

Disability in displacement

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People with disabilities face many additional difficulties before, during and after displacement but provision of appropriate assistance and protection for all is feasible.

Invisible at the best of times, persons with disabilities are among the most neglected during flight, displacement and return. Due to communication or physical barriers, negative attitudes or other obstacles, persons with disabilities face many hurdles in accessing assistance and protection. They may also face a heightened level of disability during displacement, because of changes in their environment or lack of appropriate care and services. Moreover, they are often seen as passive recipients of aid rather than active participants

with ideas, skills and expertise to share. It is not unusual to hear aid providers express views along the lines of: "How can we pay particular attention to persons with disabilities in situations of displacement? We already have so many things to think about when delivering aid and we don't have the expertise to deal with disability. Besides, there aren't that many persons with disabilities among displaced populations. In any case, our programmes do not discriminate – everyone can access them."

According to estimates by the World Health Organisation, persons with disabilities account for 7-10% of the world's population. One can extrapolate, therefore, that there are 2.9-4.2 million¹ persons with disabilities among the world's 42 million displaced, thereby debunking the myth that there are few among displaced populations. In contexts where many injuries are likely to have occurred – in conflict, earthquakes, etc – this number could be much higher as temporary or new permanent disability affects many people with injuries. In failing to take account of these persons with specific needs, humanitarian actors – mainstream and specialised

agencies alike – are not achieving their collective objective of reaching extremely vulnerable populations.

While some services need to be provided by specialised agencies, the majority of actions can be implemented by all humanitarian actors. Unfortunately, despite a growing willingness by mainstream agencies to include disability issues in their response mechanisms, many actors continue to feel they do not have the necessary ‘expertise’ to turn this enthusiasm into reality. Specialised organisations therefore have an important additional role to play – in advocacy, training and awareness-raising to help mainstream actors ensure better inclusion of persons with disabilities in their programmes before, during and after displacement.

Flight

Additional challenges for persons with disabilities often begin during flight. In the chaos of displacement, some are left behind because they need assistance to move and no-one stops to help them or because they are unable to call out for help due to speech impairments.

Difficulty in seeing, hearing or understanding may prevent some persons with disabilities from being aware of early warning systems and can also lead to them being disoriented and thus separated from their family during flight. Separation from or loss of a caregiver can have severe consequences for a person with disabilities, particularly if they are dependent on the caregiver for vital activities such as eating, moving or toileting. When families are displaced, they often need to make hasty decisions about what to take with them. Assistive devices such as wheelchairs are often left behind, making even simple tasks such as reaching latrines extremely difficult for the person with disabilities during displacement. In addition, in situations of conflict, persons with disabilities may be interrogated and sometimes detained at road blocks as they may be thought to be former combatants (e.g. males with amputations) or because of communication barriers (for example, persons with hearing or intellectual impairments).

Examples of solutions:

- In areas with recurrent displacement, identify and make a list of persons with disabilities plus any special needs they may have.³
- Following flight, prioritise persons with disabilities in reunification efforts, particularly those dependent on caregivers.

Displacement

Infrastructure and services in places of displacement are generally temporary in nature and rapidly installed – and often do not take into account special needs. The problem begins in the assessment and planning phases. Rapid assessments rarely target persons with disabilities or include questions on disability. While it would be unrealistic to expect that detailed information on disability could be collected during a rapid needs assessment, basic information such as the level of access to services, specific challenges and priority needs is crucial for designing appropriate responses. There is also a glaring lack of data on persons with disabilities among displaced populations. This could be due to a number of reasons, including absence of disaggregated data during registration and lack of training of registration teams in basic disability identification. This absence of data often leads people to believe few persons with disabilities are present among displaced populations, thereby contributing to their exclusion from relief services.⁴

Examples of solutions:

- Ensure simple disability questions are included in rapid assessments; involve persons with disabilities in assessment teams; and target them during household interviews, focus group discussions or other assessment activities.
- Collect data on the number of persons with disabilities, and type of disability, alongside age and gender data in registration

exercises. Assigning local volunteers to actively search for persons with disabilities can help.

Shelter, water, sanitation and other infrastructure

More often than not, temporary shelters, water and sanitation facilities and other infrastructure (temporary health centres and schools, camp offices, etc) are not accessible for all displaced persons. Uncovered drainage channels, tent ropes, uneven surfaces, steps or narrow doors can impose significant mobility restrictions for persons with visual or physical impairments. Long distances between water



Woman with visual impairment using handrail for guidance in a temporary settlement (Bangladesh).

points, latrines, camp services and temporary shelters can present additional challenges. The design of water points, wash areas and latrines can also inhibit some persons with disabilities from using them – some may not be able to use a traditional squatting position, a slippery surface can be a hazard for someone with limited balance or vision, or the pump handle might not be long enough for someone who cannot stand to pump water.

Examples of solutions:

- Construct temporary infrastructure using basic principles of accessibility with at least 10% of

water and sanitation facilities fully accessible; involve persons with disabilities at the design phase.

- House persons with disabilities and their families close to essential services and facilities.

Health, food, nutrition and distribution

Displacement often interrupts provision of essential health services for persons with disabilities – such as chronic disease medication, rehabilitation services or access to specific health items such as catheters that are necessary for survival. In addition, disruption of health services can result in permanent disabilities from injury, illness or birth-related causes. Some persons with disabilities may not receive enough nutrients from standard food rations; some may not be able to chew solid foods; while others may simply not be able to use the standard utensils provided in kitchen kits.

