

At risk and overlooked: Children with disabilities and armed conflict

Emina Ćerimović

Emina Ćerimović is a senior researcher on disability rights at Human Rights Watch. Email: cerimoe@hrw.org.

Abstract

In armed conflicts and crises, children with disabilities face serious threats to their lives and safety, including those related to their inability to flee attacks, risk of abandonment, lack of access to assistive devices, lack of access to basic services and denial of education as well as experiences of stigma, abuse, psychological harm and poverty. Children with disabilities experience multiple and intersecting forms of human rights violations based on their disability and age. Since 2015, Human Rights Watch has documented the impact of armed conflict on children with disabilities in Afghanistan, Cameroon, the Central African Republic, the Gaza Strip in the Occupied Palestinian Territory, South Sudan, Syria and Yemen. While international human rights specifically call for the protection of children with disabilities in situations of armed conflict, the United Nations, governments, parties to the conflict and humanitarian actors have long neglected their specific rights and needs. There is an urgent need for the United Nations and governments to increase efforts to protect children with disabilities as part of their international commitments to protect all children impacted by hostilities. Their attention and investment in those most at risk of violence during armed conflicts will in turn enhance protection measures for everyone.

Keywords: Children with disabilities, armed conflict, United Nations, international human rights law, international humanitarian law.

: : : : : :

The advice, opinions and statements contained in this article are those of the author/s and do not necessarily reflect the views of the ICRC. The ICRC does not necessarily represent or endorse the accuracy or reliability of any advice, opinion, statement or other information provided in this article.

Introduction: War and children with disabilities

War affects all children in countless ways. Their very lives and bodily integrity are at risk; their experiences are shaped by constant fear and terror; their attachments are frequently disrupted due to loss of family members and other adult protection; they might lose years of education, be displaced without a safe place to call home, experience hunger, lose access to health care or proper hygiene and worry about further losses and disruptions to their lives.¹ All of this can lead to long-lasting mental health impacts.²

For children with disabilities, all these impacts are multiplied. They are at higher risk when their communities are attacked not only because of their young age but also because of their disability. They may be less able to flee attacks, especially if there is no one to help them or if they have limited or no access to assistive devices. They may be left behind: their families sometimes face a split-second decision, either flee with those children who can more easily escape or remain behind to support them.³

Children with disabilities struggle not only to access the basic necessities required by all children, such as food and shelter, but also the vital services and items they need because of their disability, such as early intervention services (designed to identify and support children with developmental conditions and disabilities), therapies or assistive devices.⁴

Children with disabilities also face increased barriers to accessing public schools and educational services provided by humanitarian organizations. For children with physical disabilities, barriers can include inaccessible roads, inaccessible school facilities and a lack of assistive devices. For children with sensory, intellectual and psychosocial disabilities, barriers can include stigma and a lack of both trained teachers and inclusive curricula.⁵

1 Joanna Santa Barbara, “Impact of War on Children and Imperative to End War”, *Croatian Medical Journal*, Vol. 47, No. 6, 2006; see, also, Save the Children, “What is the Impact of Conflict on Children?”, available at: www.savethechildren.org/us/charity-stories/impact-of-syria-conflict-children-mental-health (all internet references were accessed in October 2022).

2 See, for example, Save the Children, *ibid.* See, also, Deborah Smith, “Children in the Heat of War”, *Monitor on Psychology*, Vol. 32, No. 8, 2001.

3 See, for example, Human Rights Watch, “Cameroon: People with Disabilities Caught in Crisis”, 5 August 2019, available at: www.hrw.org/news/2019/08/05/cameroon-people-disabilities-caught-crisis; Human Rights Watch, “Central African Republic: People with Disabilities Left Behind”, 28 April 2015, available at: www.hrw.org/news/2015/04/28/central-african-republic-people-disabilities-left-behind; Human Rights Watch, “Central African Republic: People with Disabilities at High Risk”, 21 June 2017, available at: www.hrw.org/news/2017/06/21/central-african-republic-people-disabilities-high-risk; Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, 8 September 2022, available at: www.hrw.org/report/2022/09/08/it-was-really-hard-protect-myself/impact-armed-conflict-syria-children.

4 See, for example, Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, *ibid.*

5 *Ibid.*, pp. 37–41. See, also, Human Rights Watch, “UN: High Risk in Conflicts for Children with Disabilities”, 2 February 2022, available at: www.hrw.org/news/2022/02/02/un-high-risk-conflicts-children-disabilities.

Although the mental health of all children is negatively affected by armed conflict, the impact is aggravated for children with disabilities who fear abandonment, have concerns about how their situation may put family members at risk, are confronted by chronic lack of access to education and mental health services, and who face social stigma.⁶

While there are no accurate figures on how many children with disabilities are affected by war, 15% of the world's population, or one billion people, has a disability, with a higher percentage in developing countries.⁷ These figures usually increase in armed conflicts and crises. For example, approximately 28% of Syria's current population is estimated to have a disability, a proportion that is nearly double the global average.⁸

This article will focus on the rights of children with disabilities impacted by armed conflict and take an intersectional approach by examining issues related to both children and disability rights.

The paper begins by analysing the international human rights framework that protects the rights of children with disabilities through two key treaties, namely, the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC), and how these treaties interact with international humanitarian law (IHL). It aims to answer what specific protections IHL affords to children with disabilities, its limitations, and what further developments are needed to align it with the rights and needs of children with disabilities.

From the start, it is worth noting that Article 11 of the CRPD specifies States' obligations under IHL to ensure the protection and safety of people with disabilities in situations of risk, including armed conflict, humanitarian emergencies and natural disasters. Article 11 reinforces the importance of applying a rights-based, disability-inclusive lens to IHL.

Next, this article overviews the main rights violations that children with disabilities experience in armed conflicts and humanitarian emergencies. It examines their difficulties in fleeing attacks, their risk of abandonment, and how the breakdown in services, education and community support networks has disproportionately impacted children with disabilities, including through stigma and abuse, and the ongoing trauma and psychological distress during and after armed conflicts. It relies on human rights reporting to describe the realities of armed conflicts and the way they affect children with disabilities. In the spirit of

6 Human Rights Watch, "'It Was Really Hard to Protect Myself': Impact of the Armed Conflict in Syria on Children with Disabilities", above note 3, pp. 28–31; Human Rights Watch, "UN: High Risk in Conflicts for Children with Disabilities", *ibid.* See, also, United Nations Children's Fund (UNICEF), "Mental Health and Psychosocial Support in Emergencies", as updated 3 September 2020, available at: www.unicef.org/protection/mental-health-psycho-social-support-in-emergencies.

7 The World Bank, "Disability Inclusion", 14 April 2022, available at: www.worldbank.org/en/topic/disability.

8 United Nations Humanitarian Needs Assessment Programme (HNAP) Syria, "Disability in Syria: Investigation on the Intersectional Impacts of Gender, Age and a Decade of Conflict on Persons with Disabilities", p. 4, available at: www.hi-deutschland-projekte.de/lnob/wp-content/uploads/sites/2/2021/09/hnap-disability-in-syria-investigation-on-intersectional-impacts-2021.pdf.

“Nothing about us without us”, this article uses accounts from child victims and their families to elucidate their experiences.

The article will also examine the United Nations (UN) monitoring mechanism and explore possible gaps in their coverage of violations against children with disabilities as well as in the inclusion of children with disabilities in wider commitments to protect children impacted by armed conflicts.

Finally, the article urges the establishment of better rights’ protections, well-being and empowerment of children with disabilities affected by war. It concludes by providing concrete recommendations to the UN, governments, academics, non-governmental organizations including humanitarian actors, and donors.

Legal protections for children with disabilities in armed conflict

Both IHL and international human rights law protect the rights of children with disabilities in armed conflict. Customary IHL applies to all parties to a conflict, both State and non-State actors, and protects civilians in times of armed conflicts. International human rights law applies at all times, meaning that States are obliged to respect, protect and fulfil human rights including in times of armed conflict.⁹ The CRC explicitly reminds States of their obligations to ensure the safety and care of children affected by armed conflict, and the CRPD reinforces and specifies States’ obligations under IHL to ensure the protection and safety of people with disabilities in situations of armed conflicts.

