

Advancing disability-inclusive action on internal displacement



Acknowledgements

Lead author: Louisa Yasukawa

Contributing authors: Chiara Valenti (IDMC), Kate Richards (Inclusive Data Charter), Margot Fortin (IMPACT Initiatives), Mariya Yassenovska (European Disability Forum), Emmi Annika Kemppainen (UN Refugee Agency), Elizabeth Johnson (Humanity & Inclusion), Oliver Neuschaefer (Christian Blind Mission), Carolin Funke (Ruhr University Bochum - Institute for International Law of Peace and Armed Conflict), Elizabeth Lockwood, José Viera and Mohammed Ali Loutfy (Stakeholder Group of Persons with Disabilities).

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Editor: Jeremy Lennard

Graphic design and layout: Vivcie Bendo and Emiliano Perez

Cover photo: In the Killi IDP camp in Syria, two young girls walk four kilometres every day to reach their school. One of the girls relies on a crutch to go to school after losing her leg in a missile attack on Aleppo. © Abdul Aziz Qitaz/OCHA, September 2022.



The Wadamago mother-and-child health service support centre is one of the local centres providing essential health and nutrition services to mothers and children in Somaliland. Serving some 21,000 people in Wadamago Village and surrounding areas, the centre provides invaluable health services to the displaced community.

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Female headed households often struggle to provide their families with the basic necessities in contexts of displacement. Such difficulties are heightened when, due to other family members' disabilities, women become the sole bread winners. This makes cash assistance programmes paramount in humanitarian responses.

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Key takeaways



1

Internal displacement disproportionately affects the lives of persons with disabilities. They are at greater risk of exclusion and face intersecting threats that depend on their age, sex, gender, disability and other characteristics.

2

The lack of comprehensive, reliable and comparable data on the number of IDPs with disabilities and their diverse experiences amplifies their invisibility and hampers efforts to monitor their inclusion.

3

It is essential to guarantee the meaningful participation of IDPs with disabilities in decision making, remove barriers and recognise and strengthen their capacity to lead activities to address displacement.

4

Better quantitative and qualitative data on IDPs with disabilities would assist in understanding the scale of the issue and identifying shortfalls in assistance. Such data should be actionable and inform the design and implementation of programming.

5

More funding and resources are needed to advance inclusive action on displacement and enable governments and humanitarian and development organisations to ensure their interventions are accessible.



*An abandoned hospital damaged by conflict in the Ab'ala Town of the Afar Region of Ethiopia.
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Introduction

A record 59.1 million people were internally displaced as a result of conflict, violence and disasters at the end of 2021.¹ How many were living with disabilities is unknown, but the global disability prevalence rate of 15 per cent suggests the figure could be nearly nine million.²

Internal displacement renders the lives of persons with disabilities all the more insecure. Environmental, attitudinal and institutional barriers increase the challenges they face during displacement and hinder their ability to achieve durable solutions. Internally displaced persons (IDPs) with disabilities face several intersecting threats that depend on their age, sex, gender, disability and other characteristics.

There has been growing recognition at the policy level of the need to protect the rights of persons with disabilities affected by conflict, violence and disasters, and include them in humanitarian action and sustainable development.³ In practice, however, IDPs with disabilities are at risk of exclusion from data collection, decision making, planning and responses to displacement.

Governments and humanitarian and development organisations frequently overlook their rights and role as agents of change, and the media and academia pay them little attention. The lack of comprehensive, reliable and compa-

table data on the number of IDPs with disabilities and their diverse experiences amplifies their invisibility and hampers efforts to monitor their inclusion.

This collaborative report presents the latest research from across the globe on how persons with disabilities are affected by internal displacement. It draws from quantitative and qualitative data collected by IDMC and other organisations to highlight the differentiated and multi-dimensional impacts of displacement on their lives.

It shares lessons from organisations of persons with disabilities (OPDs), NGOs and civil society on how to mitigate some of the risks IDPs with disabilities encounter and highlights promising tools and practices to guide future action.

In order to drive change, it is essential to guarantee the meaningful participation of persons with disabilities in all decisions that concern them, remove barriers and recognise and strengthen their capacity to lead activities to address internal displacement. Improving the availability and quality of data on IDPs with disabilities is also vital in addressing their marginalisation and charting the way towards a more inclusive future.



A young woman holds a child as she paces the hallways of the Banadir hospital in Mogadishu, Somalia.

© Ahmed Fais/UNOCHA, November 2021.

Data on IDPs with disabilities

Sources and challenges

The Convention on the Rights of Persons with Disabilities defines persons with disabilities as 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.⁴

It is estimated that 15 per cent of the global population have a disability.⁵ Exactly how many are living in internal displacement as a result of conflict, violence and disasters is unknown for two reasons. IDPs are largely unaccounted

for compared with refugees and migrants, and the data that does exist on them is rarely disaggregated by disability.

National governments are primarily responsible for counting and monitoring people displaced within their own countries, but many lack the capacity, and sometimes will, to do so. Colombia's Victims' Registry – the system through which the country's IDPs are formally registered – enables those who are registered victims of forced displacement and subject to attention to report whether they have a disability.⁶ Most governments, however, do not systematically account for IDPs at all, let alone their disability status.

Box 1: Disaggregating data by disability using the Washington Group Questions

The Washington Group on Disability Statistics was established to promote and coordinate the collection, analysis and use of reliable and internationally comparable data on disability.⁷ The Washington Group Questions (WGs) are a suite of disability measurement tools.

The Washington Group Short Set on Functioning (WG-SS) is designed to identify persons with disabilities above the age of five using the fewest questions possible and avoiding the term "disability".⁸ Its six questions can easily be included in censuses and surveys, and used to disaggregate outcome indicators by disability.

Respondents are asked to assess the level of difficulty they experience in six core domains of functioning: seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care and communication. Those who answer "a lot of difficulty" or "cannot do at all" to at least one of the questions are considered to have a disability for the purpose of data disaggregation and for international comparisons. Respondents who report at least "some diffi-

culty" may be considered to have a disability in certain situations, depending on the purpose of data collection.⁹

The WG-SS is an efficient and low-cost way to disaggregate data, but it does not capture all persons with disabilities. It tends to miss those with psychosocial disabilities and many children with developmental disabilities.¹⁰ The Washington Group has developed other data collection tools, including the Extended Set on Functioning and the Washington Group/UNICEF Child Functioning Module to try to address some of these shortcomings.¹¹

The WGs offer a valuable way to disaggregate data by disability, and humanitarian and development organisations are increasingly using them to mainstream disability inclusion into their programmes.¹² Together with IDMC, organisations such as the International Organization for Migration (IOM), IMPACT Initiatives and the Christian Blind Mission (CBM) are using the WG-SS to collect data on IDPs.¹³

Even when used correctly, these tools often yield a lower disability prevalence rate than the global average of 15 per cent.¹⁴ Countries tend to report rates that range from six to 12 per cent.¹⁵ This is because of differences in the definition and methodology used to compute the 15 per cent figure.

Some UN agencies, NGOs and research institutions are beginning to collect data on IDPs disaggregated by disability. The Humanitarian Needs Assessment Programme in Syria, for instance, collects comprehensive data on IDPs with disabilities via nationwide demographic household surveys, but such undertakings are scarce. The agencies involved in collecting humanitarian data and those responsible for using it as the basis for programming for IDPs rarely have a dedicated focal point on disability inclusion or funding to coordinate disability assessments, which leads to a lack of reporting on the issue.

The methodologies and definitions used by each data collector also vary, which makes it difficult to compile national or global figures. Underreporting is common, and accessibility issues and stigma mean some IDPs with disabilities are not even identified during data collection. Tools such as the Washington Group Questions have been developed to address some of these issues (see box 1). For now, however, comprehensive data on IDPs with disabilities is lacking.

Global estimates and variations

When robust quantitative disability data does not exist, the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action recommends assuming that 15 per cent of an affected population has a disability.¹⁶

Applying 15 per cent to the 59.1 million people who were internally displaced at the end of 2021 suggests that nearly nine million IDPs could be living with a disability.¹⁷ This includes about eight million people displaced by conflict and violence, and just under a million by disasters. The large gap between the two figures stems from the fact that the number of people who remain displaced after disasters is considered a significant underestimate given the limited data collected in their aftermath.

