

THE CHARTER OF INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION IN IRAQ

THE CHARTER

The Charter on Inclusion of Persons with Disabilities in Humanitarian Action aims at increasing the commitment of all humanitarian actors to ensure that humanitarian responses worldwide can reach persons with disabilities with practical actions in planning, implementation and monitoring of all programmes.

ORGANISATIONS, COUNTRIES, FEDERATIONS AND NETWORKS IN IRAQ THAT ENDORSED THE CHARTER:

- 1) UK, France, Norway, Australia, Germany, Netherlands, Japan, EU;
- 2) IASC, OCHA, Unesco, UN Women, UNDP, Unicef, UNHCR, UNMAS, WFP;
- 3) ICRC, Red Crescents, InterAction, TDH, NRC, Acted, ACF, Care, Caritas Internationale, Christian Aid, Human Rights Watch, IMC, Islamic Relief, Relief International, Lutheran World Federation, War Child.

INTRODUCTION

In 2016, different humanitarian actors came together prior to the World Humanitarian Summit to develop the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. Despite the milestone that the Charter represents, most of its recommendations are not being implemented in the field, especially in the Iraq humanitarian response, even by organisations that endorsed it.

Ever since the resurgence of the group Islamic State and the Levant (ISIS) in 2014, there are more than 3 million Internally Displaced People (IDPs) in Iraq¹. According to the WHO's calculation of disability prevalence (10 to 15 percent of a population), there are between 300,000 to 450,000 IDPs with disabilities and even more with injuries that cause temporary functional limitations.

With this in mind, this document will highlight the gaps of the Charter's implementation and the overall challenges to include persons with disabilities and injuries in the Iraq humanitarian response. It will also provide recommendations to different humanitarian actors and donors on how to increase commitment to implement the Charter and improve their activities to ensure that all IDPs have equal and dignifying access to available services as well as to safety.

GAPS IN THE IMPLEMENTATION OF THE CHARTER IN IRAQ

LACK OF IDENTIFICATION AND ASSESSMENT TOOLS

There is an overwhelming absence of data and qualitative information about persons with disabilities and injuries in the Iraq humanitarian response. Despite including basic questions on disabilities, the current tools used in most camps for registration of IDPs are not able to properly identify persons with different types of impairments. For instance, after HI's support to Kirkuk's camps' managers to improve their tools, the number of reported persons 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). These figures demonstrate that persons with

disabilities have been systematically overlooked in this humanitarian response and more needs to be done.

The lack of a proper identification system also happens with NGOs, whose assessments tools are not able to identify persons with different types of impairments in both camps and host communities.

The situation is particularly concerning for those with intellectual impairments (such as Down Syndrome, Autism, ADHD, Asperger, Fragile X Syndrome etc) and mental health problems (chronic depression, anxiety, Bipolar Disorder, Schizophrenia, PTSD etc). Due to high stigma, families rarely voluntarily declare having a family member with a disability and those with "invisible impairments" will unlikely be accounted for by NGOs and other implementing actors. Without proper identification, it is difficult for actors adequately to design their projects and budget accordingly.

¹ UNHCR, April 30th 2017 <http://reliefweb.int/sites/reliefweb.int/files/resources/20170427%20UNHCR%20Iraq%20Flash%20Update.pdf>

PROTECTION RISKS DURING DISPLACEMENT

During movement, persons with disabilities and injuries face additional risks due to functional limitations and/or high dependence on family members to move and communicate. Furthermore, during interrogation processes in mustering points and screening sites, those with difficulties to communicate due to a disability, temporary injury, or psychological distress can be mistaken as ISIS supporters, being at higher risk of detention.

BARRIERS TO ACCESS SERVICES



In camps, most structures (caravans, tents, pathways, WASH facilities) rarely meet accessibility standards such as use of ramps, wide indoor spaces, wide doors, handrails etc. Persons with disabilities as well as people with temporary mobility restrictions, people who are physically weak due to a sickness, pregnant women, children, older persons etc. are prevented from independently accessing services in camps. At times, they can be exposed to humiliating alternatives, such as the distribution of diapers by WASH actors in camps. NFI and Food distribution are most of the time exclusive and even dangerous for persons with disabilities and other vulnerable groups such as older persons, Female Head of Household, and Children Head of Household.

Projects related to protection are also often exclusive of persons with disabilities, especially of those with impairments such as visual, hearing, speech, and intellectual. Activities are not planned according to their specific needs and case management tools are not adapted to ensure adequate support and follow-up. In many camps, Child Friendly Spaces (CFSs) do not have trained or sensitised staff, or adapted activities for children with disabilities. The same can be said for schools or Temporary Learning Spaces (TLSs), which cannot be accessed by most children with disabilities. GBV actors also face challenges in identifying and providing support to women and girls with disabilities, especially those with intellectual impairments and severe mental health problems, who are at extremely high risk of gender based violence.

PRACTICAL RECOMMENDATIONS

- **Implementing actors** must include specific issues related to disabilities in their needs assessments and in all phases of their projects' cycle. This includes specific clear indicators in the logframe, needs assessments involving persons with disabilities and older persons; specific resources (HR & budget), assessment and monitoring tools including disaggregated data on disabilities, plans to ensure easy, safe and dignified access to the services etc.
- **Donors** must ensure that implementing actors include the above mentioned points in proposals and M&E reports by setting disabilities related criteria and a specific scoring system to evaluate project proposals submitted.
- **UNHCR, CCCM, Shelter and WASH Cluster** must work with their partners to ensure that new camps are designed with accessibility features and current problems in existing camps can be mitigated.
- **All clusters, especially the protection cluster** must ensure that their partners address specific needs of persons with disabilities by including a disability section in their Standard Operations Procedures (SOPs) and are systematically reporting protection concerns related to persons with disabilities and injuries in all stages of displacement, including returns movements.