



# **PERSONS WITH DISABILITIES IN SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES**

SUBMISSION TO THE COMMITTEE ON THE RIGHTS OF PERSONS  
WITH DISABILITIES ON ARTICLE 11

DAY OF GENERAL DISCUSSION 2023

**AMNESTY  
INTERNATIONAL**



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# INTRODUCTION

Amnesty International welcomes the opportunity to provide written input pertaining to the upcoming day of general discussion by the Committee on the Rights of Persons with Disabilities on persons with disabilities in situations of risk and humanitarian emergencies. Over the past five years, Amnesty International has documented violations of the rights of persons with disabilities, including war crimes and crimes against humanity, related to armed conflicts and emergency situations in Afghanistan, Armenia, Azerbaijan, Mozambique, Myanmar, Nigeria, Sierra Leone, Ukraine and Yemen. This submission focuses on several issues, including elevated risks from violence, inclusion in humanitarian responses, housing and institutionalization, access to services, and the intersection of older age and disability, among others.

## ELEVATED RISKS

In many armed conflicts and other crises, persons with disabilities face elevated risks of violence. They struggle to flee to locations where they can shelter from attacks. Evacuations organized by governments or non-governmental organizations often rely on transportation that is not physically accessible to persons with disabilities, and information about evacuation routes is not always transmitted in accessible ways.

In Ukraine, for example, Amnesty International interviewed many persons with disabilities who were not able to seek safety in bomb shelters or basements, which were typically not physically accessible. Many were forced to stay in their apartments instead. This problem was exacerbated by the fact that city authorities in many conflict-affected areas, in an effort to prevent people from being stranded during electricity blackouts, shut off lifts in apartment buildings for weeks and sometimes months at a time, leaving persons with limited mobility no option but to stay in place during attacks.<sup>1</sup> For those who were able to seek safety in basements and bomb shelters, poor conditions and below-freezing temperatures often exacerbated health conditions among persons with disabilities, resulting in further-reduced mobility, severe bronchitis and pneumonia, and amputation of limbs, among other issues.<sup>2</sup>

Persons with disabilities in Ukraine were not always able to evacuate when they wanted to. For example, one woman in Mariupol described how in March 2022, Russian soldiers transferred the residents of her building in a bus ahead of what the soldiers described as a “mop-up operation”. Because the woman lived with her 88-year-old grandmother, who had limited mobility, they could not leave in the bus and were forced to endure several extremely intense days of shelling while remaining in their apartment.<sup>3</sup> Older persons with disabilities said that evacuations were not always communicated in ways that were accessible to them, as many did not have smartphones and more inclusive means of distributing information, including via radio or television or in-person, were either not possible or not attempted.<sup>4</sup> Families in which more than one person had a disability were at particularly high risk of facing difficulties when attempting to evacuate.<sup>5</sup>

In Myanmar, Amnesty International documented how persons with disabilities have often remained behind when other villagers flee a military advance and how soldiers have at times extrajudicially executed or subjected persons with disabilities to torture or other ill-treatment upon discovering them.<sup>6</sup> For example, a 67-year-old farmer who stayed at home when most of his village fled in March 2019, in part because a severe hearing impairment meant he had not heard fighting nearby between the military and an armed group, described being beaten and then tied to a post for hours, as Myanmar soldiers questioned him about the armed group.<sup>7</sup> Many persons with disabilities have been burned to death inside their homes during military operations, especially as part of the atrocities against the Rohingya population in 2017. Mariam Khatun, around 50, had to leave her parents, both of whom had very limited mobility, when Myanmar soldiers attacked her Rohingya village in August 2017; as she looked back while fleeing, she saw the village burning, knowing her parents were still inside the home.<sup>8</sup>

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<sup>1</sup> See Amnesty International, *“I Used to Have a Home”: Older People’s Experience of War, Displacement, and Access to Housing in Ukraine* (Index: EUR 50/6250/2022), 6 December 2022, p. 30.

<sup>2</sup> Amnesty International, *“I Used to Have a Home”*, p. 41.

<sup>3</sup> Amnesty International, *“I Used to Have a Home”*, p. 83.