International human rights law

The CRC applies to all children, including children with disabilities, and guarantees their rights to survival; to develop to their fullest potential; to be protected from harmful influences, abuse and exploitation; and to participate fully in family and social life. It also makes specific reference to children with disabilities, outlining the principle of non-discrimination and the special efforts that States Parties should make to realize the rights of children with disabilities.¹⁰

In situations of armed conflict, the CRC directs States Parties to “undertake to respect and ensure respect of rules of international humanitarian law which are relevant to the child and ensure protection and care of children who are affected by the armed conflict”.¹¹ This first and foremost applies to the general protection of

9 For more, see UN Human Rights, Office of the High Commissioner, *International Legal Protection of Human Rights in Armed Conflict*, New York and Geneva, 2011, available at: https://globalprotectioncluster.org/old/_assets/files/tools_and_guidance/human_rights_protection/OHCHR_Int_Legal_Protection_HR_Armed_Conflict_2011-EN.pdf.

10 Convention on the Rights of the Child (CRC), General Assembly Resolution 44/25, Annex, 44 UN GAOR Supp. (No. 49) at 167, UN Doc. A/44/49 (1989), 20 November 1989 (entered into force 2 September 1990), Arts 2 and 23.

11 *Ibid.*, Arts 38(1) and 38(4).

civilians not taking part in hostilities, particularly their protection against attacks and their rights to life and humane treatment.¹²

The CRPD affirms the rights of people with disabilities to equality and non-discrimination; freedom from exploitation, violence and abuse; health, education and adequate standard of living and social protection.¹³ Article 11 affirms the convention's application in situations of risks, including armed conflicts, and calls for States Parties to take "all necessary measures to ensure protection and safety of people with disabilities in situations of risk", including armed conflicts, in accordance with their obligations under IHL and international human rights law.¹⁴ Article 7 specifically enshrines the rights of children with disabilities on an equal basis with other children.

States must apply the human rights law provisions to which they have acceded within their own territory. In the case of occupation, an occupying power must apply the human rights law provisions to which the occupied country has acceded within the occupied territory.¹⁵ In all circumstances, States must comply with applicable customary international law.

International humanitarian law

IHL provides general protection for children as members of the civilian population, including the basic principles of humane treatment, respect of life and physical and moral integrity, and prohibition of coercion, corporal punishment, torture, collective penalties and reprisals.¹⁶ Under the principle of distinction, parties to the conflict must at all times distinguish between military and civilian targets, and civilians may never be the deliberate target of attack.¹⁷

Specific protections laid out in Article 77 of Additional Protocol I aim to protect children from any indecent assaults and obligate the parties to the conflict to provide children with the care and aid they require "because of their age or for any other reason".¹⁸ Other elements of the Geneva Conventions and their

12 See, for example, International Criminal Court Statute, Article 8(2)(e)(i) which sets out that "intentionally directing attacks against the civilian population as such or against individual civilians not taking direct part in hostilities" is a war crime in non-international armed conflicts.

13 UN Convention on the Rights of Persons with Disabilities (CRPD), General Assembly Resolution 61/106, Annex I, UN GAOR, 61st Session, Supp. (No. 49) at 65, UN Doc. A/61/49 (2006), 13 December 2006 (entered into force 3 May 2008), Arts 7, 11 and 25.

14 *Ibid.*, Art. 11.

15 Noam Lubell, "Human Rights Obligations in Military Occupation", *International Review of the Red Cross*, Vol. 94, No. 885, 2012, p. 319.

16 Geneva Convention (IV) relative to the Protection of Civilian Persons in Time of War of 12 August 1949, 75 UNTS 287 (entered into force 21 October 1950).

17 Protocol Additional (I) to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts, 1125 UNTS 3, 8 June 1977 (entered into force 7 December 1978) (AP I), Art. 52.

18 AP I, Art. 77. For more, see ICRC, Commentary of 1987, Protection of Children, available at: <https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/Comment.xsp?action=openDocument&documentId=8E174BC1926F72FAC12563CD00436C73#:~:text=Children%20shall%20be%20protected%20against%20any%20form%20of%20indecent%20assault.>

Additional Protocols address the evacuation of children, their right to medical care, and other protections against hostilities.¹⁹

IHL also requires parties to the conflict to give effective advance warning prior to an attack that may affect a civilian population.²⁰ The Office of the UN High Commissioner for Human Rights (OHCHR) said that the obligation to give effective advance warnings “may be achieved by different means of communication, including audio, written, visual and alternative means, while respecting diversity”.²¹ The OHCHR went on to say that the failure to comply with the obligation of an effective warning “in an accessible and inclusive manner amounts to discrimination on the basis of disability”.²² To be effective, a warning should, where possible, allow sufficient time to maximize the opportunity for civilians, especially those with disabilities, to act between the warning and the attack.²³

Integrating disability inclusion into protections during armed conflicts

Various UN human rights bodies have stressed the importance of disability inclusion in interpretations of IHL and in service provision.

In 2015, the OHCHR published a thematic report on the rights of people with disabilities under Article 11 of the CRPD that emphasized the need to mainstream disability inclusion into all aspects of humanitarian emergencies, including armed conflicts.²⁴ The report noted the complementary and mutually reinforcing nature of international human rights law and IHL. It also stated that IHL had “been codified under previously dominant understandings of disability, notably the medical model ... and reflects a paternalistic approach to persons with disabilities”.²⁵ The OHCHR recommends that IHL should be read using a rights-based approach to disability in order to “lead to substantive changes in policy and practice” to protect people with disabilities in situations of risk and humanitarian emergencies.²⁶

In its General Comment No. 6, the UN Committee on the Rights of Persons with Disabilities recognized that persons with disabilities are subjected to higher

19 For more, see Denise Plattner, “Protection of Children in International Humanitarian Law”, *International Review of the Red Cross*, Vol. 24, No. 240, 1984.

20 The obligation to give effective advance warning prior to an attack which may affect the civilian population is a rule of customary international law. It is codified in AP I, Art. 57(2)(c).

21 UN Human Rights Council, Report of the Office of the United Nations High Commissioner for Human Rights, Thematic Study on the Rights of Persons with Disabilities under Article 11 of the Convention on the Rights of Persons with Disabilities, on Situations of Risk and Humanitarian Emergencies, UN Doc. A/HRC/31/30, 30 November 2015, para. 42, available at: www.ohchr.org/en/calls-for-input/report-rights-persons-disabilities-under-article-11-crpd-relating-situations-risk.

22 *Ibid.*

23 Human Rights Council, Report of the United Nations Fact-Finding Mission on the Gaza Conflict, UN Doc. A/HRC/12/48, 25 September 2009, para. 530. See also Alice Priddy, *Disability and Armed Conflict*, Geneva Academy Briefing No. 14, April 2019, pp. 63–4, available at: www.geneva-academy.ch/joomlatools-files/docman-files/Academy%20Briefing%2014-interactif.pdf.

24 UN Human Rights Council, above note 21.

25 *Ibid.*, para. 3.

