Disability, displacement and disaster resilience: ensuring the rights of persons with disabilities in situations of forced displacement and statelessness

Advocacy brief | January 2024
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Cover: Syria. Non-food items distribution for the people who were affected by the earthquake in Damascus. © UNHCR/Ola Kabalan
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Disability, displacement and disaster resilience: ensuring the rights of persons with disabilities in situations of forced displacement and statelessness

Overview

In October 2023, the number of forcibly displaced people worldwide was estimated at 114 million.² Although there are no official statistics available on the global prevalence of disability within displaced populations, based on the global disability prevalence rate of the World Health Organization (WHO) of 16 per cent,³ at least 18.2 million people are forcibly displaced persons with disabilities.

Persons with disabilities often find themselves among those most severely affected in situations of risk and humanitarian emergencies, and face heightened protection risks and barriers to inclusion.³ Notably, 80 per cent of persons with disabilities reside in low- and middle-income countries, many of which are highly climate vulnerable.⁴ Persons with disabilities tend to be disproportionately represented among forcibly displaced persons⁵,⁶ and are more likely to live in poverty, which increases their vulnerability and exposure to hazards.⁷ As a result, they endure more significant human and material losses during and after natural disasters, with mortality rates sometimes two times greater than those of persons without disabilities.⁸

In 2023, the United Nations Office for Disaster Risk Reduction (UNDRR) and the Office of the United Nations High Commissioner for Refugees (UNHCR) collaborated to investigate the potential differences in preparedness and participation levels of forcibly displaced and stateless persons with disabilities in disaster risk reduction (DRR) compared with host communities. This collaborative effort aimed to explore how the rights of persons with disabilities in situations of forced displacement and statelessness could be better promoted through DRR by assessing whether forcibly displaced and stateless persons with disabilities:

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6. “In some cases, the prevalence of disabilities could be higher amongst displaced populations than the general population for various reasons, including lack of access to quality healthcare and other essential services. In Afghanistan, which recorded the highest number of people still displaced by disasters at the end of 2019, 17% of displaced households were headed by someone with a disability, according to a multi-sector needs assessment. New injuries sustained during disasters can also contribute to elevated rates of IDPs with disabilities. For instance, over 300,000 people were injured and 4,000 amputations were performed during the 2010 earthquake in Haiti, which displaced some 1.5 million people. In other cases, however, the prevalence of disabilities could be lower amongst displaced populations, particularly where people with disabilities are left behind in their community of origin or do not survive the disaster.” Louisa Yasukawa, “During disaster displacement, people with disabilities are too often forgotten”, IDMC, December 2020. Available at https://www.internal-displacement.org/expert-opinion/during-disaster-displacement-people-with-disabilities-are-too-often-forgotten (accessed 16 November 2023).


• had access to personal disaster preparedness plans and the means to evacuate before a disaster compared with non-displaced populations with disabilities

• reported varying levels of awareness about national DRR plans in their host countries compared with non-displaced populations with disabilities

• participated to different extents in community disaster management and risk reduction processes (e.g. DRR forums, emergency response teams) compared with non-displaced populations with disabilities

• engaged at varying levels in community structures, such as organizations of persons with disabilities (OPDs) and self-help groups compared with non-displaced populations with disabilities.

The study leveraged existing data collected through the 2023 Global Survey on Persons with Disabilities and Disasters, which involved analysing responses from 1,304 displaced and stateless persons with disabilities, representing almost a quarter of the survey’s total respondents. An extensive desk review of existing literature related to displacement, disability, climate change and disasters was also carried out. This advocacy brief was developed based on the findings of this collaborative study, which are presented in the following section.

This brief includes a set of recommendations aimed at enhancing the protection and resilience of displaced and stateless persons in disaster situations. These recommendations are derived from both the desk review and the insights shared by survey respondents.

