



“WE ALL NEED DIGNITY”

THE EXCLUSION OF PERSONS WITH DISABILITIES IN TÜRKİYE’S
EARTHQUAKE RESPONSE

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Cover photo: A boy with a disability makes his way through tents in a camp for people displaced by the earthquakes in Iskenderun, Hatay Province, on 20 February 2023.
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1. EXECUTIVE SUMMARY

She eats less than she used to before the earthquakes because she does not want to have to be carried to the latrine by her mother and brother. She cannot move around the tent where she is now sheltering or exercise because there are no walls for support. She used to go for physical rehabilitation twice a week, but the centre collapsed. That is the reality of 32-year-old Nurcan, a woman with a physical disability living in a camp in Antakya. “When I was at home... I could do whatever I wanted. Here I can’t,” she said. Her experience reflects that of many children, women and men with disabilities living in displacement sites since the earthquakes struck southern Türkiye.

The February 2023 earthquakes in southern Türkiye – the worst in the country’s modern history – devastated entire communities. More than 48,000 people were killed and over 100,000 others were injured. Many of them lost limbs and sustained other life-changing injuries. Hundreds of thousands of buildings were reduced to rubble or damaged, displacing more than 3.3 million people. The magnitude and scale of the disaster have raised a daunting challenge for the Turkish authorities to provide aid and shelter for millions of people. Most of those made homeless by the earthquakes have been sheltering in camps where living conditions are particularly challenging for persons with disabilities, including older persons with limited mobility.

Amnesty International examined the situation of children, women and men with disabilities who have been displaced by the earthquakes. Though conditions in displacement sites vary significantly, the majority are tent encampments with shared sanitation facilities that are inadequate and unusable for many persons with disabilities. These shelter conditions and other documented barriers show that commitments on inclusion, including accessibility and non-discrimination, are not being adequately implemented in the emergency response.

Amnesty International’s findings are based on research carried out in March and April 2023, including a visit to the following provinces in southern Türkiye: Adiyaman, Gaziantep, Hatay and Kahramanmaraş. Researchers interviewed 131 people, including 19 persons with disabilities, 26 relatives of persons with disabilities and 13 aid workers involved in the response. In total, researchers examined the specific situation of 34 displaced persons with a diverse range of disabilities (10 women, 15 men and nine children), documenting how the earthquakes have affected the ability of nearly all of them to access and equally enjoy their human rights. Researchers interviewed Turkish nationals and Syrian refugees, including members of different communities such as Abdals, Alevis, Christians, Kurds and Turkmen.

None of the 21 displacement sites visited by Amnesty International in four of the provinces most affected by the earthquakes contained a single toilet or shower accessible to persons with disabilities, a deficiency that aid workers said was common in other sites as well. Sanitation facilities lacked ramp access, handles, ropes or chairs that would enable persons who have mobility limitations to use them. In virtually all the situations examined, persons with limited mobility were forced to rely on relatives to take them to latrines or had to use adult diapers. For many, the only option was to wash inside their tent or to spend weeks without showering at all. Such inadequate shelter conditions negatively affect the equal ability to practise self-care and undermine persons with disabilities’ autonomy and privacy, as well as their right to life with dignity, to sanitation, to health, and to equality and non-discrimination.

The loss of independence and privacy and the forced reliance on others for intimate needs has caused unease and distress for many persons with disabilities. A 48-year-old Syrian refugee, who had her left leg and part of her right foot amputated because of diabetes prior to the earthquake and who was sheltering in a tent camp in Kahramanmaraş city, said that it was impossible for her to access the camp’s latrines and that she has to use a commode (toilet chair) with the help of relatives. “And then they have to empty and clean

the commode every time I use it. This makes me very uncomfortable. We all need a bit of privacy and dignity, but it is very difficult in these circumstances,” she said.

While huge numbers of displaced persons in the affected areas have become dependent on aid, this change in circumstance is particularly pronounced for persons with disabilities. For example, a 33-year-old man with cerebral palsy and an intellectual impairment used a toilet at home before the earthquake, with his mother’s help. After the collapse of their building in a Gaziantep suburb, the only option has been for him to use a diaper, the mother said.

In addition, Amnesty International found that arrangements for the distribution of food, water and other aid materials in displacement camps do not adequately take into consideration the rights and specific requirements of persons with disabilities. Displaced persons typically have to go to distribution points to collect food, water and other essential aid material – a model based on assuming ease of mobility, which renders persons living with different types of disabilities dependent on caregivers to collect these items on their behalf. In this respect the emergency response falls short of humanitarian principles of inclusivity and non-discrimination. Advocates for the rights of persons with disabilities have long recommended door-to-door delivery to ensure that the rights of persons with limited mobility are respected and that assistance reaches them equitably.

The disproportionate impact of the disaster-related displacement on persons with disabilities and their families has also manifested itself in other ways. Notably, living in a camp setting has been particularly difficult – in some cases impossible – for persons with psychosocial disabilities and their families, as well as for persons with intellectual disabilities and their families. At least two families told Amnesty International that they had been forced to leave the camps where they were initially sheltering because other camp residents would not tolerate the behaviour of their children with disabilities. In other instances where families were still sheltering in camps, family members said that the situation was causing distress to their relatives with intellectual disabilities and to them.

Government officials have repeatedly indicated that persons with disabilities and their families are prioritized for accommodation in container camps, which are generally of a higher standard, being typically outfitted with their own water and sanitation facilities. The government must ensure that promises to swiftly move persons with disabilities to accessible medium- and long-term housing translate into action and that individually tailored solutions are considered based on their needs.

A key reason why the rights and needs of persons with disabilities are not being adequately considered in the context of the ongoing earthquake emergency response is the insufficient efforts by both the state agencies involved in the response and other humanitarian actors to collect and analyse data disaggregated by age, gender and disability. Such data is crucial to ensuring that older persons and persons with disabilities are not invisible and that the humanitarian response addresses the needs and challenges faced by persons with disabilities and their families. Even in this incredibly challenging environment, inclusive data collection is essential and must be prioritized by state agencies and other humanitarian actors, as well as required by international donors.

Persons with disabilities have struggled to access quality prostheses and assistive devices, such as wheelchairs. This has left many confined to their shelters. For example, a 37-year-old woman with a physical disability living in a displacement site in a suburb of Kahramanmaras city was sharing a wheelchair with her 80-year-old father with impaired mobility; he did not have his own. Wheelchairs must be fit for purpose for the individuals using them or they can cause more harm; furthermore, the woman said she needed a wheelchair of sufficient quality to enable her to live with dignity in her challenging displacement conditions.

There has also been a large-scale interruption to specialist care, such as rehabilitation services, due to destruction or damage to facilities and due to death, injury and displacement of personnel. The government and donors must ensure that these facilities are prioritized in reconstruction. This is also important given how the earthquakes have compounded the situation, with government figures indicating that up to 70% of people injured in the earthquakes will likely live with a disability.

As the World Health Organization has stated, mental health is a priority concern in the earthquake affected areas, and efforts to provide related services must be significantly scaled up to address existing and new conditions. Melek, a 35-year-old woman who is living with her three children in a camp in a suburb outside Kahramanmaras city, described how her five-year-old daughter has been exhibiting signs of distress since the earthquake, including speaking in her sleep. “Sometimes when I wake her up to go to the toilet, the first thing she asks me, ‘Is there an earthquake?’”, Melek said. Planning an effective mental health response must factor in long-term needs.

Relatives of persons with disabilities are also facing increased demands and challenges as a result of conditions of housing and sanitation in displacement sites which have largely compromised the ability of persons with disabilities to practise self-care. In the overwhelming majority of situations examined by Amnesty International, the carers said they were devoting significantly more time and effort to trying to provide the necessary support for their relatives with disabilities. Several said they found it difficult to cope with not being able to provide the necessary comfort for their relatives, further adding to their own distress.

An 18-year-old Syrian refugee whose mother died in the earthquake described how she went from being a high school student to an orphan providing support for her 13-year-old sister, who lost her leg in the earthquake. “Sometimes I feel it’s a nightmare but then I realise that it is reality,” she said. Measures must be taken to ensure that the rights and needs of carers – a clear majority of whom are women - are recognized and that the necessary resources are allocated to provide support and training for them.

Türkiye is a state party to the Convention on the Rights of Persons with Disabilities (CRPD), and as such the Turkish government is required to take measures to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. While the task of providing aid and shelter to the millions of people affected by a humanitarian emergency of this scale raises daunting challenges, more efforts can and must be made to ensure that the rights and needs of persons with disabilities are not overlooked. On 6 April 2023, Amnesty International wrote to the government of Türkiye, presenting a summary of its findings and requesting related information. At the time of publication, there had been no response.

The government of Türkiye as well as humanitarian agencies and organizations must ensure a more inclusive humanitarian response. The rights of persons with disabilities should have been taken into consideration and acted upon at the outset of any response, including in the emergency phase. Current and future displacement sites and aid delivery modalities must be made compatible with accessibility standards. For their part, international donors must provide greater funding for the response and, with aid organizations, be inclusive in the design and evaluation of assistance.

With up to 70% of injured earthquake survivors expected to have a disability, the scale of the crisis and needs is staggering. The rights and requirements of persons with disabilities must be reflected in all reconstruction plans. Persons with disabilities have consistently been marginalized in emergencies globally. Governments and humanitarian actors have repeatedly committed in recent years to better inclusion of persons with disabilities in humanitarian action, and crises like the earthquakes in Türkiye, irrespective of the scale, are no exception.



