

## Displaced Persons with Disabilities

As every country around the world navigates unprecedented restrictions as a result of the COVID-19 pandemic, the Women's Refugee Commission (WRC) is working directly with humanitarian partners on the front lines during this crisis to advance research-based advocacy. Critical to that is hearing from our partners about how the pandemic is affecting the lives of displaced women, children, and youth. To date, organizations and individuals from across four continents have responded.

### Here's what we know so far about displaced persons with disabilities

Of the nearly 80 million people who are displaced worldwide, approximately 12 million are people with disabilities. Refugee women, children, and youth with disabilities are often excluded from vital services such as health care and education, economic opportunities, and programs that address gender-based violence. As we heard recently from our partners in Uganda, Pakistan, and Afghanistan, the COVID pandemic has exacerbated many of these issues.

Partners noted concerns about lack of access to services and information for persons with disabilities as a result of the pandemic. Specifically, in-home and personal assistant services have largely stopped due to lockdowns and hospital and clinic closures. This means that critical life needs—such as being able to use the toilet or moving around one's own home—are hindered.

Persons with disabilities who relied on regular health care visits for their well-being have seen those halted. Items such as soap—key to preventing COVID-19—food, and other necessities are not making their way to persons with disabilities.

Public health information regarding preventing COVID was not found to be available in accessible formats, while hygiene kits and water, sanitation, and health care facilities have been inaccessible for many persons with disabilities. Social distancing and isolation are unfeasible for some persons with disabilities who depend upon personal assistant services—where those remain available at all.

Partners also noted increased concern about gender-related violence during the pandemic, with persons with disabilities already facing increased risk of violence. **"Women with disabilities are at greater risk because they are marginalized and face greater societal and institutional barriers,"** said the Special Talent Exchange Program (STEP) in Pakistan.

Educational and economic opportunities have been curtailed and many livelihood programs have been canceled altogether, leaving persons with disabilities unable to earn a living. There is also concern about a failure to prioritize disability inclusion in the COVID humanitarian response, based on previous pandemic responses.

*Continued on next page*

## What can be done?

- **Recognize that persons with disabilities may be more isolated and neglected than before the pandemic.** Due to lockdowns, social isolating, and fear of catching the virus, persons with disabilities may no longer have access to outside caregivers and health care workers who were previously providing facility-based or in-house support. This may mean that daily life functions—such as bathing and cooking—become difficult or impossible for them and they may need new kinds of support to address their daily needs.
- **Make information on COVID 19 and health precautions accessible.** Persons with disabilities may require accessible forms of communication—such as closed captioning, sign language, or braille—for information dissemination vital to protecting their health. Service providers should assess the types of disabilities present in the communities they serve and the various forms of communication necessary to reach them.
- **Attend to the unique needs of persons with disabilities that may have changed during the pandemic and lockdowns.** The pandemic has changed how everyone lives—from how we buy groceries to what we wear when we go out. These daily life changes may be even more abrupt for persons with disabilities who may not be able to access or use personal protective equipment and may not be able to safely access markets, shops, and other services.
- **Regular monitoring, outreach, and mobile assistance may be necessary.** As persons with disabilities may have lost caregivers and support systems due to lockdowns and social distancing practices, it is critical that they be checked on regularly to ensure that they are safe and well and are able to meet their basic needs.
- **Build on and leverage the social networks of persons with disabilities.** The social networks that persons with disabilities belong to can be vital sources of support and information. It is important to identify who is in their networks and if and how these individuals can play a supportive role in their care and well-being.
- **Tap the skills and abilities of persons with disabilities.** It is important to recognize that persons with disabilities aren't simply people with needs but rather are people with skills, ideas, and experiences to contribute. Their ideas and participation must be solicited so that they can contribute to the pandemic response.

The Women's Refugee Commission would like to thank the following partners for their contributions to this work: Pakistan – Special Talent Exchange Program (STEP); Uganda – Faridah Luanda, founder of Da Vision Music and Community Action Group and Global Youth Advisory Council Member; South Sudan – Upper Nile Youth Development Association; Afghanistan – Today's Afghanistan Conciliation Trust (TACT).

August 2020