10 The study participants represented various regions, with 29 per cent from Asia, 49 per cent from Africa, 3 per cent from the Middle East and Northern Africa, 1 per cent from Europe and Central Asia, 61 per cent from the Americas and the Caribbean and 0.2 per cent from the Pacific, while 0.9 per cent were stateless. Gender-wise, the distribution was 45 per cent male, 54 per cent female and 1 per cent non-binary. In terms of age, 5 per cent were under 18 years, 70 per cent were between 18 and 65 years and 25 per cent were 66 years or older. Among the displaced groups, 31 per cent were refugees and asylum-seekers, 58 per cent were internally displaced, 1 per cent were stateless and 10 per cent were returnees.
Access to personal preparedness plans and assisted evacuation

Persons with disabilities frequently report exclusion from disaster preparedness measures, early warning systems and evacuation planning. This hinders their ability to safely evacuate during disasters and conflicts, while also exposing them to compounding risks and barriers when displaced from their homes.\textsuperscript{11}

The existing accessibility issues and socioeconomic inequalities, discrimination and social stigma add complexity to the situation of displaced and stateless persons with disabilities, particularly for those living in or attempting to evacuate from conflict zones. These individuals face numerous threats to their physical and mental health and well-being.\textsuperscript{12}

According to the 2023 Global Survey on Persons with Disabilities and Disasters, 85 per cent of persons with disabilities identifying as displaced and stateless do not have a personal preparedness plan for disasters, mirroring the situation of their non-displaced counterparts.\textsuperscript{13}

“I don’t know where to go or what to do.” – a 46-year-old returnee woman

There are considerable disparities in reported access to assisted evacuation between displaced and non-displaced persons with disabilities. Specifically, only 23 per cent of displaced and stateless persons requiring assisted evacuation have a plan for someone to assist them, which is lower than the 29 per cent reported by non-displaced persons with disabilities. Additionally, 17 per cent of displaced and stateless persons with disabilities who require assisted evacuation would be unable to evacuate in the event of a disaster due to the absence of a plan for someone to assist them.\textsuperscript{14}

These findings may be explained by the fact that displaced and stateless persons often lack information about available services, protection mechanisms and their rights, thus hindering their access to vital assistance and support services, as well as their participation in disaster preparedness planning.\textsuperscript{15} Evacuation systems and personnel are unprepared to support people with various functioning limitations, and existing programmes and initiatives are not tailored to the specific requirements of persons with disabilities, which further exacerbates the challenge.\textsuperscript{16}

“The community still lacks knowledge about disability inclusion in DRR. It hasn’t involved at-risk groups, especially people with disabilities, as a priority in evacuation actions.” – a 43-year-old internally displaced man

\textsuperscript{11} Internal Displacement Monitoring Centre, Advancing Disability-inclusive Action on Internal Displacement (Geneva, IDMC, 2022).
\textsuperscript{12} Report of the Special Rapporteur on the Rights of Persons with Disabilities, Gerard Quinn (A/76/146).
\textsuperscript{13} United Nations Office for Disaster Risk Reduction, 2023 Global Survey on Persons with Disabilities and Disasters (Geneva, UNDRR, 2023).
\textsuperscript{14} Ibid.
\textsuperscript{16} Ibid.
Persons with disabilities often face barriers in accessing information and resources and have limited access to early warning systems and disaster preparedness programmes. Individuals with functioning limitations are not considered in evacuation plans, while those with sensory disabilities may not be able to evacuate safely in the event of a disaster due to a lack of suitable early warning systems. Moreover, evacuation vehicles are often not wheelchair accessible, causing persons with disabilities to be separated from vital assistive devices and support. Issues around the physical accessibility of buildings further compound difficulties during evacuation.

“I need a means of transportation to evacuate in case of disasters, such as floods in camps or indiscriminate shelling inside Syria.” – a 29-year-old internally displaced man with a disability from the Syrian Arab Republic

“We had a meeting with the local authorities to employ sign language interpreters and ensure that all buildings are wheelchair accessible. They promised to do something about it, but until now no action has taken place.” – a 27-year-old internally displaced man

Persons with disabilities in long-term care may be overlooked during evacuations, especially individuals with sensory and intellectual disabilities. Some are unable to evacuate, as they face inaccessible procedures and abandonment by families and communities.

The lack of disparities in access to personal preparedness plans between displaced and non-displaced persons with disabilities combined with the considerable lack of access to assisted evacuation emphasizes the need for tailored approaches to raise awareness about disaster preparedness among displaced persons with disabilities. This is crucial because displaced individuals face heightened risks due to their displacement and intersecting identities, and their needs and circumstances vary from those of their non-displaced counterparts. For instance, they may face obstacles in accessing information because of language barriers.

