

Mr. Chair, Excellencies, colleagues:

Thank you for this opportunity to speak. I will use it to raise three issues that are of urgent concern:

First, the greater marginalisation of people with disabilities in crisis: radical changes in environment, whether due to conflict or natural disasters, drastically limit access to services and exacerbate their vulnerability;

Second, people with disabilities impacted by humanitarian crises continue to be largely invisible even after a humanitarian response is well under way;

And third, in spite of documented vulnerability produced by the emergency, and perhaps due to their invisibility, people with disabilities continue to lack access to humanitarian services ostensibly in place to serve *all* people affected by the crisis at hand.

There is an urgent need for all governments and donors to commit to developing more accessible and inclusive responses to humanitarian crisis.

Then, this May, the World Humanitarian Summit will provide critical opportunity to advance such commitments.

Permit me to explain, starting with my first point about greater marginalization in contexts of crisis.

How does marginalisation make people with disabilities more vulnerable in these contexts? Let me give an example: Bayan is 12 years old and lives with spina bifida, a congenital condition that leads to impaired mobility. In Syria, Bayan wore orthotics and used a walking frame to move around. When she and her family fled, she was forced to leave everything behind apart from her wheelchair. She now struggles to leave her apartment, which does not have a lift; she is no longer going to school.

In addition to the greater marginalization of people with disabilities, humanitarian crises also result in new injuries often leading to further impairments.

In situations of crisis we are also witnessing persons with disabilities being targets of violence.

In Lebanon our outreach team shared a case where men entered the tent of a man with spinal cord injuries with the intent of raping the man's wife in front of him while taunting his lack of ability to stop them. This is a clear example of violence specifically targeting a person because of disability.

To-date there is no mechanism by which disability-based violence can be reported and tracked.

Yet, based on what we hear from people with disabilities in conflict-affected communities, we are confident that if such a mechanism was established, more cases of violence will come to light. Worldwide collection and reporting of cases would help to illuminate the scope of the problem, enhance efforts to ensure protection for survivors, and end impunity for the perpetrators.

The urgent need to bring these human rights abuses out of the shadows brings me to my second point: the invisibility of people with disabilities. When so-called "specific needs" are tracked during UNHCR's registration process, disability and chronic diseases are underreported. Only the most severe cases are recorded. Improving this process is key for service providers to know the scope and nature of disability-related needs in the early days of a crisis. Handicap International continues to collaborate with UNHCR colleagues, with the specific goal of improving the disability-related questions asked during refugee registration.

Additionally, the inclusion of people with disabilities and their representative organisations in the preparation, planning and response to crises by governmental and non-governmental humanitarian actors must also be improved.

In a recent survey we, at Handicap International conducted in preparation for the World Humanitarian Summit, **46% of humanitarian actors** report a continuing failure to consult people with disabilities and their representative organisations during crisis responses. We hope that this 31st Regular Session of the Human Rights Council catalyzes political commitments by Member States that recognise the meaningful contributions of people with disabilities and ensure their full and effective participation across all sectors of humanitarian response.

My third and final concern is that today, 10 years after the UN General Assembly adopted the Convention on the Rights of Persons with Disabilities, and in spite of growing evidence of the enhanced vulnerability of people with disabilities by humanitarian crisis, their marginalisation persists.

3 out of every 4 people with disabilities responding to our aforementioned survey reported inadequate access to available humanitarian assistance. Activities that ensure accessibility are not prioritised: be it activities to ensure access to information; to improve physical access to facilities; to guarantee full coverage of basic needs; or to provide assistive devices which improve participation of individuals in their communities.

Without global guidelines supporting inclusive practices for persons with disabilities, steps to enhance access to services will remain Ad Hoc, relying solely on the good intentions of isolated service providers. This goodwill is to be applauded but the changes will not be sustainable, until the principles of accessibility and inclusion enshrined in the convention are systematically required by Member States and UN agencies, including disability-markers for donors.

There are some promising signs of change. It's encouraging to see so many here affirming the rights enshrined in Article 11 of the CRPD, because the adoption and implementation of global guidelines by Member States is crucial for the systematization of disability-related inclusion. The World Humanitarian Summit in May will offer a unique opportunity for stakeholders to work

towards defining these standards that would guide and mandate a more inclusive humanitarian response.

Over the past 10 years we have noticed a welcome increase in awareness of disability-related rights and of the need to enhance access to humanitarian services. For example, through the work of Handicap International and our partners, we have seen Dabaab Camp in Kenya (the world's largest refugee camp) become a more accessible place for people with disabilities through inclusive education projects, alternative food collection mechanisms, inclusive transportation initiatives and more.

Yet all too often we still see cases such as Aisha, a 93-year old Syrian refugee who, in 2014, was put on a bus to Jordan by her relatives to save her from the bombing that was threatening their home. 2 years later she continues to live alone, with no reliable assistance except for the goodness of strangers in her camp block. When caravans were first distributed in Jordan's Zaatari camp she was passed over in spite of her severely limited mobility, chronic diseases, and lack of caregivers. In Syria she was in a familiar environment surrounded by her neighbours and 10 children.

As a refugee, she arrived without assistive devices, without moral support, without the community she needs around her to cook, clean or even access water.

When the lives of people like Aisha are torn apart by conflict, disaster and displacement, we must make sure that the humanitarian response is able to identify her needs, and that we do not exacerbate her struggle by our inability to provide equal access to support and protection regardless of physical ability, age, gender or the multitude of other factors which continue to stand in the way of a truly inclusive response.

Thank you.

