

Inclusion of persons with disabilities in the Global Refugee Compact

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The number and frequency of natural or man-made disasters has been increasing to the point that, in the past twenty-five years, we have reached an extent ever seen since the end of World War II.

Specific concerns with regard to persons with disabilities affected by disasters have emerged only recently: from the Kosovo war to the East-Asia Tsumami, to the Haiti earthquake, to the Katrina cyclone in the US, to the Fukushima accident in Japan, to the Typhoons in the Philippines up to the recent disasters of the recent weeks, persons with disabilities have been affected more than anybody else, among the general population, because of lack of preparation of first-responders and gaps in emergency and humanitarian protocols. The UN Convention on the Rights of Persons with Disabilities (CRPD 2006), ratified by 90% of UN member states (174), explicitly calls in Art.11 (Situations of risk and humanitarian emergencies) that:

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.

In particular, we have today a record high number of forcibly displaced 65.6 million people out of which 22.5 million refugees. If we apply WHO's 2011 estimate of 15% persons with disabilities within the global population, we are discussing about the fate of 9.7 million people.

The few researches available assert that persons with disabilities are three times more likely to die than the rest of the general population in case of disasters and particularly in case of war. Rescue, first aid and accommodation are mostly inadequate to exert essential rights (mobility, health services, access to toilet and water, personal care, dietary, etc.), although, as recognized by the CRPD, they are "rights' holders", wherever they are in whatever context including situations of risks and humanitarian emergencies.

The CRPD made mandatory to switch from a "humanitarian approach" to a "rights based approach".

The “Humanitarian Approach” is based on:

- Speed intervention of civil protection, if it exists, competence of military bodies or charitable organizations (Army, Red cross, etc.);
- Military culture focused on limitation of losses;
- Charitable vision – beneficiaries are not able to do anything, so are objects of intervention;
- Triage approach, in which the persons with disabilities often are not the first population to rescue.

The humanitarian approach is deployed in two phases with very different time of response and focus:

- First response (food, health and shelter)
- Provision of services for other needs

Frequently, persons with disabilities are sheltered for months or more in non-accessible camps, with dietary needs ignored, with lack of attention to hygienic needs.

The choice to prioritize emergency solutions and tangible aid over more sustainable processes it is mainly a prioritization dictated by available resources when under the pressures of crisis. However, it is a choice that also prolongs fragile situations for vulnerable communities by not providing sustainable solutions. This is why it is particularly important to mainstream disability in all procedures of crisis prevention, in first responses and in subsequent humanitarian aid processes. It is equally important to promote and facilitate capacity-building of networks of persons with disabilities in order to have structured interlocutors to work with to identify options, design preventive plans, make decisions and contribute to implementation. With this process, persons with disabilities will be empowered because the barriers of their isolation have been broken and they can then be made part of inclusive preventive plans, response action and recovery efforts. Without it, persons with disabilities remain vulnerable, voiceless and invisible.

In humanitarian aid contexts, disability inclusive processes and the social/human rights based model are difficult to implement by humanitarian actors because they do not yet belong to their culture, operational guidelines and tools.

Recently, the policy frameworks with regard to persons with disabilities have made several progress:

- The Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR (2010);
- The Sendai Framework on disaster risk reduction (2015);
- The Charter of Istanbul on inclusion of persons with disabilities into humanitarian action (2016);
- The EU Council conclusions on disability-inclusive disaster management (2015);

- The European Consensus on humanitarian aid (2017);
- The UNHCR New York Declaration (2016);
- The ongoing consultative process to prepare the Global Compacts on Refugees and Migrants;
- The ongoing consultative work of the IASC Task Force for the preparation of Guidelines on the inclusion of disability in humanitarian contexts.

Of particular importance are the specific orientations given by the Sendai Framework on disaster risk reduction (March 2015):

“Disaster risk reduction practices need to be multi-hazard and multisectoral based, inclusive and accessible in order to be efficient and effective”.

« Governments should engage with relevant stakeholders, including persons with disabilities, migrants (...) in the design and implementation of policies, plans and standards.”.

« Disaster risk reduction requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters”.

When considering the inclusion of persons with disabilities in the Global Refugee Compact, the following measures have to be taken into account:

Planning

- Guarantee the appropriate form and methodology on rescuing and protecting the asylum-seekers with disabilities;
- Collect information on disability conditions (through the Washington Group short set of questions) in identification processes of asylum-seekers
- Provide accessible shelter places or camps (toilet, path way, collocation of the persons with disabilities near the services as medical area, food, etc.)
- Provide the necessary support (assistive devices, autonomy, medical care, necessary aids, access to the activities and services, in particular include children and adult with disabilities in educational activities and child protection programme)
- Training staff at all level (high level responsibility, strategic staff, specific units)
- Working with private sector companies that produce assistive devices for person with disabilities to provide solutions for accessibility and mobility, (accessible toilet, etc.)

During the event

- Include Disabled People Organizations (DPOs) and experts with disabilities in the management of asylum-seekers flow, rescue and accommodation.

