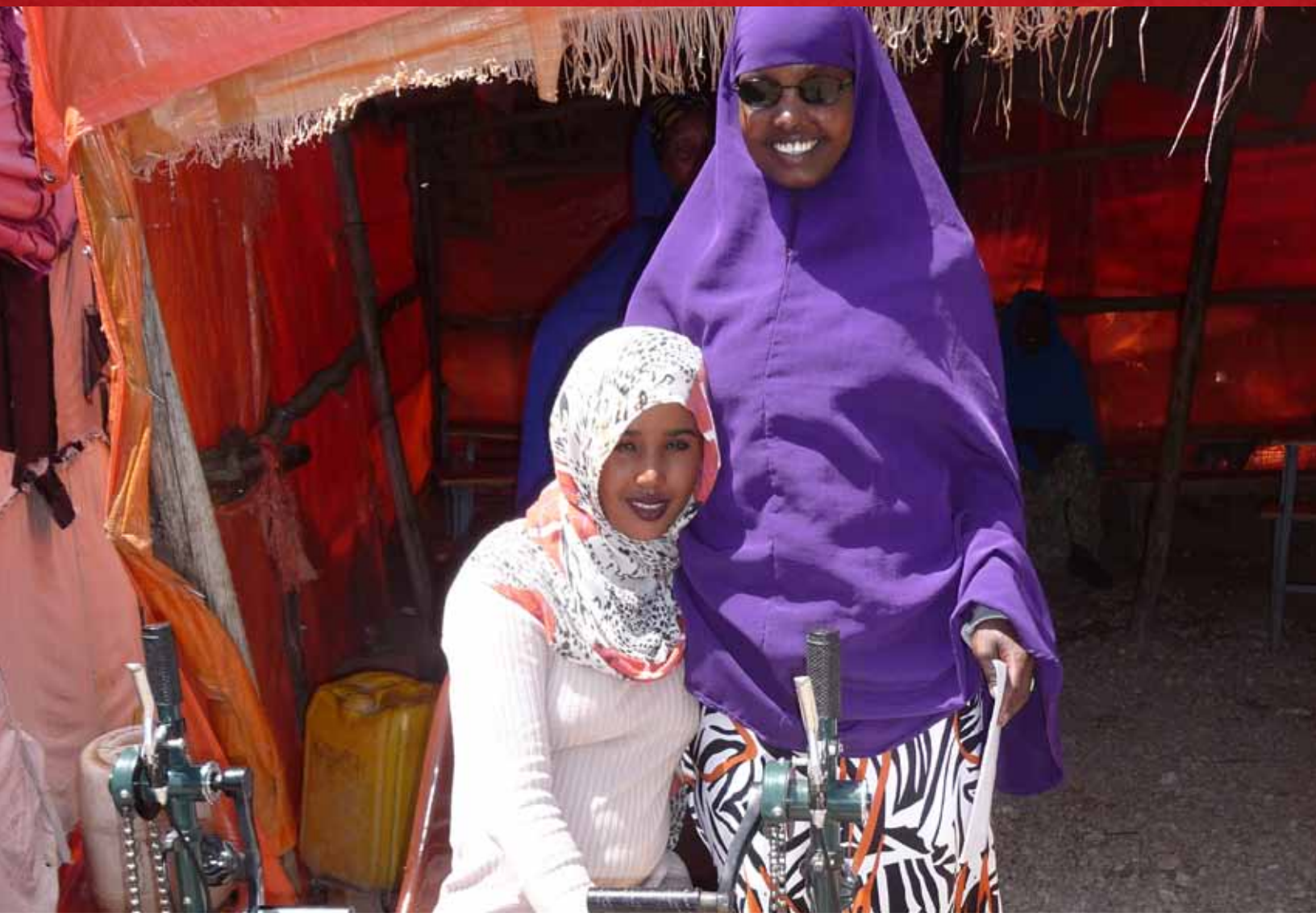
Women's Refugee Commission
Research. Rethink. Resolve.



Disability Inclusion

Translating Policy into Practice in Humanitarian Action

March 2014

WOMEN'S REFUGEE COMMISSION

Research. Rethink. Resolve.

The Women's Refugee Commission identifies needs, researches solutions and advocates for global change to improve the lives of women, children and youth displaced by conflict and crisis. The Women's Refugee Commission is legally part of the International Rescue Committee (IRC), a non-profit 501(c)(3) organization, but does not receive direct financial support from the IRC.

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Contents

Acronyms & Abbreviations

AGD	Age, gender and diversity
CMC	Camp management committee
CRPD	Convention on the Rights of Persons with Disabilities
DIP	Division of International Protection
DPO	Disabled people's organization
GBV	Gender-based violence
IASC	Inter-agency Standing Committee
NGO	Nongovernmental organization
SOP	Standard operating procedures
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
WRC	Women's Refugee Commission

Executive Summary

An estimated 6.7 million persons with disabilities are forcibly displaced worldwide as a result of persecution, conflict, generalized violence and human rights violations.[1] In 2008, the Women's Refugee Commission (WRC) conducted a study and released a report on *Disabilities among Refugee and Conflict-Affected Populations*, which identified that persons with disabilities have difficulty accessing humanitarian assistance programs due to a variety of societal, environmental and communication barriers.[2] This increases their protection risks, including violence, abuse and exploitation. There is also growing evidence that rates of violence may be greater among persons with disabilities than their non-disabled peers,[3] which has significant implications for their physical protection in situations of displacement.

In 2010, the United Nations High Commissioner for Refugees (UNHCR) Executive Committee adopted a *Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR* that now serves as a form of soft law for UNHCR and its member states.[4] Over the last two years, the WRC has been partnering with UNHCR on the global roll-out of UNHCR's guidance on *Working with Persons with Disabilities in Forced Displacement* (hereafter referred to as *UNHCR Guidance on Disability*),[5] conducting field assessments and providing technical support and training to UNHCR country offices, its implementing partners and disability organizations.

WRC consulted with over 770 displaced persons, including persons with disabilities, across refugee and displacement contexts in eight countries—India (New Delhi), Uganda, Thailand, Bangladesh, Nepal, Ethiopia, Philippines (Mindanao) and Lebanon—gathering their perspectives on access and inclusion in humanitarian programs and their suggestions for change. More than 390 humanitarian actors and stakeholders attended workshops conducted in these countries to define context-specific action plans on disability inclusion in their work sectors and programs. Follow-up assessments and consultations were also conducted in a number of countries to identify positive practices and barriers to the implementation of *UNHCR Guidance on Disability* at country levels.

This report presents the approaches, positive practices and ongoing challenges to operationalizing disability inclusion across UNHCR and its partner organizations, and provides lessons and recommendations for the wider humanitarian community.

Key Findings

The following findings were identified during the course of this project though consultations with UNHCR staff (at both headquarters and country level), humanitarian actors, disability organizations and displaced persons with disabilities, as well as their caregivers.

Part A: Principal protection concerns of persons with disabilities

Consultations with persons with disabilities and caregivers provided a more detailed understanding of the principal protection risks facing women, children and youth with disabilities in situations of displacement, and the factors contributing to their vulnerability.

- **Children with disabilities** consistently report facing stigma and discrimination by their peers, which reduces their access to educational opportunities.
- **Adolescents and young persons with disabilities** are excluded from peer activities that could facilitate the development of vital social networks and enhance their protection from various forms of violence, including gender-based violence (GBV).
- **Violence against persons with disabilities** was reported in all contexts. Women and girls with disabilities were more likely to report concerns about sexual violence, with concrete examples suggesting that those with intellectual and mental disabilities may be most at risk. Men and boys with disabilities were more likely to report physical and

psychological violence, especially against men with physical and intellectual disabilities. Isolation, lack of contact with community networks and few independent living options also expose men and women with disabilities to different forms of violence inside the home.

- **Persons with multiple disabilities and their caregivers,** who are often isolated in their shelters, can lack adequate basic supplies to ensure personal hygiene and care, such as soap, water, cloth or diapers, and mattresses. Caregivers also expressed concerns about their own psychosocial well-being, due to isolation from the wider community and uncertainty about who would care for their family member if they were no longer able to fulfill this role.

