



ADVOCACY Factsheet

February 2025

Leaving No One Behind: Persons with Disabilities in the Syrian Humanitarian Response

What is inclusive humanitarian action (IHA)?

Inclusive humanitarian action (IHA) is grounded in international frameworks that affirm the rights of all individuals under International Humanitarian Law (IHL) and International Human Rights Law (IHRL). Disability-inclusive humanitarian action requires placing persons with disabilities as rights-holders at the center of the humanitarian response to ensure meaningful access, both in terms of protection and assistance. IHA focuses on the identification and removal of barriers faced by persons with disabilities when accessing humanitarian services across all sectors through their direct participation and engagement in the process.



Nour, aged 4, was seriously injured during the earthquake of 6 February 2023. ©HI

Introduction

Persons with disabilities are estimated to represent 16 per cent of the world's population¹. In humanitarian contexts, they make up a much higher percentage and are among the most marginalized in crisis-affected communities, disproportionately affected by conflict and emergency situations. In disasters, their mortality rate is two to four times higher than that of persons without disabilities. This is particularly evident in Syria, where over a decade of conflict has exacerbated the vulnerabilities of persons with disabilities. The ongoing violence, displacement, destruction of infrastructure, 2023 earthquake and limited access to essential services, including healthcare and rehabilitation, and decreasing levels of funding have left persons with disabilities facing significant barriers to survival and inclusion in emergency response efforts. The intersection of their pre-existing needs and the challenges posed by the protracted crisis highlights the urgency of prioritizing their inclusion in humanitarian programming in Syria.

Humanitarian Context Overview

Millions in Need: The Growing Demand for Humanitarian Aid

Prior to the most recent events and significant changes in the Syrian government in November/December 2024, around 16.7 million Syrians, including 7.5 million children, required humanitarian assistance². Among the total population in need, approximately 2.8 million individuals, or 17 per cent, are persons with disabilities³.

Within Syria, over 617,000 people remain newly displaced since late November 2024⁴. While more than half a million individuals have returned, the majority to Aleppo and Hama, many remain in precarious conditions. In north-east Syria, over 24,000 people are still sheltering in 200 emergency collective centers, most lacking adequate water, sanitation, and privacy⁵.

The Ongoing Threat of Explosive Ordnance in Syria

The threat of explosive ordnance (EO) contamination remains severe, with deadly consequences for civilians. 15.4 million Syrians are at immediate risk from injury and death. More than 80 per cent of all victims are men, indicating an interconnection between the deteriorating economic situation, the increased need to pursue alternative livelihood possibilities and incidents involving EO contamination⁶.

¹ [Disability](#)

² [UNICEF calls for immediate protection of children amid escalating crisis in Syria](#)

³ [Syrian Arab Republic: 2024 Humanitarian Needs Overview \(February 2024\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

⁴ [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

⁵ [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

⁶ [Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 \(Issued January 2025\) - Syrian Arab Republic | ReliefWeb](#)

Since December, 198 EO incidents have killed 141 people, including 24 children and 13 women, and injured at least 265 others, among them 114 children and 16 women. In January and February 2025 alone, 136 incidents were recorded, with 90 occurring while farmers and shepherds were working on their land, leading to 61 deaths and 93 injuries⁷. These incidents, concentrated in areas such as Deir-ez-Zor, Idlib, Aleppo, and Hama, also hinder the movement of medical personnel and supplies, delaying critical healthcare services.

The Syrian economy in limbo

Economic challenges have worsened poverty and food insecurity, with 12.9 million people food insecure and the cost of basic goods, including food, doubling in 2023 alone⁸. According to a Whole of Syria Joint Needs Assessment in 2025, 75 per cent of communities noted that people were unable to access sufficient food⁹. Syrian refugees in neighboring countries face similarly dire conditions, with over 90 per cent relying on humanitarian aid in Lebanon, 93 per cent of households in Jordan in debt, and 90 per cent in Türkiye unable to cover monthly expenses¹⁰.