- Empowerment of the persons with disabilities (involvement of local or national DPOs, building up self-help group or associations of the asylum-seekers with disabilities, promote participation in the decision-making related to their rights);
- Involve Persons with Disabilities and their families in all community activities;
- Utilize particularly, but not exclusively, for refugees with disabilities in urban settings, Community Based Inclusive Development (CBID), a UN strategy of local community development, based on respect of Human rights of all members, organizing habilitation and rehabilitation services to guarantee equal opportunity and social inclusion of refugees with disabilities;
- CBID is inclusive development strategy, with direct participation of Persons with Disabilities, their families and all member of communities, removing barriers and obstacles and overcoming discrimination and creating adequate services and programmes particularly in the area of health, education, employment and social services, according to the CBID matrix that is fully in line with the CRPD.

A good practice as been implemented in the Gaza Strip in Palestine where 15 persons with different forms of disability were trained by RIDS as Peer Counselors in emergencies. The Peer Counselors facilitated the aggregation and organization processes of 500 persons with disabilities, inducing a transformative process of their livelihoods and getting them and their families more resilient in facing barriers and recurrent crisis.

Political level

- Include DPOs and experts with disabilities in global refugee response group and in solidarity conference, and in all areas of identified activities (fundrasing, services, education, employment, participation, ...);
- Define guidelines for respecting the rights of refugees with disabilities in humanitarian contexts, in coordination with the work of the specific IASC Task Force;
- Assist, at national level, with the inclusion of persons with disabilities, DPOs and experts in the preparation of Disaster Risk Reduction plans.

A good practice comes from Italy. The first country in Europe that has adopted a Plan of Action for the inclusion of disability in international development cooperation and a “Vademecum” (Guidelines) on Disability and Humanitarian Aid, with specific activities for including persons with disabilities as actors and subjects in humanitarian operations. A particular attention has to be paid to the inhomogeneous conditions of persons with physical, mental, sensorial and intellectual disabilities.

Research and data collection

The inclusion of disability in collecting data in emergency and humanitarian contexts is very scarce. Too many publications have been made about the “invisibility” of persons with disabilities in crisis context. Just to mention two: the research “Hidden victims of Syrian Crisis” made by HelpAge and Handicap International in 2014 and “Migrants and Disability: Invisible in the emergency” a study made by the Italian DPO, FISH, in 2015.

In 2001, the Washington Group on Disability Statistics was set up on the impulsion from the UN Statistical Office and comprising 118 countries, UN Agencies and others such as OCDE, Eurostat and the World Bank. A simple set of 6 standard questions has been internationally agreed and is adopted for the identification of disability and the comparison of data on disability across countries (The Washington Group, 2016).

“...the Washington Group questions were applied in ninety-eight registration interviews of new entry of Syrian refugees. The results of the pilot project yielded a 25% increase in identification of disabilities among persons of concern to UNHCR, up from 2.36 % to 27.55% “. (UNHCR, VAF-Jordan, 2017:2).

Also with regard to data collection about the volume of projects and resources oriented towards persons with disabilities there is a urgent need and most of all the inclusion in OECD-DAC classification of a Marker on disability. This action will not require more funds but it will make visible if funds are utilized to cover the needs of persons with disabilities, as mandated by the UN Standard Rules for the equalization of persons with disabilities (1993). We believe that this point is still valid for humanitarian contexts and particularly for the Global Refugee Compact.

In Italy

Italy is facing a quite dramatic situation with regard to migrants, asylum-seekers and refugees. I would like to emphasize that at the stage of “first reception and accommodation”:

- There is no collection of information on disability conditions;
- The “hot spots” and other shelter places are not accessible;
- The assistance and necessary support are inadequate.

As of 2 February 2017 the Protection System for Asylum-seekers and Refugees (SPRAR) is supporting 25,838 persons out of which 592 persons with disabilities. It is much likely that 2% is a greatly underestimated data.

With regard to refugees in Italy:

- Minors with disabilities registered in schools in 2013/14 are 26,626
- Refugees with disabilities in employment in 2013: 643 employed and 13.369 unemployed.

Unaccompanied migrant minors arriving in Italy per age - years 2016 and 2017
(*until 31.8.2017)

Year	Age 0-6	Age 7-14	Age 15	Age 16	Age 17	total	Women
2016	46	1.280	1.696	4.524	9.827	17.373	1.165
2017*	124	1.177	1.761	4.365	11.059	18.486	1.227

Conclusions

The process of inclusion is effective only with direct participation of excluded and discriminated persons. This concept is repeatedly affirmed by the international normative frameworks.

The Article 4, par. 3 (General Obligations) of the UN CRPD states :

“In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations”.

The relational category between the persons with disabilities and the surrounding context applies also to the UN-ISDR definition of ‘disaster”

“A disaster is a function of the risk process. It results from the combination of hazards, conditions of vulnerability and insufficient capacity or measures to reduce the potential neactive consequences of risk”

and to the EU civil protection financial instrument where emergency means:

“any situation which has or may have an adverse impact on people, the environment or property»

and with the definition of disability in the UNCRPD:

“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”

In fact, in emergency situations all persons become disabled because the context and community services are not longer accessible.

For these considerations, the contribution that persons with disabilities and their organizations can offer in emergency situations is strong and competent.

Persons with disabilities are expert in resilience issues, because everyday are obliged to be resilient!

For these reasons, a slogan that is both a methodology and a legitimate right:

NOTHING ABOUT US WITHOUT US!!