These findings also underscore the need for enhanced protection and inclusive, equitable disaster preparedness and response measures. This includes improving communication strategies, ensuring the accessibility of early warning systems and prioritizing resource allocation to adequately prepare displaced and stateless persons with disabilities for disaster situations.

17 Ibid.
18 “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.” Internal Displacement Monitoring Centre, Advancing Disability-inclusive Action on Internal Displacement (Geneva, IDMC, 2022).
Awareness of disaster risk reduction plans

Fifty-two per cent of displaced and stateless persons with disabilities lack awareness of DRR plans in their host countries, which is higher than the 45 per cent reported by non-displaced persons with disabilities. Among all respondents in the displaced population, 36 per cent are uncertain about DRR plans, while only 12 per cent are aware of such plans at the national level.²²

“No plan exists, there is limited participation and many social groups are left behind.” – a 64-year-old stateless man

Awareness varies among distinct subgroups within the displaced category. Only 8 per cent of returnees – individuals who have returned to their former country of residence – report being aware of DRR plans in their countries, potentially signalling challenges related to integration or limited exposure to DRR plans upon their return. Additionally, just 10 per cent of internally displaced persons are aware of DRR plans, highlighting potential gaps in social cohesion or access to such plans. One specific concern is the complete lack of awareness among stateless persons, which underscores the significant challenges in reaching and addressing the specific requirements of this group.

“The communication difficulty must be solved first.” – a 31-year-old returnee man

“From the events I participated in, I gained basic knowledge on including people with disabilities in disaster risk reduction. However, we lack the resources to actualize this.” – a 39-year-old internally displaced woman

Low awareness of DRR-related policies suggests that a more proactive approach is needed to raise awareness and foster engagement among displaced and stateless persons with disabilities.

Participation in disaster risk reduction processes at the community level

Displaced and stateless persons with disabilities are somewhat more engaged (17 per cent) in DRR decision-making and planning at the community level compared with non-displaced persons (12 per cent). However, 83 per cent still find themselves excluded, putting them at greater risk of being disproportionately affected by disasters.23

“People with disabilities and people from marginalized communities are not included in the process.” – a 61-year-old returnee woman

Participation rates vary among different displacement groups. Stateless individuals with disabilities report the lowest engagement rate (10 per cent) in their community’s DRR efforts, with a significant 90 per cent remaining excluded. In contrast, refugees and asylum-seekers show relatively higher participation rates at 24 per cent.24

“My limited mobility prevents me from participating but I could still propose ideas to assist people with disabilities in such situations.” – a 74-year-old refugee man

Sixty-six per cent of displaced and stateless persons with disabilities express a desire to participate in their communities’ DRR processes, which is higher than their non-displaced counterparts (55 per cent). Notably, refugees show the highest level of interest at 73 per cent, potentially explaining their relatively greater engagement in community-based DRR.

“I want to participate to help both myself and others who may need assistance.” – a 60-year-old refugee man

It is possible that the specific challenges faced by displaced and stateless persons with disabilities in disaster contexts, coupled with the knowledge gained from their previous experiences of forced displacement, may motivate them to actively participate in DRR efforts to protect themselves and their communities.

In cases where displaced persons with disabilities have participated, the data highlight their proactive involvement in community meetings, drills and the shaping of contingency plans to ensure accessibility and inclusivity for all. Motivated by their personal interest and commitment to disability inclusion, many displaced persons with disabilities have attended training sessions and awareness programmes and assumed roles as first aid volunteers and community leaders. They actively provide feedback, collaborate on projects and seek specialized training. With a strong sense of communal responsibility and a significant emphasis on safety and prevention, these people champion a collective, inclusive approach to disaster preparedness.

23 Ibid.
24 Ibid.
“I participated in designing a contingency plan and training as a first aid volunteer.” – a 41-year-old internally displaced man

Despite their commitment and desire to participate, multiple challenges and barriers underscore the importance of recognizing and amplifying the participation of displaced persons with disabilities in all their diversity in community-level DRR processes.