26 *Ibid.*, para. 4.

level of discrimination compared to others in situations of risks and humanitarian emergencies, and called on States Parties to ensure the principle of non-discrimination in situations of risk and humanitarian emergencies, “based also on obligations in international humanitarian law”.²⁷

In March 2021, the Secretariat of the Conference of States Parties to the CRPD transmitted a note that similarly to the OHCHR mentioned that IHL employs an outdated medical model of disability and called for a more systemic rights-based approach to disability in armed conflict and other humanitarian emergencies.²⁸ It also recognized that children with disabilities face “multiple forms of discrimination”, owing to the intersection of disability and age, and are at greater risk of experiencing violence and abuse and of being excluded from humanitarian support, services and education.²⁹

In July 2021, the UN Special Rapporteur on the Rights of Persons with Disabilities issued his first report, which focused on the rights of people with disabilities in armed conflicts and called on States and militaries to “develop specific protections for persons with disabilities during the conduct of hostilities” and undertake “disability-inclusive programming” in humanitarian action.³⁰ The report also highlighted the lack of visibility and inclusion of people with disabilities across the “peace–conflict continuum”, particularly with respect to conflict prevention, peace-building and reconciliation.³¹

The Security Council also acted in 2019 by adopting Resolution 2475 on the disproportionate impact of armed conflict on people with disabilities.³² It calls for greater protection, better assistance and inclusion during armed conflict and the meaningful participation of people with disabilities in conflict prevention, reconciliation, reconstruction and peacebuilding. It specifically mandates the UN Secretary-General to include relevant information and data on people with disabilities in the UN’s thematic and geographic reports and briefings as well as highlights the need for ongoing dialogue between organizations of people with disabilities and the Security Council.³³ Unfortunately, the resolution only mentions children with disabilities in the context of their specific needs in accessing assistance.³⁴

27 UN Committee on the Rights of Persons with Disabilities, General Comment No. 6 (2018) on Equality and Non-Discrimination, UN Doc. CRPD/C/GC/6*, 26 April 2018, para. 43, available at: www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no6-equality-and-non-discrimination.

28 Conference of States Parties to the Convention on the Rights of Persons with Disabilities, Protecting the Rights of Persons with Disabilities in Armed Conflict and Humanitarian Emergencies, UN Doc. CRPD/CSP/2021/2, 30 March 2021, paras 6 and 11, available at: <https://digitallibrary.un.org/record/3921479>.

29 *Ibid.*, paras 17, 26 and 33.

30 *Ibid.*, para. 95; and UN General Assembly, Report of the Special Rapporteur on the Rights of Persons with Disabilities, Gerard Quinn, Rights of Persons with Disabilities, UN Doc. A/76/146, 19 July 2021, paras 88 and 95, available at: <https://undocs.org/en/A/76/146>.

31 Report of the Special Rapporteur on the Rights of Persons with Disabilities, *ibid.*, para. 7.

32 UN Security Council, Resolution 2475 (2019), UN Doc. S/RES/2475 (2019), 20 June 2019, available at: [https://undocs.org/s/res/2475\(2019\)](https://undocs.org/s/res/2475(2019)).

33 *Ibid.*, paras 9 and 10.

34 *Ibid.*, para. 4.

Violations and challenges experienced by children with disabilities

This section describes children with disabilities' difficulties in fleeing attacks, their risk of abandonment, and how the breakdown in services, poverty, as well as a lack of access to health care, assistive devices, humanitarian aid and education have disproportionately impacted them during armed conflicts. It also presents the obstacles of stigma and abuse, which are often exacerbated during armed conflicts.

Difficulties in fleeing attacks

Situations of armed conflict and crises often force people to flee to escape violence. When their communities are attacked, people with disabilities have a higher risk of being harmed.³⁵ They may be less able to flee, especially in the absence of advance warning or access to assistive devices.³⁶ Since 2015, Human Rights Watch has documented the difficulties and violations faced by people with disabilities during attacks in Afghanistan, Cameroon, the Central African Republic, Colombia, Israel/Palestine, South Sudan, Syria and Yemen. In 2019, Amnesty International reported that people with physical disabilities in Yemen experienced difficulties fleeing attacks without access to wheelchairs, crutches or other assistive devices and had to depend heavily on their families or friends to escape to safety.³⁷

A 2022 Human Rights Watch report found that children with disabilities in Syria encountered similar challenges and that a key challenge for escaping hostilities is the absence of assistive devices such as wheelchairs, prostheses, crutches and hearing aids.³⁸ The following are examples of experiences of Syrian children with disabilities that demonstrate the hardships of children with disabilities in fleeing more generally.

Human Rights Watch interviewed Thara J., 18 years old, who lost her left leg in a barrel bomb attack in Idlib when she was aged 13 years. Since then, Thara has lived through dozens of airstrikes and shelling attacks, all without any advance warning. Thara frequently did not try to escape because it was hard for her to run with crutches and, if people assisted her, they would become easy targets during airstrikes. She said, "I wanted to avoid exposing other people to that risk."³⁹

Attacks, especially without sufficient advance warning, sometimes force families to make a difficult split-second decision to flee with those who can

35 Human Rights Watch, "Persons with Disabilities in the Context of Armed Conflict: Submission to the UN Special Rapporteur on the Rights of Persons with Disabilities", 8 June 2021, available at: www.hrw.org/news/2021/06/08/persons-disabilities-context-armed-conflict.

36 See, for example, Human Rights Watch, "Cameroon: People with Disabilities Caught in Crisis", above note 3; Human Rights Watch, "Central African Republic: People with Disabilities Left Behind", above note 3; Human Rights Watch, "Central African Republic: People with Disabilities at High Risk", above note 3; Human Rights Watch, "'It Was Really Hard to Protect Myself': Impact of the Armed Conflict in Syria on Children with Disabilities", above note 3.

37 Amnesty International, "Yemen: Excluded: Living with Disabilities in Yemen's Armed Conflict", 3 December 2019, pp. 16–17, available at: www.amnesty.org/en/documents/MDE31/1383/2019/en/.

38 Human Rights Watch, "'It Was Really Hard to Protect Myself': Impact of the Armed Conflict in Syria on Children with Disabilities", above note 3, p. 11.

39 *Ibid.*, p. 12.

escape easily or remain behind to provide support. In Syria, this has increased the risk of people with disabilities, as well as older people, being separated from their families and caregivers.⁴⁰

These findings are extremely applicable to children with disabilities, who often must rely on family members or others to carry or support them to escape. While children with physical disabilities share similar experiences as Thara J., children with a sensory, developmental or intellectual disability may not know about or understand what is happening during attacks without family support. Ahmed, father of Shahd, an 11-year-old girl who is deaf, told Human Rights Watch that he and his wife fear for Shahd's safety because she cannot hear airstrikes or shelling where they live in Idlib governorate, Syria. Instead, he and his wife watch her closely and physically grab her to bring her to the shelter if they hear an attack.⁴¹

Reem, a 13-year-old girl who has cerebral palsy, was internally displaced with her family in northeast Syria, when her father told Human Rights Watch about several incidents in which they had to flee attacks, including airstrikes and missile strikes, and the family's struggles because Reem does not have a functioning wheelchair.⁴²

Osman recalled one time when their neighbour's house was hit and he carried both Reem, aged 11 years at the time, and her then-2-year-old brother while his wife took care of their other three children. His brother eventually found a wheelbarrow, which Osman then used to push for 9 km to get Reem and her brother to safety.⁴³

In April 2019, Nujeen Mustafa, a disability rights activist from Syria, shared her personal experiences before the UN Security Council as a child with a disability fleeing attacks.⁴⁴ Nujeen described living in Aleppo during attacks and how often her mother would carry her to the bathroom to hide since it would have been hard to carry Nujeen down five flights of stairs to get to shelter. Like Human Rights Watch's interviewee Thara J., Nujeen expressed that "Every day, I feared that I could be the reason that my family was one or two seconds too late."⁴⁵ Nujeen, like the children included in Human Rights Watch's 2022 report on Syrian children with disabilities, did not have a wheelchair. She said, "many people with disabilities cannot depend on their

40 UN Office for the Coordination of Humanitarian Affairs (OCHA), "2021 Humanitarian Needs Overview: Syrian Arab Republic", March 2021, p. 57, available at: <https://reliefweb.int/report/syrian-arab-republic/2021-humanitarian-needs-overview-syrian-arab-republic-march-2021-enar>.

41 Human Rights Watch, "'It Was Really Hard to Protect Myself': Impact of the Armed Conflict in Syria on Children with Disabilities", above note 3.

42 *Ibid.*, p. 14.