The earthquakes in southern Türkiye displaced some 3.3 million people. Displaced persons have been taking shelter in various settings including formal camps such as the one seen above on the left in Samandag and in informal sites such as the one on the right outside Adiyaman city. © Amnesty International

2. METHODOLOGY

This report focuses on the impact of the February 2023 earthquakes in Türkiye on persons with disabilities. Among groups most at risk, persons with disabilities have long been overlooked in emergencies. Although there have been growing efforts in recent years to better recognize and respond to the rights of persons with disabilities, humanitarian reporting and Amnesty International's research show that they continue to be neglected in this crisis.

The report is based on research carried out in March and April 2023. Three delegates from Amnesty International carried out dozens of in-person interviews with survivors of the earthquakes in southern Türkiye, visiting several districts in each of the following provinces, which are among the most affected by the disaster: Adiyaman, Gaziantep, Hatay and Kahramanmaraş.

In total, Amnesty International interviewed 131 people, including 19 persons with disabilities, 26 relatives of persons with disabilities, and 13 aid workers involved in the response. Interviews examined the specific situation of 34 persons with disabilities who have been displaced, documenting how the earthquakes have affected the ability of nearly all of them to access and equally enjoy their human rights.

The persons with disabilities whose experiences were examined included nine children (aged 8 to 17), 15 men (aged 20 to 85), and 10 women (aged 22 to 93).¹ They were reached during on-the-ground visits to formal and informal displacement sites and through humanitarian workers. When at all possible, Amnesty International interviewed persons with disabilities directly: four children (aged 11 to 17), eight men (aged 32 to 85), and seven women (aged 32 to 93). In other instances where interviewing the person directly was not possible – for example because they were nonverbal or otherwise had difficulties in communicating – Amnesty International spoke with relatives about the person's situation. Aid workers interviewed included staff from two Turkish organizations and one international organization focused on the rights of persons with disabilities.

Researchers interviewed Turkish nationals and Syrian refugees, including members of different communities, including Abdals, Alevi, Christians, Kurds and Turkmen.

Researchers examined the situation of individuals with a diverse range of disabilities. They included persons with physical disabilities – including disabilities resulting from injuries sustained during the earthquakes – psychosocial disabilities, intellectual disabilities and sensory disabilities. Mindful of the intersection between disability and ageing, the situation of seven older persons with disabilities – four men and three women – was examined.²

Interviews were conducted in Turkish via interpretation, as well as in Arabic. Interviews with humanitarian workers were conducted primarily in English. Aside from two occasions in which interviews were conducted in a focus group setting, interviews were conducted one-on-one, with an emphasis on privacy. At times, family members were present at the request of the interviewee or family. Although full privacy is difficult to ensure in displaced persons camps, researchers ensured interviews with displaced persons with disabilities and their families did not take place in the presence of humanitarian workers or camp supervisors.

No incentive was offered for speaking. Amnesty International informed interviewees about the nature and purpose of the research as well as about how the information would be used. Oral consent was obtained.

¹ Amnesty International defines "children" in line with international law, as individuals below the age of 18.

² The four men were 58, 68, 80 and 85 years old; two of the women were 73, and one was 93. International law does not define what constitutes an "older person". The term has often been used to refer to individuals 60 or older. Amnesty International prefers a context-specific approach that also takes into account self-identification rather than an arbitrary minimum cut-off.

Interviewees were told they could end the interview at any time and could choose not to answer specific questions.

Amnesty International has included the names of certain individuals who were interviewed, based on their informed consent. Other people spoke on condition of anonymity, generally due to privacy concerns or so as not to be seen as critical of the government's response. Their names and other identifying information have been withheld.

On 6 April 2023, Amnesty International wrote to Derya Yanik, the Minister of Family and Social Services, and to the Disaster and Emergency Management Presidency (AFAD), presenting a summary of its findings on the conditions of displaced persons with disabilities, including older persons with limited mobility, and requesting information about the humanitarian response. At the time of publication, there had been no response.



A building in Defne, Hatay province, lies in ruins. Amnesty International researchers surveyed the damage and displacement conditions in Hatay, one of the provinces most affected by the earthquakes. © Amnesty International

3. BACKGROUND

A series of earthquakes occurred across 11 provinces in southern Türkiye between 6 and 20 February 2023 – starting with magnitude 7.7 and 7.6 earthquakes on the Richter scale in the Kahramanmaraş province on 6 February and continuing with further tremors of varying intensity in the following days and weeks, notably a magnitude 6.4 earthquake in the Hatay province on 20 February.³

THE SITUATION ON THE GROUND

The extent of the destruction caused by the earthquakes was massive in terms of both gravity and geographic scale. More than 48,000 people were killed and more than 100,000 were injured, many of whom lost limbs and sustained other life-changing injuries.⁴ Some 3.3 million people have been displaced, 2.3 million of whom are sheltering in tent camps and container settlements.⁵

Among those killed, injured and displaced were many health and care workers, and the mass devastation included the destruction of and damage to health facilities and other public institutions which provided desperately needed services, including for many persons with disabilities.

The loss or interruption of these services takes on even greater significance at a time of increasing challenges and needs resulting from the earthquakes. “As many as 70 percent of injured earthquake survivors are expected to have a disability,” according to a joint Turkish government – UN assessment.⁶

However, there are concerns that in the context of the ongoing emergency response, insufficient efforts are being deployed by both the state agencies involved in the response and other humanitarian actors to collect and analyse the disaggregated data necessary to comprehensively and accurately assess the needs of and challenges faced by persons with disabilities. Several aid workers involved in the emergency response, including two who focus on assisting persons with disabilities, told Amnesty International that – more than a month after the earthquakes – the ability to assess and adequately respond to the rights of persons with disabilities was being undermined by a lack of data disaggregated by age, gender and disability.⁷ They said that such data was not being systematically collected and no mechanism exists to collect it.⁸

The government of Türkiye is leading the humanitarian response, channeled primarily through its Disaster and Emergency Management Presidency (AFAD) and governors. Working alongside them are the Turkish Red Crescent and local and international organizations and agencies; the Ministry of Family and Social Services offers protection and psychosocial services for at-risk groups, including persons with disabilities.⁹

A technical guidance on disability inclusion in the earthquake response, published on 28 February 2023 by the Disability Inclusion Task Team (DITT), a mechanism in Türkiye led by the International Organisation for Migration (IOM) and Relief International (RI), recommends inclusive and disaggregated data collection, mirroring the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in

³ Disaster and Emergency Management Presidency (AFAD), “Press bulletin 1 about the earthquake in Hatay measuring 6.4”, 20 February 2023, bit.ly/3mqugbz; AFAD, “Press bulletin 36 about the earthquake in Kahramanmaraş”, 3 March 2023, bit.ly/41c48jG. In April, AFAD added six more provinces to the earthquake disaster zone due to damage sustained in the earthquakes. See, for example, UN Office for the Coordination of Humanitarian Affairs (OCHA), “Türkiye: 2023 Earthquakes situation report No. 13, As of 6 April 2023”, 6 April 2023, bit.ly/3ZUK7wF.

⁴ Presidency of the Republic of Türkiye – Strategy and Budget, *Türkiye Earthquakes Recovery and Reconstruction Assessment*, March 2023, bit.ly/3o23hUh

⁵ UNDP, *Recovery and Reconstruction after the 2023 Earthquakes in Türkiye: UNDP offer and proposed projects*, 27 March 2023, bit.ly/3MufYBs

⁶ UNDP, *Recovery and Reconstruction after the 2023 Earthquakes in Türkiye (previously cited)*.

⁷ Interviews in person, Gaziantep, 11 and 16 March 2023; interviews by voice calls, 6 April 2023.

⁸ Interviews in person, Gaziantep, 11 and 16 March 2023; interviews by voice calls, 6 April 2023.

⁹ The UN Refugee Agency UNHCR, “Türkiye - UNHCR: Emergency Response to Earthquake - 05.04.23”, 5 April 2023, bit.ly/3KQl8oX.

Humanitarian Action and the UN Disability Inclusion Strategy.¹⁰ The IASC Guidelines, which should inform all actors involved in the response, identify data disaggregation as one of “four essential actions” to ensure inclusion of persons with disabilities, alongside promoting their meaningful participation, removing barriers and supporting them in developing their own capacities.¹¹

However, as of mid-April 2023, Amnesty International’s research indicated that no such data about persons with disabilities was available and no mechanism had yet been put in place to systematically collect such data in the context of the emergency response, whether at displacement sites or informal settings. The humanitarian response strongly appears to be lagging behind with respect to the other essential actions to ensure inclusion as well, including by inadequately removing barriers, as is detailed in subsequent chapters.