“I don’t know where they hold these meetings. I’m also very old and I stay at home to take care of my wife, who is in delicate health.” – an 83-year-old internally displaced man

Common reasons for the lack of involvement of displaced persons with disabilities include a general lack of information and poor communication on initiatives, which leads to feelings of exclusion. Some attribute their non-participation to mobility limitations and a lack of environmental accessibility. Others voice concerns about the ineffectiveness of the government and local authorities, citing inadequate representation, planning or training on disaster management. Additionally, some feel overlooked or undervalued, stating that decisions are often made without consulting or considering them.
Participation in community structures

The findings of the 2023 Global Survey on Persons with Disabilities and Disasters raise important issues concerning representation and participation in community structures. Almost two thirds of displaced persons with disabilities were not directly affiliated with an OPD, other disability-focused organization or self-help group of persons with disabilities, similar to their non-displaced counterparts. 25

Participation of displaced persons with disabilities is the least discussed topic in relevant published reports, yet the literature available shows that persons with disabilities are often seen as unequal members in community setups and are marginalized during social interactions. The cultural stigma associated with disabilities leads to some persons with disabilities being hidden by their families. This perspective perpetuates the lack of acceptance and integration of individuals with disabilities into communities, making it difficult for them to voice their concerns.

“I can’t participate due to my economic situation, which has been affected by displacement.” – a 55-year-old refugee woman

The importance of including persons with disabilities in community structures cannot be understated. Although many challenges persist due to societal perceptions and systemic inadequacies, efforts from various organizations and governmental bodies indicate a positive shift towards a more inclusive community approach as seen from the following example.
Promising practice: disability support committees in Rohingya camps in Bangladesh

Since 2017, the Centre for Disability in Development (CDD) and Christian Blind Mission have been implementing the Rohingya response programme in the camps of forcibly displaced Myanmar nationals in Cox’s Bazar, Bangladesh. This programme offers a range of services, including health and rehabilitation, inclusive education, protection and disability mainstreaming. However, persons with disabilities face challenges in engaging with these services and humanitarian initiatives in general due to accessibility issues, social stigma and capacity constraints (including a lack of awareness about their rights) and advocacy and leadership skills.

To enhance the participation of persons with disabilities in the humanitarian response, influence the design of disability-inclusive programmes and amplify the voices of persons with disabilities in various working groups, CDD supported the formation of disability support committees (DSC). These committees comprise 8–14 persons with disabilities and are organized and facilitated by CDD. This platform enables the committee members to discuss, share and voice their concerns, creating a support system for themselves and the people they represent. The DSC are similar to the self-help groups that exist in host communities but are referred to as DSC in camp settings due to government regulations discouraging the formation of ‘groups’.

This initiative has been highly successful, creating awareness and building the capacity of DSC members to become effective representatives of forcibly displaced persons with disabilities. They actively participate in ongoing consultations, governance and coordination meetings at the camp level and also serve as change agents within their community by volunteering for various programmes. Efforts are made to build the leadership capacity of women with disabilities within the DSC. This promising initiative has inspired other international agencies to replicate the model in Rohingya camps, underscoring the importance of providing inclusive and accessible services for persons with disabilities in humanitarian contexts.


27 “As per the WHO CBR Guidelines, self-help groups are informal groups of 8-14 people who come together to address their common problems. While self-help might imply a focus on the individual, one important characteristic of self-help groups is the idea of mutual support – people helping each other” Centre for Disability Development and Christian Blind Mission, Guidelines on Disability Support Committees and Self-help Groups.
Cross-cutting underlying factors

An analysis of these findings shows that certain underlying factors are common across all results. Possible additional cross-cutting factors that may explain the aforementioned findings include:

• **Economic strain and financial disparities**: Persons with disabilities incur extra costs during conflicts, amounting to 30–40 per cent of their average income, further straining their limited resources.\(^{28}\) Often the value of social benefits for persons with disabilities is inadequate and lower than other types of social assistance for people considered able to work despite their higher living costs, highlighting a systemic neglect for displaced persons with disabilities.\(^{29}\) Furthermore, targeting mechanisms during disasters may not effectively reach those most at-risk due to the absence of necessary paperwork (e.g. due to a loss of documentation following displacement)\(^{30}\) and a lack of data. Higher poverty and inadequate housing increase vulnerability to hazards and displacement among persons with disabilities.\(^{31}\)