<sup>4</sup> Amnesty International, *“I Used to Have a Home”*, pp. 80-84.

<sup>5</sup> Amnesty International, *“I Used to Have a Home”*, p. 83.

<sup>6</sup> See Amnesty International, *“We Will Destroy Everything”: Military Responsibility for Crimes against Humanity in Rakhine State* (Index: ASA 16/8630/2018), 27 June 2018; Amnesty International, *“Fleeing My Whole Life”: Older People’s Experience of Conflict and Displacement in Myanmar* (Index: ASA 16/0446/2019), 18 June 2019.

<sup>7</sup> Amnesty International, *“Fleeing My Whole Life”*, p. 20.

<sup>8</sup> Amnesty International, *“Fleeing My Whole Life”*, p. 22.

In northeast Nigeria, Amnesty International similarly documented how persons with disabilities faced unique risks, including of being killed, because they disproportionately remained in conflict-affected or Boko Haram-controlled areas.<sup>9</sup> Boko Haram fighters have killed women with intellectual and psychosocial disabilities, and in particular older women, after accusing them of being “witches”.<sup>10</sup> Nigerian soldiers have also fired indiscriminately into homes and villages where persons with disabilities, including older persons with limited mobility, remain behind, killing and severely injuring them.<sup>11</sup>

In Yemen, persons with disabilities interviewed by Amnesty International described arduous and repeated displacement journeys in pursuit of safety, the vast majority of those with limited mobility travelling without any assistive devices such as wheelchairs or crutches and relying on family members and loved ones to carry them.<sup>12</sup> In some cases, civilians with disabilities were further endangered by the failure of the parties to the conflict to comply with their obligation to give effective advance warning of attacks likely to affect the civilian population.<sup>13</sup> Some persons with disabilities were left behind – separated from their families in the chaos of fleeing, or because the journey was too onerous for the person with a disability to continue. One woman told Amnesty International that, in the mayhem of fleeing and preoccupied with a teenage son with physical and intellectual disabilities, she ended up leaving her husband, a 59-year-old man with a psychosocial disability, chained in their family home in Ta'iz.<sup>14</sup>

While more research is needed, some evidence suggests that persons with psychosocial and intellectual disabilities are more likely to be targeted by violence during an armed conflict. In Myanmar, for example, Amnesty International has documented how soldiers have subjected persons with psychosocial and intellectual disabilities to extrajudicial executions or arbitrary detention and torture because of the person's perceived “failure” to comply with a soldier's order.<sup>15</sup> Amnesty International also documented several cases in Afghanistan in 2021 and in the fighting between Armenia and Azerbaijan over Nagorno-Karabakh in 2020 in which persons with intellectual and psychosocial disabilities including schizophrenia, depression, and dementia did not flee violence along with the rest of their communities and were killed as a result.<sup>16</sup> People with such conditions also face social stigma that increases the likelihood that they may be targeted.

## LACK OF DATA

Across many contexts, lack of data about persons with disabilities – and particularly data that is disaggregated by age, gender, and type of disability – hampers government and humanitarian actors' ability to protect their rights and include them in humanitarian and evacuation responses. Most local authorities and humanitarian actors in Bangladesh, Nigeria and Yemen, for example, do not sufficiently collect and disaggregate data by age, sex and disability.<sup>17</sup> This has led to the relative invisibility of certain groups, including persons with disabilities, and meant that some programming decisions have been based, and continue to be based, on incomplete or even inaccurate assumptions and analyses.

In other contexts, such as Armenia, Azerbaijan and Ukraine, persons with disabilities can and often do formally register with the government, which is then often obligated by national law to offer them certain benefits, such as financial supports, assistive devices or support services. However, these statistics do not capture a complete picture of disability in each country, as many people may not identify themselves or be socially identified as having a disability. In Nagorno-Karabakh, for example, persons with psychosocial or intellectual disabilities often did not have a formal diagnosis and for this reason were not registered as persons with disabilities with de facto authorities.<sup>18</sup> In Ukraine, older persons in particular, who tended to

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<sup>9</sup> Amnesty International, “*My heart is in pain*”: Older people's experience of conflict, displacement, and detention in northeast Nigeria (Index: AFR 44/3376/2020), 8 December 2020.