43 *Ibid.*

44 Human Rights Watch, "'You Can and Should Do More to Ensure People with Disabilities Are Included in All Aspects of Your Work – We Can't Wait Any Longer': Statement by Ms. Nujeen Mustafa During the United Nations Security Council Briefing on the Humanitarian Situation in Syria on April 24, 2019", 25 April 2019, available at: www.hrw.org/news/2019/04/25/you-can-and-should-do-more-ensure-people-disabilities-are-included-all-aspects-your.

45 *Ibid.*

families to help them reach safety. Often, because their family members have been killed or have already left.”⁴⁶

Risk of abandonment during attacks

During panicked flight, children with disabilities are sometimes left behind. Human Rights Watch has documented various instances where family members were forced to leave their children with disabilities behind in order to flee safely. The following are global examples of families with children with disabilities who were abandoned during attacks.

Human Rights Watch documented that a 5-year-old blind boy was left in his house in the South-West region, Cameroon, when soldiers arrived in the village in January 2019.⁴⁷ His father had left him with his older brother, aged 11 years, to go to the farm before the attack. He said, “The military invaded the community, and my 11-year-old boy ran away, leaving the child alone. The child attempted to run, but he fell in a pit toilet. Luckily, he was still alive when we found him.”⁴⁸

In 2015, Human Rights Watch interviewed Hamamatou, 13 years old, from southwestern Central African Republic, who had polio and needed assistance to walk. When armed fighters attacked her community, her brother carried her on his back until he became too tired. “I told him, ‘Souleymane, put me down and save yourself,’” she said. “He said he would come back for me if they didn’t kill him.” However, she did not see him again.⁴⁹

The uncle of Omar, a 10-year-old Syrian boy with intellectual disabilities, described one time when Omar was mistakenly left behind during an airstrike:

Once, early in the morning, around 8 a.m., we have just had breakfast when a jet flew over our houses. When this happens, we usually run to a small cave, about 10 meters from the house. We all ran to the cave, and then we realized Omar was not with us. His parents ran back to the house to fetch him, and just a few seconds later their house was struck by a missile, completely destroying it.⁵⁰

Similarly, Ahmed A., an 18-year-old man with physical disability in southeast Syria, recounted being left behind by his friends during an airstrike:

It was really hard for me to protect myself like everyone else was. One time, I was out with my friends when airstrikes started, and everyone was just thinking of themselves, everyone started running, and I was left alone. I could only walk very slowly to find a place to hide.⁵¹

46 *Ibid.*

47 Human Rights Watch, “Cameroon: People with Disabilities Caught in Crisis”, above note 3.

48 *Ibid.*

49 Human Rights Watch, “Central African Republic: People with Disabilities Left Behind”, above note 3.

50 Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, above note 3, p. 15.

51 *Ibid.*, p. 16.

Disproportionate impacts of the breakdown of basic services and poverty

Children with disabilities, especially if displaced, can face serious obstacles to meeting basic needs such as food, sanitation, health care, electricity, education, community and social services, including early intervention services. The lack of access to nutrition, health care, early intervention programmes, assistive devices and rehabilitation can exacerbate existing disabilities and create new ones.

When Human Rights Watch interviewed Mamadou, a 14-year-old child with physical disabilities in the Central African Republic, in 2015, he weighed less than 8 kg and had an acute pulmonary infection that he had developed from inhaling dust while crawling on the ground because prior untreated injuries that he sustained while fleeing an attack left him unable to support himself even with a cane.⁵² His father said that Mamadou's health deteriorated also because there was little food available. Dozens of people in the same camp, including children with disabilities, had died from malnutrition, respiratory illnesses and other diseases. People with disabilities disproportionately suffered due to inaccessible sanitation facilities and food distribution sites.⁵³

The 2022 UN Humanitarian Needs Overview, drawing on surveys conducted in Syria, estimated that one in four Syrian children are experiencing insufficient growth and are at risk of acquiring a disability due to a lack of access to proper nutrition.⁵⁴ It also found that households with a person with disability are more likely to be food insecure: 60% compared to 51% for households not reporting members with disability.⁵⁵

Poverty is yet another issue that disproportionately affects children with disabilities and their families, who are more likely than others to experience poverty and social exclusion according to the United Nations Children's Fund (UNICEF).⁵⁶ Armed conflict and displacement further exacerbates poverty levels.⁵⁷ Human Rights Watch's research over the years has repeatedly uncovered accounts of children with disabilities and their families caught up in armed conflict who had lost homes, assets, income, livelihoods and assistive devices and were living in inadequate conditions, including tents, and in at-risk areas. For example, Human Rights Watch documented how families of children with disabilities in Syria struggled to provide basic necessities for their children,

52 Human Rights Watch, "Central African Republic: People with Disabilities Left Behind", above note 3.

53 *Ibid.*

54 OCHA, "2022 Humanitarian Needs Overview: Syrian Arab Republic", February 2022, p. 77, available at: <https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022>.

55 *Ibid.*, p. 73.

56 UNICEF, *Combating the Costs of Exclusion for Children with Disabilities and Their Families*, New York, 2021, available at: www.unicef.org/media/96421/file/Combating%20the%20Costs%20of%20Exclusionfor%20for%20Children%20with%20Disabilities%20and%20their%20Families.%20%20%20%20%20%20%20

57 Zoe Marks, "Poverty and Conflict", GSDRC Knowledge Services Professional Development Reading Pack No. 52, October 2016, available at: https://gsdrc.org/wp-content/uploads/2016/11/Poverty-and-conflict_RP.pdf.

including food, health care, adequate housing, assistive devices, medication, therapies, nappies and transportation fees to access certain service centres.⁵⁸

International human rights oblige governments to respect, protect and fulfill the right to an “adequate standard of living”, which includes the rights to housing, food and health.⁵⁹ The principle of non-discrimination and equality in enjoyment of human rights is a foundation of international human rights law and includes a prohibition against discrimination on the basis of disability.⁶⁰

The CRPD emphasizes that people with disabilities have a right to an adequate standard of living for themselves and their families, “including food, clothing and housing, and to the continuous improvement of living conditions”.⁶¹ The CRPD obliges States to take steps to safeguard and promote the realization of equal access to water services and to appropriate and affordable services, devices, and other forms of assistance that are needed because of a disability as well as access to social protection and poverty-reduction programmes. These programmes are especially important for women and girls.⁶²

Governments, including those impacted by armed conflict, have a duty to progressively realize these rights over time.⁶³ Even recognizing that limited resources and capacity may mean that economic, social and cultural rights are realized over time rather than instantaneously, a lack of resources cannot justify inaction or indefinite postponement to ensure these rights.⁶⁴ States must demonstrate that they are making every effort to improve the enjoyment of these rights. Attempting to address people’s needs in a discriminatory manner or to impose unnecessary barriers on ensuring that everyone has access to, at the very least, minimum levels of rights, would itself violate governments’ core obligations.⁶⁵

58 Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, above note 3, pp. 18–24.

59 International Covenant on Economic, Social and Cultural Rights (ICESCR), General Assembly Resolution 2200A (XXI), 21 UN GAOR Supp. (No. 16) at 49, UN Doc. A/6316 (1966), 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976).

60 The principle of non-discrimination has become part of customary international law and is binding on all States. It is included in human rights instruments, including the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the ICESCR. The CRC is the first human rights treaty to explicitly prohibit discrimination against children on the basis of disability. The CRPD reinforces the principles of equality and non-discrimination in Article 5.

61 CRPD, above note 13, Art. 28.

62 *Ibid.*

63 The International Covenant on Economic, Social, and Cultural Rights requires States to “take steps” to the maximum of their available resources to progressively achieve the full realization of economic, social and cultural rights. The Covenant also requires States to guarantee these rights without discrimination. For more, see OHCHR, *Frequently Asked Questions on Economic, Social, and Cultural Rights, Fact Sheet No. 33*, pp. 13–14, available at: www.ohchr.org/sites/default/files/Documents/Issues/ESCR/FAQ_on_ESCR-en.pdf; CRPD, above note 13, Arts 4 and 28.