⁷ [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

⁸ [Syria | World Food Programme](#)

⁹ [*Unpacking-the-effects-of-thirteen-years-of-crisis.-A-snapshot-of-humanitarian-needs-in-post-Assad-Syria.pdf](#)

¹⁰ [Syria Refugee Crisis Explained](#)

Inside Syria, cash withdrawal restrictions, severe shortages of essential goods and supplies, bread shortages, and fuel scarcity hinder daily life and humanitarian efforts. Infrastructure damage, particularly in southern Idlib, northern Hama, and western Aleppo, disrupts essential services, including transportation, water, and electricity.

Fuel and electricity shortages

Fuel shortages also hinder efforts to keep facilities warm, impacting school attendance and creating challenges for teachers. In Afrin, nearly 50 per cent of schools lack heating fuel, reducing attendance, while in north-east Syria, 133 schools serving as shelters have left over 68,700 children out of school. In Menbij, 350 schools remain closed, affecting 126,000 students and 3,500 teachers¹¹.

As of February 2025, access to electricity was perceived to be a significant challenge across Syria, with 71 per cent of communities citing partial or complete network failure and 68 per cent reporting that solar panels or batteries were unaffordable¹². Many areas experienced on average only 2 to 6 hours of electricity daily, a situation particularly prevalent in Dara, Lattakia, and Damascus, affecting up to 75 per cent of communities in some regions¹³. In Homs and Hama, electricity is available for 45 minutes every seven hours, compared to an eight-hour interval reported two weeks ago. In Deir-ez-Zor, power outages are frequent with no significant improvements, resulting in water shortages in some neighborhoods, and hampering essential services and economic recovery¹⁴.

A Health System in Need of Rebuilding

The health sector is overstretched, with widespread shortages of supplies, staff, and functioning facilities. 38% of Syria's hospitals and 47% of its primary healthcare centers are either partially or non-functional¹⁵. Many hospitals, including those in Aleppo and Deir-ez-Zor, face closures and oxygen shortages. Medical facilities face challenges in running generators and vehicles, further reducing the availability of care in critical areas. Winter conditions have worsened respiratory illnesses, increasing hospital visits in Idlib and Aleppo. Mental health needs are critical, especially for children and adolescents, including children with disabilities, who face heightened anxiety and depression due to prolonged insecurity and trauma.

¹¹ [Syrian Arab Republic: Flash Update No. 11 on the Recent Developments in Syria \(as of 13 January 2025\) \[EN/AR\] | OCHA](#)

¹² [*Unpacking-the-effects-of-thirteen-years-of-crisis.-A-snapshot-of-humanitarian-needs-in-post-Assad-Syria.pdf](#)

¹³ [Unpacking-the-effects-of-thirteen-years-of-crisis.-A-snapshot-of-humanitarian-needs-in-post-Assad-Syria.pdf](#)

¹⁴ [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

¹⁵ [Whole of Syria Monthly Situation Report, March 2024 - Syrian Arab Republic | ReliefWeb](#)



"Standing in the ruins of what was once his home, he bears the scars of war—not just on his body, but in the silence of everything lost. Displaced, amputated, but unbroken – Hisham. Aleppo, December 2024."

"My name is Hisham, and my journey has been one of immense challenges and gradual recovery. The heavy bombing in my city forced us to leave on March 13, 2016. The attacks were relentless, and I was severely injured, resulting in partial paralysis and the amputation of both my lower limbs. My family and I fled to the northern countryside of Aleppo, where we ended up in an informal camp.

Living in the camp was incredibly difficult, especially for someone like me. The environmental barriers were overwhelming, and there was no accessibility for people with disabilities. I felt trapped, both physically and mentally. My mental health deteriorated until a physiotherapy team from HI visited me. Their support marked the beginning of my journey toward recovery.

They provided me with a wheelchair, which helped me move around. Later, we moved into a modest home, and with HI's help, it was adapted to be more accessible. They installed tiles and doors, making it easier for me to move around independently. These changes transformed my life, giving me a sense of dignity and autonomy that I hadn't felt since my injury.

On December 1, 2024, I was finally able to return to my village! The sight that awaited me was devastating. The level of destruction was overwhelming—mosques, hospitals, bakeries, schools, roads, and infrastructure were reduced to rubble. Approximately 70 per cent of the city was destroyed.

For persons with disabilities like me, the destruction made navigating the city nearly impossible. Crumbled buildings, inaccessible pathways, and the lack of mobility-friendly infrastructure compounded the challenges, leaving us struggling to even perform basic tasks amidst the chaos.