The available evidence demonstrates that the disability prevalence rate can vary significantly among displaced populations. In some cases, it is higher among IDPs than the general population owing to the increased risk of injury, new barriers in the environment and lack of access to quality healthcare and other services.¹⁸ The use of explosive ordnance, torture and sexual violence in displacement settings can aggravate IDPs' existing physical and psychosocial disabilities and give rise to new ones.

A nationwide survey in Syria, for example, found that 36 per cent of IDPs above the age of 12 had disabilities, compared with about a quarter of the country's overall population.¹⁹ The rate increased to 54 per cent amongst IDPs living in camps in the north-east. This was attributed to the higher proportion of older and female populations, both of which are more likely to have disabilities.

Poverty and inadequate housing also tend to heighten persons with disabilities' exposure and vulnerability to hazards, which increases their risk of displacement.²⁰ During flooding in Australia in 2017, persons with disabilities and their carers were twice as likely to have their homes flooded as people without disabilities and more than four times as likely to be displaced.²¹ This is because they tended to live in flood-prone areas where housing is more affordable.

In other cases, the disability rate might be lower among the displaced population, particularly if persons with disabilities are not safely evacuated during a disaster or conflict, or are caught in the crossfire. The rapid advance of Russian troops in the eastern oblasts of Ukraine in the first half of 2022, for example, coupled with the slow scale-up of international humanitarian interventions, led to thousands of persons with disabilities being left behind in occupied areas. Others managed to flee in extremely precarious conditions.²² In an assessment after tropical cyclone Harold hit Vanuatu in 2020, less than five per cent of people in evacuation centres were identified as having a disability.²³ Data from the UN, however, suggests the national disability prevalence rate could be as high as 12 per cent.²⁴

Primary data we have collected sheds further light on these variations.

IDMC's primary data on IDPs with disabilities

We have incorporated the WG-SS into household surveys of IDPs and non-displaced people in Colombia, Ethiopia, Indonesia, Nepal, Nigeria, Papua New Guinea, Somalia and Vanuatu. The assessments in Colombia and Nigeria focused on conflict displacement and the others on disaster displacement. Those in Somalia and Indonesia focused on floods, Ethiopia on drought, Nepal on earthquakes, Papua New Guinea on sea level rise and Vanuatu on volcanic eruptions.

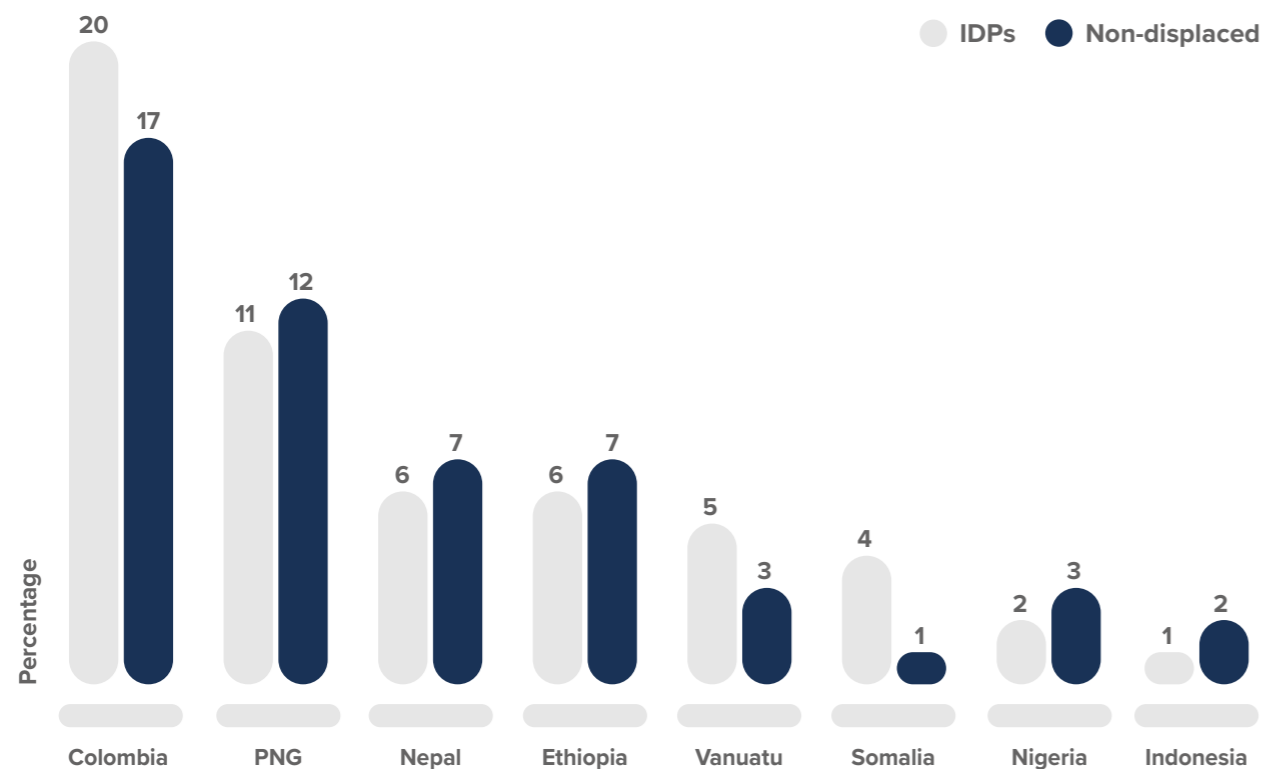


Figure 1: Percentage of displaced and non-displaced respondents with disabilities themselves across eight assessments

We surveyed between 150 and 170 displaced households and a similar number of their non-displaced counterparts in each location. The displaced samples were larger in Indonesia and Colombia, at about 200 and 250 respectively. Within each household, the person most knowledgeable about household expenditure was surveyed. We asked respondents whether they personally, or any member of their household, encountered difficulties in each domain of functioning. The percentage of displaced respondents identified as having a disability themselves ranged from one per cent in Indonesia to 20 per cent in Colombia (see figure 1). The percentage of households in which at least one member had a disability ranged from three per cent in Indonesia to 31 per cent in Colombia (see figure 2). The disability prevalence rate was higher among non-displaced respondents than their displaced counterparts in the majority of the assessments, but the opposite was true at the household level. Across all eight case studies, the most common difficulties were with mobility and vision.

The proportion of IDPs not categorised as having a disability but who reported “some difficulty” in functioning was also significant. Twenty-one per cent of displaced households in Indonesia and 63 per cent in Papua New Guinea included members who faced at least “some difficulty” in the domains of functioning.

Given the sample size and sampling method used in each assessment, the findings are not representative of the displaced and non-displaced populations in each location. It is also likely that some IDPs with disabilities were not identified using the WG-SS, particularly those with psychosocial disabilities. As we could not ask the questions to each household member directly, it is likely that some members with disabilities were not identified.

Despite these limitations, incorporating the WG-SS into household surveys is an important first step in promoting more inclusive data and highlighting some of the differentiated impacts of displacement. Through its REACH Initiative, IMPACT Initiatives is also leading the way in using the WGQs to inform humanitarian planning and programming, including on internal displacement (see box 2).