Part B: Implementation of UNHCR Guidance on Disability

UNHCR Guidance on Disability highlights non-discrimination and participation as the keys to protection of persons with disabilities and provides 11 key considerations for staff and partners to consider in developing programs at the country level. Across the operations included in this project, many different approaches were employed by UNHCR, its implementing partners, the refugee community and persons with disabilities to promote access and inclusion in humanitarian programs. Just a few of the positive strategies identified in field assessments include:

- **A twin-track approach** to promote access and inclusion for persons with disabilities in GBV prevention and response activities in Nepal, through mainstreaming disability in procedures and strategies, as well as targeted actions to build sign language capacity in the camps and establish self-help groups of women with disabilities.
- **Ensuring physical security** by strengthening case management through tailored training to staff on identifying and responding to the needs of persons with disabilities in the Syrian refugee response in Lebanon.
- **Promoting equal access to information** by having screen-reader software on computers and piloting a disability rights database in Kampala, Uganda.
- **Making durable solutions inclusive** through targeted outreach and information dissemination on resettlement options, using local staff with disabilities in Nepal.

Humanitarian actors demonstrate a growing awareness and recognition of the protection concerns of persons with disabilities. In many contexts, however, there is still a tendency to focus on medical and charitable responses for persons with disabilities. This results in persons with disabilities being mostly referred to disability-specific programs and activities (for example, health and rehabilitation, special education and separate centers for children with disabilities) rather than analyzing and addressing the social factors that contribute to protection concerns, and the barriers to accessing programs for the wider community.

There is also a continued gap in the participation of persons with disabilities in decision-making on programs, and community activities seldom identify, acknowledge and utilize the capacities and resources of persons with disabilities in program planning and community activities. In all the countries included in this project, the WRC used the contributions of refugees and displaced persons with disabilities, highlighting that they are a valuable resource for raising awareness with humanitarian actors and the community.

Finally, refugees and displaced persons with disabilities have little contact with host country disabled people's organizations (DPOs) that could advocate for their access to services and programs and include information about the conditions for refugees and displaced persons with disabilities in monitoring reports to the Committee on the Rights of Persons with Disabilities.

Part C: Institutionalizing disability inclusion across UNHCR operations globally

At the global level, UNHCR is commended for the considerable advancement on disability inclusion made in organizational policies and strategies, as well as for plans to develop a self-study learning module on disability inclusion for their staff. There are, however, ongoing gaps in internal capacity to provide more consistent and comprehensive technical support to UNHCR country offices at different stages in operations planning. To date, such technical support has largely been sourced from partner organizations, often through short-term projects.

Follow-up assessments and consultations conducted in this project identified that one of the most significant barriers to implementation of planned actions on disability inclusion at the country level was maintaining ongoing and effective coordination of different partners. This appears to be related to lack of clarity on leadership within UNHCR operations relating to follow-up and coordination of disability inclusion, loss of momentum with changes of staff and/or competing priorities placed on the individual staff members and teams.

Key Recommendations

While considerable and commendable progress has been made in the humanitarian community on disability awareness and inclusion, this work has yet to be institutionalized and fully integrated into humanitarian organizations and humanitarian responses. The following recommendations are made to further advance disability inclusion across UNHCR operations and the wider humanitarian community.

To UNHCR: The next steps

- **Provide technical support on disability inclusion to UNHCR country operations** through deployments at different phases in the country operations planning cycle, as well as during different stages in crisis response.
- **Conduct a global evaluation of the implementation of the *UNHCR Guidance on Disability*** through desk-based review of country operations' reports and plans and field assessments in a sample of country operations to determine impact for persons with disabilities.
- **Advocate for disability inclusion across the wider humanitarian community** by sharing positive practices and experiences with UN country teams, humanitarian clusters and at the global level in the Inter-Agency Standing Committee (IASC) Working Group and its subsidiary bodies.

To humanitarian actors: Build on successes

- **Support staff and partners to conduct context- and program-specific action planning on disability inclusion**, facilitating the translation of existing guidelines into realistic and phased actions that can be monitored and evaluated for progress.
- **Prioritize ongoing and comprehensive capacity development on disability inclusion for staff, partners and communities**—consider a cycle of training, work planning, mentoring, reflective practice and sharing lessons, rather than one-off, generic trainings.
- **Reinforce the critical role, skills and capacities of individual case managers in identifying and responding to the protection needs of persons with disabilities**—integrate case studies about persons with disabilities into trainings for case managers, and focus not only on referral, but also on the skills that they can directly use with this group.
- **Monitor disability inclusion in existing programs** through data collection that is disaggregated and analyzed by disability, sex and age.

To disability actors: Expand skills to enhance protection

- **Train staff in organizations delivering specialized services for persons with disabilities on protection mainstreaming principles,** facilitating the identification and mitigation of protection risks and referral to appropriate organizations for case management.
- **Raise awareness about refugees and displaced persons in DPO networks,** particularly at regional levels where there may be ongoing or prolonged crises that have a significant impact across multiple countries.

To donor governments: Strengthen technical capacity

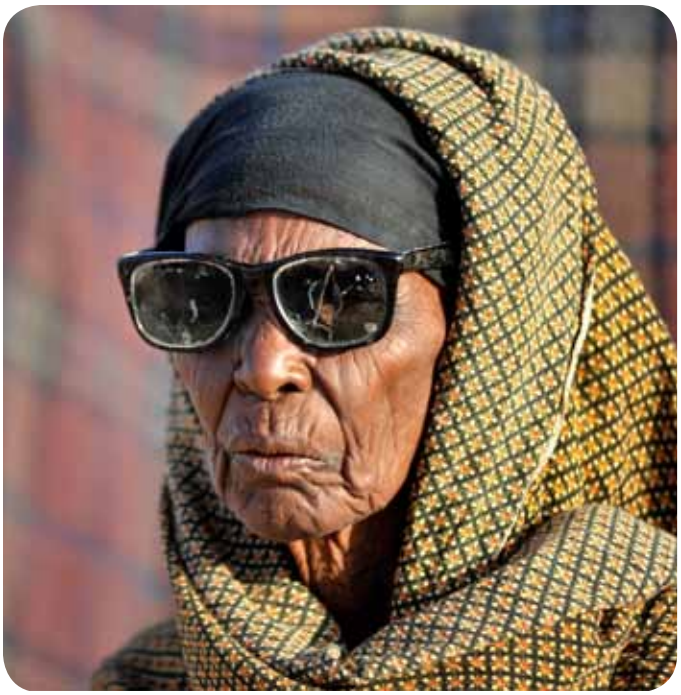
- **Support agencies with technical expertise in disability inclusion in humanitarian action to expand their human resource capacity** in this field through building, training and mentoring a cadre of staff available for deployment to humanitarian contexts to work with protection and other sector actors.
- **Fund efforts to research, map and document positive practices in disability inclusion from different humanitarian operations, programs and phases**—a critical step towards building the evidence base on what works, where and why.
- **Promote positive practices with partners, and hold them accountable for inclusion** through monitoring and reporting processes.

A full list of recommendations can be found at page 27.

INTRODUCTION

An estimated 23,000 persons are displaced daily around the world—they leave their homes to seek safety and protection elsewhere, either within their own country or across borders into other countries.[6] The World Health Organization (WHO) estimates that 15 percent of any population will be persons with disabilities.[7] There may be even higher rates of disability in communities that have fled war or conflict, as people acquire new impairments from injuries and/or because of limited health care. Hence, there may be over 6.7 million persons with disabilities among the 45.2 million people forcibly displaced worldwide as a result of persecution, conflict, generalized violence and human rights violations.[8]

Persons with disabilities remain one of the most vulnerable and socially excluded groups in any displaced community. They may be hidden in shelters, missed in needs assessments and not consulted in the design of programs. Persons with disabilities have difficulty accessing humanitarian assistance programs, due to a variety of societal, environmental and communication barriers.[9] There is growing evidence that persons with disabilities are at greater risk of violence than persons without disabilities, with studies reporting rates of violence four to 10 times greater than among non-disabled persons.[10] Such findings have significant implications for the physical protection of persons with disabilities in situations of displacement, where community structures and social norms may be altered.[11] Women, children and older persons with disabilities are particularly vulnerable to discrimination, exploitation and violence, including gender-based violence (GBV), but they may have difficulty accessing support and services that could reduce their risk and vulnerability.[12]



Women, children and older people with disabilities may be particularly vulnerable to discrimination, exploitation and violence. © UNHCR/R. Gangale.