What struck me most, however, were the remnants of war scattered everywhere. Unexploded ordnance and other hazards were a constant threat to those trying to rebuild their lives.

People in my city desperately need awareness and education about the dangers of these remnants to stay safe. At the same time, the city requires major reconstruction to rebuild homes, schools, and essential infrastructure.

Despite everything, I remain hopeful. I've seen firsthand how targeted support can transform lives. But without accessible reconstruction efforts and awareness campaigns to address the dangers of unexploded ordnance, the challenges for persons with disabilities like me—and for my community as a whole—will persist.”

Impact of the Syrian Humanitarian Crisis on Persons with Disabilities

- Economic Marginalization and Employment Barriers

According to the Humanitarian Response Priorities issued in January 2025, extreme poverty is projected to increase from 33.1 per cent in 2024 to 37.4 per cent in 2025 in Syria¹⁶.

Persons with disabilities are disproportionately excluded from economic opportunities, making it exceedingly difficult for them to meet their basic needs. Data from 2022 and 2023 reveals that families with a member with a disability, especially when the head of the household has a disability—are significantly more likely to struggle with poverty¹⁷. This economic vulnerability is compounded by widespread unemployment among people with disabilities, driven by discriminatory attitudes, a lack of tailored job opportunities, and inaccessible infrastructure. For example, in northwestern Syria and according to the [Protection Barriers Report](#), 47 per cent of persons with disabilities reported that basic services are not accessible¹⁸.

The absence of training and vocational programs for persons with disabilities further exacerbates their economic marginalization. **Women with disabilities face heightened barriers**, the intersectionality of gender and the situation of disability restrict access to both education and employment. In northern Syria, for example, 9 per cent of women and girls with disability reported feeling unsafe in their neighborhood compared with 6 per cent of women and girls without disabilities¹⁹.

Following the change in the Government, many Syrians are returning to their places of origin, only to find their neighborhoods destroyed. For persons with disabilities, this destruction presents even greater challenges, as they already struggle in accessing employment and economic opportunities are further

¹⁶ [Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 \(Issued January 2025\) - Syrian Arab Republic | ReliefWeb](#)

¹⁷ [Syrian Arab Republic: 2024 Humanitarian Needs Overview \(February 2024\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

¹⁸ [Persons with Disabilities Protection Barriers Report in North-West Syria \(August 2024\) - Syrian Arab Republic | ReliefWeb](#)

¹⁹ [Syrian Arab Republic: 2024 Humanitarian Needs Overview \(February 2024\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

exacerbated. The task of rebuilding accessible homes and communities often requires physical labor, financial resources, and access to materials—all of which are largely inaccessible to individuals with disabilities due to mobility constraints, discriminatory attitudes, and a lack of inclusive support programs. In several governorates, local services and infrastructure appeared to be stretched beyond capacity. According to the Whole of Syria Joint Needs Assessment, access to humanitarian assistance remains critically low across all governorates. For example, in Lattakia, 99 per cent of communities reported no access to aid, while Aleppo and Hama both suggested that 93 per cent of communities did not have access to assistance. The primary barrier to aid was simply **the lack of available humanitarian assistance**, reported by 83 per cent of communities surveyed²⁰. Additionally, the humanitarian response for Syria is significantly underfunded, having secured less than 10 per cent of the \$1.2 billion needed through March 2025²¹.

- Healthcare Access and Unmet Needs

As of February 12, 2025, in north-west Syria, more than 30 health facilities, including major hospitals, have been damaged or destroyed in former front-line areas of Idlib and western Aleppo, requiring urgent restoration, while over 100 health facilities lack funding, leading to shortages in medical supplies, trained personnel, and essential resources²². Three primary health centers in Idlib were forced to suspend services on February 3, 2025, due to funding shortages. In the south, efforts are needed to rebuild the health authority structure, rehabilitate medical facilities, and address critical workforce shortages²³.

In 2024, 77 attacks on healthcare facilities in Syria were reported, resulting in 134 injuries and 23 deaths. 69 of these incidents were reported since 27 November, resulting in damage to health facilities and ambulances, and injuries among healthcare personnel.

