Submission to the Office of the United Nations Special Rapporteur on the Human Rights of Internally Displaced Persons

Human Rights Watch is grateful for the opportunity to provide input to the Special Rapporteur on the human rights of internally displaced persons for her upcoming thematic report to the United Nations Human Rights Council on the protection of internally displaced persons with disabilities.

On June 20, 2019, the UN Security Council adopted Resolution 2475, expressing its commitment to address the disproportionate impact of armed conflict and related humanitarian crises on persons with disabilities, including abandonment, violence, and lack of access to basic services. It emphasized the need to consider the particular needs of persons with disabilities in humanitarian response, the need for timely data and information, and to ensure that persons with disabilities enjoy equal access to basic services.

On November 12, 2019, the United Nations Inter-Agency Standing Committee (IASC) issued the United Nations Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action. These guidelines aim to assist aid agencies in making sure persons with disabilities are included in all phases of humanitarian response—from planning to coordination and monitoring—and set out essential actions that humanitarian actors must take in order to identify and meet the unique needs of persons with disabilities.

While the UN Security Council Resolution and IASC guidelines mark a step in the right direction, government and non-government actors alike must do more to ensure the protection of internally displaced persons with disabilities. Human Rights Watch agrees with the Special Rapporteur on the importance of raising awareness about the needs of internally displaced persons with disabilities, taking stock of how the issue has been addressed so far and identifying steps to protect the human rights of all internally displaced persons with disabilities.

This submission is based on Human Rights Watch’s research on the situations of persons with disabilities living in internal displacement in the Central African Republic,1 Cameroon,2 South

2 “Cameroon: People With Disabilities Caught in Crisis,” Human Rights Watch news release, August 5, 2019,
Sudan and Syria, as well as ongoing monitoring of the rights of persons with disabilities amid the humanitarian situations in Yemen, Ukraine, Iraq and Afghanistan.

In response to the Special Rapporteur’s call for inputs recognizing the specific vulnerabilities of older internally displaced persons, and the higher estimated proportion of the population of older persons with a disability, we are including in our submission specific examples of the experiences of older persons.

This submission addresses several of the questions posed in the Special Rapporteur’s call for inputs; however, rather than addressing them separately, it underscores several prominent themes and concerns that emerge from Human Rights Watch’s research. Specifically, the submission focuses on three key issues:

1. Compounded challenges and unique needs of persons with disabilities during conflicts, generalized violence and human rights violations, and natural disasters;
2. Difficulties internally displaced persons with disabilities encounter in meeting their basic needs and in accessing assistance and protection; and
3. Recommendations.

Compounded and unique risks facing persons with disabilities during conflicts, generalized violence and human rights violations, and natural disasters

While humanitarian crises create challenges for all people, they pose heightened and unique dangers to persons with disabilities. These challenges that conflicts, generalized violence and human rights violations, natural disasters and other emergency and protracted humanitarian situations create are compounded for persons with disabilities who face physical, communication and other barriers.

Persons with disabilities often face unique difficulties attempting to flee to safety when their communities come under violent attacks or if forced to flee because of natural disasters of other


drivers of forced displacement. In these high-risk situations, relatives and friends of persons with disabilities often face an agonizing, usually split-second, choice: flee and save themselves or try to save their relative or friend with a disability, risking being killed themselves. As a result, persons with disabilities risk being left behind in crisis and protracted situations.6

In Iraq, Human Rights Watch documented cases where children with disabilities were left behind by family members fleeing attacks by the Islamic State (also known as ISIS).7 In 2016, Human Rights Watch confirmed that at least three victims killed by ISIS in northern Iraq had disabilities and another three victims were older persons.8

In Syria, in December 2012, several psychiatric hospitals in Aleppo were bombarded, causing staff to flee and leaving patients to fend for themselves amid constant shelling.9 On April 24, 2019, Nujen Mustafa, a woman with a disability from Syria, briefed the UN Security Council on the humanitarian situation in Syria. In her address, Ms. Mustafa described what it was like to have to rely on family members to escape an attack: “Every day, I feared that I could be the reason that my family was one or two seconds too late.”10