United Nations Convention on the Rights of Persons with Disabilities (CRPD)—2006

Article 11 requires states to ensure that persons with disabilities are protected in situations of risk or humanitarian emergency, and Article 32 requires that international cooperation be accessible to and inclusive of persons with disabilities.[13] The universality of the CRPD text means that states are obliged to promote, protect and ensure the rights of all persons with disabilities within their territory—including those who have been displaced across a border.[14]

In 2008, the Women's Refugee Commission (WRC) undertook a six-month research project to assess the situation of persons with disabilities among displaced and conflict-affected populations. Findings from field assessments in five countries—Ecuador, Jordan, Nepal, Thailand and Yemen—were published in a report entitled *Disabilities among Refugees and Conflict-Affected Populations*, which documented existing services for displaced persons with disabilities, identified gaps and good practices and made concrete recommendations on how to improve services, protection and participation for this neglected population.[15] Drawing on the findings of this research, the WRC also published a *Resource Kit for Fieldworkers*, providing practical advice on how to promote full and equal access to services and assistance for persons with disabilities in refugee and displacement contexts.[16]

In 2010, the United Nations High Commissioner for Refugees (UNHCR) Executive Committee adopted the *Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR*.[17] This Conclusion now serves as a form of soft law for UNHCR and its member states, and informs subsequent policy development and field practice. To facilitate its implementation, UNHCR has developed a Guidance Note on *Working with Persons with Disabilities in Forced Displacement* (hereafter referred to as *UNHCR Guidance on Disability*), which describes key considerations that can be undertaken to promote access and inclusion for persons with disabilities.[18] This guidance is aligned with and supports the implementation of UNHCR's *Age, Gender and Diversity (AGD) Policy*,[19] which details the organization's wider commitment to a rights-based approach, and highlights that effective protection will only be achieved by considering equality among different groups in the community, including persons with disabilities.

Since 2011, the WRC has been partnering with UNHCR on the global roll-out of the *UNHCR Guidance on Disability* through field assessments and the provision of technical support and training to UNHCR country offices, its implementing partners and disability organizations. The report presents the key findings of field visits to refugee and displaced persons contexts in eight countries—India (New Delhi), Uganda, Thailand, Bangladesh, Nepal, Ethiopia, Philippines (Mindanao) and Lebanon—as well as the positive practices being

used to apply the *UNHCR Guidance on Disability* in these operations. The report presents the approaches, positive practices, successes and ongoing challenges to operationalizing disability inclusion across UNHCR, providing lessons and recommendations for other organizations and the wider humanitarian community.

FIELD VISIT METHODOLOGY

From 2011 to 2013, WRC conducted 11 field visits to refugee and displaced persons contexts in India (New Delhi), Uganda, Thailand, Bangladesh, Nepal, Ethiopia, Philippines (Mindanao) and Lebanon. See Table 1 (page 7) for a summary of countries, contexts and activities undertaken.

Consultations with persons with disabilities

> *"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."*
>
> (UN CRPD—2006)

The WRC has consulted with over 770 refugees in the eight countries, gathering their perspectives on access and inclusion in humanitarian programs and their suggestions for change. Participants in consultations included men, women, youth and children with different types of disabilities, as well as family members and care givers. Over half (56 percent) of participants were women.

Persons with disabilities and their families were identified and invited to participate in field assessments through UNHCR staff and nongovernmental organizations (NGOs) working with crisis-affected communities. Consultations involved a combination of group discussions in community centers, and visits to homes or shelters to conduct interviews. A total of 41 group discussions and 28 individual interviews were conducted across the eight countries. All consultations with refugees were conducted through an interpreter using local dialects, and sign language as required.

Women and girls with hearing disabilities develop recommendations to promote inclusion for UNHCR and partners during a group discussion.

In most settings, group discussions were conducted with men and women separately to gather more specific information about their different concerns. In several settings, transportation or an allowance was provided to facilitate access to the location of the group discussions. In some contexts, smaller groups and participatory activities were employed to elicit the perspectives of children, adolescent girls and youth with disabilities, as well as persons with intellectual disabilities. Separate groups were also employed to gather information from deaf persons using sign language.

Table 1: Summary of Countries, Contexts and Activities Undertaken		
Country	**Operational context**	**Activities undertaken**
India (Oct. 2011)	New Delhi—Urban setting	Consultations with Afghan, Burmese and Somali refugees with disabilities and caregivers (29 participants). Interviews with humanitarian actors (5 interviews). Three-day workshop (26 participants).
Uganda (Nov. 2011)	Kampala—Urban setting Hoima—Camp setting	Consultations with Somali, Eritrean, Rwandan and Congolese refugees with disabilities and caregivers (48 participants). Interviews with humanitarian actors (5 interviews). Two and a half-day workshops in both Hoima and Kampala (55 participants).
Bangladesh (April—May 2012)	Cox's Bazaar—Protracted camp setting	Consultations with Rohingya refugees with disabilities and care-gviers in two camps (90 participants). Interviews with humanitarian actors (2 interviews). Three-day workshops in both Cox's Bazaar and Nayapara refugee camp (78 participants).
Thailand (May—June 2012)	Mae Hong Son—Protracted camp setting	Consultations with Karenni refugees with disabilities and caregivers (26 participants). Interviews with humanitarian actors (14 interviews). Three-day workshop (42 participants).
Nepal (Aug.—Sept. 2012)	Damak—Protracted camp setting	Consultations with Bhutanese refugees with disabilities and caregivers (66 participants). Interviews with humanitarian actors (16 interviews). Two-day workshop (45 participants).
Ethiopia (Sept.—Oct. 2012)	Jijiga—Camp setting	Consultations with Somali refugees with disabilities and caregivers in three camps (142 participants). Interviews with humanitarian actors (17 interviews). Three-day workshop (33 participants).
Philippines (Nov. 2012)	Conflict affected Mindanao - Internal displacement setting	Consultations with persons with disabilities and their families in conflict-affected communities (81 participants). Interviews with humanitarian actors (27 interviews). One-day workshops conducted in three priority municipalities for the Humanitarian Action Plan for Mindanao (68 participants).
Lebanon (March—April 2013)	Emergency response for Syrian refugees—Urban and rural displacement (non-camp)	Consultations with Syrian refugees with disabilities and caregivers (127 participants). Interviews with humanitarian actors (48 interviews). Three-day workshops conducted in both northern and eastern Lebanon (50 participants).
Nepal (September 2013)	Damak—Protracted camp setting	Follow-up field assessment (Consultations with 53 refugees with disabilities and caregivers).
Ethiopia (Oct. 2013)	Jijiga—Camp setting	Follow-up field assessment (Consultations with 111 refugees with disabilities and caregivers).

Home visits were conducted to meet individuals with disabilities who were unable to attend the group discussions. This approach was most commonly employed for persons with physical impairments who were confined to their homes, and those with mental disabilities[20] who preferred to participate in more familiar environments. Interviews were semi-structured in nature. Wherever possible, interviews were conducted directly with individuals with disabilities. In some cases, where no method of communication could be established, information was instead collected from caregivers. Home visits also provided an opportunity to observe the living standards of persons with disabilities, and understand better the challenges they face in the community.