Devastation in Kahramanmaraş city as seen by Amnesty International’s researchers on 12 March 2023. The February 2023 earthquakes in southern Türkiye – the worst in the country’s modern history – devastated entire communities. © Amnesty International

TÜRKİYE’S OBLIGATIONS

Türkiye is a state party to the Convention on the Rights of Persons with Disabilities (CRPD), and as such the Turkish government is required to take measures to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.¹² However, even prior to the earthquakes, persons with disabilities in Türkiye, including older persons with limited mobility, faced exclusion as well as policies and practices by the Turkish authorities that undermined their human rights and their full and effective participation in society on an equal basis with others.¹³

¹⁰ Inter-Agency Coordination Türkiye – Disability Inclusion Task Team, “Sectoral technical guidance on disability inclusion in emergencies: (Earthquake response – February 2023)”, 28 February 2023, bit.ly/3Ktzn1; UN Inter-Agency Standing Committee (IASC), Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action, July 2019, bit.ly/3GzUE9R; UN, UN Disability Inclusion Strategy (UNDIS), 2019, bit.ly/400BEIk.

¹¹ IASC, Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action (previously cited).

¹² Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD) specifically addresses the need to take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.” CRPD, Article 11.

¹³ See, for example, European Court of Human Rights (ECtHR), *Asalya v. Turkey*, Application 43875/09, Judgment, 15 April 2014, bit.ly/43Vq7NU; ECtHR, *Bayram v. Turkey*, ECHR 047 (2020), Committee Judgment, 4 February 2020, bit.ly/43EB9Hf; ECtHR, *Cam v. Turkey*, Application 51500/08, Judgment, 23 February 2016, bit.ly/3ojiYGB; ECtHR, *Enver Sahin v. Turkey*, Application 23065/12, Judgment, 30 January 2018, bit.ly/3Ukou1i.

In its concluding observations in October 2019, the UN Committee on the Rights of Persons with Disabilities raised concerns about certain practices inconsistent with Türkiye's obligations as a state party to the CRPD. Notably, the Committee expressed concern about "the absence of information on a comprehensive strategy and action plan that ensures the inclusion and accessibility of disaster risk reduction measures. It is also concerned about the absence of periodic risk assessments and disaggregated data collection that would allow the State party to identify and address the specific risks that persons with disabilities face in armed conflicts, humanitarian emergencies and natural disasters."¹⁴

The Committee also expressed concern "that there is no updated and transparent information and no recorded progress in the areas covered by the strategy and national action plan on accessibility",¹⁵ and about "the limited information on the progress made to adopt the national action plan and strategy paper on the rights of persons with disabilities, and on the sustained and formal mechanisms of consultation and involvement for the various organizations of persons with disabilities throughout the decision-making process".¹⁶

Türkiye has also ratified the European Social Charter, accepting as binding paragraphs that include protections for persons with disabilities, such as "ensuring the effective exercise to the right to independence, social integration and participation in the life of the community".¹⁷ In its 2020 conclusions, the European Social Committee found several situations of non-conformity by Türkiye with some provisions of the relevant article on the rights of persons with disabilities, including that it "has not been established that anti-discrimination legislation covers the fields of housing, transport, communications and culture and leisure activities."¹⁸

Against this background, the Turkish authorities, with support from international partners, should take concrete measures as a matter of urgency to address the apparent shortage of information about needs and challenges faced by persons with disabilities so as to ensure an adequate, inclusive response in the aftermath of the earthquakes. In mid-February, the UN launched a US\$1 billion appeal to help fund the earthquakes response in Türkiye.¹⁹ As of mid-April, the appeal – one of the ways the humanitarian response is being supported – was less than 30% funded.²⁰

¹⁴ UN Committee on the Rights of Persons with Disabilities (CRPD), Concluding observations on the initial report of Turkey, 1 October 2019, UN Doc. CRPD/C/TUR/CO/1, para. 23.

¹⁵ CRPD, Concluding observations on the initial report of Turkey (previously cited), para. 7.

¹⁶ CRPD, Concluding observations on the initial report of Turkey (previously cited), para. 9.

¹⁷ European Social Charter (Revised), Article 15. Türkiye, however, has not accepted the collective complaint procedure, something Amnesty International urges the government to do. Türkiye also has relevant obligations under the European Convention on Human Rights (ECHR); of particular relevance here is its prohibition of degrading treatment and of discrimination which has been cited by the ECHR in ruling in favor of persons with disabilities in cases against the state of Türkiye. European Convention on Human Rights, Articles 3 and 14. See also footnote 13.

¹⁸ Council of Europe, Turkey and the European Social Charter, bit.ly/3Unoq0l, p. 3.

¹⁹ UN Türkiye, "United Nations is launching a \$1 billion humanitarian appeal for the people of Türkiye", 16 February, bit.ly/3UPZ5U4

²⁰ OCHA, "Türkiye: 2023 Earthquakes situation report No. 14, As of 13 April 2023", 6 April 2023, bit.ly/40lbZKN. An international donors' conference organized in the aftermath of the earthquakes by the European Commission on 20 March 2023, pledged €6 billion (around US\$6.5 billion) in grants and loans to support Türkiye. For more on the conference, see European Commission, "Together for the people in Türkiye and Syria", bit.ly/3MVNC3k. If and when these pledges are met, they are likely to be channeled through different avenues, including through the UN as well as government agencies.

4. INADEQUATE CONDITIONS IN DISPLACEMENT SITES

Amnesty International visited 21 displacement sites in various districts of the following provinces: Adiyaman, Gaziantep, Hatay and Kahramanmaraş. Conditions varied in displacement sites, some of which were encampments with tents of different types and quality, and others were settlements including of containers serving as housing units.²¹ Even in more formal camps that have been set up by state-affiliated bodies and other humanitarian actors, the situation of persons with disabilities, including older persons with limited mobility, indicated gaps in the response and that humanitarian commitments on inclusion and non-discrimination are yet to be adequately implemented.²² There were particular challenges and significant access issues for persons with disabilities, which were detailed in interviews as well as observed by Amnesty International’s delegates.

INACCESSIBLE FACILITIES

Persons with disabilities expressed concerns that latrines and wash facilities in displacement sites were inaccessible to them. In all of the 21 sites visited, latrines lacked ramp access as well as handles, ropes or chairs that would enable persons who have mobility limitations to use them. This undermines their rights to life with dignity, to sanitation, to health, as well as their right to equality and non-discrimination.²³ In

²¹ The situation was better in the official camps compared to informal settlements where displaced persons lived in relatively lower quality tents, including makeshift tarpaulin ones they strung up themselves and other rickety structures.

²² See Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (Fourth Edition), 6 November 2018, p. 29, bit.ly/2Pbu1Jl. See also the Charter on the Inclusion of Persons with Disabilities in Humanitarian Action developed in advance of the World Humanitarian Summit (WHS) in May 2016, and endorsed by many UN agencies, humanitarian organizations, states and key donors. Charter on Inclusion of Persons with Disabilities in Humanitarian Action, humanitarianism.org. During and after the WHS, UN agencies, humanitarian organizations, and states established a series of commitments under what was termed “Core Responsibility 3: Leave No One Behind” to improve the inclusion of at-risk groups, including persons with disabilities. World Humanitarian Summit (WHS), Commitments to Action, 2016, bit.ly/3UKSk8. In 2018, a consortium of humanitarian organizations published the Humanitarian inclusion standards for older people and people with disabilities, which include over-arching standards on inclusion in the in the design and implementation of humanitarian response, as well as specific guidance for different components of assistance, including protection, sanitation, food security, shelter, and health. Age and Disability Capacity Programme (ADCAP), Humanitarian inclusion standards for older people and people with disabilities, 2018, bit.ly/2TvSrRw. In November 2019, after three years of extensive consultations, the UN Inter-Agency Standing Committee (IASC), a forum bringing together UN and non-UN humanitarian partners, launched the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, the first such guidelines drawn up with and by persons with disabilities and their organizations alongside humanitarian stakeholders. The guidelines recommend specific actions that “will assist humanitarian actors, governments and affected communities to coordinate, plan, implement, monitor and evaluate humanitarian action, resulting in the full and effective participation and inclusion of persons with disabilities and changing practice across all sectors and in all phases of humanitarian action”. IASC, “Launch of the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action”, 12 November 2019, bit.ly/3mYcxbE.

²³ The right to dignity is enshrined in international human rights law. See, for example, Universal Declaration of Human Rights (UDHR), UNGA resolution of 10 December 1948, Preamble and Articles 1, 22. It is also at the core of the principles of humanitarian work. See Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (previously cited), p. 29. The right to sanitation – which among other things requires hygienic, accessible facilities that ensure privacy and dignity – has been recognized as being derived from the right to an adequate standard of living; it is therefore implicitly contained in the International Covenant on

practically all the situations examined by Amnesty International, persons with limited mobility were forced to rely on family members to take them to latrines and showers; many washed inside their tents. Such shelter and sanitation conditions affect the equal ability to practise self-care and undermine autonomy, privacy and inherent dignity.



Inaccessible showers and latrines lacking ramp access, handles, ropes or chairs as observed by Amnesty International’s researchers during their March 2023 visit to camps in four of the provinces that were most affected by the earthquakes. None of the 21 displacement sites visited by the researchers contained sanitation facilities that were accessible to persons with disabilities, a wider pattern confirmed by aid workers. © Amnesty International

In one case documented by Amnesty International, an 85-year-old man confined to his bed in a tent in a camp in the city of Samandag had not been bathed for 25 days since the family had moved to that displacement site.²⁴ He had lost mobility around seven months prior, after his condition deteriorated following a stroke. Family members said they had been using wet wipes – which they were able to collect as part of aid distributed in the camp – to try to clean his body inside the tent.²⁵

A senior aid worker involved in the humanitarian response said they were seeing “a huge gap” in accessible latrines and showers and that they were looking into providing accessible facilities, “but we have been coming [to it] a bit late”.²⁶ Amnesty International has long echoed the position of advocates on the rights of persons with disabilities and older persons that such considerations must be integrated at the outset of humanitarian response contexts, including during the emergency phase.²⁷

Nurcan, a 32-year-old woman with a physical disability who has had to rely on her mother and brother to carry her to facilities in the camp, described to Amnesty International how accessibility restraints are affecting key aspects of her daily life and human rights:

I can’t move here. I can’t use the toilet. I can’t take a shower. At home, it was more comfortable...