No access to rehabilitation and assistive devices

The physical destruction of healthcare facilities due to ongoing conflict, coupled with a **lack of assistive devices**, limits mobility and access to necessary treatment. Over 28% of the Syrian population over the age of two now has some kind of disability²⁴. During the years of escalating violence in Syria, particularly between 2011 and 2015, the mass exodus of medical professionals posed crucial challenges to the country's healthcare system. Approximately 15,000 physicians—half of Syria's prewar medical workforce—fled the country, resulting in a significant decrease in the doctor-to-patient ratio²⁵. The loss of skilled medical professionals continues to have lasting effects, particularly in areas still affected by violence and displacement.

²⁰ <https://repository.impact-initiatives.org/document/impact/1209c7d1/Unpacking-the-effects-of-thirteen-years-of-crisis.-A-snapshot-of-humanitarian-needs-in-post-Assad-Syria.pdf>

²¹ [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

²² [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

²³ [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

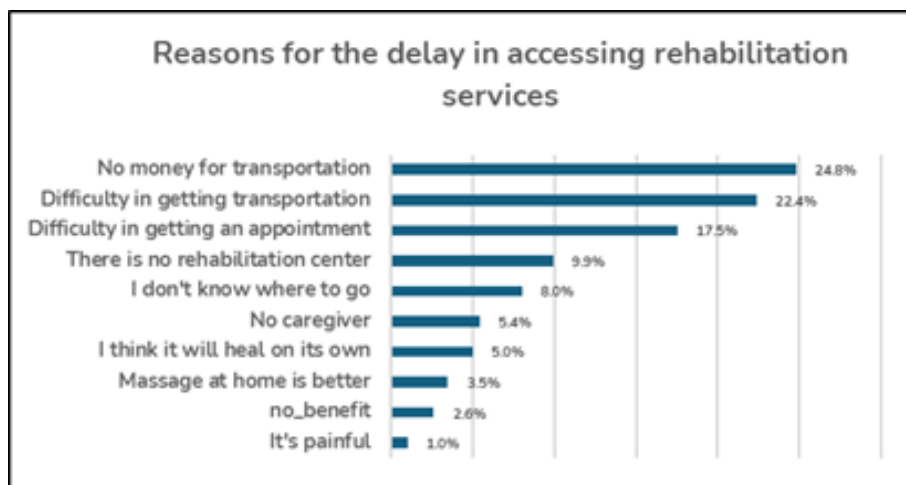
²⁴ [Disabilities in Syria: A 'Hidden' Crisis | International Center for Transitional Justice](#)

²⁵ [The war on Syria's health system](#)

Access to healthcare is one of the most critical yet unmet needs for persons with disabilities in Syria. In northern Syria, 44 per cent of households with at least one member with a disability reported healthcare services as inaccessible in 2023, while 42 per cent identified medicine as their top unmet need. A 2025 multi-sectoral needs assessment conducted by HI in northwest Syria revealed alarming statistics: 43 per cent of respondents reported reduced access to health facilities due to damaged infrastructure and physical barriers. The assessment also highlighted critical shortages, with 24 per cent of respondents noting a lack of rehabilitation personnel, 28 per cent identifying insufficient prosthetic and orthotic materials, and a widespread **absence of accessible medical equipment**. Furthermore, the three governorates in which the highest proportion of communities indicated a lack of access to healthcare were Aleppo with 84 per cent of communities, Lattakia 79 per cent, and Dara 70 per cent²⁶.

According to the Protection Barriers Report in North-West Syria, nearly half of persons with disabilities surveyed in 2024 reported only partial access to assistive devices, while 41 per cent had no access at all²⁷. These barriers prevent persons with disabilities from achieving physical recovery, mobility, and autonomy, leaving them trapped in cycles of dependency and vulnerability.

In November 2024, HI conducted an internal rehabilitation needs assessment of 665 persons with physical disabilities in Al-Dana governorate of Idlib. The assessment revealed that 84 per cent of the people interviewed reported prolonged waiting time to access physical rehabilitation services. The primary two reasons relate to the cost and access to transportation. The difficulty in getting an appointment could indicate the lack of professional physical rehabilitation in the area.



