anniversary of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action that aims at lifting barriers persons with disabilities are facing in accessing relief, protection and recovery support and ensuring their participation in the development, planning and implementation of humanitarian programmes. Whilst more than 180 States, UN agencies, organisations operating in humanitarian settings and organisations of persons with disabilities have endorsed the charter, much still needs to be done to ensure the humanitarian response in Iraq is inclusive of persons with disabilities.

This brief presents and addresses some of the challenges that prevent internally displaced persons with disabilities and other vulnerable population groups (elderly, injured persons, pregnant women, etc.) in camp settings from accessing humanitarian services in Iraq and

impede on the development of an inclusive humanitarian response. Concrete examples drawn from Handicap International's experience working in Iraq with persons with disabilities and vulnerable population groups further illustrate those challenges. The recommendations to the humanitarian community provided in this brief aim at improving the protection of persons with disabilities and their inclusion in the humanitarian response.

*"Persons with disabilities are disproportionately affected in situations of risk and humanitarian emergencies, and face multiple barriers in accessing protection and humanitarian assistance, including relief and recovery support. They are also particularly exposed to targeted violence, exploitation and abuse, including sexual and gender-based violence"*

Charter on Inclusion of Persons with Disabilities in Humanitarian Action

## Identifying persons with disabilities and their needs

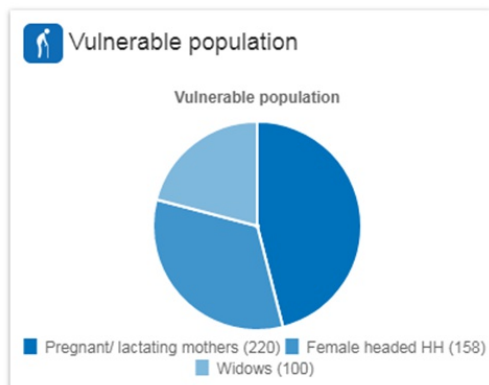
Information about the number and needs of persons with disabilities continues to be a major gap among the humanitarian community in Iraq. Most of the humanitarian actors lack information and knowledge about available or appropriate methods and tools to collect information on the numbers and needs of people with disabilities and other vulnerable groups at high risk of exclusion.

This gap in information makes it hard for humanitarian actors to develop appropriate inclusive responses that address the needs of people with disabilities and take into account the barriers they face to access humanitarian services.

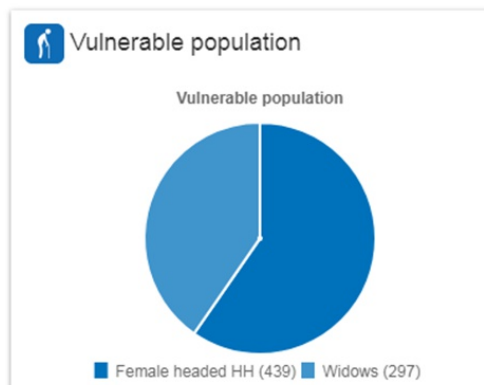
In IDP camps, information about persons with disabilities is scarce. Handicap International assessments of Khazer M1, Hasansham U3 IDP and Jeddah camps<sup>1</sup>, found the camp managements to lack adequate means of identification of persons with disabilities. In order to identify persons with disabilities, camp managements usually use a binary yes/no question posed to the head of the household only, such as "does a member of your household have a disability?", which potentially leads to underreporting of the number of persons with disability. Because of the stigma associated with disability, head of households might be reluctant to report having someone with disability in the household. Identification of persons with disabilities is often limited to assessment through visual observation, which does not allow identifying people with sensory impairment or psychosocial disabilities. Persons with visible disabilities (such as people with amputation or using technical aids such as wheelchairs or blind canes) are more likely to be identified.

To illustrate the lack of information about the number of persons with disabilities in camps, it is worth noting that the CCCM Formal Site Monitoring Tool Site Profile (FSMT) does not provide any data on persons with disabilities. Disaggregation of vulnerable population does not include people with disabilities, as illustrated below:

<sup>1</sup>Handicap International, Rapid Needs Assessment, Jed'ah IDP Camp and Haj Ali Schools and IDP Camp, November 2016; Handicap International, Rapid Needs Assessment, Khazer M1 and Hasansham U3 IDP Camps, November 2016



Hasansham U2 CCCM FSMT Profile, January 2018



Khazer M1 CCCM FSMT Profile, January 2018

There is a need to adapt methods and tools for better identification and registration of people according to age, gender and disability factors; and assessing their needs and the assistance they require to have equal access to the services offered in the camps. This would allow better programming to ensure vulnerable population's needs are met.