I can’t eat well. I’m afraid if I eat here the way I ate before, that I would need to go to the toilet. When I was at home, I could go [on my own], I could do whatever I wanted. Here I can’t...

Economic, Social and Cultural Rights (ICESCR). Committee on Economic, Social, and Cultural Rights (CESCR), Statement on the Right to Sanitation, 19 November 2010, UN Doc. E/C.12/2010/1, para. 7. The CESCR said the right to sanitation is also “integrally related”, among other rights, to the right to health. In General Comment 14, the CESCR also recognized the right to health as “an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation...” CESCR, General Comment No. 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 11. Article 28 of the Convention on the Rights of Persons with Disabilities (CRPD) also recognizes the right of persons with disabilities to an adequate standard of living “without discrimination on the basis of disability”. See also IASC, Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action (previously cited), pp. 177-187. Under international human rights law, non-discrimination is part of the protection of all rights. For example, UDHR, Preamble and Article 2; ICESCR, Article 2(2). See also CRPD, Preamble and Articles 3, 4 and 5, among other references in the convention.

²⁴ Interviews in person, Samandag, 19 March 2023.

²⁵ Interviews in person, Samandag, 19 March 2023.

²⁶ Interview by voice call, 22 March 2023.

²⁷ See, for example, IASC, Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action (previously cited), pp. 167-187. See also Amnesty International, “Fleeing my whole life”: Older people’s experience of conflict and displacement in Myanmar (Index: ASA 16/0446/2019), 18 June 2019; Amnesty International, Excluded: Living with disabilities in Yemen’s armed conflict (Index: MDE 31/1383/2019), 3 December 2019; 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.

I used to move [around my apartment] by holding on the walls for support. I used to exercise using the furniture. Now I can't [do that in the tent].²⁸

Inaccessible infrastructure and concerns over hygienic conditions have forced persons with limited mobility into situations where their autonomy is greatly reduced and, in one case documented by Amnesty International, resulted in the separation of a family. Hatice Coskun, 43, described how her 18-year-old daughter was severely injured when their three-story house in Nurdagi collapsed, killing five family members.²⁹ The daughter underwent surgery in Gaziantep city – her right leg broke at the thigh and hip, requiring the placement of plates and her use of crutches. The family of seven was initially given a tent before being moved into a formal tent camp, but they opted to send the injured daughter alongside two of her sisters to live in Ankara with a relative.³⁰ Hatice said they did that because the living conditions for her injured daughter would be better outside the camp, but broke down in tears as she said all she wanted was for her family to be reunited – “I miss my daughters and they miss me. We speak on the phone but of course it's not the same... it breaks my heart.”³¹

In a case documented by Amnesty International in Adiyaman city, three families of persons with physical disabilities whose homes were destroyed in the earthquakes were crowding in with a relative whose house was not damaged, because conditions in displacement camps would put their health at risk. One of the members of the three families, a woman with a 17-year-old boy in high school, Mohammed Ibrahim, who uses a wheelchair, said:

[My son's] digestive system does not work, and he has to wear a colostomy bag which must be emptied and cleaned several times a day in sterile condition because the open wound in his abdomen is at high risk of infection. At home he had a bathroom adapted to his needs and he could keep himself clean and change his diapers by himself and move around the apartment in his wheelchair, but here this house is not adapted. There are steps, and he can't get around or use the bathroom on his own.

Now he needs help with everything, and this loss of independence is difficult for him. Still, we are lucky that we can stay here at my sister's house because it would be impossible to manage in a displacement camp. The condition of the sanitation facilities there would put him at high risk of infection. But this is only a temporary solution. My sister also has a disability and a severe health condition, but now her home is very crowded because she is hosting all of us.³²

The Turkish government and the humanitarian community must together redouble their efforts to respond to the needs of persons with disabilities, respecting and fulfilling their rights by swiftly bringing sanitation and other facilities in established displacement sites up to accessibility standards.



Amnesty International visited various types of displacement sites, including the tent camp in Antakya seen above on the left and the container camp outside Adiyaman city seen on the right. © Amnesty International

²⁸ Interview in person, Antakya, 14 March 2023.

²⁹ Interview in person, Nurdagi, 9 March 2023.

³⁰ Interview in person, Nurdagi, 9 March 2023.

³¹ Interview in person, Nurdagi, 9 March 2023.

³² Interview in person, Adiyaman city, 17 March 2023.

ADDITIONAL COSTS AND DEPENDENCE ON AID

In addition to affecting their ability to live and function independently, such conditions have also caused some persons with disabilities and their families to become dependent on aid to meet basic needs due to their displacement. For example, a 33-year-old man with cerebral palsy and an intellectual impairment used a toilet at home before the earthquake, with his mother's help.³³ After the collapse of their building in Nurdagi, his mother had to start collecting diapers from a camp for displaced persons right next to which they had pitched a tent. "We don't have money [to buy diapers]," the mother said.³⁴

A 48-year-old Syrian refugee, who has had her left leg and part of her right foot amputated because of diabetes, and who was sheltering in a displacement tent camp in a park in the centre of Kahramanmaras city, told Amnesty International that it was impossible for her to access the camp's latrines and that she had no choice but to use a commode (toilet chair) that her family had brought from her home. She said:

I can't manage to use the shared toilets. My relatives have to help me to move from my wheelchair to the commode and then they have to empty and clean the commode every time I use it. This makes me very uncomfortable. We all need a bit of privacy and dignity, but it is very difficult in these circumstances.³⁵

A 13-year-old relative of hers, an eighth-grade student, told Amnesty International that she lost her right leg in the earthquake, which also killed her mother on 6 February. She was also sheltering in the same informal tent camp and said that she was forced to use diapers and to rely on her teenage sister to change her diapers and clean her. "She can't use the commode because it is too unstable and if she falls this would be very dangerous for her amputation wound," said the girl's sister.³⁶ The lack of accessible sanitation facilities compounded the poor shelter conditions in the camp, increasing the risk for the girl's health at a crucial time immediately after the amputation, when the risk of infection is high.



*Commode used by woman with a physical disability staying in a camp for persons displaced by the earthquakes in Kahramanmaras city, as seen on 12 March 2023.
© Amnesty International*

In another case in Adiyaman city, a man with a 15-year-old boy who has a prosthetic leg due to a cancer-related amputation, said the family had to incur the cost of purchasing a portable latrine.³⁷ The family's house had been severely damaged, and they had to vacate it; they pitched a tent on family property next to a camp, but needed an accessible latrine for their son. "At first, [when] we tried to find a portable toilet, it was really difficult. We couldn't find one in Adiyaman. We asked in the nearby cities, but the cargo [delivery service] wasn't working. After one month we got one... My sister paid for it, but she won't tell me how much it cost."³⁸ With the help of a local NGO, the family was ultimately moved to a container outfitted with a toilet five days before they were interviewed by Amnesty International.³⁹

The brother of a 73-year-old Syrian refugee with limited mobility sheltering in an informal displacement camp in Antakya told Amnesty International:

I am worried for my sister because for now she is able to stay in this container which has a private bathroom, but this container belongs to a relative who is away but will return in two or three weeks. When he and his family return, they will need it for themselves as they have nowhere else to stay. And then my sister won't have anywhere to stay.

She can't stay in a tent because she can neither reach the shared toilet nor use them. These facilities are not usable for someone who has such limited mobility. She also needs a smooth and level surface

³³ Interview in person, Nurdagi, 9 March 2023.

³⁴ Interview in person, Nurdagi, 9 March 2023.

³⁵ Interview in person, Kahramanmaras city, 12 March 2023.

³⁶ Interview in person, Kahramanmaras city, 12 March 2023.

³⁷ Interview in person, Adiyaman city, 17 March 2023.

³⁸ Interview in person, Adiyaman city, 17 March 2023.

³⁹ Interview in person, Adiyaman city, 17 March 2023.

to walk a few steps with her walker. It is very important that she walks a little bit every day; it is necessary for her recovery. But this would also be impossible for her in a tent. I hope we can get a container soon.⁴⁰

Various government officials, including the Minister of Interior, have made statements indicating that persons with disabilities and their families are prioritized in being moved to container camps.⁴¹ Containers, which typically house a single family, tend to be individually outfitted with water and sanitation facilities. Turkish authorities had set up similar camps in the past for Syrian refugees who have been residing in border provinces for years since the Syrian conflict began in 2011.