Similarly, from October to November 2024, HI assessed parents whose children experienced developmental delays. It includes children who were receiving early stimulation therapy and were experiencing severe and moderate acute malnutrition. HI conducted assessments among beneficiaries in three hospitals, two of which are situated in Idlib and one in Deir Ez-Zor governorate. The

assessment revealed the challenges encountered in the management of children with developmental

²⁶ [*Unpacking-the-effects-of-thirteen-years-of-crisis.-A-snapshot-of-humanitarian-needs-in-post-Assad-Syria.pdf](#)

²⁷ [Persons with Disabilities Protection Barriers Report in North-West Syria \(August 2024\) - Syrian Arab Republic | ReliefWeb](#)

delays, with the top three being **70 per cent poverty, 55 per cent hospital distance, and 25 per cent transportation unavailability.**

Furthermore, in September 2024, HI's Northeast program conducted a physical evaluation of the 11 Primary Health Centers (PHCs), where HI is providing physical rehabilitation services, to determine the overall condition of the PHCs and the ability to effectively and safely provide healthcare services. Findings revealed the following:

1. Of the 11 PHCs, only 3 PHCs are considered accessible. There are three additional PHCs with ramps, but they are either too steep or slippery.
2. One PHC has appropriate space to conduct physical rehabilitation exercises and psychosocial sessions simultaneously.
3. All 11 PHCs do not have proper equipment to conduct rehabilitation services.

The different HI's internal assessments provide the magnitude of investment required for better access to healthcare services, including physical rehabilitation services.

- **Educational Exclusion**

The number of people in need in the education sector has risen by 8 per cent in 2025, from 7.2 million in 2024 to 7.8 million²⁸. Across Syria, there is a critical need for learning spaces, as many schools remain occupied by internally displaced persons (IDPs) and classrooms require urgent rehabilitation. More than 5,200 schools have sustained damage and are in urgent need of support²⁹. Additionally, more than 2.45 million children are currently out of school, with over a million at risk of dropping out.³⁰

In north-west Syria, more than 30 per cent of schools require urgent rehabilitation, and many schools need WASH facilities to ensure the health and safety of children and teachers. School furniture, such as desks, chairs, and teachers' tables, is also urgently needed. In north-east Syria, 456 schools require rehabilitation, particularly in Aleppo, Ar-Raqqa, Deir ez-Zor, and Al-Hasakeh. Prolonged use of schools as emergency collective centers has left over 68,000 students without education, while 14,000 children residing in collective centers lack access to formal learning³¹.

Impeded access to education

Challenges to education for children with disabilities are multifaceted, including the **physical inaccessibility** of schools, a **lack of specialized teaching resources**, and deeply ingrained **societal stigma**. The absence of inclusive education policies and practices not only denies children with disabilities their right to education but also limits their potential for future independence and economic participation. The socio-economic

²⁸ [Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 \(Issued January 2025\) - Syrian Arab Republic | ReliefWeb](#)

²⁹ [Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 \(Issued January 2025\) - Syrian Arab Republic | ReliefWeb](#)

³⁰ [Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 \(Issued January 2025\) - Syrian Arab Republic | ReliefWeb](#)

³¹ [Syrian Arab Republic: Humanitarian Situation Report No. 1 \(As of 12 February 2025\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

crisis forces families to deprioritize schooling to reduce costs, such as transportation expenses. This leads to negative coping mechanisms that affect school enrollment, attendance, and retention while increasing child vulnerabilities and protection risks. While this impacts all children, the consequences are even more severe for children with disabilities and girls, who face heightened barriers to accessing and remaining in education.

In Damascus, the education system faces an acute shortage of teachers and education personnel due to high transportation costs and limited availability of transport services, leaving many classrooms understaffed³². In northeast Syria, the harsh winter months pose additional challenges. Schools lack heaters, and children urgently need warm clothing to continue attending classes. According to the last Humanitarian Needs Overview (HNO), 60 per cent of school-age children with severe mental or physical disabilities have never attended school or any other form of education³³.