Group discussions and interviews were undertaken by the WRC staff and consultants, with support from UNHCR staff and partners. Participants gave verbal consent following a briefing about each activity. In some cases, visual aids were also employed to demonstrate how information would be used in reports. No identifying information about participants was retained by WRC. Facilitators directed discussions to general rather than personal experiences in order to protect confidentiality and mitigate potential risks for individuals. All participants were advised of available services and given information on how to access these services, and follow-up for individuals requiring additional support was provided by UNHCR staff.

Consultations with humanitarian actors

Humanitarian stakeholders were also consulted for their perspectives on access and inclusion for persons with disabilities. Information was gathered through one-on-one interviews and small group discussions. Participants were identified through UNHCR staff and referrals from key informants, and included representatives from UN agencies, NGOs, Disabled People's Organizations (DPOs)[21] and national- and local-level government bodies.

Workshops on disability inclusion in programs for refugees and displaced persons

Over 390 humanitarian actors and stakeholders attended workshops in the eight countries. Workshops were designed for staff from UNHCR country offices, partner organizations and host country disability organizations, and supported stakeholders to:

- recognize protection concerns and capacities of refugees and displaced persons with disabilities;
- apply the CRPD and the *UNHCR Guidance on Disability* to their programs and sectors;
- identify strategies to promote access and inclusion for persons with disabilities in key activities of their programs; and
- design action plans to promote disability inclusion in their work sectors in collaboration with key stakeholders.

Workshop objectives and content were adapted following consultations with persons with disabilities and humanitarian actors. In some contexts, workshops were adapted to focus on a specific sector. For example, in Nepal the workshop focused on *Disability Inclusion in Gender-Based Violence Programming*; one-day disability awareness sessions were conducted with local government units in Mindanao; and in Lebanon, the workshops focused on *Individual Case Management—Identifying and Responding to the Needs of Persons with Disabilities*. All workshops used participatory methodologies to promote sharing of knowledge and action planning, and also facilitated the active participation of refugees with disabilities, bridging the gap between them and humanitarian actors.

Persons with disabilities participate in workshops, sharing their concerns and ideas for change directly with humanitarian actors. This group of refugees with disabilities participated in one such workshop in Kutupalong refugee camp in Bangladesh.

Follow-up field assessments

Finally, follow-up field assessments were conducted one year later in two countries—Ethiopia and Nepal—to analyze, document and share lessons learned. These field assessments investigated how organizations were implementing the *UNHCR Guidance on Disability*; ongoing barriers and challenges; positive field practices for disability inclusion; as well as the outcomes for refugees and displaced persons with disabilities. Follow-up consultations were also conducted with a selection of stakeholders in Uganda and by email correspondence with UNHCR staff in other countries.

Limitations

Efforts were made to ensure that a diversity of persons with disabilities was consulted in this assessment, including outreach to people with different types of impairments, and the provision of transportation as required. In some contexts, such as Bangladesh, cultural factors and a lack of privacy in the community posed limitations to discussions on more sensitive topics, such as sexual and reproductive health and GBV. The vast majority of deaf refugees and displaced persons with whom we consulted were using a form of unofficial sign language, requiring familiy members to interpret for them. This may have biased responses from individuals and/or affected the accuracy of information conveyed to us. Although we consistently engaged with persons with intellectual and mental disabilities in all contexts, and used participatory methodologies to elicit their perspectives on different services, caregivers were often present and spoke on their behalf. We also relied on information from caregivers of persons with more pronounced communication impairments. Some of these individuals did not directly participate in the group discussions, but were prioritized for home visits and interviews allowing the use of more individualized communication approaches.

FINDINGS

Consultations with persons with disabilities, caregivers and humanitarian actors were analyzed for common themes crossing all operations in key domains, including protection concerns, gaps and approaches for disability inclusion in humanitarian programming. The findings are presented in three parts:

- Part A: Key protection concerns of persons with disabilities
- Part B: Implementation of *UNHCR Guidance on Disability*
- Part C: Institutionalizing disability inclusion across UNHCR operations globally

Part A: Key protection concerns of persons with disabilities

What is "protection"?

Humanitarian agencies define "protection" and the activities it encompasses in different ways. For the purposes of this report, the term "protection" refers to "all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e. human rights law, international humanitarian law and refugee law." [22]

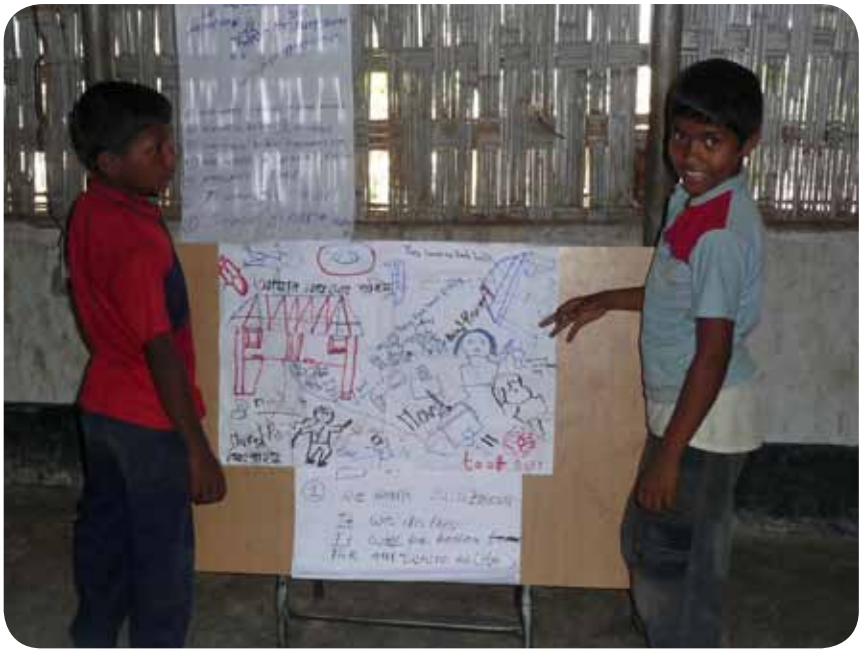
The WRC's previous field research entitled *Disabilities among Refugee and Conflict-Affected Populations* identified a gap in detailed information about the protection concerns of persons with disabilities, with most respondents in field assessments reporting broad concerns of discrimination, stigmatization, harassment, neglect and exclusion.[23] Consultations with persons with disabilities in the course of this current project have highlighted that discrimination, harassment and violence continue to be the key protection risks facing women, children and youth with disabilities, and that the capacities and resources of persons with disabilities are seldom identified, acknowledged and used.

Stigma and discrimination of children with disabilities

Children with disabilities and their caregivers across all countries reported "teasing" or emotional abuse of children and young persons with disabilities by their non-disabled peers as a significant protection concern. This abuse appears to be happening both in and out of school to children with a variety of different impairments, although caregivers perceived that children with intellectual disabilities were the most exposed to this type of emotional abuse from peers. Parents, children and young persons with disabilities all reported that this behavior made them reluctant to attend school.

"Other children tease them in the school. Children with intellectual impairments get the most problems from other children—they get demoralized. When they take the child to school, he is discriminated and starts hating the children, teachers and then mother because she keeps sending him to school. The mother even gets demoralized."

– Participant in group discussion with female caregivers in Ethiopia



Children with disabilities are often abused or excluded from school and peer activities. These boys in Nayapara Camp, Cox's Bazaar, Bangladesh, explain some challenges they face in the community through pictures.

Exclusion of adolescents and young persons with disabilities from protective networks

Adolescents and young persons with disabilities reported being excluded from social networks and community activities. In New Delhi, adolescent boys described that they feel "rejected" and "bad and sad because, I don't have many friends." Young men with intellectual disabilities in camp contexts also report wanting to be more involved in recreational activities with other men their own age, but even when they demonstrate their capacity to participate, they may still not be included by others.

> *"He plays football with boys in front of his house. He played once with people his own age and it was very fun but they never called him to play again."*
>
> – Interpreted report from a man with intellectual disabilities during a group discussion with men with disabilities in Bangladesh.