But Amnesty International's research indicates that some individuals and families require specific attention and arrangements that will not be met by simply moving them to container camps or by a rent subsidy. For example, a woman from Samandag with two children with disabilities – a 12-year-old boy and a 22-year-old woman – told Amnesty International that even though she was ultimately moved to a container after days of staying in a car and then a tent with her children and the latter getting sick, she was unable to remain in the container camp.⁴² “I need help [with my children] ... I need to be with family members” to be able to take care of them, she said.⁴³ The woman had been taking care of her children alone as their father works overseas; she moved out of the container camp and is temporarily staying in a vacant house whose owner lives abroad. She said what would work best for her family was if they were given a container to be placed on family property – rather than in a camp – so she can be surrounded by relatives who can support her in her caring duties.⁴⁴

SPECIFIC IMPACT ON PERSONS WITH PSYCHOSOCIAL AND INTELLECTUAL DISABILITIES

The disproportionate impact of the disaster-related displacement on persons with disabilities and their families is also clear in other ways. For example, living in a camp setting has been particularly difficult for persons with mental health conditions and their families, as well as for persons with intellectual disabilities and their families. At least two families told Amnesty International that they had been forced to leave the camps where they were initially sheltering because the behaviour of their children with disabilities was not tolerated by others and caused problems with other camp residents.

Fadime Cetin, 51, has two children with disabilities – a 20-year-old with Down's syndrome and a 17-year-old with a mental health condition. Herself a cancer patient who also supports a husband with Alzheimer's disease, Fadime described to Amnesty International how her family was pulled from under the rubble five days after their three-storey building in Kahramanmaraş city collapsed, killing her 21-year-old son, her 34-year-old son-in-law and an 11-year-old nephew.⁴⁵ She said that, after spending 12 days in the hospital, local authorities “took us to a [formal] tent camp in the park there, but I couldn't live there because my son [who has a mental health condition] sometimes spits on people.”⁴⁶ She added:

My son who has [a mental health condition] sometimes does things that disturbs others. [For example], sometimes he grabs women's headscarves... When he does these things, they beat him and insult him. So, I decided to live by ourselves to prevent this...

We stayed for a week in that camp before coming here. When we came here, we set up a shelter for ourselves from cardboard boxes and then we moved to this blue tent after the person who was living there left. And then for a week now we have been staying in this other tent which my brother bought.⁴⁷

The family's tent is pitched alongside a street previously used as a Friday market, now turned into an informal displacement site for displaced Turkish and Syrian families. Fadime said the safety of her 17-year-

⁴⁰ Interview in person, Antakya city, 13 March 2023

⁴¹ See, for example, Yasadikca, “Konteyner kentlere yerleşim konusunda engellilere öncelik verilecek”, 9 March 2023, bit.ly/40iSe7k. See also Presidency of the Republic of Türkiye – Strategy and Budget, *Türkiye Earthquakes Recovery and Reconstruction Assessment* (previously cited), p. 121. More broadly, another option announced by officials that applies to all earthquake survivors who lost their homes and who do not wish to stay in camps is a one-year rental payment for the amount of 5,000 Turkish liras a month (around US\$260). Presidency of the Republic of Türkiye – Strategy and Budget, *Türkiye Earthquakes Recovery and Reconstruction Assessment* (previously cited), p. 37. See also Hürriyet Daily News, “Gov't to provide rental assistance to quake victims: Erdoğan”, 10 February 2023, bit.ly/405tJJN; Daily Sabah, “Erdoğan pledges rent, free flights for Türkiye's earthquake victims”, 10 February 2023, bit.ly/43udAkd

⁴² Interview in person, Samandag, 19 March 2023.

⁴³ Interview in person, Samandag, 19 March 2023.

⁴⁴ Interview in person, Samandag, 19 March 2023.

⁴⁵ Interview in person, Kahramanmaraş city, 12 March 2023.

⁴⁶ Interview in person, Kahramanmaraş city, 12 March 2023.

⁴⁷ Interview in person, Kahramanmaraş city, 12 March 2023.

old son is a constant concern, as he sometimes wanders off to the street and sits amid traffic.⁴⁸ As a result, during the day she feels she has to tie one of the boy's feet to a wood pallet outside the tent.⁴⁹ "Inside [our] house, we didn't use to tie him," Fadime said. "He was free at home. He loves watching TV a lot. He would watch cartoons all day... He doesn't know where he is at the moment. If he goes out of the tent and walks away, he will not find the tent again."⁵⁰



A 17-year-old boy with a mental health condition whose mother has resorted to tying him from his foot outside their tent so he does not wander into traffic on the street next to which their tent is pitched, Kahramanmaraş city, 12 March 2023. © Amnesty International

A man who was sheltering with his 21-year-old son with Down's syndrome in a displacement camp in Narli, outside Kahramanmaraş city, told Amnesty International:

My son... was accustomed to the house in the village and he doesn't understand why we can't go back there. I try to explain to him why we are here but... he doesn't understand. He is educated, he can use a computer and smart phone and he liked to watch TV. Here he doesn't have a TV or a computer.

He is used to having space and here we don't have space... The other day he took off his clothes and was screaming and smashing things and when he is like that it is difficult to calm him down and this behaviour is more difficult to manage here in the camp. It is crowded here.⁵¹

INACCESSIBLE AID DISTRIBUTION

Amnesty International's research furthermore indicates that the rights and specific requirements of persons with disabilities displaced by the earthquakes are not being adequately considered when arranging distribution of food, water and other aid materials.⁵² The organization is concerned that the response falls short of humanitarian principles of inclusivity and non-discrimination in this regard. According to interviews and to researchers' observations in various displacement sites, displaced persons are typically having to go to distribution points to collect food, water and some non-food items (including household items, cooking utensils and hygiene kits) – a model based on assuming ease of mobility, which renders persons living with different types of disabilities dependent on caregivers to collect these items on their behalf.

Almost every situation of a person with disability, including older persons with limited mobility, examined by Amnesty International entailed a family member collecting such assistance for them. Family members in several sites said collecting daily food assistance, for example, requires queuing for extended periods – something not specific to persons with disabilities alone, but that further undermines their equal access to food.

The scale of the displacement and resulting needs is overwhelming, and Amnesty International recognizes the enormous challenges faced regarding the response, also as a result of the mass destruction of and disruption to prior services and the lack of sufficient aid workers on the ground.⁵³ However, the Turkish authorities, international donors and humanitarian actors all need to prioritize greater efforts to ensure inclusive and equal access to food and water for persons with disabilities, and to have such efforts inform planning from the very beginning of any disaster response.

Advocates for the rights of persons with disabilities and older persons have often recommended having door-to-door aid delivery for persons with limited mobility, to respect their rights and ensure that assistance

⁴⁸ Interview in person, Kahramanmaraş city, 12 March 2023.

⁴⁹ Interview in person, Kahramanmaraş city, 12 March 2023.

⁵⁰ Interview in person, Kahramanmaraş city, 12 March 2023.

⁵¹ Interview in person, Narli, 11 March 2023

⁵² See ICESCR Article 11, CRPD Article 28. In General Comment 12, the CESCR stressed that the right to food requires that food be affordable and accessible to all, including those who are discriminated against or who face barriers or risks in obtaining adequate food, with specific reference made to older persons and persons with disabilities. It states that "Victims of natural disasters, people living in disaster-prone areas and other specially disadvantaged groups may need special attention and sometimes priority consideration with respect to accessibility of food." General Comment 12, The right to adequate food (Art. 11), 12 May 1999, UN Doc. E/C.12/1999/5. See also CESCR, General Comment 15: The right to water, UN Doc. E/C.12/2002/11.

⁵³ Aid workers interviewed by Amnesty International indicated that there was a lack of sufficient aid workers in the response due to the scale of the disaster as well as limitations on the operations of NGOs in the country. Interviews in person, March 2023; interviews by voice calls, April 2023.

reaches them equitably.⁵⁴ In other emergencies where the humanitarian response is in a later, more advanced stage of organization, there have been other attempts to improve access to such distributions, including through having special lines, organizing porters for specific at-risk groups to carry items to shelters, or relying on the assistance of informal community-led volunteers.⁵⁵



On the left, a woman carrying water bottles she collected from a distribution point in a camp for Syrian refugees who have been displaced by the earthquakes in Antakya, 14 March 2023. On the right, residents of a camp for displaced Turkish nationals in Adiyaman city queuing to collect food, 17 March 2023. This kind of aid distribution model renders persons with limited and no mobility dependent on caregivers. © Amnesty International

In addition, collecting and analysing data disaggregated by age, gender and disability is a key requirement to improve the humanitarian response and to ensure that older persons and persons with disabilities are not invisible.⁵⁶ Amnesty International's interviews with aid workers did not indicate that such an effort was being undertaken yet by state agencies involved in the response or other humanitarian actors. Humanitarian workers as well as advocates for the rights of persons with disabilities and older persons have long maintained that lack of data collection and proper disaggregation undermines the response as it curtails an understanding of the range of needs that exist linked to different social identities and their intersection.⁵⁷ Even amid the incredibly challenging environment, inclusive data collection is not an add-on; it must be prioritized by state agencies and other humanitarian actors and must be required by international donors.

⁵⁴ See, for example, Inter-Agency Coordination Türkiye – Disability Inclusion Task Team, “Tips on disability-inclusive emergency response: (Earthquake)”, 8 February 2023, bit.ly/3nY2u6D; Handicap International – Humanity & Inclusion, *Disability in humanitarian context: A case study from Iraq*, 26 March 2018, bit.ly/40cWTXO; International Federation of Red Cross and Red Crescent Societies, *All under one roof: Disability-inclusive shelter and settlements in emergencies*, 2015, bit.ly/43t6xYY, p. 46. See also IASC, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action* (previously cited), p. 172.