<sup>10</sup> Amnesty International, “*My heart is in pain*”, p. 23.

<sup>11</sup> Amnesty International, “*My heart is in pain*”, pp. 33-35, 46.

<sup>12</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict* (Index: MDE 31/1383/2019), 3 December 2019, pp. 14-17.

<sup>13</sup> International Committee of the Red Cross (ICRC), *Customary International Humanitarian Law*, Vol. 1: Rules, Rule 20: “Each party to the conflict must give effective advance warning of attacks which may affect the civilian population, unless circumstances do not permit.”

<sup>14</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, p. 17.

<sup>15</sup> See Amnesty International, “*We Will Destroy Everything*”, pp. 29, 78; Amnesty International, “*Fleeing My Whole Life*”, pp. 33-34. The Diplomat, “Military Stranglehold Brings Misery to Myanmar's Minorities”, 25 August 2017, [bit.ly/3lr6Vie](https://bit.ly/3lr6Vie)

<sup>16</sup> See Amnesty International, *No Escape: War Crimes and Civilian Harm During the Fall of Afghanistan to the Taliban* (Index: ASA 11/5025/2021), 15 December 2021, p. 16; see also: Amnesty International, *Last to Flee: Older People's Experience of War Crimes and Displacement in the Nagorno-Karabakh Conflict* (Index: EUR 54/5214/2022), pp. 20-21.

<sup>17</sup> Amnesty International, “*Fleeing my whole life*”, pp. 36-38; Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, p. 18; Amnesty International, “*My heart is in pain*”, pp. 48-52. See also Humanity & Inclusion – Handicap International, *Unshielded, Unseen: The implementation of UNSC resolution 2475 on the protection of persons with disabilities in armed conflict in Yemen*, May 2022, [bit.ly/3S1XqJr](https://bit.ly/3S1XqJr), p. 8.

<sup>18</sup> Amnesty International, “*Last to Flee*”, pp. 20-21.

attribute reduced functioning to age, did not identify themselves and often were not socially identified as persons with disabilities. One woman who ran a physically accessible shelter in Dnipro for displaced persons with disabilities said that the vast majority of older persons with disabilities who arrived at her shelter did not have disability status.<sup>19</sup> In Ukraine as elsewhere, such data is rarely further disaggregated, such as by type of disability, making it difficult to adjust humanitarian responses to the needs of those impacted.<sup>20</sup>

## HOUSING AND INSTITUTIONALIZATION

Armed conflict often spurs a displacement crisis that can result in an acute housing shortage. This can pose a problem for all displaced people, but it is particularly challenging for persons with disabilities, many of whom may have been displaced from homes that were adapted to their physical needs, who lost access to their support networks, and who struggled to find new accommodation that was accessible to them.

In Ukraine, according to statistics from the Ministry of Social Policy, at least 4,000 older persons with disabilities were placed in state institutions between February and July 2022.<sup>21</sup> Amnesty International has interviewed groups working on the ground who state that this trend of institutionalization has only intensified since July 2022.<sup>22</sup>

Persons with disabilities, and particularly older persons with disabilities, are at risk of institutionalization after displacement for a number of reasons. First, home ownership rates in Ukraine before the war were very high, meaning that many persons with disabilities owned their homes, which in many cases they outfitted to meet their needs.<sup>23</sup> Second, they often lived in communities where they were supported both formally and informally by others including social workers, relatives, friends, neighbours and paid caregivers, but the war largely shattered these networks.<sup>24</sup> Third, persons with disabilities and older persons receive extremely low pensions which often put them below real subsistence levels, making it impossible for them to rent private apartments or homes.<sup>25</sup> Finally, temporary shelters are largely physically inaccessible, and staff are not trained to support persons with a wide range of disabilities, particularly intellectual and psychosocial disabilities. According to analyses conducted by disability rights groups, “modular towns” that are being built for displaced people are not accessible to persons with disabilities.<sup>26</sup>

In summary, in Ukraine these factors often left persons with disabilities, and particularly older persons with disabilities, no option but to live in state institutions where they are at risk of abuse and neglect. There do not appear to be any centralized efforts to collect data about adults with disabilities who are living in institutions during the war, to ensure monitoring of their living conditions or to secure their transfer to accessible accommodations in the community.