64 *Ibid.*

65 *Ibid.* Also relevant are the CRPD, above note 13, Arts 5 and 28, and the CRC, above note 10, Art. 2.

Lack of access to health care

Children with disabilities are especially affected when health care and other social services infrastructure deteriorates, as illustrated by human rights and humanitarian research in Afghanistan, the Gaza Strip in the Occupied Palestinian Territory, Syria and Yemen. For example, parents of Syrian children with disabilities told Human Rights Watch about several obstacles – including lack of nearby health care facilities and the cost of accessing existing care – to accessing health care, medication, early intervention services, rehabilitation and other services, including those that might have helped their children and prevented them from developing further disabilities.⁶⁶

Yemen is another situation of armed conflict that different non-governmental organizations have reported on for several years. In 2015, Human Rights Watch reported that increased prices of medications and the denial of humanitarian assistance were serious concerns for Yemenis with disabilities.⁶⁷ When the medication needed by Hanan, a 4-year-old girl with cerebral palsy and epilepsy in Yemen, became unaffordable, she stopped taking it. Without her medication, which reduced the frequency of her seizures to once every two weeks, Hanan experiences two seizures every day.⁶⁸

Four years later, Amnesty International found similar barriers in accessing health care for Yemenis with disabilities, including the unaffordability of health care services and medication.⁶⁹ Amnesty International highlighted evidence from parents of children with disabilities who went to great lengths to ensure access to health care for their child with a disability.⁷⁰ A mother of a 3-year-old with epilepsy and spinal muscular atrophy said she sold the family's furniture to afford treatment for her daughter. "I would sell my kidney and buy her a year's worth of [epilepsy and atrophy] medication," the mother said.⁷¹

In 2020, Humanity & Inclusion, an international non-governmental organization providing support to people with disabilities, reported that conflict-related deterioration of infrastructure, health care and other services in Yemen, including because of the use of explosive weapons in areas with civilian populations, disproportionately impacted people with disabilities.⁷² They found that 86% of people with disabilities surveyed had experienced problems getting

66 Human Rights Watch, "'It Was Really Hard to Protect Myself': Impact of the Armed Conflict in Syria on Children with Disabilities", above note 3, p. 25.

67 Human Rights Watch, "People with Disabilities at Added Risk in War, Displacement", 3 December 2015, available at: www.hrw.org/news/2015/12/03/people-disabilities-added-risk-war-displacement.

68 *Ibid.*

69 Amnesty International, above note 37, p. 26.

70 *Ibid.*

71 *Ibid.*

72 Humanity & Inclusion, *Death Sentence to Civilians: The Long-Term Impact of Explosive Weapons in Populated Areas in Yemen*, May 2020, p. 18, available at: www.humanity-inclusion.org.uk/sn_uploads/document/2020-05_Report-YEMEN-Explosive-Weapons-Death-Sentence-to-Civilians_EN_Web.pdf.

services due to physical barriers, lack of security, and economic and social discrimination.⁷³

In a July 2020 address to the UN Security Council, Raja Abdullah Almasabi, a disability rights activist from Yemen, said: “Denial of humanitarian access has created chronic health conditions, especially among children, such as malnutrition. This is one of the primary reasons why many children in Yemen have acquired a disability.”⁷⁴ Yemen is emblematic of an armed conflict that has been the subject of human rights- and humanitarian-related advocacy to no avail, underscoring the urgent need for decision-makers to immediately consider available information and develop solutions to ensure access to health care, especially in prolonged armed conflicts.

In the Occupied Palestinian Territory, Israeli restrictions limiting access to electricity in Gaza have impacted people with disabilities in particular ways. Human Rights Watch recorded information about an 11-year-old girl with cerebral palsy and an intellectual disability who uses an electricity-powered nebulizer when she has trouble breathing. The lack of electricity puts the girl’s health at risk.⁷⁵

There may be a gender dimension in access as well, particularly in countries with high levels of gender inequality. For instance, in Afghanistan, a lack of female health workers and female trained professionals has resulted in limited access to rehabilitative services for girls with disabilities.⁷⁶ Girls with disabilities also experience gender-specific discrimination and stigma in addition to disability-related ones which in turn further impact their access to health care.⁷⁷

Access to health care and early identification and intervention programmes are necessary to improve the health and development of all children, especially children with developmental conditions and disabilities.⁷⁸ When children with developmental conditions and disabilities cannot access health care, rehabilitation and early intervention programmes, their conditions may become more complex or they may acquire further disabilities. The early and timely identification of children with developmental conditions and disabilities and consequent

73 *Ibid.*

74 Human Rights Watch, “Statement by Raja Abdullah Almasabi to the UN Security Council, July 28, 2020: ‘We Must Have a Seat at the Table’”, 4 August 2020, available at: www.hrw.org/news/2020/08/04/statement-raja-abdullah-almasabi-un-security-council-july-28-2020.

75 Human Rights Watch, “Gaza: Israeli Restrictions Harm People with Disabilities”, 3 December 2020, available at: www.hrw.org/news/2020/12/03/gaza-israeli-restrictions-harm-people-disabilities.

76 Human Rights Watch, “*Disability is Not Weakness*”: *Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan*, 2020, p. 17, available at: www.hrw.org/sites/default/files/report_pdf/afghanistan0420_web_0.pdf.

77 *Ibid.*

78 World Health Organization (WHO) and UNICEF, “Early Childhood Development and Disability: A Discussion Paper”, 2012, available at: https://apps.who.int/iris/bitstream/handle/10665/75355/9789241504065_eng.pdf;jsessionid=A53A7653B58390E5A25F1A6A0BA80CBD?sequence=1. See, also, UN Committee on the Rights of the Child, General Comment No. 7 (2005): Implementing Child Rights in Early Childhood, UN Doc. CRC/C/GC/7/Rev.1, 20 September 2006, paras 6(e) and 36(d), available at: www.refworld.org/docid/460bc5a62.html. According to the Committee on the Rights of the Child, a young child’s earliest years are the foundation for their health and development across the life course and early childhood is the period during which disabilities are usually identified and the impact on children’s well-being and development recognized.

intervention can help children's development and provide their families with the necessary skills and knowledge to ensure their development and to pursue appropriate services throughout their childhood and adolescence.⁷⁹

International human rights law requires States to respect, protect and fulfill the right to health, including specific obligations for children with disabilities.⁸⁰ Under the CRC and CRPD, children with disabilities have the same rights as other children, including to health and nutrition. Children with disabilities are also entitled to appropriate specialist assistance, including support for their parents or other caregivers.⁸¹ According to the UN Committee on the Rights of the Child, States Parties should pay particular attention to ensure access to services to the "most vulnerable groups of young children and who are at risk of discrimination, including children with disabilities".⁸²

Lack of access to assistive devices

In situations of armed conflict, children with physical and sensory disabilities often cannot obtain adequate prosthetic or assistive devices or replace them as they grow. Other times, as shown by research in Cameroon in 2019, people with disabilities lose everything to destruction or looting, including their assistive devices, accessible homes and livelihoods, rendering all aspects of their lives more difficult.⁸³

Inappropriate prosthetics have hindered the independence and development of children. According to UNICEF, children in Gaza whose limbs were amputated have had difficulty getting and replacing prosthetic and assistive devices as they grow.⁸⁴ Israeli import restrictions, shortfalls in the provision of necessary devices by the local authorities and aid groups and a local lack of expertise on repairing damaged devices all limit the availability of assistive devices.⁸⁵ Human Rights Watch documented how the lack of prosthetics affected the mobility, emotional well-being and independence of children in Syria as well. The ability of children in need of prosthetics and other assistive devices to flee armed attacks and to access schools and play with other children is also impacted.⁸⁶

Assistive devices positively contribute to a child's independence and development by promoting social inclusion and facilitating access to other rights.⁸⁷ They can greatly improve a child's health, access to education and access to other services. A child who is equipped with a prosthetic and can use it, even

79 UNICEF, *Early Moments Matter for Every Child*, September 2017, available at: www.unicef.org/media/48886/file/UNICEF_Early_Moments_Matter_for_Every_Child-ENG.pdf.