⁵⁵ See, for example, Amnesty International, “*Fleeing my whole life*”: *Older people’s experience of conflict and displacement in Myanmar* (previously cited), pp. 53-54; Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict* (previously cited), p. 22.

⁵⁶ See, for example, IASC, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action* (previously cited), pp. 21-31, 53-65, 77, 87, 97, 106, 114-137, 145, 170.

⁵⁷ See, for example, Humanity & Inclusion, “Disability data in humanitarian action”, bit.ly/40jsORw; UNICEF, “Producing disability-inclusive data: Why it matters and what it takes”, July 2020, bit.ly/41lOouz. See also Amnesty International, “*Fleeing my whole life*”: *Older people’s experience of conflict and displacement in Myanmar* (previously cited); Amnesty International, *Excluded: Living with disabilities in Yemen’s armed conflict* (previously cited); Amnesty International, “*My heart is in pain*”: *Older people’s experience of conflict, displacement, and detention in northeast Nigeria* (previously cited).

5. ACCESS TO SPECIALIST SERVICES AND DEVICES

The earthquakes caused massive interruptions to health and education services, including specialist services, in the provinces that have been particularly hard hit due to – among other reasons – the complete collapse of or severe damage to the buildings of some of these facilities. According to the initial results of an assessment led by the UN humanitarian agency, OCHA, with the involvement of other humanitarian actors including the Turkish Red Crescent and the International Federation of Red Cross and Red Crescent Societies, “people with underlying medical conditions may face limited access to medical care due to damage to and overburdening of health infrastructure.”⁵⁸ Several persons with different types of disabilities whose situations were examined by Amnesty International required more access to specialized health care and related services, including physiotherapists and occupational therapists.

LACK OF ACCESS TO SPECIALIST SERVICES AND QUALITY ASSISTIVE EQUIPMENT

Speaking of her 11-year-old son with a physical disability, a 33-year-old Syrian refugee, living in a camp on the outskirts of Antakya for Syrians displaced by the earthquakes, said: “He used to go for physical therapy once a week. The centre has been damaged [in the earthquake].”⁵⁹ Bahir Ghazi, 58, who lives in a camp for displaced persons in a central part of Antakya, said that his two daughters with physical disabilities, age 22 and 32, “used to go twice a week for physical rehabilitation. They haven’t been since the earthquake. The centre collapsed.”⁶⁰ He added: “[Aid workers] did come and ask us in the camp if there were any cases of people with disabilities in our tent, but they didn’t do anything... Shouldn’t they be following up on their needs?”⁶¹

An 11-year-old girl with a hearing impairment living in a camp for displaced persons in Antakya used to go to a school equipped for students with hearing impairments as well as, twice a week in the afternoon, to a rehabilitation centre.⁶² Her father, when interviewed in mid-March, said these services were no longer operational and expressed concern over when they would be restored.⁶³ He also said the family had been struggling with charging his daughter’s hearing aid due to the lack of electricity in the camp where they had been living, after they had to vacate their unsafe residence that was impacted by the earthquakes.⁶⁴ The family did not feel comfortable leaving the device charging at strangers’ shelters in a nearby camp that did have electricity; instead, they resorted to charging it in their car. Separately, the father said, the device ultimately broke down and needed maintenance and they enlisted the help of someone working at a mobile AFAD truck parked nearby to send it to Ankara for repair.⁶⁵ While the girl can lipread, without the device she

⁵⁸ WHO, “Türkiye earthquake: External situation report no.5: 13-19 March 2023”, 24 March 2023, bit.ly/3nx9xTy

⁵⁹ Interview in person, Antakya, 14 March 2023.

⁶⁰ Interview in person, Antakya, 14 March 2023.

⁶¹ Interview in person, Antakya, 14 March 2023.

⁶² Interview in person, Antakya, 13 March 2023.

⁶³ Interview in person, Antakya, 13 March 2023.

⁶⁴ Interview in person, Antakya, 13 March 2023.

⁶⁵ Interview in person, Antakya, 13 March 2023.

is unable to hear speech if not facing a person or any sounds; her father worried about the impact on her safety, especially in the context of displacement and ongoing aftershocks.⁶⁶



A wheelchair placed outside the tent of an older man with no mobility in a camp for persons displaced by the earthquakes in Samandag, 19 March 2023. Displaced persons with disabilities and their family members told Amnesty International they required access to better or any assistive devices. © Amnesty International

Several persons with disabilities and their family members displaced by the earthquakes – including one whose son’s wheelchair was crushed under the rubble of their collapsing building – said they required access to better or any assistive devices.⁶⁷ Some interviewees, including Mujde, a 37-year-old with a physical disability living in a displacement site in Narli outside Kahramanmaras city, said she needed an electric-powered wheelchair, which she expressed is more suitable for her displacement conditions than the manual one she is currently using.⁶⁸ Her 70-year-old mother, Afi Gosku, who also cares for her 80-year-old husband with impaired mobility, said that due to their displacement conditions, she has been sharing the use of Mujde’s wheelchair to move her husband, who does not have his own, including when she needs to take him to washing facilities in the camp.⁶⁹ Wheelchairs must be fit for purpose for the individuals using them or they can cause more harm.

Some interviewees, including a Syrian refugee with an 11-year-old boy with a physical disability, noted that the wheelchairs they had were not suitable for the terrain of the camps in which they have had to reside following their displacement. This was observed first-hand by Amnesty International’s researchers in some of the displacement sites they visited. Lack of and unsuitable assistive devices undermine the autonomy and independence of persons with disabilities and others with limited mobility.

There have been indications that national and local entities are working on providing assistive equipment to persons who lost theirs due to the earthquakes or who now require them as a result of newly acquired impairments,⁷⁰ but such efforts need to be significantly stepped up. States have an obligation to take immediate steps, making full use of their resources, including those made available through international co-operation and assistance, to ensure that persons with disabilities have access to health care, including

⁶⁶ Interview in person, Antakya, 13 March 2023.

⁶⁷ Interviews in person, March 2023.

⁶⁸ Interview in person, Narli, 11 March 2023.

⁶⁹ Interview in person, Narli, 11 March 2023.

⁷⁰ See, for example, Turkish Red Crescent, Twitter post, 4 March 2023, twitter.com/RedCrescent/status/1631958494025863168: “We overcome obstacles in every sense... We reach our citizens whose prostheses and wheelchairs remained under rubble, even if they are in the farthest villages.” Amnesty International researchers also observed a billboard in Gaziantep city advertising local authorities’ efforts to provide orthoses and prostheses for those impacted by the earthquakes. The billboard provided a phone number to call for information and a QR code to apply.

rehabilitation services and programmes as well as the provision of assistive devices and technologies.⁷¹ State entities and non-governmental humanitarian actors on the ground have been trying to respond to some health needs through mobile clinics that provide basic and vital health care and referral for specialized services, but authorities and donors must ensure that specialist services and facilities for persons with disabilities are equally prioritized and not left behind in reconstruction efforts.

INADEQUATE PSYCHOSOCIAL SUPPORT

The World Health Organization (WHO) has listed access to mental health and psychosocial support as its top priority concern in the areas affected by the earthquakes in Türkiye.⁷² Mental health is a key component of the right to health.⁷³ Amnesty International researchers observed the presence of psychosocial support tents primarily geared for children in the vast majority of the formal displacement sites they visited. But aid workers interviewed by Amnesty International as well as humanitarian reporting to date makes clear that these efforts need to be significantly scaled up and that more specialised, advanced and long-term services are needed.⁷⁴

Melek, a 35-year-old woman who is living with her three children and in-laws in a formal tent encampment in Narli outside Kahramanmaraş city, described how her 5-year-old daughter has been exhibiting signs of apparent distress since the earthquakes, including speaking in her sleep, something she didn't experience before.⁷⁵ "Sometimes when I wake her up to go to the toilet, the first thing she asks me, 'Is there an earthquake?'" Melek said.⁷⁶ Melek added that her daughter can no longer sleep without facing her and holding on tightly. The girl does go to a tent set up to provide activities for children in the camp, Melek said, adding that it would likely need much more than that, including more professional assistance, to alleviate the child's distress.⁷⁷ "We can't just rid ourselves of thinking of the earthquake," Melek said⁷⁸ – a sentiment shared by several parents who spoke of the effect of the disaster on their children. Continued seismic activity in the region has further exacerbated the effect, many people who spoke to Amnesty International said.

Speaking of the impact of the traumatic exposure on her, Melek said she has developed strong headaches since the night she fled her shaking house in terror alongside her children. "I force myself to be strong and stop myself from crying, I have to hide my feelings," she said. "My husband is away. I can't cry every time an earthquake happens... I call my children, gather them around me and encourage them [when an aftershock happens]... It's not the time for me to be crying or showing my feelings."⁷⁹

⁷¹ CRPD Articles 20 (on personal mobility) and 26 (on habilitation and rehabilitation). See also Articles 11 (on protection in situations of risk and humanitarian emergencies) and 28 (on adequate standard of living and social protection). The Special Rapporteur on the Rights of Persons with Disabilities maintains that "access to essential habilitation and rehabilitation, to essential assistive devices and to essential health services needed by persons with disabilities owing to their impairment should be considered as core obligations that are not subject to progressive realization." UN Special Rapporteur on the Rights of Persons with Disabilities, Report, 16 July 2018, UN Doc. A/73/161, para. 18.