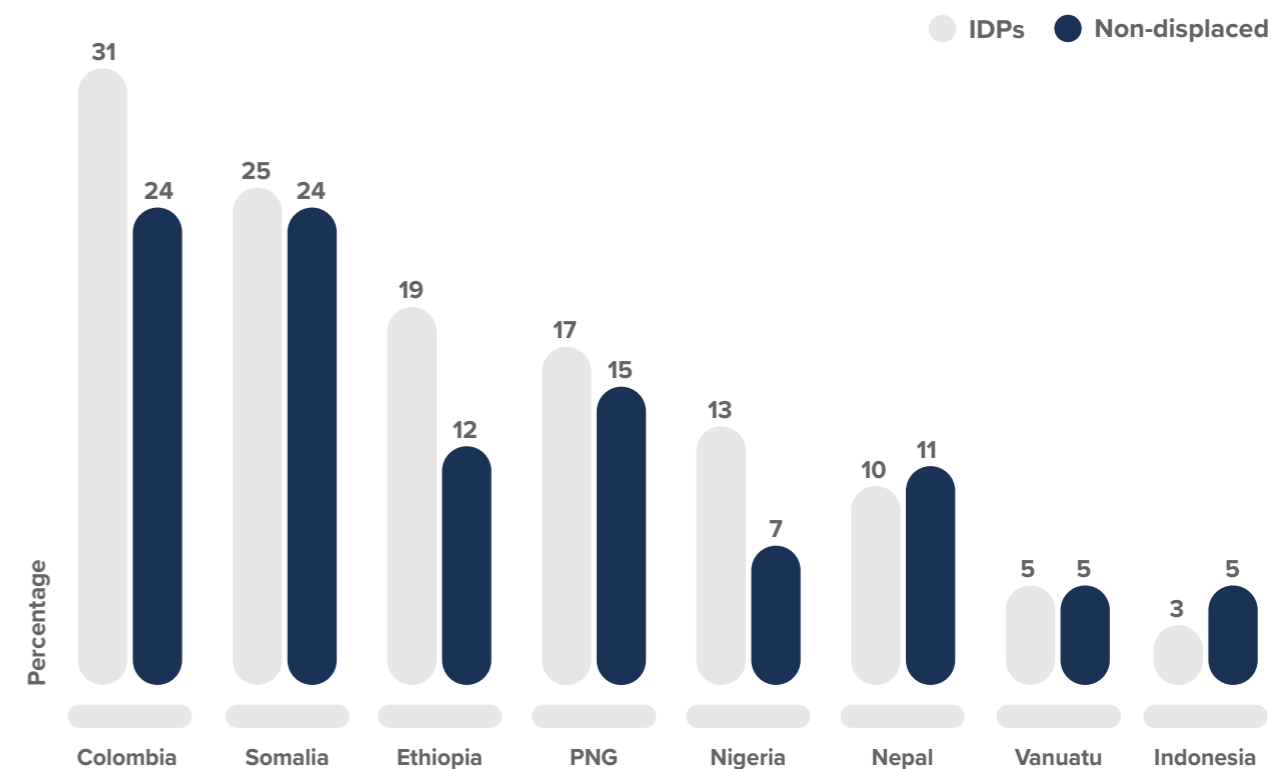


Figure 2: Percentage of displaced and non-displaced households with at least one member with disabilities across eight assessments

Box 2: Using disability data to inform humanitarian planning and programming on internal displacement

IMPACT Initiatives is a key provider of data on the conditions persons with disabilities face across humanitarian responses globally through its REACH Initiative. By including the WGQs into multi-sector needs assessments (MSNAs) in recent years, REACH has generated data that speaks to the prevalence of various forms of impairment across more than 20 humanitarian responses, including specifically among IDPs.²⁵

The data generated is made available publicly and allows for more accurate estimates of the number of persons with disabilities in need of assistance and indicative analysis of the differential impacts of crises on them.

REACH also has a growing portfolio of assessments that include a specific thematic focus on the lived experiences of displaced persons with disabilities in humanitarian crises. To cite a few recent examples, it conducted an age and disability inclusion needs assessment in Bangladesh in 2021.²⁶ The exercise was conducted to support the response to a refugee crisis, but the core approach can be adapted to internal displacement situations.²⁷ It combined a robust quantitative component with qualitative inputs to better

understand disability prevalence, perceptions of disability and the specific challenges persons with disabilities face in accessing services and resources and interacting with humanitarian stakeholders.

In South Sudan, REACH conducted a large-scale qualitative assessment focused on community perceptions of humanitarian assistance in 2021, and particularly on ensuring that IDPs with disabilities and their host community counterparts were systematically invited to share their perceptions. This allowed REACH to identify practical examples of exclusion in terms of accessing assistance, and to make recommendations to improve the situation.²⁸

Beyond household surveys and thematic modules, REACH also conducts site profiling and infrastructure functionality mapping across several humanitarian operations, including in displacement sites. These assessments also serve as vehicles to identify critical accessibility gaps. REACH’s activities in this area include questions intended to verify if specific facilities are adapted to users who live with physical impairments. In a 2021 detailed site assessment (DSA), it found that 76 per cent of the 114 displacement sites it assessed in Somaliland and 46 per cent of the 2,986 assessed in Somalia lacked accessible latrines.²⁹

Contributed by IMPACT Initiatives.

Differentiated impacts of displacement

Internal displacement tends to disproportionately affect the lives of persons with disabilities and exacerbates their already heightened risk of social exclusion. They face intersecting forms of disadvantage linked with discrimination, poverty and a lack of inclusive services and information.

Internally displaced women, children, older people and members of ethnic minorities with disabilities are among the most marginalised. Recognising the differentiated impacts of displacement and how they vary depending on a person's disability, age, sex, gender and ethnicity is essential to addressing inequalities.

Challenges fleeing

Persons with disabilities are too often excluded from preparedness measures, early warning systems and evacuation planning, which can prevent them from fleeing conflict, violence and disasters safely.³⁰ Individuals with hearing difficulties, for example, said they were unable to hear disaster warning sirens or access information on evacuations during disasters in Australia and Bangladesh.³¹

The vehicles used to transport evacuees are rarely wheelchair accessible, and separation from other assistive devices and carers is common.³² Reliance on carers also brings unique challenges. Persons with disabilities supported by male carers in Ukraine have struggled to cross into neighbouring countries since the outbreak of the war in February 2022 because serviceable men are prohibited from leaving the country.³³

The obstacles persons with disabilities encounter when fleeing their homes and reaching safety within and across borders can heighten their risk of secondary displacement and expose them to further risk of physical and psychological harm. Studies in Japan and Vanuatu have found

that they are more than twice as likely to be injured or die during a disaster as individuals without disabilities.³⁴

Those who do manage to escape disasters or violent settings face ongoing challenges. In surveys we conducted with 81 IDPs with disabilities in Colombia, Ethiopia, Indonesia, Nepal, Nigeria, Papua New Guinea, Somalia and Vanuatu, 54 per cent said they faced challenges moving to another area after being displaced.³⁵ Fifty-two per cent said they struggled to find a place to stay and 22 per cent had difficulty accessing assistance available to other IDPs.

Housing

The Convention on the Rights of Persons with Disabilities includes provisions to guarantee their rights, including the right to an adequate standard of living, which encompasses access to housing.³⁶ Yet the conditions where IDPs seek shelter and eventually settle leave much to be desired.

Evacuation centres and other temporary shelters often lack ramps and accessible hygiene facilities.³⁷ Despite the threat of hostilities, some persons with disabilities in Ukraine have elected to stay in their apartments because of a lack of inclusive accommodation in bomb shelters.³⁸ Those who have been evacuated and relocated to care facilities have faced dire living conditions (see spotlight on page 18).

An assessment of five informal and formal camps for IDPs in southern Yemen found that poor housing and sanitation conditions compromised the ability of IDPs with disabilities to practice self-care, undermining their dignity.³⁹ The unstable housing conditions IDPs with disabilities experience can aggravate physical and mental health issues and increase their risk of further displacement.⁴⁰

Many IDPs also face the risk of forced eviction, which can inherently have negative impacts on a person's physical and mental health. This disproportionately affects persons with disabilities, who experience difficulties in identifying accessible dwellings in the first place, and these are further complicated after eviction.⁴¹

IDPs with disabilities are also at higher risk of being denied their housing, land and property rights because they are assumed to lack legal capacity.⁴² Surveys we conducted on displacement triggered by volcanic eruptions in Vanuatu in 2017 and 2018 and the Gorkha earthquake in Nepal in 2015 found that the number of IDPs with disabilities who owned a home decreased after displacement, while the number of those without disabilities who did so mostly remained the same.⁴³



The President of the Association of Men with a Disability at the PK3 IDP site in Bria, Central African Republic, teaches other people with disabilities at the site, encouraging them to gain economic independence. © Anita Cadonau/OCHA, January 2022

Spotlight: IDPs with disabilities in Ukraine

The large-scale Russian invasion of Ukraine launched in February 2022 has plunged the country into the world's largest and fastest evolving internal displacement crisis.⁴⁴ Over six million people were estimated to be internally displaced in Ukraine as of 26 September 2022.⁴⁵ Precise figures on the number of IDPs with disabilities in Ukraine are hard to come by. In rapid phone-based surveys conducted in September, 23 per cent of surveyed IDPs said at least one member of their household has a disability.⁴⁶ The mass displacement that has ensued since the outbreak of hostilities has gravely affected the lives, dignity and health of persons with disabilities.⁴⁷

Evacuation and displacement

The National Assembly of Persons with Disabilities of Ukraine (NAPD) surveyed 212 IDPs with disabilities of all age groups in June 2022, including 179 women.⁴⁸ The respondents came from different regions of the country, and most had fled in March and April. Ninety took shelter with relatives or friends, 56 rented accommodation and 31 were moved to a transit centres.