80 ICESCR, above note 59, Art. 12.

81 UN Committee on the Rights of the Child, General Comment No. 7, above note 78.

82 *Ibid.*

83 Human Rights Watch, "Cameroon: People with Disabilities Caught in Crisis", above note 3.

84 Human Rights Watch, above note 75.

85 *Ibid.*

86 Human Rights Watch, "'It Was Really Hard to Protect Myself': Impact of the Armed Conflict in Syria on Children with Disabilities", above note 3, pp. 33–6.

87 Jackie Casey, Laura McKeown, Rachael McDonald and Suzanne Martin, "Wheelchairs for Children Under 12 with Physical Impairments", *Cochrane Database Systematic Reviews*, No. 2, 2017.

for a limited time, is ostensibly healthier and better able to take steps to access a replacement, including by travel, than one who never receives one at all.

Under the CRPD, States Parties shall take effective measures to ensure personal mobility, including by facilitating access to assistive technology and by promoting the availability, knowledge and use of assistive devices and technologies.⁸⁸

Lack of access to humanitarian aid

People with disabilities, including children, affected by armed conflict are often overlooked in access to humanitarian assistance.⁸⁹ According to Human Rights Watch's research, this neglect can be attributed to a lack of awareness, inaccessibility, stigma and discrimination or to a lack of capacity and expertise of humanitarian personnel, among other factors.⁹⁰ This section presents several examples from armed conflicts around the world to demonstrate the global challenges faced by children with disabilities due to their inability to access humanitarian aid.

Staggering numbers and proportions of people with disabilities in need of assistance do not receive the aid that they need. In 2019 in Cameroon, only nine of the forty-five displaced persons interviewed for a Human Rights Watch report had received humanitarian assistance.⁹¹ In Syria, the latest Office for the Coordination of Humanitarian Affairs (OCHA) assessment found that 4.2 million people with disabilities are in need of humanitarian assistance.⁹²

In 2015 and 2017, displaced people with disabilities in the Central African Republic, particularly those without family members, went hungry because the often chaotic and disorganized food distributions sites prevented their access to food.⁹³ In addition, due to a lack of ramps, bars and other forms of support, many camp residents with disabilities were forced to crawl to access water and sanitation services, such as latrines and showers, which exposed them to health risks.⁹⁴

While humanitarian organizations struggle to provide assistance to those in need, people with disabilities in Syria “face systematic challenges in accessing humanitarian relief on an equal basis with others”, including a lack of accessible information about available humanitarian relief.⁹⁵ Human Rights Watch's recent report confirms these findings by documenting that children with disabilities

88 CRPD, above note 13, Art. 20.

89 See, for example, Human Rights Watch, “Cameroon: People with Disabilities Caught in Crisis”, above note 3; Human Rights Watch, “South Sudan: People with Disabilities, Older People Face Danger”, 31 May 2017, available at: www.hrw.org/news/2017/05/31/south-sudan-people-disabilities-older-people-face-danger; Human Rights Watch, “Central African Republic: People with Disabilities at High Risk”, above note 3; Human Rights Watch, above note 76.

90 *Ibid.*

91 Human Rights Watch, “Cameroon: People with Disabilities Caught in Crisis”, above note 3.

92 OCHA, above note 54, pp. 7 and 24.

93 Human Rights Watch, “Central African Republic: People with Disabilities Left Behind”, above note 3; Human Rights Watch, “Central African Republic: People with Disabilities at High Risk”, above note 3.

94 *Ibid.*

95 OCHA, above note 40, pp. 62–3.

cannot access humanitarian programmes in Syria on an equal basis with others because programmes do not take into account their rights and needs when designing and delivering programming; in some cases, programming explicitly excludes them.⁹⁶

International human rights law prohibits discrimination and according to the UN Committee on the Rights of the Child, discrimination against children with disabilities can reduce their survival prospects and quality of life.⁹⁷ Children with disabilities and their families have equal rights to access humanitarian assistance, which should be provided in an accessible manner. In 2018, the Committee on the Rights of Persons with Disabilities reinforced this by calling on States Parties to ensure the principle of non-discrimination in all programmes and actions, including “to ensure that humanitarian aid relief if distributed in an accessible, non-discriminatory way”.⁹⁸ In 2019, the Inter-Agency Standing Committee (IASC), the highest-level humanitarian coordination forum of the UN system, developed the “Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action”. These Guidelines set out actions for humanitarians to effectively identify and respond to the needs and rights of persons with disabilities.⁹⁹

Lack of access to education

Children with disabilities are at a higher risk of being unable to reach a school and being left out of formal education and educational services provided by humanitarian organizations. Barriers for children with disabilities include inaccessible roads, inaccessible school facilities, poverty, lack of assistive devices, lack of inclusive curricula and trained teachers, and social stigma.

In Afghanistan, an estimated 80% of girls with disabilities, compared with 60% of other girls,¹⁰⁰ are not enrolled in schools, and resistance from schools to accommodating children with disabilities – including by, for example, building ramps – is a major factor in children’s failure to attend school.¹⁰¹ Other factors include long distances from schools, lack of accessible transportation, and cost.¹⁰²

96 Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, above note 3, p. 54.

97 UN Committee on the Rights of the Child, General Comment No. 7, above note 78, para. 11(b)(ii).

98 UN Committee on the Rights of Persons with Disabilities, General Comment No. 6, above note 27, para. 46.

99 IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, *Guidelines: Inclusion of People with Disabilities in Humanitarian Action*, IASC, July 2019, available at: <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>.

100 According to UNICEF, 60% of girls are out of school in Afghanistan. See UNICEF, “Afghanistan: Education”, available at: www.unicef.org/afghanistan/education.

101 Community Centre for the Disabled, *Assessing Participation of Persons with Disabilities in Past Three Elections in Afghanistan*, 2013, p. 11, available at: https://eaccess.s3.amazonaws.com/media/attachments/resources_mainresource/564/Afghanistan_Assessing_Participation_2013.pdf. See, also, UNICEF, *Disability-Inclusive Education Practices in Afghanistan*, August 2021, p. 14, available at: www.unicef.org/rosa/media/16981/file/Country%20Profile%20-%20Afghanistan.pdf. Human Rights Watch, above note 76, pp. 13–16.

102 *Ibid.*

In 2015, in the Central African Republic, very few children with disabilities were enrolled in schools in internally displaced persons camps.¹⁰³ The school in one of the camps visited by Human Rights Watch had 3797 children enrolled. Of these, only fourteen had disabilities, a figure that does not reflect the proportion of children with disabilities. School staff reported that some parents hesitated to send their children with physical disabilities to school out of fear that they would be unable to flee an attack.¹⁰⁴ This latter point is just one example of how different risks compound the extent to which children with disabilities can enjoy their rights and develop to their fullest potential.

The unequal lack of access to education for children with disabilities is also seen in Syria. According to the 2022 UN Humanitarian Needs Overview on Syria, 50% of children with reported health conditions, injury or disability reported attending school, compared to 84% of other children.¹⁰⁵ Human Rights Watch's recent report on Syria confirmed that children with disabilities have very limited access to both formal education and informal education offered by humanitarian organizations.¹⁰⁶

OCHA primarily attributes the exclusion of children with disabilities from education in Syria to economic constraints, limited education facilities that can provide inclusive education, a lack of accessibility to and within schools, a lack of assistive devices, insufficient investment in learning facilities, a lack of trained teachers or inclusive curricula, and social stigma.¹⁰⁷ There is also a limited number of early childhood education centres.¹⁰⁸ Human Rights Watch corroborated these findings and documented that two humanitarian organizations providing informal education programmes to children in Syria turned away children with hearing, visual or intellectual disabilities. They believed that non-governmental organizations that are solely focusing on providing services to people with disabilities were better suited to educating children with disabilities.¹⁰⁹

All of the above obstacles are exacerbated, if not created, by attacks on schools, which further complicate the situation of children with disabilities. In 2018, UNICEF reported that attacks on schools “can reverse progress on inclusion, pushing previously included children with disabilities into domestic isolation or exploitative work”.¹¹⁰ An October 2021 UN Security Council resolution strongly condemned attacks on schools and said that governments

103 Human Rights Watch, “Central African Republic: People with Disabilities Left Behind”, above note 3.

104 *Ibid.*

105 OCHA, above note 54, p. 36

106 Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, above note 3, p. 37.