⁷² WHO, "Türkiye earthquake: External situation report no.5: 13-19 March 2023" (previously cited). See also CBC Radio, "Survivors, aid workers concerned about looming mental health crisis in wake of Turkey-Syria earthquakes", 5 April 2023, [bit.ly/41fbNs](https://www.cbc.ca/news/world/turkey-syria-earthquake-mental-health-1.6848484); Reuters, "After Turkey's earthquake, a grave mental health toll looms", 27 February 2023, [reut.rs/3mpewFS](https://www.reuters.com/world/middle-east/turkey-syria-earthquake-mental-health-toll-looms-2023-02-27/); Middle East Eye, "Turkey-Syria earthquake: The mental health impact of natural disaster", 28 February, [bit.ly/40ZFWRN](https://www.middleeasteye.net/news/turkey-syria-earthquake-mental-health-impact); Al Jazeera, "'Anger, sorrow, anxiety': Healing scars of Turkey's quake victims", 20 February 2023, [bit.ly/3KuVINt](https://www.aljazeera.com/news/2023/2/20/turkey-syria-earthquake-mental-health-impact).

Research in many countries has consistently shown that exposure to 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. WHO, *Building Back Better: Sustainable Health Care after Emergencies*, 2013, p. 4, [bit.ly/3twGJcA](https://www.who.int/publications/m/item/building-back-better-sustainable-health-care-after-emergencies).

⁷³ Article 12 of the ICESCR states: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." ICESCR, Article 12. The right to health requires that quality health facilities, goods and services are available, accessible, affordable and acceptable. CESCR, General Comment No. 14, para. 12. That includes "appropriate mental health treatment and care". CESCR, General Comment No. 14, para. 17.

⁷⁴ Interviews, March 2023. See also WHO, "Türkiye earthquake: External situation report no.5: 13-19 March 2023" (previously cited); Support to Life, "Turkey-Earthquake: Emergency Situation Report (22.03.2023)", 23 March 2023, [bit.ly/3LZJjDm](https://www.supporttolife.org/en/turkey-earthquake-emergency-situation-report-22-03-2023/). Previous research by Amnesty International highlights how, long after traumatic exposures, the mental health impact lasts – something humanitarian response and development programming often fails to address. 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.

⁷⁵ Interview in person, Narli, 11 March 2023.

⁷⁶ Interview in person, Narli, 11 March 2023.

⁷⁷ Interview in person, Narli, 11 March 2023.

⁷⁸ Interview in person, Narli, 11 March 2023.

⁷⁹ Interview in person, Narli, 11 March 2023.

6. SUPPORT FOR CARERS

All the persons with disabilities – adults as well as children – whose situation was examined by Amnesty International received support from family members as opposed to paid carers. With conditions of housing and sanitation in displacement sites largely compromising the ability of persons with disabilities to practise self-care and undermining their privacy and inherent dignity, their relatives faced increased demands and challenges in trying to support them.

In the overwhelming majority of situations, the carers said that the support needs of the relatives they cared for had increased significantly and that their conditions had worsened as a result of the displacement and of the living conditions in displacement. The carers also said that they were devoting significantly more time and effort now to trying to provide the necessary support for their relatives with disabilities. In the cases examined by Amnesty International, women were almost always who provided support for the persons with disabilities, a pattern of a disproportionate responsibility recorded in other countries as well, including in non-emergency situations.⁸⁰ Several said they found it difficult to cope with the sadness and frustration of not being able to provide the necessary comfort for their relatives. Many are facing such challenges while trying to cope with their own distress.

Emel Kurban, a 54-year-old woman who is herself living with a disability – she has a medical condition that affects her spinal cord, which limits her mobility – while supporting her 93-year-old mother in a displacement camp in Samandag, told Amnesty International:

At home my mother had all what she needed to be as comfortable as possible – a good bed and sofa and bathroom. Here in this tent, she is lying on this mattress all the time; she is uncomfortable and disoriented and I can't do anything to make her feel better and it pains me.

I lost my sister in the earthquake. We lived next door to each other and spent a lot of time together. She had the same disability as me and neither of us have children. She was my best friend, and I miss her a lot. My young cousins and their baby were also killed in their homes. It is heartbreaking. I also lost my cat; he was my companion, I raised him like my baby. I miss him very much.

I am very sad. I cry a lot. And seeing my mother in such a pitiful condition and not being able to do anything to improve her situation makes me even more sad and more depressed.⁸¹

An 18-year-old Syrian refugee who lost her mother in the earthquake was now supporting her 13-year-old sister who lost her leg in the earthquake – despite experiencing severe trauma herself. From being a high school student, she became an orphan and her sister's carer overnight – with no preparation or training. She told Amnesty International that she was trying her best to support her little sister, but she was struggling to cope: “Suddenly our lives were turned upside down – mum died, [my sister] lost her leg, we don't have a home and must sleep in a tent, and we don't go to school anymore. Sometimes I feel it's a nightmare but then I realise that it is reality. I don't know what will happen in the future.”⁸²

Parents of children and young adults with intellectual and psychosocial disabilities also told Amnesty International that their children were more distressed, unable to understand the reason for the sudden

⁸⁰ “Women do the majority of the day-to-day care of people with disabilities, including personal care, community care and inclusion, work in human service fields, and in friendships; yet for the most part, their efforts go unnoticed.” Syracuse University – The Center on Human Policy, “Women and Disability: Women and Care”, bit.ly/43NNuZq. See also UN Department of Economic and Social Affairs – Social Inclusion, “Caregiving in an ageing world”, 17 November 2022, bit.ly/3Aa5n7p.

⁸¹ Interview in person, Samandag, 15 March 2023

⁸² Interview in person, Narli, 12 March 2023

change in their living arrangements, environment, and routine, and facing major challenges in adjusting to their living conditions in displacement camps – which in turn made it more difficult to support them. They mentioned, for example, that their children were having more frequent anger outbursts and that their behaviour in general and such incidents in particular were more difficult to manage in a camp setting. With day-care and rehabilitation and support centres destroyed or otherwise not functioning in the aftermath of the earthquake, many persons with disabilities lost a routine activity and their carers lost an important support mechanism.

A woman with a 12-year old girl with an intellectual disability told Amnesty International that she preferred to stay in a camp near a large rubble processing site – despite the heavy pollution – because the camp had a tent that provided care for children with intellectual disabilities where her daughter can spend a few hours several times a week: “It is beneficial for her because she likes spending time there, and for me it is the only chance to have a break.”⁸³

With the increase in the number of persons with disabilities and the deteriorating living conditions of so many as a result of the earthquakes, the number of carers needed will likewise increase, and their increased care responsibilities will often be more demanding. It is therefore imperative that measures be taken to ensure that the rights and needs of carers are recognized and that the necessary resources be allocated to provide support and training for carers. The Council of Europe Action Plan to Promote the Rights of People with Disabilities (2006) recommends that States “recognise the status of carers, by providing them with support and relevant training.”⁸⁴ The prioritization of such measures is also in line with the findings and recommendation of the UN Committee on the Rights of Persons with Disabilities, which in a landmark case in 2022 found that whilst there are no rights for unpaid or family carers within the Convention on the Rights of Persons with Disabilities, “the rights of persons with disabilities cannot be realised without the protection of family caregivers”.⁸⁵



Fadime Cetin, a 51-year-old cancer patient supports two children with disabilities – a 20-year-old with Down’s syndrome and a 17-year-old with a mental health condition – alongside a husband with Alzheimer’s disease. Many carers described to Amnesty International their growing responsibilities amid no support. © Amnesty International

⁸³ Interview in person, Samandag, 15 March 2023.

⁸⁴ Northern Ireland Human Rights Commission, *The Human Rights of Carers in Northern Ireland*, November 2014, bit.ly/41j9JV7.

⁸⁵ The UN Committee on the Rights of Persons with Disabilities, *Maria Simona Bellini v. Italy*, 3 October 2022 (Communication No. 51/2018), bit.ly/405aUq5, para 6.8. The Madrid Plan of Action on Ageing and the Political Declaration adopted at the UN-sponsored Second World Assembly on Ageing in April 2002, a blueprint which focuses on “older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments”, factored in the rights of older carers as well. It makes recommendations on providing support for older carers in various settings, including in the development of comprehensive mental health care services. Second World Assembly on Ageing, Political Declaration and Madrid International Plan of Action on Ageing, April 2002, bit.ly/2QBNRDD, para. 86(d).

7. CONCLUSION AND RECOMMENDATIONS

The earthquakes in Türkiye – which started on 6 February 2023 with continued powerful aftershocks through March – have caused enormous destruction and led to widespread displacement and dispossession. Displacement conditions have specifically impacted persons with disabilities. Despite growing emphasis globally on the principles of inclusion and non-discrimination, Amnesty International’s documentation shows gaps in the response and in fulfilling humanitarian commitments and standards of inclusion vis-à-vis persons with disabilities in the context of this disaster. Amnesty International recognizes the scale and gravity of the humanitarian crisis caused by the earthquakes and the pressure that has put on state resources, but no matter the size of the emergency, persons with disabilities should not – yet again – be left behind.