*Following HI's support to Kirkuk camps' managers to improve their registration and assessment tools in 2017, the number of reported people with disabilities increased dramatically – from 30 to 135 in Nazarwa camp (total population of 9,987 IDPs), from 8 to 182 in Laylan 2 camp (total population of 4,854 IDPs), and from 45 to 226 in Laylan 1 (total population of 11,073 IDPs).*

*From October 2017 to January 2018, HI conducted a detailed survey to collect data on people with disabilities living in Hasansham U2 and Khazer M1 IDPs camps, in Ninewa Governorate. The questionnaire integrated the Washington Group Set of Questions<sup>2</sup>, which allows collecting information on people with disabilities. The questions ask whether people have difficulty performing basic universal activities (walking, seeing, hearing, cognition, self-care and communication). Prior to the survey, the camp management had identified 118 and 130 persons with disabilities in Khazer M1 and Hasansham U2 respectively, which represents 0,9% 2,7% of the camps population. HI surveyed a total of 3,664 households with 16,961 individuals. Results showed that there is at least one person in each household with difficulties in at least one domain. Overall, 17% of the respondents to the survey have been identified as having a disability<sup>3</sup>.*



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<sup>2</sup>The Washington Group on Disability Statistics (WG) is a UN city group established under the United Nations Statistical Commission. The WG was constituted to address the urgent need for cross-nationally comparable population based measures of disability. The Washington Group Short Set is a set of questions designed to identify (in a census or survey format) people with a disability.

For more information, please consult <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions>

<sup>3</sup>The population with a disability includes everyone with at least one domain (walking, seeing, hearing, cognition, self-care and communication) in which they have some difficulty, a lot of difficulty, or cannot do it at all.

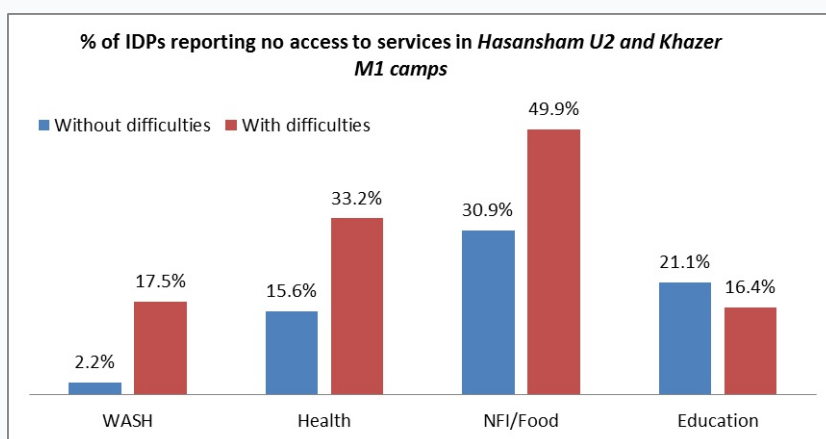
## Lack of adapted humanitarian programming

Persons with disabilities are at higher risk of discrimination and exclusion from humanitarian assistance, and are often disproportionately exposed to violence, abandonment and neglect. Having equal and safe access to humanitarian services in Iraq is often proving difficult for them, further compounding their vulnerability.

Humanitarian programming, notably in camp settings, is often not adapted to meet the needs of the persons of disabilities. Among the key issues that prevent the inclusion of persons with disabilities are: lack of proper consultation of representative groups and affected community members to identify their needs, particular challenges and solutions that can be put in place; lack of identification and situational assessments to monitor equal access and identify access barriers; the information about the service offer is not available in accessible formats, lack of physically accessible and safe to access services and facilities, activities and items; attitudinal barriers towards people with disabilities and lack of staff trained to accommodate people with disabilities.

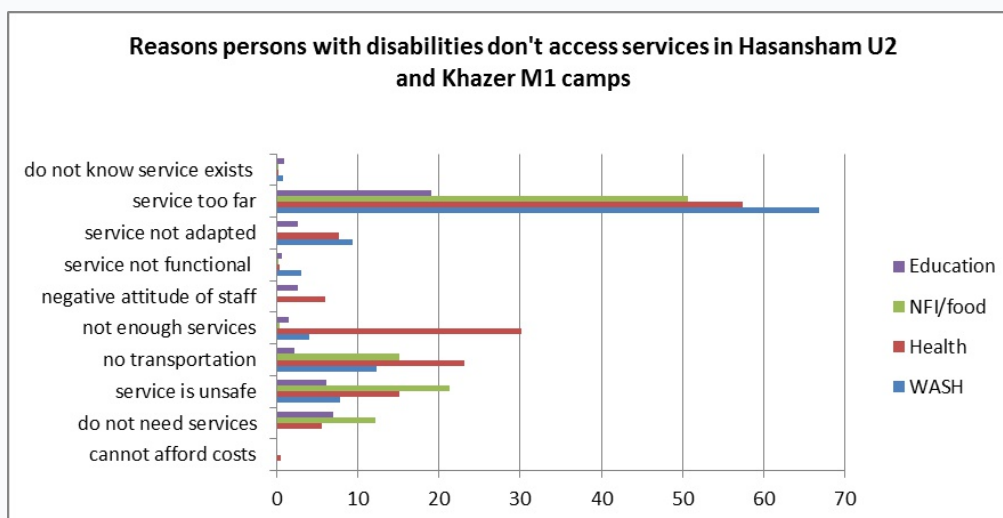
Since January 2017, 51 organisations have requested HI's technical support to promote the inclusion of people with disabilities in their relief action. While this reflects humanitarian actors' willingness to include people with disabilities in their response, it also demonstrates the limited resources, technical capacity, and strategy on how to systematically mainstream disability in humanitarian programming, as well as a lack of dedicated programming.