In the Central African Republic, Human Rights Watch found that, since 2013, at least 100 persons with disabilities were unable to flee or were abandoned amid brutal attacks by armed groups. A key challenge in escaping was that assistive devices such as wheelchairs, tricycles or crutches were often lost in the chaos, left behind, or looted. Some persons with physical or sensory disabilities did not flee because they were daunted by the prospect of the journey or believed they would be spared because of their disability. Others who are deaf or have psychosocial or intellectual disabilities did not flee because they had trouble detecting or understanding impending dangers. The needs of persons with psychosocial or intellectual disabilities had been particularly neglected, since local disability rights organizations often focus on persons with physical disabilities.11

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At least a dozen persons left behind during attacks in 2014 and 2016 in the Central African Republic were killed. Two persons with physical disabilities were killed in 2014 because they were not able to run to escape the attack. In 2016, three older persons with disabilities were burned to death following an attack on a camp for internally displaced people in KagaoBandoro. Another resident who was deaf and could not speak was shot and killed.¹

In Cameroon, Human Rights Watch documented at least 24 cases in which government forces killed persons with disabilities who struggled to flee attacks or were abandoned. On September 19, 2019, Cameroonian security forces attacked a locality near the town of Muyenge. According to a witness, as others fled, a man named Jasper stayed behind because he had an intellectual disability. Soldiers set Jasper's hut on fire and shot him dead in front of his hut.¹² Recently, on January 18, 2020, government forces destroyed over 50 homes and killed two civilians with intellectual disabilities in the village of Bali in the North-West region of Cameroon. A witness said that, while everyone ran for their lives during the attack, Julius Ntali, a 55-year-old man with an intellectual disability, “didn’t understand what was happening around him and was hit.” The following day, security forces beat at least 4 women, including a 70-year-old woman with a physical disability, in a home in the Sang neighborhood in Bali.¹³

In South Sudan, Human Rights Watch documented numerous cases where belligerents shot at, hacked to death or burned alive persons with disabilities and older persons. An older woman who was displaced with her family from Mayendit county to Panyijar county in South Sudan, said: “The first time the government soldiers and militias came to my village in 2015, the old men and women who could not run were killed. There was Gatpan Mut, for example, who was a little old, and Gatkui Jich, who couldn’t move, and many, many more whose names I can’t remember.”¹⁴

The UN Secretary General’s report on protection of civilians in armed conflict from May 7, 2019 reports that in 2018, armed groups in South Sudan targeted sexual violence against older women, among other groups, to forcibly displace communities.

The UN Security Council Resolution on South Sudan from March 15, 2019, expressed serious concern about the dire situation of persons with disabilities in South Sudan, including

abandonment, violence and lack of access to basic services, and emphasized the need to ensure that the particular needs of persons with disabilities are addressed in the humanitarian response.

Because they cannot flee, some persons with disabilities are left behind for days on end during attacks. When left alone, they struggle to access basic necessities, such as food and the latrine, causing decreased nutrition and hygiene and increased stress, anxiety and physical vulnerability.

Regina, a 75-year-old blind woman, refused to flee her village, Ekona, in the South-West region of Cameroon, when fighting between the military and armed separatists broke out on July 8, 2019.

“My family escaped to the bush, but I did not go,” she said. “I survived alone with the little that was left in the house. It was very difficult.”

In Yemen, due to lack of electricity, limited fuel, and the poor condition of many of the country’s rubble-covered and cratered streets, persons with disabilities—particularly those who use wheelchairs—struggle to move around their communities, access basic services, and flee to safety. In many instances, persons with disabilities have become virtual prisoners in their own homes.15

In 2014, in the Central African Republic, a 27-year-old woman and mother of two with a physical disability had to flee her hometown of Ngoulempa when her village was attacked. Her father was killed in the attacks and her mother fled without her, so she was alone with her 4- and 5-year old children. “The Seleka [a rebel group] started to bum the house so we had to flee,” she explained. “My kids were young, and I was moving on my hands, so we were slow. Nobody could help us. We got to a stream and my children tried to cross it. But they could not swim, and the water was too deep. I watched as they both drowned. I then had to crawl to Kaga-Bandoro.”16