The Passenger Company, a branch of the state-owned Ukrainian Railways JSC, made 15 wheelchair-accessible carriages available to help with the evacuations.⁴⁹ Around 5,000 trains have transported more than four million evacuees, including persons with disabilities, since February. Between 1 March and 30 June, 114,180 reduced-fare tickets for long-distance and suburban trains were sold to passengers with disabilities.

Despite these important efforts, many persons with disabilities have struggled to access bomb shelters and have been trapped in conflict zones due to financial barriers and a shortage of accessible transport and assistive devices.⁵⁰ Those who have managed to escape have faced a critical gap in adapted hygiene and mobility equipment in transit and reception sites, and accessible housing.⁵¹ Safely evacuating large groups of persons with disabilities from residential and care institutions has been particularly challenging.⁵²

People in institutions

The Kharkiv Institute for Social Research visited 14 psychiatric hospitals in central and eastern Ukraine between August and September 2022. Five had taken in IDPs with disabilities from other residential institutions. They were provided with accommodation, food, medical examinations and assistance.

At the time of the visits, however, many were in a neglected state. Some had dirty clothes and lice, and they were also hungry and in general poor health. Most had arrived with few personal belongings and some had been treated for injuries. Some were placed in newly created wards, most of which still need repairs, furniture and equipment for cooking and leisure activities.

The visits revealed that many of the problems the institutions face have persisted for decades. Differentiated and personalised care is limited, there is no organised free time, and space standards and clients' right to privacy and personal dignity are not respected. In addition to understaffing, the institutions often lack barrier-free spaces, ramps and handrails.

Security measures vary across the institutions, but in general there are no bomb shelters. Some basement-type shelters have been prepared with backup artificial lighting, food, water, emergency medical supplies and personal hygiene products. Shelters in half of the institutions visited, however, do not meet the necessary standards. Ventilation is poor, and they do not have suitable accommodation and supplies for persons with disabilities. There were also reports of staff in some institutions ignoring alarm signals to take cover.

Some institutions do not have appropriate evacuation plans and routes in place, and not all staff and clients have been briefed on the actions to take in the event of shelling, fire or

other emergencies. Nor do clients have suitcases prepared with essential items such as hygiene products, underwear, warm clothes and medicines. At times of intense hostilities and because of Russia's violations of agreements on green corridors, evacuations have not always taken place immediately.

The difficult living conditions, particularly in institutions close to areas with active hostilities, have aggravated the chronic diseases of some IDPs with disabilities and even led to cases of hypertensive crises and heart attacks. The experience of occupation and displacement have also harmed their physical and mental health.

Contributed by the European Disability Forum.

A stuffed animal sits on one of the beds in the bomb shelter at the St. Nicholas hospital in the western city of Lviv, Ukraine. Thousands of displaced children from across the country have been admitted to the hospital where they are able to receive treatment after suffering landmine and explosive wounds.

© Aleksey Filippov/UNICEF/UN0693559, July 2022.

Livelihoods

Displacement inevitably increases the obstacles that already inhibit persons with disabilities' access to livelihood opportunities in stable situations. Sixty-eight per cent of IDPs with disabilities surveyed in the countries where we conducted socioeconomic impact case studies said they faced challenges finding work or earning an income during displacement because of their disability.⁵³ Displacement also affects the livelihoods of their carers, who may be the household's income-earners.

Limited access to quality education and higher levels of unemployment before displacement tend to make it harder for persons with disabilities to find decent work once they have fled. They often encounter more difficulties in replacing the livelihood tools lost or damaged during displacement, and in accessing training opportunities.⁵⁴ Those who earned money before their displacement often find themselves unemployed as a result.

In a study on displacement triggered by sea level rise in Papua New Guinea, the proportion of IDPs with at least some difficulties earning money themselves dropped from

56 per cent before displacement to 30 per cent afterwards.⁵⁵ The decrease was less marked for IDPs without difficulties, dropping from 59 per cent to 53.

Loss of income as a result of displacement can pose a disproportionate burden on persons with disabilities and their households, given the extra expenditure they tend to face for assistive devices, support services, and other costs related to disability.⁵⁶

IDPs with disabilities in the countries where we conducted case studies cited lack of economic resources as one of the main reasons they faced challenges during displacement. This economic vulnerability is heightened by the lack of tailored assistance. Across the eight assessments, only about 10 per cent of IDPs with disabilities said they received financial support adapted to their needs.

The challenges IDPs with disabilities face in accessing livelihoods are shaped by intersecting and overlapping factors. Internally displaced women with disabilities in Syria, for instance, are less likely to be employed than men.⁵⁷ Adopting an intersectional approach to data helps to uncover these disparities (see box 3).

Box 3: Intersectional approaches to displacement data

IDPs with disabilities are far from a homogenous group, from the diverse reasons they experience displacement to their unique identities and characteristics, and the different societies and situations they live in. We need approaches to generating and using data that reflect these intricacies, identify disparities and opportunities, and ultimately allow IDPs with disabilities to define how they want to be represented. Intersectional approaches to data help to address these issues and promote equity and inclusion.

An intersectional approach to displacement data identifies inequalities within and between groups of people based on how factors of a person's identity – disability, gender, religion, ethnicity or sexual orientation – come together to shape their experiences. A nationwide survey in Syria, for example, found that IDPs with disabilities were less likely to be employed than those without disabilities.⁵⁸ Disaggregating the data by sex revealed that 15 per cent of internally displaced women with disabilities in Syria were employed, compared with 72 per cent of their male counterparts.

Intersectional approaches to data centre on the voices of the individuals and groups most affected by inequality or discrimination. They include them in the design of data systems and in data collection and analysis, and encourage them to be active data users. Importantly, intersectionality can also be used as a lens to re-examine data processes, systems and institutions.

The Inclusive Data Charter (IDC) is a growing global initiative that supports governments and organisations in taking action and sharing knowledge on inclusive data.⁵⁹ It explores good practices and common challenges associated with intersectional approaches to data, including disability data. Alongside champions and partners, it has developed guidance to help practitioners begin conversations within their organisations about intersectional data and put ideas and strategies into practice.⁶⁰

Contributed by the Inclusive Data Charter.

Health

Health risks for persons with disabilities who flee are heightened by hazardous traveling conditions, overcrowding in evacuation sites and temporary shelters, and limited access to proper healthcare, hygiene and sanitation.⁶¹ Injuries sustained during displacement can also result in disabilities. This is often the case in conflict situations where injuries suffered may be made more serious by delays in obtaining emergency care, and lack of longer-term rehabilitation or protection as a result of continuing insecurity.⁶²

Eighty per cent of IDPs with disabilities surveyed in Nepal said their health worsened after they were displaced by the Gorkha earthquake, compared with 17 per cent of those without disabilities.⁶³ IDPs with disabilities surveyed in Colombia were also more likely to report a deterioration in their physical health and psychosocial wellbeing after being uprooted by violence than those without disabilities (see figure 3).⁶⁴

The specific challenges IDPs with disabilities encounter are not solely the consequence of pre-existing difficulties, but also of their society's lack of preparedness when it comes to meeting their needs. IDPs with disabilities in Nepal said they faced challenges in accessing healthcare, clean water and hygiene facilities after the Gorkha earthquake.⁶⁵ They also slept under tarpaulins and other temporary shelters in the immediate aftermath of the earthquake, where the main medical supplies consisted of a first aid box.⁶⁶

Only 10 out of 81 IDPs with disabilities surveyed in the countries where we conducted case studies said they had received specialised healthcare adapted to their difficulties since their displacement.⁶⁷ Most did not have access to free healthcare either. This was also the case for IDPs without disabilities, but the consequences are likely to be more serious for those with disabilities, especially in situations of displacement that may aggravate their pre-existing health issues. Only in Indonesia did the majority of surveyed IDPs, both with and without disabilities, have free access to healthcare both before and during displacement.⁶⁸ Unfortunately, this predisposition is not a common trend.