- **Violence and Protection Risks**

Syria has 16.3 million people in need of protection, including over five million IDPs residing outside of camps. These IDPs face heightened risks such as forced evictions, lack of land tenure, and social fragmentation, with many experiencing multiple displacements due to ongoing hostilities. The unstable security situation and cyclical displacement have inflicted deep psychological distress, increasing the need for strengthened mental health and psychosocial support services to prevent harmful coping mechanisms and address the long-term impact of displacement on individuals and communities.³⁴

Children and Women with Disabilities in Syria

Children and women with disabilities in Syria face alarming levels of violence, neglect, and exploitation, exacerbated by the prolonged conflict and its devastating consequences. Over 6 million children, including those with disabilities, are in urgent need of child protection services³⁵. However, the ability of organizations inside Syria to respond to these needs remains gravely limited. A lack of training, specialized resources, and comprehensive understanding of non-physical disabilities significantly undermines their capacity to provide adequate care and protection. This gap leaves children with developmental, intellectual, or sensory disabilities particularly vulnerable, as their needs are often overlooked or misunderstood in the broader humanitarian response.

The challenges are even more severe for women and girls with disabilities, who face intersecting layers of vulnerability. Discrimination, cultural stigmas, and systemic barriers amplify their risks of gender-based violence. The sense of insecurity among women and girls with disabilities is compounded by the physical

³² [Syrian Arab Republic: Flash Update No. 12 on the Recent Developments in Syria \(as of 21 January 2025\) \[EN/AR\] | OCHA](#)

³³ [Syrian Arab Republic: 2024 Humanitarian Needs Overview \(February 2024\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

³⁴ [Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 \(Issued January 2025\) - Syrian Arab Republic | ReliefWeb](#)

³⁵ [Syrian Arab Republic: 2024 Humanitarian Needs Overview \(February 2024\) \[EN/AR\] - Syrian Arab Republic | ReliefWeb](#)

and structural inaccessibility of shelters and protection services. This leaves them with limited or no recourse when they face abuse or neglect.

Displacement and the Perils of Returning Home

Returning families often find their homes, roads, and agricultural lands unsafe, with little to no clearance efforts completed in many areas. In the month of December 2024 alone, the number of casualties from EO tripled from previous months, with children accounting for about 50 per cent of casualties³⁶. This vulnerability is further compounded by the destruction of infrastructure, limited access to healthcare, and a lack of awareness about the risks posed by EO. One particularly alarming statistic is that 8 in 10 agricultural fields in Syria are contaminated with EO, directly impacting livelihoods in a country where much of the population depends on agriculture for survival³⁷. The dangers of EO contamination also include severe physical injuries. These injuries can result in long-term disabilities, amputations, or even death, further devastating affected families and communities.

The situation is further aggravated in displacement settings, where overcrowding, lack of privacy, and poor living conditions expose women and children with disabilities to even greater risks. With humanitarian aid often stretched thin, protection services are unable to prioritize or effectively address the vulnerabilities of persons with disabilities, leaving them marginalized and unsupported. According to the Whole of Syria Joint Needs Assessment, shelter was reported as the main priority need of assessed communities. In 37 per cent of all assessed communities, most people were living in either unfinished or abandoned houses, damaged residential buildings, non-residential structures, such as garages, or emergency shelters, notably tents. Among communities in Aleppo, 40 per cent of them reported that the main shelter type was an unfinished or abandoned building and 14 per cent reported they lived in damaged buildings. Aleppo has been particularly affected by recent shelling and fighting, including at the Tishreen Dam which disrupted water and electricity delivery for more than 400,000 people. Widespread looting has also been noted in Aleppo³⁸.

³⁶ [Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 \(Issued January 2025\) - Syrian Arab Republic | ReliefWeb](#)

³⁷ [Mine Action AoR Syria Response](#)

³⁸ [*Unpacking-the-effects-of-thirteen-years-of-crisis.-A-snapshot-of-humanitarian-needs-in-post-Assad-Syria.pdf](#)

Recommendations

To the Caretaker Government:

- Ensure that national laws and policies align with the **Convention on the Rights of Persons with Disabilities (CRPD)** and other relevant international frameworks, with clear enforcement mechanisms.
- Develop and implement **national disability policies** that prioritize **accessibility, participation, and non-discrimination** in all sectors, including **education, health, employment, and social services**. This should include cross-sectoral planning and resource allocation to enhance **accessibility, service provision, and long-term inclusion efforts**.
- Establish a robust data collection system that disaggregates data by **disability, gender, and age** to inform evidence-based policies and address the needs of persons with disabilities more effectively.
- Run **public awareness campaigns and support civil society efforts** to challenge misconceptions about disability and shift harmful social norms that contribute to the exclusion of persons with disabilities.
- Dedicate an adequate budget for the effective **implementation of educational policies** that support children, girls and youth with disabilities.
- Develop and implement comprehensive **safeguarding policies** that explicitly address the specific risks faced by persons with disabilities, such as **neglect, bullying, child and forced marriage and gender-based violence**.
- Ensure access to **victim assistance services**, including medical care, rehabilitation, psychosocial support, and economic reintegration programs.