In addition, mass distribution schemes often effectively exclude persons with disabilities. Information about distribution times and locations may not be understood by persons with hearing, visual or intellectual impairments; distribution points may be far away or not accessible; and persons with significant weakness may not be able to stand in long queues or carry rations/relief items. In addition, some may require additional items for basic survival and dignity such as extra blankets, beds and mattresses, or supplementary hygiene items.

Examples of solutions:

- Ensure access to essential health services such as chronic disease treatments and provision of essential specific items such as catheters.
- Provide rehabilitation services as part of essential health services, particularly when there have been many new injuries.
- Distribute additional essential items to persons with disabilities such as high-energy foods, adapted items such as spoons and straws, hygiene items, mattresses and beds.

- Adapt distribution systems to incorporate separate queues, distribution points closer to affected populations, support to carry or transport received items, smaller parcel size, etc.

Protection, psychosocial and information dissemination

Persons with disabilities are extremely vulnerable to protection violations ranging from physical, sexual and emotional abuse to lack of access to justice systems and documentation. Children with disabilities are three to four times more likely to be physically or emotionally abused.⁵ Exclusion and violations can be caused by any number of reasons including communication barriers preventing access to complaints mechanisms, incapacity to run or call for help, inability to understand important messages or simply not being included in systems that generally focus on women and children. For example, during the recent displacements in Pakistan, a 21-year-old male with intellectual impairment left an IDP camp through a hole in the fence, was hit by a car, and was found four days later wandering around, injured. Being an adult male, he did not fit into a 'high-risk' category for protection.

Security risks such as lack of appropriate lighting and long distances to essential facilities like latrines pose additional challenges for those with reduced mobility or reduced ability to see or call out for help. Essential information about relief efforts (protection systems, distributions, coping mechanisms, health messages, etc) is often missed by persons with disabilities because they cannot hear broadcasted messages, see posters or leaflets, or understand complicated language.

Persons with disabilities, particularly those who are usually reliant on caregivers or a stable environment, face significant psychosocial distress in displacement contexts with loss of social supports and changes in their physical environment rendering them more dependent than before. Persons with new injuries may have difficulty adapting to their new disability – and caregivers often suffer significant distress as well.

Examples of solutions:

- Target male and female persons with disabilities of all ages in all protection monitoring initiatives.
- Assist persons with disabilities with communication difficulties to complete relevant forms and help all persons with disabilities to replace lost documentation and access justice and other systems.
- Provide all information in simple language, using at least two means of communication (oral and written) and ensuring it reaches people who cannot leave their shelters/temporary homes.
- Include persons with disabilities, persons with injuries and caregivers in psychosocial initiatives. Adapt interventions according to the members of the group.

Education and livelihoods

Obstacles that impede persons with disabilities' access to education and livelihoods opportunities in stable contexts are heightened in displacement contexts. Temporary schools may not be accessible, teachers may not be equipped or trained to include children with disabilities, and appropriate equipment and materials may not be available. Some may not be able to take part in cash- or food-for-work schemes due to the belief that persons with disabilities cannot participate in labour schemes, the nature of the job or lack of flexibility in tasks to complete, and may thus miss out on income-generating opportunities. In addition, persons with disabilities generally find it more difficult to replace livelihood tools lost or damaged during displacement or to access vocational training opportunities for some of the same reasons mentioned above.

Examples of solutions:

- Ensure that temporary schools (and child-friendly spaces) are inclusive of children with disabilities (via accessibility, staff awareness, appropriate materials and equipment).
- Include persons with disabilities in cash- and food-for-work and other livelihood recovery schemes or provide suitable alternatives.

Return

Challenges for persons with disabilities do not end once return begins. Information on the return process is often not presented clearly enough, using means everyone can understand. In addition, transport services do not take into account the needs of certain persons (e.g. using large trucks that are difficult to climb into), and often rely on central drop-off locations that are far from the place of origin, making it difficult for some to reach their homes. Furthermore, people often find themselves returning to environments which prove more challenging than the camp which was their temporary home. For persons with disabilities, especially for those who have received appropriate services for the first time while displaced, this can be a major deterrent to resettlement, as was seen during refugee return from Kenya to southern Sudan in recent years.

Examples of solutions:

- Include persons with disabilities in the planning phase to ensure

the return process is adapted appropriately.

- Arrange adapted transport for those who require it, and organise assistance and transport to the specific place of origin, including support to carry rations and personal items.
- Provide information and appropriate referral towards services available at the place of return.

A step forward...

Despite major advances towards better inclusion of persons with disabilities in displacement contexts, a lot of work still needs to be done. Handicap International and a number of other stakeholders⁶ have been lobbying for a UNHCR Executive Committee Conclusion on Disability.⁶ This Conclusion, which member states will adopt in 2010, will help promote implementation of the recent UN Convention on the Rights of Persons with Disabilities in humanitarian situations,

especially in refugee and other displacement contexts. It will provide practical guidance for all actors who share responsibility to fully include persons with disabilities in assistance programmes and initiatives for durable solutions.

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1. UNHCR (June 2009), 2008 Global Trends, <http://www.unhcr.org/4a375c426.html>
2. For more information about these and other solutions, contact Handicap International (erd_support@handicap-international.org) or see *Disabilities Among Refugees and Conflict-affected Populations*, Women's Refugee Commission, June 2008, <http://www.womenscommission.org/programs/disabilities>
3. See Simmonds article p10.
4. Nordstrom, K. World Blind Union (2004). *Quality Education for Persons with Disabilities*. <http://tinyurl.com/Nordstrom2004>
5. CBM, Disabled Peoples' International, IDA-CRPD Forum, Handicap International, International Disability and Development Consortium (IDDC), Leonard Cheshire Disability, Motivation, Women's Refugee Commission and World Vision, with the support of Quaker United Nations Office.
6. See Joyce article p44.