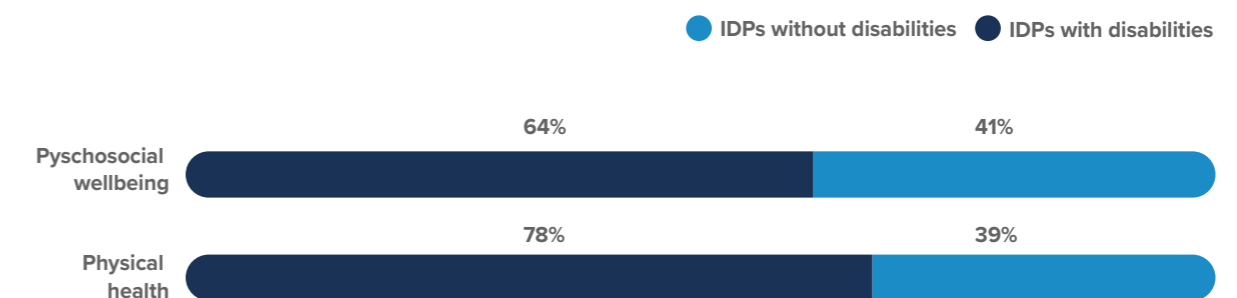


Figure 3: Percentage of displaced respondents in Caucasias, Colombia, who feel their physical health and psychosocial wellbeing worsened as a result of displacement by disability



The Covid-19 pandemic caused significant challenges for persons with disabilities, and even more so for those living in displacement.⁶⁹ IDPs with disabilities in Ethiopia and Nigeria encountered obstacles in complying with hand-washing and other sanitary measures, particularly those living in camps.⁷⁰ Some were unable to sanitise their walking sticks and other assistive devices, which left them more vulnerable to infection.⁷¹

Education

Internal displacement causes significant disruption to the education of children with disabilities and increases the barriers they face to inclusive learning, meaning they are likely to experience longer breaks in their schooling than their peers. According to a nationwide survey in Syria, 60 per cent of IDPs with a disability aged 12 to 17 attend school, compared with 73 per cent of those without a disability.⁷²

This lack of inclusivity is the result of various factors. Temporary learning facilities and school buildings in displacement settings are rarely accessible for children with disabilities, and adequately trained teachers and specialised learning materials, including braille books, are scarce. A local schoolteacher in Quibdó, Colombia, for example, said staff did not have enough training in how to care for displaced children with physical or mental disabilities displaced by violence, meaning they often had to stay at home.⁷³

In Nepal, insufficient disaster preparedness meant most of the temporary learning centres established in the immediate aftermath of the Gorkha earthquake failed to comply with minimum accessibility standards.⁷⁴ Children with visual impairments or learning disabilities were unable to join the classes as a result.

Underfunding also contributes to shortages in inclusive education services, as seen in a study in Plateau State, Nigeria. A representative of IDPs with disabilities said that as a result of government shortfalls, teachers had not been adequately trained to address the specific needs of displaced children with disabilities, specifically mentioning a lack of knowledge of sign language.⁷⁵ Underfunding also leaves parents to pick up their children's education costs, something IDPs are often unable to do. As a humanitarian programme specialist at an NGO that supports disability inclusion in Nigeria noted:

*"I visited a displaced community where there was a young school-aged girl who is deaf and depends on her family. Because her family was displaced and could no longer raise money, she wasn't able to go back to school."*⁷⁶

In countries such as Nepal, school closures as a result of the Covid-19 pandemic compounded barriers to learning for displaced children with disabilities, given that many did not have adapted technology and assistive devices to learn remotely.⁷⁷

Security

IDPs with disabilities often face inequalities and heightened protection risks such as abandonment, neglect, violence or denial of access to essential services.⁷⁸ Children and older persons with disabilities are particularly at risk of abandonment because their families face the difficult decision of either fleeing with family members who can escape easily or staying behind to provide support.⁷⁹

Such challenges were highlighted during the Gorkha earthquake in Nepal. One representative of IDPs with disabilities noted:

*"Persons with disabilities had to be carried away by their family members. They were totally dependent upon others. Even when living in temporary shelters, it was difficult (...) We couldn't go anywhere without the help of someone else."*⁸⁰

The greater risk of violence and discrimination to which IDPs with disabilities are exposed was also highlighted across the eight socioeconomic impact case studies we conducted. Among the 74 IDPs with disabilities who faced challenges when fleeing, 50 per cent said they were the result either of discrimination or fear of violence and/or harassment.⁸¹

Loss of documentation, which is a common consequence of displacement, can also have severe consequences for persons with disabilities. Loss of national identity cards and proof of disability can preclude IDPs with disabilities from registering for social protection schemes, which can be a vital source of benefits, such as cash transfers, medical care and schooling.⁸²

The proximity of some displacement settlements to ongoing conflict is often cited as a security risk by IDPs. In a study on conflict displacement in Nigeria, IDPs with disabilities

identified clashes between armed groups in nearby areas as their main security risk.⁸³

Barriers to participation

Persons with disabilities and their representative organisations should be central to the design, implementation, coordination, monitoring and evaluation of responses to displacement, because their input is the best way to effectively identify the support and inclusion needed.⁸⁴ Yet 77 per cent of IDPs with disabilities surveyed in the eight countries where we conducted case studies said they had never been consulted about how assistance could be tailored to their needs.⁸⁵ Forty-one per cent were not even aware of any assistance available to IDPs. Only in Indonesia did one respondent say they had been consulted about how assistance for them could have been improved.⁸⁶

Representatives of OPDs and practitioners working on inclusion said that although IDPs with disabilities and OPDs were consulted more often today, levels of meaningful participation were still insufficient.⁸⁷ Broader findings also point to the fact that OPDs tend to not be consulted about humanitarian and development action.⁸⁸ This hinders the capacity of governments and other stakeholders to adapt programming, address barriers and respond appropriately.

Such challenges were highlighted during our study on flood displacement in Beledweyne, Somalia.⁸⁹ One representative of an NGO that assists persons with disabilities said:

*"The worst thing is that when humanitarian organisations are supplying food and water they don't consider persons with disabilities. Their programmes are exclusive of persons with disabilities (...) In certain situations when people are receiving food and clean water, there is a huge crowd. People are walking and running around. Someone in a wheelchair or who is blind finds it difficult to chase down the food and grab it from inside the delivery vehicle."*⁹⁰

Lack of consultation also threatens to leave those already marginalised even further behind. In a study on camps for IDPs in Iraq, 60 per cent of women and girls with disabilities said they had no access to food and non-food item distribution services, compared with 40 per cent of their male counterparts.⁹¹ The main reasons cited were distance to the service facility, lack of transport, absence of services and unsafe or non-adapted services.

The perspectives of persons with disabilities have not been included in conversations about preventing and resolving internal displacement in a systematic way either. When they are included in peacebuilding, for instance, it is often as part of a broader range of marginalised groups, which fails to acknowledge the intersectional nature of their needs.⁹²

Durable solutions

Durable solutions should fully address any specific assistance and protection needs of IDPs with disabilities resulting from their displacement while ensuring they are able to exercise their human rights without risk of discrimination.⁹³ The IASC Framework for Durable Solutions for Internally Displaced Persons sets out a strong framework to address the key necessities for constructing durable solutions, as well as tools and guidance for their achievement.⁹⁴

National governments, however, are often unaware of these tools. This, coupled with the lack of disaggregated data on IDPs with disabilities and their exclusion from decision making, prevents states from successfully addressing the barriers they face.