## INCLUSION IN HUMANITARIAN RESPONSES

Despite commendable efforts by the humanitarian community to respond to growing needs in conflicts and crises around the world, Amnesty International’s findings point to gaps in humanitarian programmes, including ensuring that persons with disabilities have equal access to facilities in camps for internally displaced persons and refugees, that they can collect aid with ease and can participate in camp governance. Such shortcomings mean that the response does not respect the rights of persons with disabilities, nor does it meet humanitarian principles to life with dignity and of inclusivity and non-discrimination.

Researchers observed the general absence of the participation of persons with disabilities, in particular women with disabilities, in camp or community governance and decision making in Myanmar, Nigeria and Yemen, for example.<sup>27</sup> In only one out of five camps for displaced persons visited by the organization in

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<sup>19</sup> Amnesty International, “*I Used to Have a Home*”, p. 21.

<sup>20</sup> See Humanity and Inclusion, “*Ukraine, Where Sirens Sound Day and Night*”, October 2022, p. 3.

<sup>21</sup> See Ukraine Ministry of Social Policy, “Уряд за пропозиціями Мінсоцполітики розширив можливості працевлаштування пенеміщених соціальних працівників та підтримку громад у забезпеченні соціальними послугами ВПО”, 7 July 2022, [www.msp.gov.ua/news/22025.html](http://www.msp.gov.ua/news/22025.html)

<sup>22</sup> Amnesty International interviews, October and November 2022.

<sup>23</sup> Amnesty International, “*I Used to Have a Home*”, pp. 27-30.

<sup>24</sup> Amnesty International, “*I Used to Have a Home*”, pp. 30-33.

<sup>25</sup> Amnesty International, “*I Used to Have a Home*”, pp. 33-40.

<sup>26</sup> European Disability Forum, “Ukraine Modular Towns Not Accessible to Persons with Disabilities” (Undated), on file with Amnesty International.

<sup>27</sup> Amnesty International, “*Fleeing my whole life*”, pp. 69-70; Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict*, pp. 18-19; Amnesty International, “*My heart is in pain*”, pp. 50-52.

southern Yemen in 2019 – a camp in Aden – was there a person with a disability who appeared to be a coordinator with the site’s management.<sup>28</sup>

The situation varied in the different camps Amnesty International researchers visited in Bangladesh, Myanmar, Nigeria and Yemen, however conditions of housing and sanitation in these sites largely compromised the ability of persons with disabilities to practise self-care, undermining their privacy and inherent dignity. In Yemen, for example, researchers noted how persons with disabilities who did have mattresses in their camp shelters had rather thin ones that looked neither durable, nor comfortable, let alone helpful in relieving bedsores for those with limited mobility.<sup>29</sup> In Myanmar’s Shan State, where persons displaced temporarily are sometimes housed in houses of worship, access to multistory buildings for persons with limited mobility was cited as a barrier.<sup>30</sup> Overall, there was a noted shortage of assistive devices such as tricycles, wheelchairs, canes, crutches, and existing distribution systems were largely centralized, putting the onus on persons with disabilities to seek out devices and collect them.<sup>31</sup>

Many persons with disabilities in camps in Bangladesh, Nigeria and Yemen spoke of the inaccessibility of latrines and washing facilities.<sup>32</sup> Several interviewees said they washed and used a pan inside their shelters. In several sites visited by Amnesty International, researchers observed the absence of handles, ropes or chairs that would enable persons with disabilities to use latrines with ease or, in fact, at all. In some instances, latrines were built in hillier parts of the camp or on an elevation in a way rendered them inaccessible for persons with limited mobility. In the Rohingya refugee camps in Bangladesh, the lack of lighting in the camps made accessing a latrine even more difficult at night,<sup>33</sup> which increases the risk of gender-based violence for women and girls with disabilities in particular. Such issues of inaccessibility are at the heart of fulfilling persons with disabilities’ rights to life with dignity and to sanitation. Lack of access to latrines can also have a detrimental impact on sexual and reproductive health of women and girls with disabilities.

