

- *Concept Note* -

Access and Dignity Displaced: Women, Children, Adolescents, and Disability in Humanitarian Emergencies

The fifth panel of the Every Woman Every Child Everywhere series

Women and children are already disproportionately burdened and at risk in situations of displacement and emergencies – 14 times more likely to die, 2.5 times more likely to be out of school. If that woman or child is a person with disabilities, the risk of marginalization skyrockets – and requires a major shift in the way that actors in humanitarian and fragile settings plan and execute their work. The World Health Organization estimates that 15 percent of any population will be persons with disabilities, representing as many as 9.8 million of the world’s 65.3 million displaced persons.¹ Considering the nearly 34,000 people displaced daily,² it is likely that there are higher rates of disability, as people acquire new impairments and/or have marginal access to health care and social services.

This panel – hosted by the Permanent Missions of Norway and the United Arab Emirates, in partnership with Every Woman Every Child and The Global Alliance on Accessible Technologies and Environments (GAATES) – will examine how we can deliver integrated health and disability services to women, children and adolescents in humanitarian and fragile settings.

The panel will consider:

1. The intersection of gender, age, and disability, and its impact on the scope of needs and delivery of health and social services in humanitarian settings;
2. Barriers to providing quality, accessible health care and social services to women, children and adolescents with *visible and invisible* disabilities in humanitarian settings;
3. Effective approaches to address the health and social needs of persons with disabilities, both physical and psychosocial, and to include those with disabilities in the design and delivery of humanitarian response, disaster risk reduction, and resilience building;
4. Data availability and improvement opportunities, as disability is not consistently screened by actors working in humanitarian and fragile settings.

The panel will consider the experience of various actors in providing holistic and integrated social, vocational, and health support to women, children and adolescents with disabilities in humanitarian

¹ WHO and World Bank, 2011

² UNHCR, 2017.

and fragile settings. It will also outline approaches that Member States, the UN, humanitarian and development organizations, and other stakeholders can take to ensure the provision of health services to those with disabilities, including through the empowerment of their local communities.

Background

Persons with disabilities face numerous challenges in humanitarian settings. They are often overlooked during needs assessments and not consulted in the design and delivery of programs. Persons with disabilities reported difficulty accessing humanitarian assistance programs, due to a variety of societal, environmental and communication barriers, increasing their protection risks, including violence, abuse and exploitation.³ In these settings, persons with disabilities often lack access to disability-specific health care and medical aid, and their basic needs go unmet.⁴ Further, research indicates that refugees with disabilities have often been the last to be resettled.⁵ While resettlement guidelines for refugees include notions of 'vulnerability', 'risk', and 'medical need' for prioritization of services, persons with disabilities are still often viewed as economic 'burdens' on a state, as opposed to investments.⁶

Women, children and adolescents with disabilities suffer increased risks. For example, the movements of women with disabilities are often curtailed due to fears of abduction, sexual violence and smuggling by human traffickers, as well as violence in camps.⁷ Children and adolescents with disabilities face stigmatization from their peers. A 2015 report by Handicap International revealed that 80 percent of women with disabilities reported a greater lack of access to protection services, compared with 62% of men.⁸ Humanitarian actors interviewed in the report also noted a need for service providers to particularly focus on the psychosocial needs of women and girls with disabilities. Similarly, the World Bank group explicitly notes that there are severe consequences to survival for persons with psychosocial needs in humanitarian settings⁹

The institutional humanitarian response to disability issues has been both slow in development and inconsistent in application, despite Article 11 of the CRPD in humanitarian contexts. Oftentimes, there is a focus on direct and indirect impairment and mortality, neglecting: 1) the short-term effects conflicts have on existing populations of disabled people; 2) the creation of impairment and disability through violence, displacement, and relocation; and 3) short and long term preparation of needed services. For example, there has been a reported lack of sustainable long-term planning for basic disability services for Syrian refugees.¹⁰ HelpAge (2014) found that persons with disabilities remained a hidden population, with agencies struggling to address disability alongside the myriad

³ Women's Refugee Commission, 2008a

⁴ Pearce, 2016

⁵ Mirza, 2011

⁶ Berghs, 2016, p.445

⁷ Ortoleva and Lewis, 2012

⁸ "Disability in humanitarian context: Views from affected people and field organisations," Handicap International, 2015, p. 11.

⁹ The World Bank Group. "Mental health among displaced people and refugees: Making the case for a action at the World Bank Group", 2016. p.7

¹⁰ Women's Refugee Commission, 2013

needs of an aging refugee population, with significant chronic illnesses, as well as a constant stream of the recently injured.¹¹

The Every Woman Every Child Everywhere panel series

This panel is the fifth in the series hosted by the UAE and Norway under Every Woman Every Child Everywhere, the multi-stakeholder movement that extends the UN Global Strategy for Women's, Children's and Adolescents' Health to humanitarian and fragile settings. This EWEC Everywhere series promotes an examination of policy, operational, and financing approaches, as well as leveraging women as first-responders and decision-makers.

The series was launched in September 2016, on the margins of Secretary-General Ban Ki-moon's and former U.S. President Barack Obama's high-level summits on refugees and migrants. In November 2016, the series evaluated urban humanitarian crises as part of Habitat III's New Urban Agenda. A roundtable on women's, children's and adolescents' health in climate-induced humanitarian settings was held in February 2017. In March 2017, the series addressed the delivery of integrated health and education services.

Panel format

The panel will begin with short opening remarks from Norway and the United Arab Emirates on the rationale and intended impact of the panel series and its specific focus on delivering integrated education and health services in humanitarian situations. It will then shift to a "Davos-style" panel discussion among humanitarian and development actors with interventions from the floor, moderated by H.R.H. Princess Sarah Zeid, Co-chair of Every Woman Every Child Everywhere.

¹¹ Berghs, 2016, p.445