

WHAT DOES THE DATA TELL US?

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Research on climate change, conflict and their impact on children with disabilities in Indonesia, Burkina Faso, Cameroon and Bangladesh

SCOPE AND CONTEXT

Children and young people with disabilities (CYWD) are highly vulnerable to consequences of climate change and conflicts, which are increasingly common in today's world, yet their rights are often not met. This paper is one of the three summary papers describing lessons learned from four humanitarian - development nexus research projects funded by Liliane Fonds. The paper is based on conflict-related insights from Burkina Faso and Cameroon and climate change-related insights from Bangladesh and Indonesia. In the four countries, climate change and conflict present distinct but overlapping challenges that exacerbate vulnerabilities, particularly for CYWD.

Conflict

The Northwest and Southwest Region of Cameroon faces a socio-political crisis, marked by armed conflict, displacement, and insecurity. Climate-related hazards such as flooding and water contamination further strain access to essential services. Burkina Faso is grappling with a protracted security crisis due to terrorist attacks in Centre-Ouest and Plateau-Central Region, leading to mass internal displacement. This has resulted in overcrowded host communities, food insecurity, and disrupted access to health and education services.

Climate change

Bangladesh, in its coastal regions of Satkhira and Barguna District, is exposed to climate hazards including river erosion, salinity intrusion, cyclones and floods. Poverty and poor infrastructure worsen these environmental stressors. Indonesia experiences a wide range of climate threats due to its archipelagic geography. The research focused specifically on the volcanic island of Ternate, which faces coastal erosion and flashfloods, and the hilly region of Timor Tengah Utara (TTU), which suffers from prolonged droughts, flash floods and landslides due to cyclones.

IMPACT ON CHILDREN WITH DISABILITIES

The evidence from the countries studied demonstrates that CYWD face compounded vulnerabilities in the face of climate change and conflict. Initial vulnerability stems from exclusion, inaccessible services, stigma and poverty coupled with the additional costs associated with having a disability. Climate change and conflict worsen these inequalities by disrupting protection and community cohesion. This forms a second layer of vulnerability. While every context is different, the following impacts were reported across all four countries:

INCREASED HEALTH RISKS AND DISRUPTED ACCESS TO HEALTHCARE AND REHABILITATION SERVICES

Health systems are frequently **damaged or inaccessible during crises**, leaving people without essential care. For CYWD, who often require specialised care on a regular basis, this disruption has a detrimental effect on their wellbeing. In Cameroon, for example, 54% of interviewed families could not take their sick child to the hospital because of a lockdown or blocked road. In Bangladesh and Indonesia, climate-induced disasters exacerbate health risks such as skin diseases and respiratory infections. **Mental health issues**, such as trauma, depression and PTSD were noted across the four contexts. In Burkina Faso, internally displaced children with disabilities grappled more with such issues more frequently than their peers in the host communities.

Furthermore, **food insecurity and malnutrition** were mentioned across all contexts as a dire consequence of conflict and climate change. For example in Cameroon, 69% of those interviewed went days without food due to movement restrictions. In Burkina Faso, despite aid provisions in the area, many lacked access due to non-inclusive infrastructure and respondents reported struggling to get two meals a day.

EDUCATIONAL DISRUPTION AND EXCLUSION

Schools are damaged, inaccessible, or closed during conflict or climate disasters, which is the most pressing educational concern for children with disabilities. Barriers to accessibility also include a loss of learning aids during a crisis. For internally displaced CYWD in Burkina Faso, continuing schooling proved much more difficult than for CYWD in host communities. Furthermore, in Cameroon, many children have forgotten sign language due to prolonged school closure, whereas in Bangladesh and Indonesia, dropout rates are high due to financial strains climate change is posing on poor families.

Country	% Affected
Bangladesh	98%
Burkina Faso	75%
Cameroon	98.8%
Indonesia	94%

Table 1: % of respondents reporting health issues as a result of climate change or conflict



LOSS OF LIVELIHOOD + LACK OF HOUSEHOLD RESILIENCE



Rising cost of living, coupled with **loss of livelihoods**, is a major challenge for families with CYWD in all four contexts. In the coastal regions of Satkhira and Barguna in Bangladesh, as well as in TTU in Indonesia, agriculture is the dominant livelihood sector and has been severely affected by climate change, for example due to droughts or salinity. The study in Bangladesh showed that 75% of male respondents reported that climate change negatively affected their ability to work. In the study sites in Cameroon, loss of livelihood was reported as a result of displacement, whereas the study in Burkina Faso noted a double loss of livelihood in the form of displacement and failing harvests. Such negative economic effects exacerbate already-present poverty for many of the interviewed families. Coupled with high costs related to the disability, this has a ripple effect across the other CBR-domains and leads to low resilience of families with CYWD. s.

INCREASED RISK OF VIOLENCE, ABUSE AND EXPLOITATION



Children with disabilities are more exposed to physical, emotional, and sexual abuse during crises. In Cameroon, 90% of female respondents said they were severely affected by the crisis, as opposed to 68% of the male respondents, which could be attributed to the higher vulnerability placed on their gender. Such risk of **GBV** was mentioned repeatedly across the different contexts, especially during displacement and in shelters. The research also unveiled that CYWD often have difficulty evacuating, increasing their vulnerability. In Bangladesh, 80% of respondents reported not being prioritised in rescue operations. In a similar vein, there are cases mentioned of CYWD being left behind during evacuations or fleeing, resulting in separation from family and increased risk of abuse.

EXCLUSION FROM DISASTER PREPAREDNESS, CLIMATE ADAPTATION AND HUMANITARIAN EFFORTS

As alluded to before, exclusion from pre- and post-disaster services adds a third layer of vulnerability for CYWD. Children and young people, let alone those with disabilities, are rarely involved in planning or response activities. As an effect, early warning systems and evacuation plans often exclude disability considerations. For example, in Indonesia, only 8 out of 180 respondents had ever participated in activities around climate education or adaptation.

In the aftermath of a crisis, children with disabilities are systematically overlooked or deprioritized. For example, Water, Sanitation and Hygiene (WASH) facilities in Bangladesh and Cameroon are inaccessible to this group. Furthermore, in Bangladesh, cyclone shelters are inaccessible to people in wheelchairs and a difficult environment for children with autism, due to its chaotic, overstimulating nature. 71% of children with disabilities surveyed in the research in Burkina Faso received some form of aid during the crisis, yet they were unable to access most services as these were not inclusive. More positive figures come from Cameroon, where 83% of interviewed youth were, to differing levels, involved in disaster preparedness or -response initiatives.



“You see I can’t move fast with my physical impairments and can’t even go to the crowd to receive relief items. There were times when I couldn’t receive any relief, but we desperately needed it.” Said by Male young person from Bangladesh

>Tchoupou Izekiel being assessed by a field worker in Cameroon. PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES.

CONCLUSION

Children with disabilities face layered vulnerabilities due to exclusion, intensified inequalities, and lack of inclusion in disaster and humanitarian efforts. In order to address these challenges, several approaches and collaborations have to be employed. These have arisen from the research and can be read in detail in the two remaining papers.



> Field worker Abdel Aziz assesses Tchoupou Izekiel’s leg in Cameroon. PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES.

This brief was developed as part of the Nexus Project,
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