When it comes to distribution of aid, including rations and cash-based assistance, Amnesty International found that the response often falls short for persons with disabilities. Whether handed out off site or in distribution points in camps, the model tends to be based on individuals having to go to these collection points, which poses a problem for persons with limited or no mobility. At times, families said they had to incur additional transport costs to collect aid from off-site locations.<sup>34</sup> In Bangladesh and Nigeria, the authorities and humanitarian organizations have at times not communicated in a disability-inclusive manner about registration or about changes to food assistance, disproportionately affecting persons with disabilities and leaving some with no assistance at all.<sup>35</sup>

## ACCESS TO SERVICES IN SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES

In crisis, conflict and post-conflict settings, many persons with disabilities struggle to access services, including physical and mental healthcare and social support services. Inability to access such services can have a serious impact on the health and well-being of persons with disabilities.

In Ukraine, persons with disabilities living in conflict-affected areas said that it became more difficult to access healthcare and social support services since Russia’s full-scale invasion in February 2022. During phases of active fighting, persons with disabilities, including those with serious long-term health conditions could not attend urgent medical appointments, and most pharmacies were closed, preventing people with chronic conditions from purchasing medication.<sup>36</sup> This situation has remained acute in Russian-occupied parts of Ukraine, where Russian forces have continued to prevent the transfer of humanitarian aid, in flagrant violation of international law.

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<sup>28</sup> Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict*, p. 18

<sup>29</sup> Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict*, p. 19

<sup>30</sup> Amnesty International, “*Fleeing my whole life*”, p. 63

<sup>31</sup> See, for example, Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict*, pp. 19-20.

<sup>32</sup> Amnesty International, “*Fleeing my whole life*”, pp. 38-44; Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict*, pp. 20-21; Amnesty International, “*My heart is in pain*”, pp. 56-58.

<sup>33</sup> Amnesty International, “*Fleeing my whole life*”, pp. 42-43.

<sup>34</sup> Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict*, pp. 21-22.

<sup>35</sup> Amnesty International, “*Fleeing my whole life*”, pp. 54-57; Amnesty International, “*My heart is in pain*”, pp. 48-56.

<sup>36</sup> See Amnesty International, “Ukraine: Humanitarian corridors for civilians fleeing Russian attacks must provide safety – new testimonies,” 10 March 2022, [bit.ly/3YSrERm](https://www.amnesty.org/en/documents/uea/30/2022/03/10/)

With regards to social support services, the Ukrainian government has not published comprehensive data about their provision since February 2022. However, several persons with disabilities in Ukraine told Amnesty International that there were fewer social workers available, meaning they had to forego important activities including trips to the doctors' office or other errands, and were significantly more isolated at home. Some persons with disabilities were forced to flee their homes because social workers fled and were no longer able to bring them food.<sup>37</sup>

In situations of displacement, camp health services likewise often fail to respect persons with disabilities' rights to health and dignity. The health response tends to be overwhelmingly centre-based. In the Rohingya refugee camps in Bangladesh, for example people have often had to navigate the inaccessible, hilly terrain to get to a camp clinic.<sup>38</sup> In southern Yemen and northeast Nigeria, displaced people have often had to travel to urban centres to see a health professional and receive treatment.<sup>39</sup> Mobile medical clinics are often limited and even when they do exist, they are primarily mobile from camp to camp, rather than shelter to shelter.<sup>40</sup> Persons with disabilities interviewed in camps in Yemen and Bangladesh cited poor access to referral, follow-up and specialist services.<sup>41</sup> These are not add-ons for convenience, but rather essential for people to live full lives, and to manage and treat the often-serious health conditions with which some persons with disabilities live.