1. Difficulties internally displaced persons with disabilities encounter in meeting their basic needs and in accessing humanitarian aid

For persons with disabilities, humanitarian crises and displacement hinder access to basic necessities and services in several ways. Humanitarian emergencies and displacement can disrupt or destroy the support networks that persons with disabilities rely on. A 27-year-old blind student who was displaced from his village of Tobin in the North-West region of Cameroon told Human Rights Watch: “Here in Bamenda I don’t have a place to stay, I sleep where the night meets

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me. It’s difficult, I am displaced. I have no friends or family to rely on, and generally people don’t like to have a disabled person around, so if you are blind or deaf or on crutches, no one will welcome you home. I often struggle to find a shelter.”17

Internally displaced persons with disabilities face significant challenges accessing basic services, such as food, water, and medical services. For instance, in Cameroon, the crisis in the Anglophone region has exacerbated an already poor situation for persons with disabilities. “Even prior to this crisis,” a representative of a network supporting persons with disabilities in the South-West region explained, “people with disabilities had less access to healthcare services. The crisis exacerbated an already bad situation. Hospitals have been destroyed or ransacked, medical staff threatened or killed. Many doctors have also fled because of the violence.”18 Mental health services can be particularly sparse. For example, in the Central African Republic, where ongoing conflict has traumatized a significant portion of the population, there were no community-based mental health services in the areas where Human Rights Watch conducted research as of 2015. Only one hospital in the capital, Bangui, offered limited psychiatric medications.19

On top of generally poor sanitation conditions in camps for displaced people, accessing water and sanitation services, such as latrines and showers, is especially difficult for persons with physical disabilities. Without ramps, bars or other supports, some persons with physical disabilities must crawl to enter these areas, which can be painful and carry additional health risks, such as life-threatening infections or respiratory problems related to inhaling excessive amounts of dust.20

“Félix,” who has a mobility disability and fled violence in his home village in the South-West region of Cameroon, described his struggles accessing the toilet: “The biggest challenge is the toilet. It’s outside and is used by many people, so it is often disgusting. I am afraid I will soon get some disease since I must creep to the toilet with my hands.”21

Jean, a man with a physical disability whom Human Rights Watch met in M’Poko camp for internally displaced people in Central African Republic in 2015, explained: “My tricycle doesn’t fit

inside the toilet so I have to get down on all fours and crawl. Initially I had gloves for my hands so I didn’t get any [feces] on them but now I have to use leaves.”22

In displacement camps, persons with disabilities often have difficulty obtaining aid because facilities are not designed for independent navigation by people who are blind or use wheelchairs, and information is not provided in accessible, easy-to-understand formats.23 Food distribution can be sporadic and persons with disabilities, especially those without families, often struggle to obtain sufficient food and supplies during disorganized distributions. “It is very difficult to get food when it is distributed,” said 40-year-old “Thierry,” a man with a mobility disability who lives at the “MINUSCA” camp in Kaga-Bandoro, Central African Republic. “Everyone is mixed and people start to fight with each other after a few minutes, so we people with disabilities must watch from the sidelines and just try to get what is left over.”24

People with mobility disabilities living in nongovernment-controlled areas of eastern Ukraine, including many older people and people with disabilities, face overwhelming difficulty accessing their pensions or do not get them at all. Since the Ukrainian government stopped providing government services in these areas in 2014, it has required pensioners to register as internally displaced and cross the contact line to government-controlled areas in order to receive their pensions. Lyubov Toporkova, 85, lives in Vuhlehirsk, a town in eastern Ukraine that is currently not controlled by the government. Toporkova can not move from the waist down and cannot leave her bed, which made it impossible for her to travel to obtain displaced person status. As a result, she lost her pension in 2014. Because of Toporkova’s immobility, she also could not evacuate Vuhlehirsk in 2014 or enter a bomb shelter when the city came under heavy shelling.25

In its November 2019 report, the UN Office of the High Commissioner for Human Rights recommended the Ukrainian parliament and cabinet of ministers to end the requirement that pensioners register as internally displaced to be eligible to collect their pensions.