Providing spaces where adolescent girls can build friendships and social capital is critical for reducing their vulnerability to GBV and other protection concerns. Girls and young women with disabilities, however, highlight that they may be excluded from such social networks because of their disabilities, and social stigma reduces their confidence to engage in such networks.

> *"We're not the same as other girls—they wander around, wear beautiful clothes and go to the market. We don't feel like girls, we are different.… In the school we are separated from other girls—they talk ill of us."*
>
> – Adolescent girl with disabilities in Ethiopia.

Violence against persons with disabilities

Persons with disabilities in all contexts reported experiencing different forms of physical and psychological violence perpetrated by members of their communities and families, as well as by strangers. Women and girls with disabilities were more likely to report sexual violence, with those with intellectual and mental disabilities being among the most at risk. Men and boys with disabilities were more likely to report physical and psychological violence, especially against men with physical and intellectual disabilities. Dependence on caregivers, isolation and a lack of contact with community networks also expose men and women with disabilities to different forms of violence inside the home.

Sexual violence against women and girls with disabilities

Sexual violence was mentioned by women and girls with disabilities in all countries, although the level of detail varied according to context and culture.[24] Concrete examples shared by women with disabilities and caregivers suggest that adolescent girls with intellectual disabilities and women with mental disabilities may be more vulnerable to sexual violence in displacement contexts. This risk may be more significant in urban settings, as well as new displacement contexts, where there is less physical cohesion in the community and a loss of community protection mechanisms.

In many settings, women with disabilities felt unsafe, even in their own homes, due to the risk of neglect and physical abuse from both immediate and extended family members. In some settings, such as Lebanon, families of girls and women with intellectual disabilities were using negative coping strategies, such as physical restraint, to prevent individuals from going outside and/or from hurting themselves and others in the household.

The following factors make women and girls with disabilities more vulnerable to sexual violence in different contexts:

- Stigma and discrimination—Persons with disabilities in general recounted negative attitudes in their communities, which leads to multiple levels of discrimination and greater vulnerability to violence, abuse and exploitation, especially for women and

girls with disabilities.

- Community perceptions that persons with disabilities will be unable to physically defend themselves from a perpetrator or effectively report incidents of violence.

"Violence can happen anywhere because she can't run, and she has no means to protect herself."

– Participant in group discussion with young women with disabilities in Ethiopia.

- Lack of knowledge about GBV and personal safety, which means that women and girls with intellectual and mental disabilities may be more easily targeted by perpetrators.

"She wants to go out all the time....She is growing up and not a child anymore.... As a mother, you worry what will happen."

– Mother of an adolescent girl with intellectual disabilities in New Delhi.

- Extreme poverty and lack of basic needs, which increase the risk that women and girls with disabilities may be abused and exploited or resort to survival sex and prostitution.

"If you have a disabled girl, you always worry—a man might come and give her money. She takes the money to get food and he will ask for something back—she will end up pregnant."

– Mother of young woman with disabilities in Ethiopia.

- Loss of community structures and protective mechanisms, especially in contexts of new displacement.

  In conflict-affected Mindanao, humanitarian actors and persons with disabilities recounted examples where girls with intellectual disabilities experienced sexual violence. In two out of three cases, these girls were not living with their mothers, who had traveled to urban centers to earn income for the family.

- Isolation and a lack of contact with community networks also expose them to violence inside the home.

"To outsiders, everything looks fine, but actually they are neglected, beaten and abused by the family."

– Participant in group discussion with deaf women living in Nepal.

- Finally, service providers may question their credibility, which makes them reluctant to report cases of GBV or to access services.

"They tell me to go away and to not be violent towards (these) people."

– Woman with mental disabilities living in conflict-affected Mindanao when asked about the response of police to her reports of "molestation."

Physical and psychological violence against men and boys with disabilities

Although less prominent, there were reports in most contexts that men and boys with disabilities are also experiencing physical and/or emotional violence and abuse in their families and communities. They are more vulnerable because they may experience discrimination in the already limited income generation opportunities available to refugees, and family members perceive that they are no longer able to fulfill the roles expected of men in society.

"Most of these men here, even their wives have left them because of disability….The wife will say they are suffering because you can't get water and carry things—things the family needs. When we discuss with the woman's father, he says you deceived her by becoming disabled."

– Man with disabilities from Shedder camp, Ethiopia.

Men with disabilities in several camp contexts also reported having their eye glasses, wheelchairs and other devices stolen. They report that they may be targeted by perpetrators who perceive that they are unable to defend themselves.

Domestic violence, abuse and exploitation

Finally, there are examples of physical and emotional violence, as well as exploitation, being perpetrated by caregivers and/or extended family members inside the home towards adults with disabilities. Detailed examples were shared in three countries. In most cases, the individuals with disabilities had limited direct contact with humanitarian actors on their arrival in a given camp context, and there was little follow-up contact in the home to monitor the rights of the individual and their wider family support.

Intersection of independent living needs and protection

Mobarak* has a spinal cord injury and uses a wheelchair to move around. He requires assistance from others to transfer in and out of his wheelchair, and lives with his brother and sister-in-law and their family. He reports being beaten by other members of the household who also take a proportion of his ration and sometimes refuse to help him into his wheelchair. When he can get assistance from his neighbor, he spends most of the day away from his shelter. He now has serious medical concerns as a result of prolonged periods of time in his wheelchair. At present, he perceives that he has few shelter or assistance alternatives and hence remains living with people who are abusing him.

(Interview with a man with physical disabilities in Bangladesh.)

** Name changed for anonymity.*

Limited independent living options for persons with disabilities in both camp and urban contexts adds to stress and neglect in extended families and crowded shelters, and limits the options available for persons with disabilities requiring assistance with daily care and mobility.

Specific needs of persons with multiple impairments

Consultations and home visits highlighted the unmet basic needs of persons with multiple disabilities and their caregivers. This theme was raised in seven of the eight countries. Persons with multiple impairments are often isolated to their shelters and require full assistance in toileting and bathing. Caregivers expressed that this makes living conditions worse than in other

Caregivers of persons with disabilities are also sometimes excluded from activities, particularly when community support structures have been altered due to displacement and/or conflict. “I can’t participate because I need someone to care for my son.”
[Mother of a boy with disabilities in Mindanao.]

households. As such they have an increased need for basic supplies, such as soap, water, cloth or diapers, and mattresses to ensure personal hygiene and care.

Caregivers also expressed concerns about their own psychosocial well-being, as they must stay at home with their disabled family member and have little contact with other community members or activities. They also worry about who will care for their family member when they are no longer able to be the caregiver.

> *"The most scary thing is what will happen after I pass away—who will take care of her like me."*
>
> – Mother of young person with disabilities in Thailand.

Part B: Implementation of *UNHCR Guidance on Disability*

UNHCR Guidance on Disability was disseminated to UNHCR country operations in 2011. This document highlights non-discrimination and participation as key factors in the protection of persons with disabilities and provides 11 considerations for staff and partners to address when developing programs at country level (see box).

Across the eight countries included in this project, there were many different approaches employed by UNHCR, its implementing partners, the refugee community and persons with disabilities to promote access and inclusion for persons with disabilities in humanitarian programs. The following section describes some of the positive practices identified throughout the course of the project to implement each of the key components of the *UNHCR Guidance on Disability*, as well as persistent challenges and gaps faced by UNHCR country offices and its partners.

Key considerations from *UNHCR Guidance on Disability*

1. Introduce inclusive rights-based programming.
2. Ensure identification and registration.
3. Establish referral systems.
4. Raise awareness and provide a supportive environment.
5. Ensure physical security: prevent and respond to sexual and gender-based violence and other forms of exploitation and abuse.
6. Make education inclusive.
7. Use appropriate information, dissemination and communication.
8. Make distributions of food and non-food items suitable.
9. Make reunification and durable solutions inclusive.
10. Make shelter, housing and offices accessible.
11. Make transportation accessible.[25]

Non-discrimination and participation: Keys to protection

UNHCR Guidance on Disability highlights that meaningful participation of persons with disabilities in decision-making, programming and leadership is critical to effective protection in humanitarian contexts.[26] Field visits conducted throughout this project sought to demonstrate this principle in action. Group discussions were conducted with persons with disabilities and their caregivers to capture not only their protection concerns, but also their ideas and suggestions for change, in many cases highlighting the skills and contributions that persons with disabilities can make to their community.