*The survey HI conducted from October 2017 to January 2018 in Hasansham U2 and Khazer M1 revealed that persons with disabilities face greater difficulties accessing services than persons without disabilities. The below table illustrates the discrepancy in access to services between people with and without disability in Hasansham U2 and Khazer M1.*



*Women and girls with disabilities face even greater difficulties in accessing services (for instance, 60% of women and girls reported no access to food and non-food items distribution service, as compared to 40% for men and boys).*

*The main reasons for not accessing services are: distance to the service facility, lack of transportation, unavailability of services, unsafe and non-adapted services.*



*Distance and lack of appropriate transportation to services severely curtail IDPs with disabilities' access to basic services. In Khazer and Hasansham camps, many IDPs with disabilities live in plots where there is no functional WASH facility (not to mention the fact that many of them are not accessible). The health centres and the distribution sites are far from some of the camps' blocks. In absence of adequate means of transportation, persons with functional limitations therefore heavily rely on others in order to reach the facilities. The survey found out that only an estimated 20% of all of those with mobility difficulties were using assistive devices.*

*There are no clear procedures for locating families with relatives with disabilities close to the main facilities of the camp such as distribution points, health centres, schools, child friendly spaces and camp management compound.*

*Accessing the service facilities often turns out to be unsafe for people with disabilities. The unevenness of the ground makes it difficult and unsafe for a person with disability and/or any user of an assistive device (wheelchair, walker, crutches) to move around in the camp to reach services and community infrastructures such as latrines, kitchens, schools, health centres, distribution sites, camp management compound, etc. Many*

*HI assessments conducted in IDPs camps in Iraq reveal that most of the service facilities (notably latrines, showers) and other structures (containers, tents, pathways) are not safely and physically accessible to those with functional limitations. Among the most frequent issues observed are narrow doors, absence of ramps, steep or slippery ramps, lack of accessible toilets and showers. In addition, the absence of appropriate communication*



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*means and information materials on services available prevent persons with sensorial impairments from accessing services, such as education or mental health and psychosocial services provided by humanitarian actors.*

## Recommendations

### **To Camp Management:**

- Ensure families with relatives with disabilities are located close to the main facilities of the camp such as distribution points, health centres, schools, child friendly spaces and camp management compound. As much as possible, they should as well be located near the entrance of the camp to ensure easy access to transportation services. A specific area in the camp for persons with disabilities is not recommended, since it would be stigmatizing and potentially harmful.
- As much as possible, ensure that key service facilities are centralised and ensure a transportation system and/are outreach services for vulnerable and persons with disabilities are in place.
- Camp coordination mechanisms should deliberately make people with disabilities more visible for all service providers, by systematic registration of people with disabilities through the use of the Washington Group set of questions and regular participatory situational analyses. Highlight the needs of and challenges faced by people with disabilities and other vulnerable groups in assessment reports and address them purposefully in action plans.
- Address identified right violations and the exclusion of people with disabilities through advocacy towards service providers, authorities and donors. Advocate for adapted humanitarian responses, including mobile service provision and setup a network of assistance through trusted community members to provide door to door services.

### **To CCCM cluster:**

- Review the registration tool so as to better capture the number and needs of person with disabilities within camps and enable the provision of appropriate services based on identified needs.
- Include information about the number of persons with disabilities on the Formal Site Monitoring Tool of the CCCM cluster Iraq website.

### **To Humanitarian Organisations (UN, NGOs):**

- Consult persons with persons with disabilities and their representative groups at all the stages of a project (assessment, implementation, evaluation) so as to better understand the needs and barriers the affected communities might face, design an inclusive response, and encourage their participation in decision-making and planning processes.
- Address barriers to accessing services faced by persons with disabilities through dedicated actions, design services responsive to the diverse needs of affected populations.
- Train staff on humanitarian standards that promote inclusive humanitarian responses.
- Ensure that service facilities as well as food and non-food items distributed are easy and safe to use for vulnerable population.

### **To Donors:**

- Within call for proposals, include resources for better data collection, situational assessment, and assessment of the needs of vulnerable people including persons with disabilities.
- Promote comprehensive, effective and inclusive actions, through adequate funding and prioritization of programming.
- Require indicators and markers on disability and inclusion in proposals.