• **Impact of conflict and displacement-related challenges**: Displacement and statelessness can bring about various challenges, such as unstable living conditions and limited access to education and employment, which may take precedence over disaster preparedness. For instance, 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.\(^{32}\) Persons with disabilities who live in congregate living arrangements, such as social care homes or psychiatric facilities, as well as members of minority ethnic groups and older persons with disabilities can experience heightened vulnerabilities, particularly in situations of conflict.\(^{33}\) Explosive weapons in populated areas disrupt essential services and create insurmountable barriers for persons with disabilities. Prolonged conflicts worsen their challenges due to deteriorating infrastructure.\(^{34}\)

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\(^{29}\) Ibid.


\(^{31}\) Internal Displacement Monitoring Centre, Advancing Disability-inclusive Action on Internal Displacement (Geneva, IDMC, 2022).

\(^{32}\) Ibid.


\(^{34}\) Ibid.
• Protection risks, discrimination and social exclusion: Persons with disabilities are at a higher risk of violence and targeted abuse based on their disability and other identity factors. This risk is exacerbated in displacement settings due to stigma, social isolation and the loss of protective community networks.\textsuperscript{35,36} Persons with disabilities often face discrimination and social exclusion, which can impact their ability to access information and resources for disaster preparedness. Internal displacement tends to disproportionately affect the lives of persons with disabilities and exacerbates their already heightened risk of social exclusion.\textsuperscript{37} Displaced women, children, older persons and members of ethnic minorities with disabilities are among those most marginalized. Furthermore, discriminatory social benefit policies perpetuate economic discrimination and social exclusion.\textsuperscript{38}

• Gender-related barriers: Women with disabilities face a double disadvantage as they are less likely to attend school than men. They also have limited access to disaster preparedness training and information.\textsuperscript{39,40}

To summarize, barriers to participation in DRR stem from both individual factors (knowledge, confidence, beliefs, functioning limitations, personal responsibilities, socioeconomic conditions) and societal and systemic factors (policy commitment, awareness, cultural norms, community biases, information, infrastructure, transportation and facilities). These barriers have been consistently highlighted in multiple reports since 2017. Moreover, the psychosocial aspects that persons with disabilities experience (e.g. motivation, doubt, perceived inadequacies, perceived exclusion, feeling undervalued) are often overlooked in community-based approaches to DRR, protection and services for displaced people.

As a result, the necessary support to enhance participation comes from both individual and societal domains. On an individual level, support involves improving knowledge, competence and confidence. On a societal level, it encompasses provisions for physical access and infrastructure, livelihood/economic empowerment and cash support/social security, as well as increased awareness and policy commitments to ensure the safety and protection of displaced and stateless persons with disabilities in situations of risk and disasters. To enhance meaningful and impactful participation, it is therefore essential to build partnerships and adopt a dual approach that involves individuals and institutions working together effectively.

\textsuperscript{35} “In 2017, a multi-sector assessment of the situation of internally displaced persons with disabilities in a camp for internally displaced persons, revealed that access barriers were more severe for people with psychological disabilities, unaccompanied people with disabilities and women with disabilities because of discrimination, and that some aid workers had poor attitudes towards people with disabilities.” Report of the Special Rapporteur on the Human Rights of Internally Displaced Persons (A/HRC/44/41).

\textsuperscript{36} “Experience in various countries shows that older persons with disabilities found it harder to leave conflict zones than younger adults or older persons without disabilities.” Report of the Special Rapporteur on the Human Rights of Internally Displaced Persons (A/HRC/44/41).

\textsuperscript{37} Internal Displacement Monitoring Centre, Advancing Disability-inclusive Action on Internal Displacement (Geneva, IDMC, 2022).

\textsuperscript{38} “… social assistance remains inadequate for large segments of the population [of Ukraine], in particular persons with disabilities and older persons. … This constitutes a form of discrimination against persons with disabilities.” Office of the United Nations High Commissioner for Human Rights, Update on the Human Rights Situation in Ukraine: 1 February–30 April 2023 (Kyiv, OHCHR, 2023).