To donors and UN agencies:

- Work towards the full implementation of human rights frameworks, including the **Convention of the Rights of Persons with Disabilities**, and reaffirm the implementation of the commitments of the **Inter-Agency Standing Committee (IASC) Guidelines and Charter on Inclusion of Persons with Disabilities in Humanitarian Action** in the Syrian response.
- Show long-term commitment to an **inclusive humanitarian response by providing the necessary resources**, forging alliances with specialized actors, and using **disability inclusion-specific indicators** to measure the impact of programs.
- Ensure that considerations related to age and disability are taken into account in **project review and prioritization**, through the **application of principles of non-discrimination and participation, and the drafting of policies on inclusion, cooperation and coordination**.
- Encourage all humanitarian actors to use the **UN-approved Washington Group questions** when collecting data on persons with disabilities, **disaggregate data** by gender, age and disability, and ensure that persons with disabilities.

- Encourage and support governments' efforts to improve educational curricula and teacher training to address **diversity and inclusion adequately**.
- Ensure the meaningful and active participation of persons with disabilities, in programming, in the design and implementation of projects, as well as in humanitarian coordination, including through their representative organizations.

To humanitarian actors:

- Engage persons with disabilities in **the needs assessment and consult local organizations of persons with disabilities** to define the interventions needs and key priorities in different sectors at service level.
- Ensure **comprehensive case management** for persons with disabilities by facilitating their access to essential services through **a coordinated and holistic approach** that addresses their diverse needs beyond just medical requirements. Case management should involve **multi-sectoral coordination** between health, education, social protection, and livelihood services, ensuring persons with disabilities reach and access inclusive and sustainable support that enhances their autonomy and participation in society.
- Ensure adopting **a twin-track approach** in project design to reduce the barriers that hinder the access to services for persons with disabilities, this can be done by providing mobile services, providing home-based services, giving flexible options for participation in various activities (e.g. accessible livelihoods activities);
- Incorporate **risk education, victim assistance, and clearance efforts** into humanitarian response plans to reduce the threats posed by **explosive ordnance**, ensuring persons with disabilities receive **accessible risk education materials**.
- Ensure **diverse and accessible communication methods** to reach all persons with disabilities, including those with visual, hearing, cognitive, and physical impairments. This should **include Braille, sign language interpretation, audio formats, easy-to-read materials, and digital accessibility features** to ensure information is **inclusive, clear, and readily available to all**.
- Recognize the **need for physical personal assistance** in supporting the daily activities and independence of persons with disabilities (and ensure the provision of **additional hygiene considerations and supplies**).
- Equal access to **financial support** and adapted and safe methods of delivery.
- Develop and implement internal strategies and policies to **mainstream disability** in the **design, implementation, and coordination** of humanitarian response efforts.

The 2019 Inter-Agency Standing Committee (IASC) Guidelines and 2016 Charter on Inclusion of Persons with Disabilities in Humanitarian Action

The 2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action set out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings. They will ensure the inclusion of persons with disabilities in all sectors and in all phases of humanitarian action. The idea to develop the Guidelines originated with the launch of the 2016 Charter.

Visit the [website](#) to access the Guidelines.

Launched at the World Humanitarian Summit (WHS) on 23-24 May 2016 in Istanbul the Charter on Inclusion of Persons with Disabilities in Humanitarian Action provides a **policy framework on inclusion of persons with disabilities** in humanitarian action. It has been seen as a major step forward by the humanitarian community, and has been endorsed by a large variety of stakeholders, including States, UN agencies, NGOs, and organisations representative of persons with disabilities (DPOs).

Visit the [website](#) to consult the text of the Charter and the full list of endorsers.

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Website: <http://www.hi.org>

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