"I want to feel productive–maybe we could do theater or some other program. I used to do many things in Syria, but now I am doing nothing. I feel depressed about that. Let's be creative–we need a space and then we can do things together."

– Young man with new physical disability in Lebanon.

Representatives were then selected to participate in workshops with humanitarian stakeholders, presenting the perspectives of the group and contributing to action planning processes. Such an approach highlights the skills and capacities of persons with disabilities and their potential to contribute to programs and activities like other community members; it bridges the gap between persons with disabilities and humanitarian actors and promotes their participation in program planning and decision-making.

"We are delighted as we have got a workshop [on] disabilities. Things we liked [were] participation of persons with disabilities; they are honored as human beings in the workshop; [and] group discussions with all to solve problems. We want this type of workshop in the future in the camp."

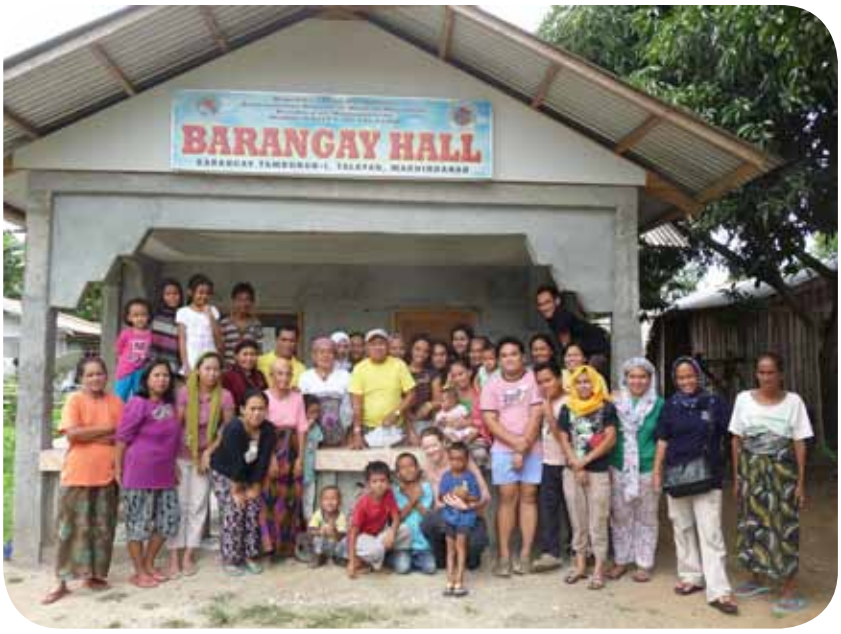
– Member of the Camp Management Committee in Bangladesh.

The positive outcome of the participation of persons with disabilities in more regular and ongoing programming was also identified in the follow-up assessment in Nepal. Bhutanese women with disabilities living in refugee camps identified access to vocational training as being one of the most positive changes for them in the camps over the last year. They reported that specific types of vocational training classes had been organized following further consultations conducted by NGOs. The outcome of such an approach was programs that better suited the needs of persons with disabilities and had a more significant impact on their lives. An equally important finding, however, was the sense of empowerment experienced when given a role in decision-making. As one woman stated, "Now I feel more comfortable and confident asking for such classes." [27]

Persons with disabilities are still rarely included in refugee committees and associations, or consulted by the refugee leadership in community decision-making processes. Informal associations and groups of refugees with disabilities are increasingly present, particularly in camp contexts, providing a vehicle for consultation with persons with disabilities on their needs and ideas. In many contexts, however, these groups may not represent the diversity of persons with disabilities, with persons with intellectual and mental disabilities being largely under-represented. In other contexts, such as Kampala, refugees and asylum seekers with disabilities come from many different countries, and therefore language and cultural diversity presents challenges in ensuring effective representation in a single association for persons with disabilities. In Kampala, multiple associations were therefore formed to represent the different nationalities among the community of refugees with disabilities. Most refugee disability associations also remain male dominated. Hence, in Nepal self-help groups of women with disabilities have started, providing a vehicle for more detailed consultation and representation of the needs of women and girls with disabilities.

Finally, in contexts such as Mindanao and Lebanon, where displacement is spread across rural and peri-urban areas, there is a need to build greater linkages between displaced people and host community DPOs. In many cases, these groups are unaware of the situation of displaced persons with disabilities, reducing their capacity to advise humanitarian agencies on the needs of this group and how to adapt programs. There is a need to also strengthen host community disability groups to be more inclusive and representative of displaced persons, so that these groups can appropriately advise in community consultation and program planning.

"The consultation and orientation on disability rights initiated by the project were an eye opener for MADAP to learn more, appreciate their rights and to



UNHCR and WRC consult with members of a conflict-affected community in Mindanao. A number of people in this community are deaf, but their families, neighbors and community leaders use sign language to communicate with them.
"We always involve them because sometimes good ideas come from the deaf" [Community leader]

reach out to villages where a number of persons with disabilities were displaced by internal conflicts."

– Report from Midsayap Association of Differently Abled Persons in Mindanao.

Inclusive rights-based programming

UNHCR Guidance on Disability highlights the role of a "twin-track approach" in ensuring that persons with disabilities have the same opportunity to access humanitarian assistance as others. This includes adapting all humanitarian responses to be inclusive of and accessible to persons with disabilities, as well as integrating targeted actions that meet the specific needs of persons with disabilities into country operations plans.[28]

In Nepal, UNHCR has adopted a twin-track approach to promote access and inclusion for persons with disabilities in GBV prevention and response activities. Following consultations with persons with disabilities about their GBV-related needs and capacities, UNHCR has adapted existing GBV prevention and response activities by:

- Raising awareness with GBV stakeholders on environmental, communication, attitudinal and policy barriers to access for persons with disabilities.
- Including examples of persons with disabilities in GBV community awareness-raising tools.
- Developing an annex to the Inter-Agency Standard Operating Procedures (SOP) on consent, confidentiality and non-discrimination for persons with disabilities.
- Identifying and training sign language interpreters on confidentiality and consent processes for GBV survivors.

Concurrently, UNHCR has begun supporting disability-specific actions to increase participation of persons with disabilities and promote empowerment in GBV programs. These include:

- Partnering with a local Deaf association to deliver sign language training in the camps to Deaf persons, family members and staff from community-based organizations and NGOs.
- A local women's DPO is now facilitating the formation of self-help groups of women with disabilities, which will provide an additional social support system and forum for preventing and responding to GBV.

Ensure identification and registration

Another key consideration in the *UNHCR Guidance on Disability* is ensuring the identification and registra-

tion of persons with disabilities, as they may be missed in registration processes, particularly in non-camp displacement settings, where populations are geographically dispersed. In such settings, information dissemination about registration processes through a variety of media, formats and focal points may be necessary, as well as considering the physical accessibility of registration centers and sites.[29]

Field visits in Lebanon identified that most Syrian refugees with disabilities and their family members were aware of UNHCR registration processes and that the cost of transportation to these centers was not prohibitive, particularly when they perceived that a single visit would improve their access to other services. Some refugees with disabilities who have difficulty moving were being registered *in absentia* by their families using Syrian disability cards. Additionally, UNHCR made mobile registration available for those who were unable to come to the centers, providing opportunity for those individuals to receive the same information and advice directly from UNHCR as other refugees. People with new impairments as a result of injuries, however, were more likely to go straight to hospital and therefore register later than others. These individuals and the hospital staff in direct contact with them expressed confusion about the registration processes. They had limited awareness about fast track registration and a lack of information about the services that might be available to them upon registration, highlighting a gap in information dissemination in this complex crisis.