In visits to various displacement sites in Adiyaman, Gaziantep, Hatay and Kahramanmaraş, Amnesty International researchers documented specific challenges faced by persons with disabilities, including inadequate shelter conditions that undermined their inherent dignity, among other rights. For example, in all the locations visited, communal sanitation facilities were inaccessible to persons with limited and no mobility. This has led to growing dependence on caregivers and on certain aid items such as adult diapers. The modality of aid distribution has also rendered many persons with disabilities dependent on their caregivers. Other barriers that were documented include a shortage of suitable assistive devices and equipment and the interruption of crucial specialist care, such as rehabilitation services – the latter often caused by destruction or damage to facilities and death, injury and displacement of personnel.

Authorities and donors must ensure that specialist services and facilities for persons with disabilities are equally prioritized and not left behind in reconstruction efforts. There is also an urgent need to scale up mental health and psychosocial support services to address existing and developing needs; such services must have a long-term view, with an explicit plan for transitioning from emergency responses into sustainable systems of care.

The government and humanitarian actors, including donors, must ensure that persons with disabilities are not invisible. This starts with collecting age-, gender- and disability-inclusive disaggregated data, which is crucial in order to comprehensively and accurately assess the requirements and priorities – and fulfil the rights – of persons with disabilities. Displacement sites must be brought up to accessibility and reasonable accommodation standards. The government must ensure that its promises to prioritize the transfer of persons with disabilities and older persons who have been displaced by the earthquakes to more accessible medium- and long-term housing are swiftly and systematically acted upon and that where necessary, individually tailored shelter solutions are considered based on needs.

More broadly, given the scale of displacement and the government’s assessment that up to 70% of injured survivors are expected to have a disability, authorities must ensure that the rights and specific requirements of persons with disabilities and older persons are reflected in all plans for reconstruction and rehabilitation. Their rights and requirements must be considered in various areas, including the development of temporary housing; income generation schemes; and reconstruction of damaged buildings, schools and places of work. Adequate resources must also be allocated to support carers.

All actors involved in the response must ensure that displaced persons, including older persons and persons with disabilities, have access to information about assistance and medium- to long-term measures that are

being put in place for them. Mechanisms should be developed to facilitate genuine consultation and effective participation of displaced persons, including persons with disabilities and their representative organizations, in decisions that affect their lives.

International donors must do more to support the humanitarian response in Türkiye during this massive crisis, which will have repercussions for years to come. Donor governments and agencies must scale up technical and financial assistance, ensure that pledges are met and commit to long-term solutions that are inclusive of marginalized groups, including persons with disabilities.

RECOMMENDATIONS

TO THE GOVERNMENT OF TÜRKİYE

- Ensure that facilities such as latrines and showers in currently established displacement sites are made accessible to persons with limited or no mobility and that the design and construction of new sites and temporary housing factor in their rights and needs at the outset;
- Ensure that publicly made commitments to prioritise the transfer of persons with disabilities and older persons who have been displaced by the earthquakes to more accessible medium- and long-term housing are systematically acted upon. Strongly consider individually tailored shelter solutions based on needs where necessary;
- Ensure the systematic collection of data in displacement sites with disaggregation by age, gender and disability, including type and severity of disability, as well as more detailed age brackets for older persons (for example, 50-59, 60-69, 70-79, 80-89, and 90 years and older). Ensure that such data is made available to humanitarian actors involved in the emergency response so as to ensure adequate and efficient needs-based service provision;
- Ensure that humanitarian assistance reaches persons with disabilities who are not residing in formal camps and who are staying in informal sites;
- Continue working with UN agencies and humanitarian organizations to ensure that assistance programmes are inclusive of and non-discriminatory towards persons with disabilities and older persons, in line with international human rights law and humanitarian principles;
- Ensure that specialist services, such as care and rehabilitation centres, are equally prioritized in the reconstruction efforts and take measures to scale up the provision of such specialist services so as to meet increased needs resulting from the earthquakes;
- Ensure that adequate resources are allocated to supporting carers of persons with disabilities. Forms of support are diverse and include monetary support and training. Ensure that the gendered dynamic and disproportionate responsibility on women and girls in acting as carers is considered in addressing carers' needs and designing support programmes;
- Scale up mental health and psychosocial support interventions and ensure the delivery of community-based mental health services through various platforms, including primary health units, schools and livelihood initiatives. Require and ensure specific allocations for mental health services when donors contribute to health programmes and mainstream mental health into all assistance;
- Scale up existing efforts to provide and replace adequate assistive devices to displaced persons with disabilities;
- Ensure that the needs and experiences of persons with disabilities and older persons are reflected in all plans for reconstruction and rebuilding in the aftermath of the earthquakes, in particular that all public facilities (for example, health facilities and schools) are accessible to them. Ensure that social protection for persons with disabilities, older persons and carers is planned and budgeted for as part of the process of reconstruction and rebuilding;
- Ensure that at-risk groups, including older persons and persons with disabilities, are meaningfully consulted in the development of relief and reconstruction plans by putting in place mechanisms to facilitate that consultation and by ensuring access to information about assistance and medium- to long-term measures that pertain to them;

- Sign and ratify the 1995 Additional Protocol providing for the collective complaints system of the European Social Charter.

TO HUMANITARIAN AGENCIES AND ORGANIZATIONS

- Ensure that all assistance, including food, water, health care services, hygiene products and shelter is organized and distributed in an inclusive manner, in alignment with international human rights law and the Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action;
- Ensure that infrastructure in camps is accessible to persons with disabilities in adherence with humanitarian principles and rights enshrined in international human rights law and in collaboration with persons with disabilities and their representative organizations. This includes installing new latrines or retrofitting existing ones with attention to the rights of persons with limited and no mobility. Ensure that in the construction of new sites, there is adequate planning and prioritization given to fulfil these rights at the outset;
- Ensure the creation of inclusive mechanisms for delivery of aid to persons with disabilities to guarantee their access to assistance, including door-to-door-delivery. Consider other solutions such as the creation of volunteer networks to assist persons with disabilities and older persons who would like to collect aid themselves and ensure that they are not entirely dependent on families and carers;
- Ensure the systematic collection of data on beneficiaries of their programming with disaggregation by age, gender and disability, including type and severity of disability, as well as more detailed age brackets for older persons (for example, 50-59, 60-69, 70-79, 80-89, and 90 years and older);
- Ensure that humanitarian staff, particularly those who are in daily contact with affected communities, receive adequate training on the rights of older persons and persons with different types of disabilities;
- Closely monitor assistance programmes to ensure that persons with disabilities are not left behind by ensuring that programme design and data systems are aligned with international standards on disability-inclusive humanitarian action;
- Ensure that mental health care is mainstreamed across all humanitarian assistance programmes and that the design of programmes includes an explicit plan for transitioning emergency responses into sustainable systems of care.

TO DONOR STATES

- Increase assistance to the earthquakes' humanitarian response and ensure that pledges are met. Increase support to humanitarian organizations working specifically on supporting at-risk groups, including older persons and persons with disabilities;
- Ensure that funds raised at the International Donors' Conference for the people in Türkiye and Syria are allocated in a way that is consistent with international human rights standards and principles of equality and non-discrimination. This includes putting in place adequate systems of due diligence and ensuring that the specific requirements of persons with disabilities and other at-risk groups are addressed in all humanitarian assistance, recovery and reconstruction efforts;
- Monitor and audit assistance programmes and ensure that humanitarian organizations are inclusive of older persons and persons with disabilities in implementing their response, by including benchmarks and reporting regarding progress in ensuring their rights and inclusion;
- Demand and ensure that implementing partners systematically collect and analyse age-, gender-, and disability- disaggregated data according to best practices, including type and severity of disability and narrower age brackets;
- Ensure that disability inclusion is mainstreamed in all programming by adding a budget line dedicated to compliance with disability inclusion guidelines;

- Advocate for and provide technical and financial assistance for the provision of long-term, sustainable systems of mental health care so they can adequately address the needs of earthquakes survivors after the emergency phase.

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'WE ALL NEED DIGNITY'

THE EXCLUSION OF PERSONS WITH DISABILITIES IN TÜRKİYE'S EARTHQUAKE RESPONSE

In displacement camps that sprung up across southern Türkiye after the February 2023 earthquakes, persons with disabilities are facing compounded challenges as their rights and needs are not fulfilled. Camps lack accessible sanitation facilities, aid is handed out in distribution points rather than being delivered to their shelters, and assistive devices are hard to come by.

Based on 131 interviews – including 19 with persons with disabilities, 26 with relatives of persons with disabilities and 13 with aid workers involved in the response – Amnesty International examined the situation of 34 displaced persons with disabilities and how the humanitarian response has largely undermined their ability to equally enjoy their rights.

The government and humanitarian actors must immediately start collecting and analysing data disaggregated by age, gender and disability at displacement sites to ensure that older persons and persons with disabilities are not invisible. With donors and the humanitarian community, it must take swift measures to ensure that displacement sites are accessible and that assistance is, in all respects, inclusive of persons with disabilities.

Authorities must ensure that the rights and requirements of persons with disabilities and older persons are reflected in all reconstruction plans. This includes housing and income generation schemes and the rebuilding of schools and places of work.