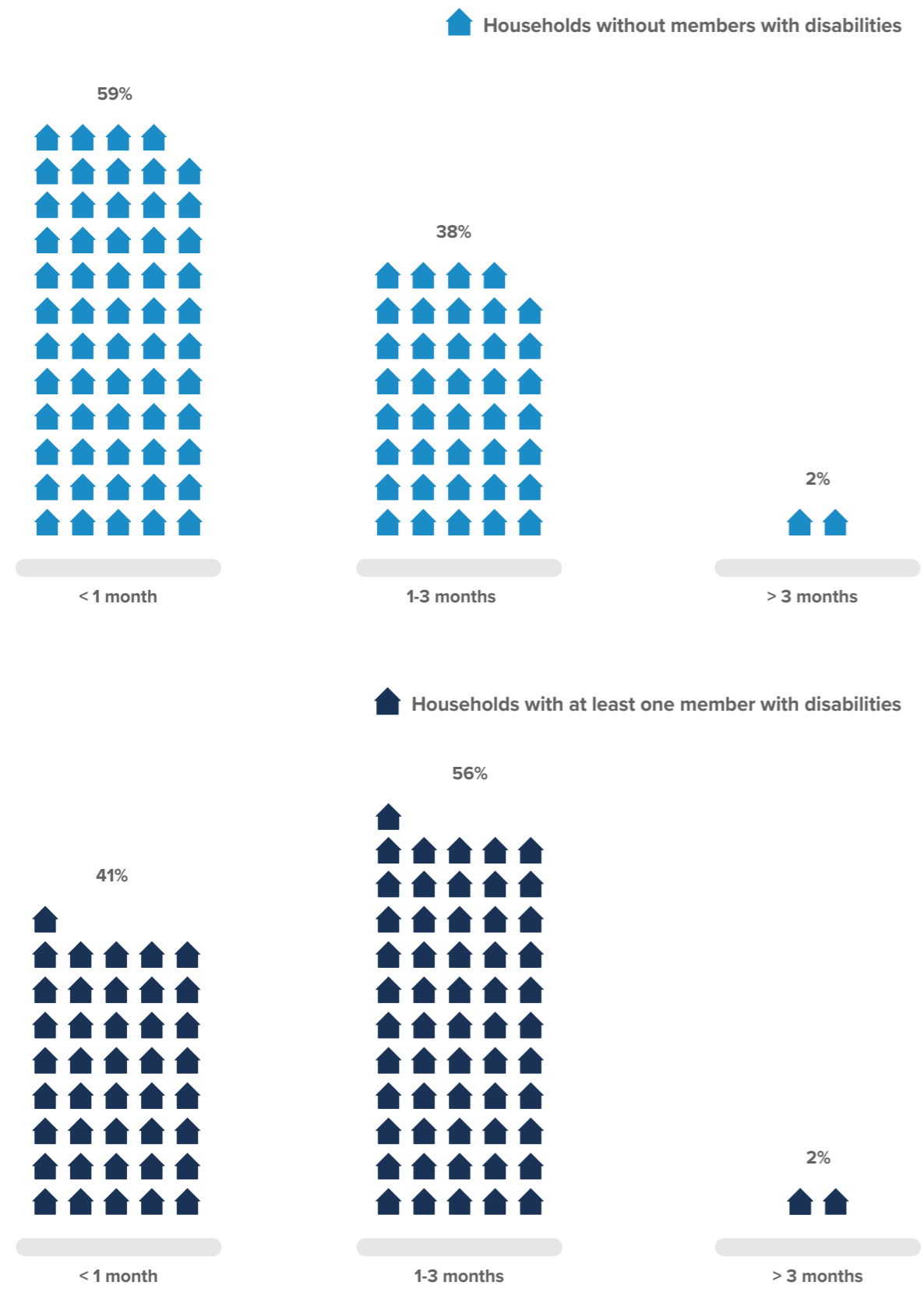
If left unaddressed, the environmental, attitudinal and institutional barriers that IDPs with disabilities encounter can have lasting repercussions and undermine their ability to achieve durable solutions by returning to their home areas, integrating locally or resettling elsewhere in their country. Any such solution would entail putting the necessary political, legal, economic and social conditions in place necessary for them to maintain life, livelihood and dignity.⁹⁵

A survey conducted after flooding on the east coast of Australia in 2017 found that persons with disabilities and their carers experienced greater disruption to their access to food, support networks and essential services and often missed crucial information about recovery assistance.⁹⁶ Similar challenges were identified by a longitudinal study of persons with disabilities displaced by hurricane Katrina in the US in 2005.⁹⁷ Our assessment of the impacts of flood displacement in Beledweyne, Somalia, also found that households with members with disabilities tended to be displaced for longer than households without such members (see figure 4).

Another major barrier to sustainable integration is that of IDP's lack of permanent residence status. For IDPs with disabilities this leads to difficulties in accessing

vital healthcare and social benefits linked to their registered place of residence in their area of origin. Residence policies in Ukraine make it impossible for IDPs in government-controlled areas to renounce their registration as

displaced even if they feel integrated in host communities, because their status as an IDP is the key to accessing public services.⁹⁸ This in turn hampers their long-term inclusion and integration.



In the Al-Ghadfa camp in Syria, a child whose arm was injured by an airstrike in Aleppo washes his hand with the help of another boy. © OCHA/Bilal Al Hammoud, November 2021.

Figure 4: Duration of last displacement for households displaced by flooding in Beledweyne, Somalia, by disability

Galvanising inclusive action

Progress in policymaking

Principle four of the UN Guiding Principles on Internal Displacement notes that certain groups of IDPs, including those with disabilities, are entitled to protection and assistance required by their condition and to treatment that takes their specific needs into account.⁹⁹ Since the adoption of the Guiding Principles in 1998, there have been important developments in global policymaking intended to improve the protection of persons with disabilities, including those affected by internal displacement.

Article 11 of the Convention on the Rights of Persons with Disabilities obliges all states parties to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and disasters.¹⁰⁰ UN Security Council Resolution 2457 urges parties to an armed conflict to take measures to protect civilians, including persons with disabilities, and provide them with inclusive and accessible assistance.¹⁰¹

The Sendai Framework for Disaster Risk Reduction 2015–2030 emphasises the need to empower persons with disabilities to play a leading role in the assessment, design and implementation of disaster risk reduction measures.¹⁰² It encourages stakeholders to uphold the principles of universal design, ensure disaster information is accessible and collect data that is disaggregated by gender, age and disability. Such instruments have been widely endorsed and adopted at the regional and national level.

The UN Secretary-General's High-level Panel on Internal Displacement was created in 2019 to draw international attention to the phenomenon and its impacts, and prepare a report with concrete and practical recommendations to member states, the UN system and other stakeholders on how to better respond to it.¹⁰³ The panel's terms of reference specifically mention the need to advance the participation and inclusion of IDPs and other communities

affected by displacement in the realisation of the 2030 Agenda, while considering the specific needs of particularly vulnerable groups, including women, children, older people and persons with disabilities.¹⁰⁴

Some countries have taken additional steps to recognise and protect the rights of persons with disabilities in their national policies on internal displacement. Nigeria's policy includes a dedicated section on the rights of IDPs with disabilities and calls on agencies to provide them with specialised support.¹⁰⁵ This includes prioritising IDPs with disabilities in service delivery, ensuring camp facilities are accessible and providing them with mobility devices, sign language interpreters and information in braille.

Vanuatu's policy on displacement associated with climate change and disasters recognises the specific risks persons with disabilities face and emphasises that their inclusion in decision making is vital for the policy to be effective.¹⁰⁶

From words to action

Several tools and guidelines have been developed to support governments, humanitarian stakeholders and other organisations in translating policy commitments into action.¹⁰⁷ The IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (IASC guidelines) were the first system-wide, globally accepted guidance.¹⁰⁸

They set out four “must do” actions to identify and respond to the needs and rights of persons with disabilities at all stages of humanitarian action, including during displacement crises. They provide a useful framework and starting point to guide governments and humanitarian and development organisations in fostering more inclusive planning and responses to internal displacement.