Consultations with persons with disabilities and caregivers conducted within the scope of this project highlighted that refugee and host communities remain one of the most effective ways to disseminate information and identify persons with disabilities, particularly in non-camp displacement settings. Humanitarian actors are increasingly engaging these communities directly and taking advantage of such social networks. In Lebanon, UNHCR and other humanitarian actors have targeted "focal points" in both the refugee and host communities to convey information about available services and assistance. Barangay leaders in Mindanao are well aware of persons with disabilities in their communities, and able to identify and mobilize them when asked about these specific groups. In Kampala, refugees with disabilities have formed an association with approximately 121 families from different nationalities. Through a growing network of refugee families, they are able to identify new arrivals and share information about available services and assistance, including agencies that have established dedicated disability officers and focal points.

A UNHCR protection officer helps a newly arrived Somali refugee woman register in Kenya. © UNHCR/B. Bannon.

Collecting, collating and analyzing data about refugees with disabilities and their needs can assist in humanitarian planning and programming, but also monitoring access and inclusion in programs. UNHCR's global registration database (proGres) is one of the most centralized portals of such data in refugee contexts, and is disaggregated for different impairments and specific needs. It is completed primarily at point of registration and then updated throughout UNHCR's contact with an individual and their family. UNHCR data ranges from 2 to 7.5 percent prevalence for disability in the refugee populations in Lebanon, Bangladesh, Ethiopia and Nepal. These figures are lower than global estimates,

suggesting that there may be some gaps in identifying persons with disabilities and/or recording this information accurately in current databases.

UNHCR Guidance on Disability calls upon UNHCR and partners to collect and share relevant data on persons with disabilities, including disaggregating assessments for disability and sex.[30] Organizations delivering disability-specific services, however, use different definitions of persons with disabilities, and the data they collect largely reflect those accessing the services of that organization. As a result this data does not represent the diversity and needs of the disabled population for the purposes of wider country operations planning. Despite the inherent gaps associated with any data collection on persons with disabilities, UNHCR's proGres system remains the most consistent source of data on persons with disabilities among refugee populations, but is currently under-used for program planning.

Establish referral systems

As described in the *UNHCR Guidance on Disability*, UNHCR offices are increasingly "mapping who can do what, where, when and how" and building more effective referral systems in partnership with implementing partners, service providers and even DPOs in different contexts.[31] In New Delhi, UNHCR and its partners have appointed disability focal points to facilitate referral processes between agencies. In Lebanon, Handicap International is employing a "Disability and Vulnerability Focal Point" approach which relies on a network of focal points in the community, local organizations and health centers, to share information about available services for referral purposes. [32]

WRC has noted, however, some significant challenges in mapping services and establishing effective referral systems in more complex crises, such as Lebanon, where there may be limited resources for the number of refugees, and a very large number of local organizations and charities delivering services to persons with disabilities across the country. In such settings it may be more appropriate to strengthen the case management system, such that the most vulnerable persons with disabilities are identified, prioritized, comprehensively assessed and followed up. (See section on ensuring physical security for further discussion, page 20.)

In several settings, it was noted that the complexity of host government policies on refugees and funding mechanisms make it challenging, and in some cases unrealistic, to expand the network of partners working with refugees with disabilities. In these, settings it is even more critical for existing implementing partners to adapt their programming to meet both the basic and specific needs of persons with disabilities, rather than relying on the presence of disability service providers.

Raise awareness and provide a supportive environment

UNHCR Guidance on Disability calls upon country operations to "appoint a staff member to monitor disability issues and ensure that team members and colleagues are sensitive to the importance of including refugees with disabilities and avoiding discrimination," and encourage partners to do the same.[33]

A significant advancement since earlier WRC research is that humanitarian actors are increasingly aware of persons with disabilities and are seeking assistance to respond to their needs. In Lebanon, there was widespread recognition of the needs of persons with disabilities by humanitarian actors involved in the ongoing Syrian refugee response. UNHCR requested technical support on disability inclusion early in its operation planning, seeking to identify the needs of persons with disabilities and integrate strategies for inclusion from the outset of the emergency response. Similarly, staff responsible for individual case management, who play a critical role in identifying and responding to protection concerns, expressed interest in further training to ensure they can effectively identify and address the protection needs of persons with disabilities.

"Now we are getting many and we have noticed huge gaps in services for these people. We have started to buy and distribute our own medical beds, hearing aids and wheelchairs.…We are very interested in receiving training, because for DRC this is a very big and important group. They compose the biggest part of case management for us."

– Social Counselor, Danish Refugee Council, Lebanon.

Despite this awareness, however, humanitarian actors are still more familiar with, and rely upon, the charitable and medical models of disability, rather than the social and rights-based model that is promoted in the CRPD.[34] These models approach disability as a medical problem that needs to be "cured," and persons with disabilities as individuals who need to be "cared for" in order to protect them.[35] When using these models, humanitarian actors tend to overlook the role and voice of persons with disabilities in decision-making, seeking out disability-specific programs rather than reflecting on and removing the barriers that hinder the full and effective participation of persons with disabilities in their own programs and activities.

These attitudes also extend to wider community members, and in many settings, addressing the attitudes of staff, community members and even persons with disabilities, may be the first barrier that operational agencies need to address when seeking to advance the inclusion in their programs and activities.

"We have places for them—Disability Centers. Since they are in a different section and looked after by a different organization, the CMC [Camp Management Committee] works with those organizations."

– Secretary of the CMC in a refugee camp in Nepal.

Trainings and awareness sessions on disability inclusion are the most common approaches employed in the field to address this barrier, but the most significant outcomes and changes in attitudes seem to be linked to the demonstration of skills and capacities of persons with disabilities, as well as their contributions to the community.

Building a supportive environment for inclusion by focusing on what works

Caritas Nepal successfully increased the participation and inclusion of persons with disabilities in vocational training classes by raising awareness and building a supportive environment in the wider community. Previously, the organization had separate classes for persons with disabilities because it was felt that non-disabled persons would discriminate against them, and other participants perceived that persons with disabilities might slow down the classes. Caritas undertook several actions to raise awareness in the community about inclusion of persons with disabilities, including dramas and events where people had an opportunity to give voice to the importance of integration, and by showing the benefits of inclusion and integration in other settings, such as schools for children with disabilities. Since raising awareness in the community, the number of persons with disabilities attending vocational trainings with other refugees has increased. Currently 12.5 percent of beneficiaries attending vocational training classes are persons with disabilities.[36]

In all the countries included in this project, the WRC used the contributions of refugees and displaced persons with disabilities, who demonstrated that not only are they positive role models for others, but they have considerable leadership potential within their community. Agencies seeking to build a supportive environment for inclusion should start by listening to persons with disabilities themselves—many of whom are an untapped resource for raising awareness in the community.

"Persons with disabilities are only in the disability center—they should also be in the CMC, so they can support themselves and be involved in other agencies."

– Participant in group discussion with women with disabilities and female caregivers in Nepal.

"When I was young, I was not doing what other people do, like ride a bike and play. I want them to believe that they [children with disabilities] can do anything in the world."

– Young man with disabilities and member of grass-roots disability association in Ethiopia.

Ensure physical security: Prevent and respond to sexual and gender-based violence and other forms of exploitation and abuse

UNHCR Guidance on Disability states that country offices should "work with all partners to identify and establish a system to monitor persons at heightened risk" of protection concerns, including GBV and other forms of exploitation and abuse.[37]

Persons with disabilities consulted in Lebanon were facing protection risks as a result of multiple and complex unmet medical and social needs. While staff responsible for protection case management were referring the vast majority of persons with disabilities to

Ensuring physical security of persons with disabilities—the role of individual case management

Inaam* is 16 years old. She lives in Lebanon with her husband and baby. They have been in Lebanon for 18 months. Inaam was shot in the back in Syria and is now unable to walk. They registered with UNHCR three months ago, when Inaam was discharged from hospital. Inaam was registered in absentia based on a photograph, because she couldn't get to the UNHCR registration center. Inaam and her family are living in good accommodation, which is on the ground floor and rent free, but they are now being asked to move out so the owner can live there in the future. She has a wheelchair, commode, air mattress and walking frame at home, but her husband still has to carry her around the house, and she rarely goes outside. Inaam says that when her husband is away, she has time to think about her situation and she feels very sad. She is worried that her daughter has also been affected emotionally by the war and their displacement. Inaam's husband is also increasingly frustrated with their situation.