\textsuperscript{39} Internal Displacement Monitoring Centre, “Disability, disasters and displacement”, Briefing Paper (Geneva, IDMC, 2021).

\textsuperscript{40} “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. The main reasons cited were distance to the service facility, lack of transport, absence of services and unsafe or non-adapted services.” Internal Displacement Monitoring Centre, Advancing Disability-inclusive Action on Internal Displacement (Geneva, IDMC, 2022).
Recommendations

The increasing focus on inclusion and rights for persons with disabilities in situations of risk and humanitarian emergencies is encouraging, yet much work remains to adequately address their specific requirements in these contexts. Direct engagement with persons with disabilities themselves and their representative organizations is crucial for ensuring full and equitable participation and engagement opportunities for a diverse range of forcibly displaced and stateless persons with disabilities.

The following recommendations are proposed to better promote the rights of persons with disabilities in situations of forced displacement and statelessness through DRR:

1. Develop and implement disaster preparedness and response policies and programmes that are inclusive and responsive to the specific requirements of various groups of persons with disabilities in displacement settings.

These programmes should specifically cater to displaced women, older persons, children and young persons with disabilities, ethnic minorities and other under-represented groups, including those of diverse sexual orientations and gender identities. This should include:

- disaggregating data on programming and monitoring by sex, age, disability and type of displacement, at a minimum, to guarantee comprehensive measures and equitable access to disaster preparedness and response

- integrating the elements of disability-inclusive disaster preparedness and response, as outlined in the following recommendations, into protection and intersectoral programming in situations of risk and humanitarian emergencies.

Inclusive policies on displacement, disability and disasters

Some countries have taken important steps to recognize and protect the rights of persons with disabilities in their national policies on internal displacement.

Nigeria’s National Policy on Internally Displaced Persons includes a dedicated section on the rights of internally displaced persons with disabilities and calls on agencies to provide them with specialized support. This includes prioritizing internally displaced persons with disabilities in service delivery, ensuring camp facilities are accessible and providing mobility devices, sign language interpreters and information in braille.

Vanuatu’s National Policy on Climate Change and Disaster-induced Displacement recognizes the specific risks that persons with disabilities face and emphasizes that their inclusion in decision-making is vital for the policy to be effective.

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41 Internal Displacement Monitoring Centre, Advancing Disability-inclusive Action on Internal Displacement (Geneva, IDMC, 2022).
43 Vanuatu, National Disaster Management Office, National Policy on Climate Change and Disaster-induced Displacement (Port Vila, NDMO, 2018).
2. Develop and implement **comprehensive disaster preparedness and risk reduction measures** that prioritize the specific requirements of forcibly displaced persons with disabilities, considering their full diversity, while actively **supporting and facilitating their participation** in DRR initiatives. This approach should integrate the following key aspects:

- Providing training and capacity-building programmes/initiatives for displaced and stateless persons with disabilities. These programmes should be designed to enhance their knowledge, competence and confidence in DRR, empowering them to assume leadership roles within their communities and contribute meaningfully to DRR and resilience-building efforts.

- Acknowledging and supporting the crucial role of women, who often serve as primary caregivers, by promoting their active participation in DRR decision-making and planning.

- Actively involving displaced and stateless persons with disabilities in the development process of disaster preparedness and evacuation plans to address diverse accessibility requirements.

- Ensuring that displaced and stateless persons with disabilities are not just participants but also have meaningful decision-making roles in DRR by developing and implementing mechanisms for their input and representation.

3. Ensure **equitable access to resources, protection and support services** for displaced and stateless persons with disabilities in situations of risk and humanitarian emergencies. This includes:

- Addressing the heightened risks of violence and discrimination in displacement settings, ensuring safety and fostering protective community networks.

- Providing targeted support for livelihood opportunities.

- Enhancing access to social security to improve preparedness by simplifying administrative procedures for social protection and assistance.

- Establishing mechanisms for replacing lost or damaged assistive devices such as wheelchairs, crutches and visual and hearing aids to ensure continued mobility and sensory support.

- Providing training for protection officers, aid workers and community volunteers in refugee settings to enable effective communication and accommodation of persons with disabilities.