The following section discusses each of the actions and highlights promising examples in practice.

Promote meaningful participation

Persons with disabilities and their representative organisations are best placed to articulate their concerns and should be able to participate in all decisions that affect them. Their contributions as agents of change should be recognised so they can play an active role in designing, evaluating and monitoring responses to internal displacement.

According to the national coordinator of an umbrella OPD in Nepal, persons with disabilities should not be siloed and only consulted about policies and programmes that explicitly relate to disability.¹⁰⁹ They should be consulted about how to mainstream programmes to include a disability perspective in all aspects of governance and response.

Box 4: Promoting the meaningful participation of IDPs with disabilities in Mozambique

UNHCR's approach to disability inclusion is rooted in executive committee conclusion no. 110 (LXI) – 2010, which calls on states and the agency to ensure the rights of forcibly displaced persons with disabilities are respected without discrimination.¹¹² To provide colleagues and partners with tools and resources to enhance disability inclusion in internal displacement situations, UNHCR has developed need-to-know guidance on working with persons with disabilities in forced displacement and a facilitator's guide with practical modules on building organisational capacity to understand disability, identify protection risks, apply key strategies for inclusion and collect, analyse and use data.¹¹³

UNHCR is mindful of the protection risks associated with age, gender, disability and diversity, and seeks to empower people to participate in decision making and exercise their rights. Meaningful participation of IDPs, including those with disabilities, is a core commitment of UNHCR's age, gender and diversity policy.¹¹⁴ In other words, in partnership with people of concern, the agency seeks to put people at the centre of decision making and support their capacities and efforts as agents of change in their families and communities. At the global level, UNHCR has a partnership with the International Disability Alliance (IDA) that focuses on capacity building, meaningful engagement and advocacy.¹¹⁵

Signs of progress are emerging. The Vanuatu Disability Promotion and Advocacy Association has advocated for persons with disabilities to be included in UN clusters and represented in community disaster and climate change committees.¹¹⁰ The UN Refugee Agency (UNHCR) has collaborated with OPDs to support the meaningful participation of persons with disabilities displaced by insecurity in Mozambique (see box 4).

When it comes to the inclusion of IDPs with disabilities in action to prevent and address internal displacement, major strides still need to be made, but there are some promising signs. The Danish Refugee Council's Promoting Positive Peace – Building Resilience project is intended to improve safety in 28 communities and contribute to local peace-building by engaging communities affected by conflict, duty bearers and civil society in north-eastern Nigeria.¹¹¹

Collaborating with OPDs in internal displacement situations has been a successful way to localise and support the meaningful participation of persons with disabilities in Mozambique. UNHCR in Cabo Delgado is working closely with the Forum of Disabled Persons' Organizations of Mozambique (FAMOD) and the national government to assess and respond to needs of IDPs and host community members with disabilities. This includes delivering assistive devices to persons with disabilities and checking they are suitable for use.

UNHCR and its partners, including FAMOD and Humanity & Inclusion, supported more than 200 persons with disabilities in 2021, most of whom were IDPs. One key aspect is improving access to livelihoods and employment opportunities.¹¹⁶ UNHCR and FAMOD are co-chairs of the regional Disability Working Group in Cabo Delgado, which enhances disability inclusion in the displacement response.

FAMOD and UNHCR in Cabo Delgado also contribute to the Community Engagement/Accountability to Affected Populations Working Group. The inclusion of OPDs in the humanitarian response adds to its technical capacities. Persons with disabilities from FAMOD and other OPDs provide technical and field expertise on data collection, and conduct surveys with persons with disabilities and other individuals at risk of exclusion to identify barriers to communication and information.

Contributed by UNHCR.



Their state coordination meeting in Borno in 2021 included representatives from the Association of Persons Living with Disabilities. Later that year, a community-based counselling training for women in Adamawa included young persons with disabilities.

Remove barriers

Removing the attitudinal, environmental and institutional barriers IDPs with disabilities confront is a prerequisite for their inclusion and meaningful participation in displacement settings. This involves addressing negative attitudes and ensuring the information, services and assistance available to them before and during displacement are fully accessible.

The accessibility of early warning systems, evacuation procedures and shelters should be considered standard practice, even if disability data is lacking. This includes adding a flashing light to early warning alarms to assist visually impaired people, making evacuation routes accessible to people with reduced mobility, and ensuring disaster information is available in audio or large text format.

Addressing barriers early and incorporating accessibility measures in displacement planning and preparedness not only reduces the risk of harm for persons with disabilities,

but may also be significantly less costly in the long run. A study in Australia found the cost of incorporating accessibility features in a building at the design stage was five per cent of the cost of retrofitting the building at a later stage.¹¹⁷

It is essential to address institutional barriers so that IDPs with disabilities can access social protection schemes and apply for benefits. This involves assisting them in recuperating lost documentation such as identity cards and proof of their disability, and ensuring adequate communication of information about social protection systems.¹¹⁸ Evidence suggests that formal and informal social protection systems play an important role in strengthening the inclusion and resilience of persons with disabilities and their households in fragile and conflict-affected states.¹¹⁹

In addition to removing barriers and facilitating access, stakeholders supporting IDPs should also provide tailored solutions to address the specific needs of those with disabilities. This is referred to as a “twin-track” approach, which involves mainstreaming inclusion while making targeted interventions.¹²⁰ Inclusive programming in Chad’s Lake province highlights how such an approach can be effective in addressing barriers to education for children with disabilities (see box 5).

Box 5: Inclusive education programming for IDPs in Chad’s Lake province

Over a decade of armed conflict in Chad’s Lake province has displaced more than 400,000 people and prevented nearly 25,000 children from attending school. The aid organisation Humanity & Inclusion aims to improve access to education and its quality for children displaced by the crisis and offer them protection and psychological support.

The organisation has supported the construction and management of the only school in Ngourtou Koumboua, which is a hosting site for thousands of IDPs.¹²¹ It has built

classrooms, child-friendly spaces and latrines that are accessible for children with disabilities, identified using the WGQs.

Humanity & Inclusion has recruited and financed teachers, and trained them in inclusive education and differentiated instruction. It has provided them with tools and materials to support and monitor children with disabilities. The organisation also works with the teachers, children and their parents to develop individual educational plans, which define students’ objectives and ensure their school career is adapted to their different needs and capacities.

Contributed by Humanity & Inclusion.

Develop capacities

Capacity building is essential in ensuring that disability-inclusive action is systematic and sustainable. This involves developing greater awareness among humanitarian stakeholders of the rights and capacities of persons

with disabilities and working with them to strengthen their capacities.

There are several promising examples of how this can be done. The Cebu Disability-Inclusive Disaster Risk Reduction Network leads a team of persons with disabilities in



“All humanitarian services should have someone with a disability with them if they are going into IDP camps so that they can speak better about their needs, because there is nothing about us without us.”

– Representative of Plateau State Disability Rights Commission, Nigeria

training public servants on how to mainstream inclusion into disaster preparedness.¹²² The trainers teach government officials the essentials of sign language and outline simple measures that can be taken to enhance accessibility.

The Deaf Society of NSW in Australia trains deaf liaison officers, who deliver training to emergency services and emergency preparedness workshops to deaf people

and share disaster preparedness information within their community.¹²³ A multi-year project led by Handicap International – Humanity & Inclusion Germany (HI) in partnership with CBM and the Ruhr University Bochum – Institute for International Law of Peace and Armed Conflict (IFHV) also offers promising lessons on how to develop the capacity of humanitarian organisations in areas affected by conflict (see box 6).

Box 6: Realising the global commitment to leave no one behind in humanitarian action: lessons from South Sudan

The Leave No One Behind! project has promoted disability mainstreaming in humanitarian action since 2016.¹²⁴ Phases one and two of the project, which ran from 2016 to 2021, were intended to raise the awareness and develop the capacity of humanitarian stakeholders at various levels, and to support the former IASC task team in the development, translation and dissemination of the IASC guidelines.