Inadequate access to quality assistive equipment and technologies in conflicts and crises continues to undermine the rights of persons with disabilities. Assistive devices – tricycles, wheelchairs, canes, crutches – and prostheses are essential to enabling persons with disabilities to live active, independent lives. For many, these devices are considered part of their bodies and part of who they are.<sup>42</sup> In Yemen, for example, based on researchers' observations and interviews with persons with disabilities and organizations of such individuals, there was a noted shortage of assistive equipment and technologies inside and outside camps.<sup>43</sup>

Research in many countries has consistently shown that exposure to conflict and other emergencies impacts mental health, with people more likely to develop new mental health conditions and experience psychological distress, and those with pre-existing psychosocial disabilities often needing more support than before.<sup>44</sup> Amnesty International's research indicates that in several crisis and conflict-affected countries, support for persons with psychosocial disabilities is severely lacking. For example, in Yemen, where the conflict is in its eighth year, despite the overwhelming needs, the country has one of the least developed and accessible psychosocial support services in the region, with any available services concentrated in urban areas.<sup>45</sup> Interviewees and their relatives told Amnesty International that they had not been able to seek out psychosocial support or mental health services due to several barriers, including financial constraints, lack of knowledge about where to go or the absence of a referral.<sup>46</sup> Health professionals and aid workers operating in conflict-affected areas of eastern Myanmar also told Amnesty International that there is little to no mental health and psychosocial support services in the region amid escalating operations by the military since February 2021.<sup>47</sup>

Amnesty International's research also highlights how, long after traumatic exposures, the mental health impact lasts – something humanitarian response and development programming often fails to address. For example, Sierra Leonean war and Ebola survivors told Amnesty International in research conducted in 2021 that they still experience a range of symptoms of distress which they link to their exposures during the 1991-2002 civil war and the 2014-2016 Ebola epidemic.<sup>48</sup> Several people interviewed who received mental health and psychosocial services during the emergency periods highlighted the value of this kind of support. But many people were left out of such support, and the provision of mental health services for persons with psychosocial disabilities and others has dwindled after the emergency phase.<sup>49</sup> Amnesty International's research shows that while psychosocial interventions provided through humanitarian programming during

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<sup>37</sup> Amnesty International, *"I Used to Have a Home"*, pp. 31-32.

<sup>38</sup> Amnesty International, *"Fleeing my whole life"*, pp. 44-51 and 68-69.

<sup>39</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, pp. 25-33; Amnesty International, *"My heart is in pain"*, pp. 56-59.

<sup>40</sup> See for example, Amnesty International, *"Fleeing my whole life"*, p. 47.

<sup>41</sup> *Fleeing my whole life*, p. 47-50; Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, pp. 28-29.

<sup>42</sup> UN General Assembly, *Report of the Special Rapporteur on the rights of persons with disabilities*, 9 August 2016, UN Doc. A/71/314

<sup>43</sup> *Excluded: Living with disabilities in Yemen's armed conflict*, pp. 19-20 and 29-30.

<sup>44</sup> WHO, *Building Back Better: Sustainable Health Care after Emergencies*, 2013, p. 4, bit.ly/3twGJcA. See also Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, pp. 30-33; Amnesty International, *"They are forgetting about us": The long-term mental health impact of war and Ebola in Sierra Leone* (Index: AFR 51/4095/2021), 25 May 2021.

<sup>45</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, pp. 30-33.

<sup>46</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, pp. 30-33.

<sup>47</sup> Amnesty International, *"Bullets rained from the sky": War crimes and displacement in eastern Myanmar* (Index: ASA 16/5629/2022), 31 May 2022, pp. 21, 41.

<sup>48</sup> Amnesty International, *"They are forgetting about us": The long-term mental health impact of war and Ebola in Sierra Leone*, pp. 10 and 18-19.

<sup>49</sup> Amnesty International, *"They are forgetting about us"*, pp. 10, 21-35.



the emergency phase delivered important temporary support, such responses need to become part of government services to be sustainable and effective long-term.

The organization's documentation of the situation in Sierra Leone also underscores how lack of sufficient and sustained social protection for conflict and crisis survivors with physical and psychosocial impairments – and the resulting poverty and reduced livelihood opportunities – is inextricably linked to mental health and overall wellbeing.<sup>50</sup>

## OLDER PERSONS WITH DISABILITIES

In many situations, older persons with disabilities face additional barriers due to age discrimination. In some situations of armed conflict, older people who have disabilities are not perceived or do not identify themselves as persons with disabilities. In Ukraine, for example, many older persons with disabilities do not formally register with the government as having a disability. In the wake of Russia's full-scale invasion, this left them disadvantaged: having disability status would allow them to access additional financial support and assistive devices in displacement.<sup>51</sup> As noted above, this also creates gaps in the data on the number of persons with disabilities in Ukraine, which hampers both the humanitarian response and evacuation efforts.