107 OCHA, above note 40, pp. 31 and 69.

108 *Ibid.*, p. 69. See, also, OCHA, above note 54, p. 68.

109 Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, above note 3, p. 55.

110 UNICEF, *Children with Disabilities in Situations of Armed Conflict: Discussion Paper*, November 2018, available at: https://reliefweb.int/sites/reliefweb.int/files/resources/Children_with_disabilities_in_situations_of_armed_conflict.pdf.

should ensure education for children with disabilities “on an equal basis provided in the context of armed conflict”.¹¹¹

Governments have an obligation under international human rights law to respect, protect and fulfill the right to education of all children, including children with disabilities who should have access to inclusive education and be provided with reasonable accommodation, if needed.¹¹²

A situation of armed conflict, in which many schools are destroyed or damaged and teachers are left to provide education with limited support and with little to no training, children with disabilities may need to wait years to have equal access to education. The longer they remain out of school, the less likely they are to finish their education and the more likely they are to experience poverty and exclusion in adulthood.¹¹³ Denial of the right to education can have a lifelong impact on the enjoyment of other rights, including political, social and cultural rights.¹¹⁴

Stigma and abuse

Children with disabilities often face stigma and abuse on the basis of their disability. Armed conflict exacerbates this stigma further, resulting in extreme practices, including physical and verbal abuse.

At the age of 13 years, Hamamatou, a polio survivor in the Central African Republic, was carried by her brother until he grew too tired and had to leave her. When fighters found Hamamatou two weeks later, they said, “We have found an animal. Let’s finish it off.” Another fighter intervened to save her life.¹¹⁵

According to OCHA, children with disabilities in Syria are “often at heightened risk of forms of violence, abuse, neglect or exploitation. Many are struggling against marginalization, stigma and discrimination.”¹¹⁶ Human Rights Watch’s 2022 research in Syria uncovered incidents of stigma and discrimination against children with disabilities, including physical and verbal abuse and threats.¹¹⁷ Ghaith, a 13-year-old boy with a visual disability from Syria who faced bullying at school and in the local mosque, said he hoped people would stop bullying others, including people with visual disabilities.¹¹⁸

111 UN Security Council, Resolution 2601 (2021), UN Doc. S/RES/2601 (2021), 29 October 2021, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/313/76/PDF/N2131376.pdf?OpenElement>.

112 CRC, above note 10, Arts 28(1) and 29(1); CRPD, above note 13, Art. 24.

113 According to the World Bank, people with disabilities are more likely to experience adverse socio-economic outcomes and inadequate access to education increases their risk of poverty. See the World Bank, above note 7.

114 The Global Partnership for Education Secretariat, “Children with Disabilities Face the Longest Road to Education”, 3 December 2016, available at: www.globalpartnership.org/blog/children-disabilities-face-longest-road-education.

115 Human Rights Watch, “Central African Republic: People with Disabilities Left Behind”, above note 3.

116 OCHA, above note 40, p. 57.

117 Human Rights Watch, “‘It Was Really Hard to Protect Myself’: Impact of the Armed Conflict in Syria on Children with Disabilities”, above note 3, p. 48.

118 E. Ćerimović, above note 41.

Stigma reinforces and justifies discrimination and can lead to an entire group being disadvantaged, excluded and abused.¹¹⁹ Stigma does not only lead to discrimination, but can also lead to a range of other human rights violations, including exclusion from education, health, humanitarian aid, and other opportunities or services.¹²⁰

Long-term consequences of armed conflict

According to the World Bank, all children living in conflict and crisis zones are at high risk of depression, anxiety and other mental health conditions.¹²¹ A lack of access to support, mental health and psychosocial support services, and education exacerbates the impact of conflict on the mental health of all children, including children with disabilities.¹²² These global findings are reflected in Human Rights Watch interviews in multiple countries, which described the emotional toll of hostilities on children with disabilities. Children and families interviewed reported signs of psychological distress in children, such as anxiety, sadness, extreme agitation or frequent trouble sleeping.

In Cameroon's North-West region, a secondary school teacher said that children with disabilities "suffered more than others" after armed separatists attacked and "were particularly traumatized by the violence they witnessed".¹²³

Shahd, an 11-year-old Syrian girl with a hearing disability, was more profoundly impacted by the sudden attacks and fleeing than her five siblings. Her father said that, unlike her siblings, "whenever there is something unexpected, even if someone rushes into the house, she starts to cry".¹²⁴

119 UN General Assembly, Report of the Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation, Catarina de Albuquerque, Stigma and the Realization of the Human Rights to Water and Sanitation, UN Doc. A/HRC/21/42, 2 July 2012, para. 3, available at: www.ohchr.org/sites/default/files/Documents/HRBodies/HRCouncil/RegularSession/Session21/A-HRC-21-42_en.pdf.

120 WHO, "Disability: The Convention on the Rights of Persons with Disabilities – Why is the Convention on the Rights of Persons with Disabilities Important?", 1 December 2020, available at: www.who.int/news-room/questions-and-answers/item/why-is-the-convention-on-the-rights-of-persons-with-disabilities-important.

121 Patricio V. Marquez, "Mental Health Services in Situations of Conflict, Fragility and Violence: What To Do?", *World Bank Blogs*, 1 November 2016, available at: <https://blogs.worldbank.org/health/mental-health-services-situations-conflict-fragility-and-violence-what-do>.

122 Rochelle L. Frounfelker *et al.*, "Living Through War: Mental Health of Children and Youth in Conflict-Affected Areas", *International Review of the Red Cross*, Vol. 101, No. 911, 2019; UNICEF, "Operational Guidelines on Community Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-Tiered Support for Children and Families (Field Test Version)", August 2018, available at: www.unicef.org/media/52171/file; UNICEF, above note 110; M. J. D. Jordans and W. A. Tol, "Mental Health and Psychosocial Support for Children in Areas of Armed Conflict: Call for a Systems Approach", *British Journal of Psychiatry International*, Vol. 12, No. 3, 2015.

123 Human Rights Watch, "'They are Destroying Our Future': Armed Separatist Attacks on Students, Teachers, and Schools in Cameroon's Anglophone Regions", 16 December 2021, p. 108, available at: www.hrw.org/report/2021/12/16/they-are-destroying-our-future/armed-separatist-attacks-students-teachers-and.

124 Human Rights Watch, "'It Was Really Hard to Protect Myself': Impact of the Armed Conflict in Syria on Children with Disabilities", above note 3, p. 30. For more details about Shahd's story, see E. Ćerimović, above note 41.

In the Central African Republic, Suleiman, a 17-year-old boy with an intellectual and physical disability, was fleeing when he saw his uncle being brutally killed. Suleiman said: “My uncle’s death in front of my eyes continues to scare me. ... When I sleep, I have nightmares that bring back the images of the events I lived. I haven’t spoken to anyone about it.”

In 2019, a father of three in South Sudan said that one of his daughters became traumatized after seeing the dead bodies of her aunt and cousins in December 2013 as they fled an attack. Her father described her behavioural changes, which reflect the aforementioned World Bank findings:

Before the war, she was OK. But then, she started to insult everyone and run away from home for many days at a time. At the hospital, they didn’t know what she has but they gave her Phenorbitone (used to treat anxiety symptoms). Now, she can’t even go to school here. Otherwise, she gets into fights with other children or just runs away, and there is no fence around the school to keep her in there.¹²⁵

In all the examples described above, mental health and psychosocial support services were either lacking, generally not inclusive of, or inaccessible to, children with disabilities.