4. **Enhance environmental accessibility to reduce barriers** that displaced persons with disabilities face and enable their participation. This necessitates:

- Adapting and retrofitting refugee sites and settlements for full accessibility, which includes constructing ramps, widening doorways, providing accessible sanitation facilities and creating suitable shelters for persons with disabilities.

"Initiatives are taken by the disaster management committee and the local government so that everyone can go to the shelter centre on time during a disaster.”

– a 63-year-old asylum-seeking man
• Investing in accessible emergency infrastructure, evacuation vehicles and logistics to ensure a safe, dignified and efficient evacuation.

• Guiding these enhancements by the principles of universal design, which focuses on making environments usable and accessible as widely as possible by everyone, including by persons with disabilities.

5. Establish accessible risk information dissemination channels and early warning systems that cater to the diverse requirements of persons with disabilities. Key actions include:

• Promoting community engagement, education and awareness-raising to ensure that persons with disabilities are aware of available services and their rights during disasters.

• Ensuring risk information and early warnings are provided in accessible, multiple formats that consider the diversity of disability.

• Developing and disseminating DRR materials in plain language and conducting training sessions in preferred languages of displaced persons with disabilities for effective engagement in disaster preparedness and risk reduction.

• Involving local community members in training programmes to enhance their reach and effectiveness, particularly in supporting persons with disabilities.

6. Address cultural stigmas associated with disabilities through education, awareness campaigns and advocacy. Encourage societal acceptance and the integration of persons with disabilities, emphasizing their equal membership in the community.

7. Collaborate to develop inclusive community structures that actively support and engage persons with disabilities in displacement settings. Key initiatives include:

• Establishing self-help groups and replicating promising initiatives such as the DSC from Rohingya refugee camps in Bangladesh to educate forcibly displaced persons with disabilities about their rights and build their leadership capacities, thereby strengthening community resilience.

• Amplifying the voices of displaced persons with disabilities through policy advocacy, representation in the media and involvement in various platforms and public forums.
Partnerships for disability inclusion in displacement settings

UNHCR collaborates closely with OPDs on a global scale, including in countries such as Mozambique, to provide essential support and advocacy for persons with disabilities within displaced communities. Globally, UNHCR’s partnership with the International Disability Alliance (IDA) focuses on capacity-building and advocacy. In Mozambique, with a particular emphasis on Cabo Delgado, UNHCR has joined forces with the Forum of Disabled Persons’ Organizations of Mozambique (FAMOD) and the local government to address the needs of internally displaced persons and members of the host community with disabilities. This includes providing and ensuring the suitability of assistive devices. FAMOD and UNHCR also have pivotal roles within a dedicated working group that focuses on community engagement and accountability, leveraging the expertise of OPDs for data collection and identifying communication barriers affecting at-risk individuals.

8. **Strengthen DRR efforts** for displaced and stateless persons with disabilities by fostering partnerships between OPDs and other key DRR stakeholders, such as governmental institutions, international and non-governmental organizations, United Nations organizations and community stakeholders. This collaborative approach should include:

- Leveraging the unique expertise and perspectives of OPDs, acknowledging their dual role as advocacy groups and vital sources of technical expertise.

- Drawing lessons from effective collaborative models, such as the partnership between UNHCR and local OPDs in Mozambique, which demonstrate the mutual benefits of such partnerships, especially in crisis situations. These partnerships ensure an informed approach to immediate challenges while also building the long-term capacity of OPDs.

- Consulting directly with persons with disabilities and their representative organizations and clearly distinguishing between OPDs, which are led and represented by persons with disabilities themselves, and organizations for persons with disabilities that provide services for them.

- Prioritizing and amplifying the voices of persons with disabilities and their representative organizations (or groups) in displacement settings, ensuring their insights are central in decision-making processes.

- Ensuring adequate funding for OPD engagement, including direct financial support and resources for capacity-building, and appropriately remunerating their professional contributions.

“We’re currently working towards creating a community alliance for risk response in the Anglophone crisis community in Cameroon.”

—a 54-year-old internally displaced man

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44 Internal Displacement Monitoring Centre, Advancing Disability-inclusive Action on Internal Displacement (Geneva, IDMC, 2022).