Older persons with disabilities also may be discriminated against on the basis that others perceive their disabilities as degenerative, and therefore perceive their quality of life as less important. This can result in fewer resources being invested in their care or support in situations of armed conflict. In Ukraine, for example, where thousands of older persons with disabilities have been placed in state institutions since the 2022 invasion, employees of those institutions expressed discriminatory views toward older people specifically, suggesting that very low staffing ratios were acceptable for older persons with disabilities. One director of an institution said: "If somebody is a young person and they got in a car accident they need to have access to rehabilitation. The services we have here are best for grandmas and grandpas."<sup>52</sup> During visits to seven state institutions in July 2022, Amnesty International researchers found that the vast majority of those people who had been institutionalized since the war were older persons with disabilities.

## GIRLS AND WOMEN WITH DISABILITIES

Amnesty International's research shows that girls and women with disabilities in situations of risk and humanitarian emergencies face unique and compounded challenges and additional gender-based discrimination. Accepted societal practices in Yemen, for example, necessitate that women are assisted by members of their immediate family or other females, which affects, for instance, who carries them while fleeing violence and who helps them to access latrines and bathing facilities in the camps.<sup>53</sup>

In Yemen and northeast Nigeria, opportunities of mingling and general inclusion in camp life appeared even more limited for girls and women with disabilities because of social exclusion and lack of structures to support them.<sup>54</sup> At least two women with physical disabilities in Yemen told Amnesty International they spend their days confined to their tents.<sup>55</sup> A significant body of research globally has shown that women and girls with disabilities are at greater risk of being subjected to gender-based violence, including sexual violence, with the threat particularly high in conflicts.<sup>56</sup>

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<sup>50</sup> Amnesty International, "They are forgetting about us", pp. 20-21.

<sup>51</sup> Amnesty International, "I Used to Have A Home", p. 21.

<sup>52</sup> Amnesty International, "I Used to Have a Home", pp. 61-62.

<sup>53</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, p. 23.

<sup>54</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, p. 23; Amnesty International, "My heart is in pain", pp. 50-51.

<sup>55</sup> Amnesty International, *Excluded: Living with disabilities in Yemen's armed conflict*, p. 23.

<sup>56</sup> See, for example, UN Population Fund (UNFPA), *Young Persons with Disabilities: Global Study on Ending Gender-based Violence, and Realising Sexual and Reproductive Health and Rights*, July 2018, [bit.ly/2Qz12W1](https://bit.ly/2Qz12W1), p. 28. UN General Assembly, *Situation of women and girls with disabilities and the Status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: Report of the Secretary General*, 28 July 2017, UN Doc. A/72/227, paras 21-22, [bit.ly/2MAzf4X](https://bit.ly/2MAzf4X); Women Enabled International, *Facts: The Right of Women and Girls with Disabilities to be Free from Gender-based Violence*, [bit.ly/2m1FHqz](https://bit.ly/2m1FHqz); Women's Refugee Commission, "I See That It Is Possible": *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, May 2015, [bit.ly/3lt9xMo](https://bit.ly/3lt9xMo)



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# PERSONS WITH DISABILITIES IN SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES

SUBMISSION TO THE COMMITTEE ON THE RIGHTS OF PERSONS WITH  
DISABILITIES ON ARTICLE 11

DAY OF GENERAL DISCUSSION 2023

Amnesty International welcomes the opportunity to provide written input pertaining to the upcoming day of general discussion by the Committee on the Rights of Persons with Disabilities on persons with disabilities in situations of risk and humanitarian emergencies. Over the past five years, Amnesty International has documented violations of the rights of persons with disabilities, including war crimes and crimes against humanity, related to armed conflicts and emergency situations in Afghanistan, Armenia, Azerbaijan, Mozambique, Myanmar, Nigeria, Sierra Leone, Ukraine and Yemen. This submission focuses on several issues, including elevated risks from violence, inclusion in humanitarian responses, housing and institutionalization, access to services, and the intersection of older age and disability, among others.