The IASC task team was a coordination mechanism made up of more than 90 stakeholders, including OPDs, mainstream NGOs, UN agencies and governments. Co-chaired by the International Disability Alliance, UNICEF and Humanity & Inclusion, it developed the IASC guidelines between 2017 and 2019.

In phase three of the Leave No One Behind! project - which will run from 2022 to 2024 - the partners will support efforts to put the IASC guidelines into practice and so enhance response capacities for disability-inclusive humanitarian programming and coordination, including in internal displacement situations.

The project also has a strong research component. IFHV leads the documentation of progress, good practices and challenges in implementing disability-inclusive humanitarian action.

The latest research from 2021 focuses on the implementation of the four “must do” actions of the IASC guidelines in the humanitarian response in South Sudan, including in camps for IDPs.¹²⁵ The case study revealed a number of positive changes:

- Humanitarian organisations have established local groups and disability committees in displacement

camps to strengthen the role of IDPs with disabilities in community governance and ensure they are able to communicate their needs.

- OPDs have become more professional thanks to support from inclusion-focused NGOs, which operate in both development and humanitarian sectors. Some OPDs give training courses to humanitarian organisations and raise awareness of disability rights in displacement camps.
- Humanitarian services and infrastructure in displacement camps are becoming more inclusive and accessible.
- Humanitarian staff increasingly participate in training courses delivered by inclusion-focused NGOs. In doing so, they increase their awareness of disability and strengthen their capacity for inclusive humanitarian action.
- Some international organisations have set up focal points to make their projects and programmes more inclusive.

Humanitarian organisations are also increasingly incorporating the WG-SS into their monitoring and evaluation tools, but reliable, countrywide data on disability is still not available. Misconceptions and prejudices against persons with disabilities persist among some humanitarian staff and in society. Funding constraints continue to impede more systematic mainstreaming in the wider response.

The South Sudan case study shows how research can identify challenges that humanitarians, donors and other stakeholders need to address to make programmes and services disability inclusive. It can also help to better understand progress towards disability mainstreaming in humanitarian action, including on internal displacement. More research in East Africa and West Africa is planned under phase three of the collaboration.

Contributed by CBM, HI and IFHV.

Disaggregate data

The lack of quality, comparable and disaggregated data on the number of IDPs with disabilities and their diverse experiences of displacement impedes their full inclusion in policies and programmes. Mapping persons with disabilities in communities before the onset of a crisis may be the best way to ensure they are included in displacement planning. Assessments designed to rapidly identify them in the aftermath of a disaster also helps to allocate resources.

Measuring disability prevalence is a complex undertaking, but tools and guidance have been developed to assist such efforts.¹²⁶ REACH has worked with the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action to compile best practices on using the WGQs in MSNAs.¹²⁷ The Stakeholder Group of Persons with Disabilities, which is the focal point for all UN sustainable development policies, has created a toolkit on disability data and provides guidance on how OPDs can assume a key role in leading the collection of inclusive data (see box 7).¹²⁸

Collecting and using disaggregated data at the national level is one of the primary ways in which states can mitigate the risks displacement poses for IDPs with disabilities. The Disaster Response Operations Monitoring and Information Center (DROMIC), which is the national repository for disaster data in the Philippines, collects information disaggregated by age, gender and disability on displaced and other affected populations, evacuation sites, damaged houses and humanitarian relief.¹²⁹

The data is used to prepare humanitarian responses to future disasters, plan for durable solutions and build resilience among affected communities. In so doing, disaster resilience efforts across all phases and sectors can become disability-informed and inclusive, thereby reducing the risk of persons with disabilities becoming displaced.

Collecting quantitative data on the prevalence of disabilities among displaced communities is an important first step, but it is not an end in itself. It is important to consider what can be learnt from it and how to adapt programming accordingly. More qualitative research is also needed on the specific gaps and barriers IDPs with disabilities encounter to inform tailored action.



Box 7: The importance of inclusive data and the role of OPDs in data collection in humanitarian settings

To build inclusive data systems that empower all people and communities in humanitarian settings, persons with disabilities and their representative organisations must be involved in all data-related processes to shape how they are represented. This is not being done enough, and as a result there are significant data gaps for persons with disabilities that have potentially dire consequences.

Shortfalls include a lack of disability data to monitor progress towards the achievement of the Sustainable Development Goals (SDGs) for persons with disabilities, and a lack of data on disability and Covid-19; IDPs, refugees and migrants with disabilities; and persons with disabilities in other emergency settings.

How can these gaps be addressed?

- Consult and actively involve persons with disabilities and their representative organisations in all decision-making processes related to disability data. This is essential because they understand their communities and experiences better than anyone.

- Recognise and use data from OPDs. The citizen-generated data they produce could help to fill gaps, particularly in the monitoring progress towards the achievement of the SDGs and adherence to the UN Convention on the Rights of Persons with Disabilities.
- Include OPDs meaningfully in data production from the start to address data gaps and establish more co-creation and co-ownership of data between OPDs and national statistical offices.
- Build stakeholders' data capacity, particularly that of OPDs, including training for enumerators so they are better prepared to survey their communities and for future emergencies.
- Establish multi-stakeholder partnerships on inclusive data processes, bringing together statisticians, policymakers, OPDs, NGOs, academics and other allies to exchange information, learn from one another and create evidence-based policies to create sustainable change.
- Recognise and systematically use internationally comparable data tools such as the WG-SS and the Washington Group and UNICEF Child Functioning Module for surveys and censuses to disaggregate data by disability status.

Contributed by the Stakeholder Group of Persons with Disabilities.



“We have to focus more on preparedness, and we have to build [evacuation] centres prior to an emergency crisis, so we have enough time to think about accessibility, safety and security, and other issues persons with disabilities may face.”

– National project coordinator of an umbrella organisation of OPDs in Nepal

Conclusion

As conflict, violence and disasters continue to uproot people from their homes across the globe, understanding how persons with disabilities are disproportionately affected and galvanising action to protect their rights should be a priority. This report represents a first step toward addressing the paucity of data on IDPs with disabilities. Its findings highlight the differentiated and multi-dimensional impacts of displacement on the lives of persons with disabilities and the intersecting challenges they face before, during and after displacement.

To move beyond statements of intent about inclusive programming and the treatment of persons with disabilities as a homogenous group, governments and humanitarian and development stakeholders must have access to robust and context-specific evidence on the barriers IDPs with disabilities confront. Such evidence must have appropriate regard for the various factors that intersect with disability to influence and heighten risks, including a person's sex, age, ethnicity and socioeconomic background.

Better quantitative data is needed on IDPs with disabilities to understand the scale of the issue. Addressing the gaps in qualitative data would provide a more in-depth understanding of the diversity of their experiences and shortfalls in the support they require. Collecting such data is not, however, an end in itself. It must be actionable and inform programming so that appropriate adjustments can be made.

The focus on barriers should be matched with an equal emphasis on capabilities, including the role persons with disabilities can play in addressing displacement and the strategies they have developed to mitigate its negative impacts.

The promising practices highlighted in this report demonstrate how persons with disabilities and their representative organisations are already playing a leading role in strengthening disaster risk reduction and preparedness measures, developing the capacity of government and humanitarian stakeholders for inclusive action, and improving the collection and use of disability data.

To advance inclusive action on displacement, donors and humanitarian and development organisations must invest more time and resources on the issue.¹³⁰ Humanitarians should ensure their project proposals account for any additional costs involved in making their interventions accessible and inclusive, and donors should provide dedicated funding for capacity building and coordination on disability inclusion in displacement settings.

Ensuring the meaningful participation of persons with disabilities, removing barriers, developing capacity and improving the availability of data would lay the foundations for more effective planning and responses.

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A man stands with the help of crutches in the Mazar IDP camp of Afghanistan.

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Every day, people flee conflict and disasters and become displaced inside their own countries. IDMC provides data and analysis and supports partners to identify and implement solutions to internal displacement.

Join us as we work to make real and lasting change for internally displaced people in the decade ahead.



The Internal Displacement Monitoring Centre

La Voie Creuse 16, 1202 Geneva, Switzerland

+41 22 552 3600 | info@idmc.ch



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