While persons with disabilities face compounded challenges and have unique needs during displacement, financial and systemic barriers undermine their inclusion in humanitarian responses.

In Cameroon, international organizations operating in displacement regions said they have no targeted programs to respond to the needs of displaced persons with disabilities. While over four million people have been affected by the crisis in Cameroon, there is limited data on the specific needs of persons with disabilities.26

Many communities have shown solidarity with displaced people and welcomed and housed them after violent attacks. However, persons with disabilities face ongoing stigma and, as a result, have often been stranded in the places to which they have fled. An employee of a local charity in Bamenda, Cameroon explained to Human Rights Watch that some people do not want to host displaced persons with disabilities in their homes. “Unfortunately,” she explained, “there are cultural beliefs shaping local understanding of disability and discrimination, which should be tackled with more awareness-raising activities.”27

As a volunteer from a local organization that provides services to persons with disabilities in the South-West region of Cameroon explained: “People in Cameroon have negative perceptions about disability. Many think disability is a curse resulting from evil spirits. Others think persons with disabilities are useless. Due to these perceptions, people don’t want to help or mingle with persons with disabilities.”28

For a 36-year-old parent of a child with a developmental disability, negative views about persons with disabilities meant that she was displaced in Bamenda when she arrived after fleeing from her village, Bali Bawock, in November 2018. “There is too much stigma on persons with disabilities,” she told Human Rights Watch. “No one wants to host a child who drools all the time and still uses diapers at the age of seven. People reject us.”29

Recommendations

Governments, armed groups, United Nations agencies, humanitarian organizations and donors should act to protect the human rights of internally displaced persons with disabilities by:

Protection and assistance:

- Taking all feasible precautions in the conduct of military operations to spare civilians, including giving effective warnings that take into account the needs of civilians with disabilities.
- Taking all feasible precautions against the effects of attacks, including providing shelters and evacuation routes that are accessible to persons with disabilities.
- Providing persons with disabilities and older persons access to humanitarian responses, both in terms of protection and assistance, on an equal basis with others, including by providing reasonable accommodation for their needs.
- Increasing awareness of and education on disability issues in order to dispel myths and stereotypes about persons with disabilities and eliminate stigma attaching to persons with disabilities.
- Ensuring that all funding for humanitarian crises and displacement benefits people with disabilities on an equal basis as others.

Participation:

- Promoting the meaningful involvement of persons with disabilities and their representative organizations in the design, implementation, monitoring and evaluation of emergency response programs and ensuring their active participation in decision-making and planning processes.
- Providing appropriate financial and other support so that the rights and needs of persons with different types of disabilities are addressed in humanitarian efforts.
- Appointing persons with different types of disabilities to displacement camp management committees to better ensure that their concerns are represented and acted upon.

Inclusive responses and services:

- Ensuring that the physical environment in displacement camps is accessible to persons with disabilities. This can be achieved, in part, by including persons with different types of disabilities in camp planning and evacuation plans.
- Providing adequate, appropriate, and rights-respecting medical care, including mental health care, counseling, and psychosocial support, to internally displaced persons with disabilities.
- Providing priority and/or separate access to food and sanitation services for persons with disabilities in displacement camps.
• Providing persons with disabilities equal access to information about displacement camp services such as medical care, food distribution and evacuation plans, through easy-to-understand materials or other relevant communication methods.
• Facilitating access to education for internally displaced children with different types of disabilities by training teachers and making classrooms fully accessible.
• Providing appropriate financial support such that the rights and needs of persons with different types of disabilities are addressed in humanitarian response efforts.

Data collection:

• Collecting data on the needs of persons with disabilities in crisis and protracted humanitarian situations, disaggregated by age, gender and disability, and analyzing such data so that the rights and needs of persons with disabilities can be addressed in humanitarian response. All data collection processes should respect the confidentiality and privacy of persons with disabilities.
• Including the situation of internally displaced persons with disabilities in human rights monitoring and reporting.

We hope that you will find this submission useful and would welcome any opportunity to discuss the recommendations further with you.