

# NATIONAL DISABILITY TASK FORCE - TERMS OF REFERENCE 2017

## Background

In context of natural disaster or man-made crises, some people, because of personal and environmental factors (non-accessible information or infrastructure, discrimination, etc.) can have additional difficulties coping with the crises. These can include **people with disabilities** but also older people, people with injuries or chronic diseases, women and children, as well as people from minorities who are at higher risk of falling through the cracks of humanitarian response and thus being denied access to basic services. Furthermore, emergency situations, such as conflicts and forced migration, often result in an increased number of people who experience disability owing to new injuries, a lack of quality medical care, or the collapse of essential services.

Evidence from previous and on-going crises indicates that at the time of crisis people with disabilities tend to be invisible:

- Because they have reduced mobility and cannot reach the points of distribution or the services where the aid is delivered.
- Because communication difficulties limit their access to information about services available
- Because they face higher risks of abuse and consequently remain confined in their home or shelter
- Because disability is poorly addressed from the preparedness stage with no or very limited disability-related intervention in contingency planning and delivery of humanitarian aid

The direct consequence of often limited visibility is less access to basic services and assistance among people with disabilities and limited opportunity to voice their specific needs with humanitarian agencies. A rapid needs assessment conducted between August and September 2016 by 5 DPOs in Yemen, Egypt, Jordan, Libya, and Turkey within the context of Middle East and North Africa crisis confirmed similar findings: people with disabilities remain largely isolated from humanitarian aid and inclusive efforts by humanitarian actors are limited and ineffective<sup>1</sup>.

In order to address this gap in the humanitarian response and affirm the commitment by the United Nations to equitably serve people with disabilities, including at the time of crisis (CRPD – article 11), the **Charter on Inclusion of Persons with Disabilities in Humanitarian Action** was adopted during the World Humanitarian Summit in Istanbul in May 2016. **This document has been endorsed by several countries, (I)NGOs, DPOs and international agencies, including UNHCR and OCHA.**

## The Disability Task Force under Syrian crisis response in Jordan

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<sup>1</sup> <http://zeroproject.org/wp-content/uploads/2016/11/DPO-Report-FINAL.pdf>

In Jordan, UNHCR acknowledged the need for improving access to minimum specialized services for refugees with disabilities and improving identification of persons with disabilities among the refugees to better understand their needs and accordingly provide adapted response to this particular group's risks. These needs, combined with the limited funding, resulted in the need to further prioritize beneficiary selection, leading to the creation of the Disability Task Force in 2015, co-chaired by UNHCR and HI and reporting to the protection and health sector working groups. The disability task force was first developed as a time-bounded working group to address 2 core topics: identification of people with disabilities and improved access to quality specialized services.

Since its creation, the DTF succeeded in developing guidelines for the prioritization of disability specific services for refugees and other vulnerable populations in Jordan. In June 2016, UNHCR also agreed to promote use of Washington Group Questions in both UNHCR registration process and as an universal indicator under the Vulnerability Assessment Framework (VAF), which is used to identify most vulnerable Syrian refugee households. This is under current deployment.

While these constitute a critical step towards improved access to services for refugees with disabilities and other vulnerable groups, DTF members agree that this is not sufficient to ensuring refugees with disabilities are able to benefit from humanitarian assistance in a non-discriminatory manner and this aid meets both their specialized and basic needs.

In this context, the DTF members agreed to review and expand the terms of reference of the initial DTF with the **aim** of ensuring that:

The needs of persons with disabilities and/or in disabling situation (in particular elderly and people with injuries) are thoroughly considered through the humanitarian response

### **Objective of the DTF**

- Raise awareness among actors contributing to the humanitarian response, including donors, about the specific needs of people with disabilities and about the barriers they face in accessing basic services
- Advocate for non-discriminatory humanitarian response and for disability inclusion at all stages of the humanitarian response (design, implementation, including needs assessment, and monitoring)
- Support, to the extent possible, working groups and actors contributing to the humanitarian response, in identifying inclusion gaps and in adjusting their strategy of intervention, while also providing ad hoc technical inputs, when necessary
- Develop and update common positioning to foster disability inclusion among the wider network of working groups
- Coordinate and share practices and tools among DTF members
- Contribute to service mapping under service advisor system and ensure regular update of specialized services mapping
- Promoting data sharing and use of RAIS among DTF members governed by protection and confidentiality of the beneficiaries

## **Organization**

The DTF will be represented in each working group by active DTF members who will intervene on the DTF's behalf for all aspects related to disability inclusion. 2 DTF members will be appointed to each working group and will act as focal person.

DTF representatives in working groups will convey principles and common positioning defined and endorsed by the DTF members.

DTF representatives in working groups will report back to DTF members during monthly meetings.

DTF will report to the protection working group through its co-chairs.

## **Common principles shared and promoted by DTF members**

All DTF members share the following understanding, values and principles that they commit to promote within the different working groups of the Syrian response:

**Disability** is a situation hindering effective participation in society on an equal basis with others as a result of the interaction between personal impairment and various environmental barriers, including attitudes, physical and communication barriers and institutional barriers. Promoting inclusion and equity supposes addressing both personal and environmental factors.

**Inclusion** in humanitarian assistance is a way to ensure humanitarian response is non-discriminatory and to enhance protection of all groups. It aims to promote equity and the rights of all vulnerable people to benefit from responsive aid.

**SPHERE standards** are critical to ensure that aid delivered to refugees responds to minimum quality criteria. DTF members commit to SPHERE standards and consider disability inclusion of particular importance in relation to: 1- appropriateness, 2-effectiveness, 3-local capacities strengthening, 4-participation, 6-coordination/ complementarity and 7-continuous learning.

**Rights-based approach**, which holds people and institutions in power accountable to fulfil their responsibilities and supporting rights holders in demanding their rights and access the services needed on equitable basis with others. The rights of refugees with disabilities are fully acknowledged under article 11 of the Convention on the Rights of Persons with Disabilities towards which both UNHCR and the government of Jordan are accountable for.

**Persons Centered Approach (PCA)** is designed as a critical step towards inclusive quality service delivery. While the PCA is supposed to empower users in order to raise their voices, it also leads

to changing practices among professionals delivering the services with a critical change of paradigm: the user originally considered as the recipient of the service (passive) reaches the heart of the service process (active). In the context of disability, DTF members consider refugees with disabilities should be given the opportunity to access information, make their own choices, provide feedback about the services they receive or cannot access, received tailored response, etc.

**Diversity** Disability is considered a part of human diversity; however, disability is not an homogeneous reality. The cross-disability approach recognizes the heterogeneity of people with disabilities by virtue of their different impairments, variable environments and individual experiences and needs. Respect for diversity requires considering this heterogeneity in the implementation of activities and programs that must ensure tailored responses are available and developed jointly with each person with disability within the framework of the global response mechanism.