



**Speech – Sophie Allin – Technical Unit Coordinator – Handicap International, Iraq.
Panel Discussion – 1st July 2020, 15:00 – 16:00 CET
Safety and Protection of Mine Survivors in Situations of Risks and Humanitarian Emergencies**

Greetings and thanks...

During conflict, natural disaster and subsequent displacement, persons with disabilities, including explosive ordnance survivors, are more likely to lose access to care givers and face additional health complications and costs. As compared with other segments of the population, they may face targeted violence, be excluded from consultation processes and from communities due to stigma. Humanitarian crisis are also likely to place persons with disabilities at risk of severe financial poverty, increasing the risk of unsafe coping mechanisms and income seeking behaviors.

The *IASC guidelines on inclusion of persons with disabilities in humanitarian action* were developed as a tool to help humanitarian organizations, governments and other civil society groups to translate legislative commitments into concrete actions that will **ensure the safety and protection of persons with disabilities, including survivors, by: improving collection and analysis of data; fostering meaningful participation; addressing barriers; and developing response capacity.**

I have now worked across 3 emergencies in South Sudan, Philippines and Iraq. If I received a pound / dollar / even an Iraqi dinar for every time I heard, “we agree it’s important and know there are needs, we would like to provide inclusive services, but we don’t have the time, the space, the resources or the expertise right now, we will think about it later”, I would be a wealthy lady! However, inclusion is a shared responsibility. I want to spread the wealth and share some practical experiences of the challenges faced and how HI has actioned some of the key recommendations.

First, as a humanitarian community we need to improve the quality of sex, age and disability disaggregated **data**. In addition to victim and accident data, the Washington group questions provide a field tested methodology to ensure disability disaggregated data collection. In Iraq through advocacy at cluster level, field awareness and support, we have witnessed an increase in sex, age and disability disaggregated data collection. But data alone isn’t enough, we need to increase our capacity to analyze and translate this data into concrete and routine actions to plan for services and support communities: when we address WASH needs for women, data analysis will enable us to simultaneously address needs for women with disabilities

Second, **Fostering meaningful participation** of persons with disabilities, including survivors, is also essential for an inclusive humanitarian response that meets needs. To understand the specific challenges faced, persons with disabilities need to know their rights, they need to be represented and involved in community consultation and planning processes when implementing response programs.

In Iraq we have supported the establishment of community safety committees that are gender and disability inclusive to develop safety plans that promote a safer, more inclusive environment. In risk education we engage in participatory IEC material design, ensuring youth, gender and disability is balanced in representation, this promotes tailored messages on the risks of explosive ordnance and



enables us to simultaneously raise awareness and promote inclusion. Additionally, we train HI staff, focal points and volunteers on disability inclusion to ensure everyone contributes to the promotion of an inclusive community.

Third, **we can improve access** to services and increased protection of the populations with whom we work by **addressing physical, attitudinal and institutional barriers**.

For example, during the initial phase of the response in South Sudan, it was realized the prepositioned latrine slab stocks were not fully accessible. Providing technical advice to WASH actors and working alongside WASH engineers enabled quick adaptation to have larger latrine cubicles. After consultation, we observed additional advantages for persons with disabilities but also pregnant women and women with small children.

And now, the last but not least important area of work: **develop response capacities**. In Iraq HI has worked with the relevant authorities to ensure they meet their commitment to provide services. Secondary and tertiary healthcare services are frequently less prioritized and under-resourced, often resulting in poor quality or unavailable rehabilitation services, requiring people to travel long distances to access services such as physiotherapy or prosthetics and orthotics. Training rehabilitation professionals, promoting awareness on management of chronic conditions, as well as supporting regulation and decentralization of services has been shown to improve government capacity to respond to identified needs and increase access to specialized services in some targeted locations.

Working with organisations for persons with disabilities (OPD) and Survivors organizations is also key. For instance, during the recent covid response we have worked with organisations of persons with disabilities to ensure that messaging is provided in varied and accessible formats. Working alongside these Iraqi community based organisations has proved to be successful in developing awareness campaigns on inclusive services, access to education and employment, and reduce stigma associated with disability. The provision of an advocacy training package supported persons with disabilities to not only ask the humanitarian community to meet their needs, but to be able to provide advice on how to do this. The government responded by funding and releasing hygiene awareness messaging with sign translation, easy read pictorial guidance and radio messaging was also developed and shared.

Before I conclude, allow me to stress an important thing: collection and analysis of data, meaningful participation, and removal of barriers and development of response capacity will only be possible with sustained **technical and financial commitment from the donors and humanitarian community**. If we look at the MA budget for example, we notice an overall reduction of funding for VA with the only exception of 2018. We know that humanitarian, development and human rights envelopes might contribute to victim assistance and disability inclusive efforts but evidence as to whether these broader efforts are reaching victims and other persons with disabilities is lacking. This must change to ensure accountability to affected populations.

Together with sustained funding and commitment from all stakeholders we can create an enabling barrier free environment. The IASC guidelines on inclusion of persons with disabilities in humanitarian action sets out a roadmap for a humanitarian response, where no one is left behind.

**Document complementing the speech delivered by Sophie Allin¹ during the panel on Safety and Protection of Mine Survivors in Situations of Risks and Humanitarian Emergencies within the framework of the Anti-Personnel Mine Ban Convention Intersessional Meetings
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Humanitarian crisis are likely to disproportionately affect explosive ordinance (EO) survivors and other persons with disabilities. They are more likely to face targeted violence and become excluded from communities due to stigma. Losing access to caregivers and localized support mechanisms, alongside additional health complications and costs, can place persons with disabilities more at risk of severe financial hardship.

The [IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action](#) have been developed with and by persons with disabilities alongside traditional stakeholders. These guidelines place persons with disabilities at the centre of humanitarian response and set out essential actions that states, donors and humanitarian actors need to take to identify and respond to the needs of persons with disabilities.

These guidelines call for humanitarian stakeholders to:

i. Improve collection and analysis of data

Without reliable sex, age and disability disaggregated data (SADDD) humanitarian actors **are not equipped to identify and address the needs of persons with disabilities**. The Washington Group Questions have been designed to generate reliable and comparable data on persons with disabilities in addition to measuring access rates for persons with disabilities to humanitarian services. The HI resource [Disability Data collection in Humanitarian Action](#) provides enumerator training packages, translated question sets and learning across various contexts.

ii. Foster meaningful participation

Meaningful participation of persons with disabilities, including survivors, is also essential for an inclusive humanitarian response that meets needs.

iii. Address barriers to access services

Removing barriers results in improved access to services and increased protection. Barriers can be physical, attitudinal and institutional. [Case Studies, Inclusion of Persons with Disabilities in Humanitarian Action 2019](#) provides examples that demonstrate the deliberate and proactive action that is required to systematically include and ensure meaningful participation of persons with disabilities, gathered from across 20 different countries.

¹ Sophie Allin is Technical Unit Coordinator in Iraq with Handicap International / Humanity & Inclusion.

iv. Develop response capacity

With the aim to support and develop response capacity, the mine action sector is encouraged to refer to the [IMAS on VA 13.10](#). These standards provide a broad overview and guidance on the specific roles and responsibilities of mine action stakeholders, including state, humanitarian, and survivor support organisations.

In addition [The Waiting List](#) is a report describing the cross cutting and coordinated efforts required to ensure EO survivors and other persons with disabilities have access across multiple sectors, including health, education, work and employment, social protection and disability inclusion.

Together with sustained funding and commitment from all stakeholders we can create an enabling barrier-free environment where no one is left behind.