As part of their right to health and to development, all children, including children with disabilities, have the right to enjoy the highest attainable standard of mental health and, as needed, access to psychosocial services.¹²⁶ Counselling and other mental health services during armed conflicts are mostly offered by humanitarian organizations, and they should be human rights respecting, equitably distributed, inclusive of, and accessible to all children with disabilities.¹²⁷

125 Human Rights Watch, “South Sudan: People with Disabilities, Older People Face Danger”, above note 89.

126 UN General Assembly, Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Dainius Puras, Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, UN Doc. A/70/213, 30 July 2015, paras 40, 57 and 109, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/238/25/PDF/N1523825.pdf?OpenElement>.

127 See IASC, “IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007”, 1 June 2007, available at: <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>; and IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, above note 99. See, also, UN General Assembly, Human Rights Council, Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Dainius Puras, Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, UN Doc. A/HRC/44/48, 15 April 2020, para 47, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/094/45/PDF/G2009445.pdf?OpenElement>; and UN General Assembly, Interim Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Dainius Puras, Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, UN Doc. A/73/216, 27 July 2018, paras 15 and 57, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N18/234/88/PDF/N1823488.pdf?OpenElement>.

Gaps in UN efforts to protect children with disabilities during armed conflict

In 1996, the UN General Assembly requested the appointment of a special representative for children and armed conflict,¹²⁸ and in 1999, the UN Security Council adopted Resolution 1261, the first resolution to acknowledge that the protection of children during armed conflicts is an international peace and security concern.¹²⁹ Resolution 1261 identified grave violations affecting children in situations of armed conflict, including killing and “maiming”, recruitment and use of children, rape or other sexual violence, abduction, and attacks on schools or hospitals. Subsequent resolutions on children and armed conflict added denial of humanitarian access as the sixth grave violation. In 2005, Security Council Resolution 1612 established the Monitoring and Reporting Mechanism, which has the ultimate goal of ending and preventing the six grave violations against children.¹³⁰

Since the establishment of the grave violations, multiple Security Council resolutions have asked the UN Secretary-General to report on these abuses. Unfortunately, although children with disabilities are impacted by all six grave violations, they remain largely excluded by UN discussions and documents on this topic.

Despite twelve resolutions on children and armed conflict and Resolution 2475 (2019) on the disproportionate impact of armed conflict on people with disabilities, the UN Secretary-General’s thematic and country reports and briefings, including the annual reports on children and armed conflict, rarely mention children with disabilities. This reflects a serious shortcoming in UN efforts to protect all children impacted by conflict.

While all the UN Secretary-General’s annual reports on children and armed conflict include data on children who have been “maimed”, or acquired a permanent injury that could lead to a disability, the reports do not elaborate on their rights as children with disabilities or include other information on the impact of armed conflicts on children with pre-existing or acquired disabilities.¹³¹

A January 2022 report by the UN special representative of the Secretary-General for Children and Armed Conflict found that twenty-five years of UN action on children and armed conflict have overwhelmingly excluded children

128 For more, see Office of the Special Representative of the Secretary-General for Children and Armed Conflict, “About the Mandate”, available at: <https://childrenandarmedconflict.un.org/about-the-mandate/>.

129 UN Security Council, Resolution 1261 (1999), UN Doc. S/RES/1261 (1999), 30 August 1999, available at: www.securitycouncilreport.org/atf/cf/%7B65BF99B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/CAC%20SRES%201261.pdf.

130 UN Security Council, Resolution 1612 (2005), UN Doc. S/RES/1612 (2005), 26 July 2005, available at: www.un.org/ruleoflaw/files/SecurityCouncilResolution1612_en.pdf.

131 In February 2021, Human Rights Watch published a report calling on the UN to consider using another term to refer to violations against children that result in serious injury other than “maiming”. Although “maiming” is a term used in IHL, it is not consistent with the CRPD and can be stigmatizing to people with disabilities. See Human Rights Watch, “UN: High Risk in Conflicts for Children with Disabilities”, above note 5.

with disabilities.¹³² Nearly half (42%) of country task forces on monitoring and reporting believed that children with disabilities were not given sufficient space in the implementation of the children and armed conflict mandate.¹³³ This report identified the following as needed areas of improvement regarding children with disabilities: better data, capacity-building for actors, raising awareness, resource mobilization and targeted response.¹³⁴

The way forward

The massive impact of armed conflict on children with disabilities has highlighted the need for the UN and governments to commit serious attention and resources to mitigate this issue. Although various UN agencies have started to engage in a more inclusive humanitarian response, much more needs to be done.

Inclusion

UN entities, including the UN Secretary-General and the Security Council, should ensure the full inclusion of children with disabilities in their work. Meaningful inclusion entails considering not only the number of children who have been “maimed”, but also the impacts on the rights of all children with disabilities, including those who have been physically injured, those who have experienced mental health harms, and children with pre-existing disabilities. This will promote inclusive humanitarian responses and better respect and protection of the rights and needs of children with disabilities.

Protection

The protection of children with disabilities is essential to the comprehensive protection of all children affected by armed conflict. The UN, governments and humanitarian actors should promote a more concerted and coordinated protection response in wars by paying extra attention to the rights and situational needs of children with disabilities, including their right to be safe and protected, right to education, and access to humanitarian assistance, health care, assistive devices, and mental health and psychosocial support services.

132 UN Office of the Special Representative of the Secretary-General for Children and Armed Conflict, *Study on the Evolution of the Children and Armed Conflict Mandate 1996–2021*, January 2022, available at: <https://childrenandarmedconflict.un.org/wp-content/uploads/2022/01/Study-on-the-evolution-of-the-Children-and-Armed-Conflict-mandate-1996-2021.pdf>.

133 *Ibid.*, p. 52.

134 *Ibid.*

Disaggregated data collection

There is growing recognition of the need for data. The various UN monitoring and reporting mechanisms should step up efforts to gather evidence about the risks faced by children with disabilities. Without effective monitoring and reporting, the full impact of armed conflicts on children with disabilities will remain unclear, which in turn will cause protection efforts, including humanitarian responses, to potentially miss or underserve a substantial marginalized group with particular needs. Effective monitoring and reporting should include being cognizant of the experiences of children with diverse disabilities during attacks, evacuations and internal or external displacement as well as factoring these experiences into targeted protocols, rules, peace processes and approaches in civilian protection.

Humanitarian assistance

Both donors and humanitarian actors must take deliberate and proactive measures to ensure that children with different types of disabilities are systematically included in all humanitarian responses. Children with disabilities require improved humanitarian coordination and assistance, including health care services, access to assistive devices, and education, that is provided in an equitable and inclusive manner, in line with human rights standards, consistent with Security Council Resolution 2475 and IASC Guidelines. Organizations providing humanitarian assistance should ensure their staff receives training to guarantee inclusion.

Targeted humanitarian assistance

Donors and humanitarian organizations should provide targeted, rights-respecting and disability-led responses to the rights and needs of children with disabilities, including health care, rehabilitation services, early intervention programmes, education, access to assistive devices, mental health and psychosocial support services and education. Assistance should also include programming to address long-term mental health impacts and trauma.

Consultations

Organizations of people with disabilities and children with disabilities should be engaged and included in all discussions and decision-making concerning people with disabilities in armed conflict in the spirit of “Nothing about us without us”.

Modern interpretation of IHL

As the world is shifting away from the medicalized, paternalistic model of disability, IHL should be interpreted using a rights-based approach to ensure the inclusion of people with disabilities in humanitarian efforts. This rights-based approach, which

would incorporate non-discrimination and intersectional understandings, would also specifically improve the inclusion of children with disabilities. Finally, although “maiming” is a term used in IHL, it is not consistent with the CRPD and can be stigmatizing to people with disabilities. Consultation with organizations of people with disabilities is crucial in identifying alternative language.