Case managers have identified that Inaam is at risk of several protection concerns due to isolation and a lack of protection mechanisms. They visit her regularly at her home to discuss her different concerns and link her to available services. She is prioritized for cash assistance, which is used to cover the rent in their new home and some personal items. There is a community center in a nearby town, where Inaam participates in the psychosocial support and awareness-raising activities maintaining some contact with other women. Despite interruptions in some services due to growing security concerns in this region, case managers are continuing to maintain regular contact with her, providing psychosocial support during this difficult period. Given the complex intersection of different protection concerns, UNHCR protection officers are now investigating what resettlement opportunities may be available for Inaam and her family. Case managers supporting Inaam and her family have played a critical role in ensuring her physical security by facilitating comprehensive and coordinated assessment, monitoring and follow-up in changing contexts and situations.

**Name changed for anonymity.*

service providers for health, rehabilitation and provision of aids and devices, there was a gap in recognizing and responding to other factors that increase the vulnerability and risks faced by persons with disabilities. These factors included children being out of school, living in substandard shelter, being single parents or caregivers, and being a single woman with disabilities, which require a more comprehensive and holistic assessment, referral to a variety of other non-health-related services and regular follow-up.

In response to this finding, the WRC and UNHCR developed and piloted a training package on *Individual Case Management—Identifying and Responding to the Needs of Persons with Disabilities*[38] for case managers currently engaged in the Syrian refugee response in Lebanon. This package supported registration staff, social workers and protection case managers to identify persons with disabilities at heightened risk and conduct more detailed assessments of not only need, but also skills and capacities that could be used in case management planning. Strengthening case management approaches may be an effective mechanism for ensuring that the widely dispersed, non-camp-based population of refugees with disabilities are being comprehensively assessed for protection concerns and prioritized for appropriate services that promote physical security.

Inclusive education in Burmese refugee camps in Thailand: Maximizing academic and social development of children and young people with disabilities through individualized support measures in both school and home based settings. © JRS.

Make education inclusive

As highlighted in earlier findings, stigma and discrimination of children and young persons with disabilities are significant barriers to school attendance. *UNHCR Guidance on Disability* highlights a range of actions to facilitate inclusion of children with disabilities in schools.[39]

In many countries where refugees and displaced persons are hosted, there is a focus on separate or "special" education for children with disabilities, and therefore a reluctance to include children with disabilities in classes with non-disabled children. In some settings, humanitarian actors cited a lack of Braille and sign language teachers as a reason for non-attendance. This results in children with disabilities remaining at home, sometimes alone, during the day, exposing them to additional protection concerns. WRC's follow-up assessment in Ethiopia, however, identified that despite a gap in Braille facilities, some blind children were attending secondary school, adopting different strategies to support their learning in the classroom. They reported being assisted by other children who read aloud to them, and receiving verbal, instead of written, exams.[40]

A more comprehensive approach to inclusive education was identified in Thailand, where the Jesuit Refugee Service (JRS) works with community partners to deliver basic education to all children living in the refugee camps, including children with disabilities, providing individualized support in both school- and home-based settings.

Inclusive education in Thailand

JRS launched its Special Education (SE) program in Ban Mai Nai Soi and Ban Mae Surin refugee camps in Thailand in 2004. This program provides both school-based and home-based education to children and young persons with disabilities. SE teachers are based in the school. They have been trained by volunteers and the local Special Education Centre to identify the different educational needs of each child, which are then documented in an individualized education plan. This plan supports teachers to manage diverse classes and promotes coherent strategies and monitoring for children receiving home-based education.

Previously, the school-based SE program kept children with disabilities in a separate room to receive their education. Now the program would be better defined as inclusive education, as it supports children with disabilities to attend the same classes as other children, with one SE assistant for every 3-4 children with disabilities. JRS also coordinates Parent—Teacher Association meetings during which they raise awareness with both teachers and parents on disability issues. These meetings involve parents of children without disabilities, as well as parents of children with disabilities, providing an opportunity for the wider community of parents to discuss barriers and share solutions.

The home-based SE program visits children who are unable to reach the school due to the difficult terrain of the camp and impairments in physical function. The SE teachers train the parents on hygiene and how to teach their children daily care skills. Through this outreach, the education program considers the social development of all children, even those who are not in the classroom, and provides individualized and specialized support for those with severe disabilities. They are also able to explore barriers and strategies for future participation in school with the family and community.

Use appropriate information, dissemination and communication

UNHCR Guidance on Disability calls upon staff and partners to ensure that persons with disabilities have access to the same information as other community members, requiring different information formats and dissemination approaches.[41] Persons with disabilities and humanitarian agencies consulted throughout this project have described many different examples of the implementation of this guidance. The most common and effective approaches include:

- Disseminating information through house-to-house visits to reach persons with physical disabilities in refugee camps, such as the Burmese refugee camps in Thailand;
- Using mobile phones, television and radio to reach persons in settings where there is displacement over a wide distance, such as in Lebanon;
- Establishing focal points in agency offices in urban centers, as in New Delhi and Kampala.

More advanced and innovative approaches to ensure access to information and communication for persons with disabilities were demonstrated in Kampala, where the Refugee Law Project has established a resource center for refugees. They have installed screen-reader software for persons with vision impairments on the computers in the center and have also piloted the Global Disability Rights Library,[41] providing refugees with disabilities, their families and many others with access to resources on disability rights. In Nepal, UNHCR and its partners have taken additional steps to include persons who are deaf in wider community awareness activities through provision of sign language interpreters and by integrating Deaf poetry in events—a step that values and respects Deaf culture.[43]

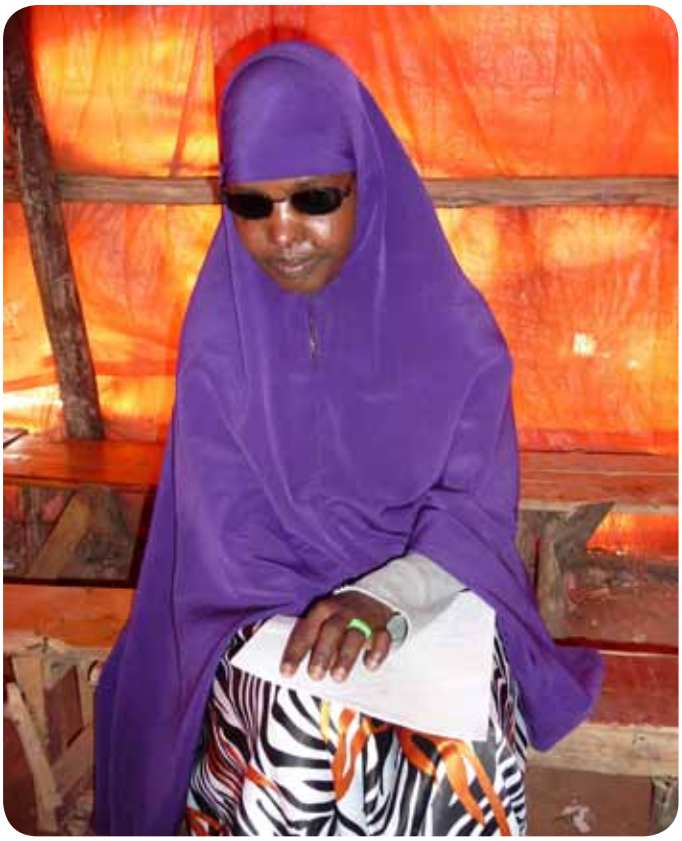
"In Sanischare (refugee camp), several of the persons from the workshop were a part of the program. One recited a poem in sign language and another

vocalized it for the audience....Since this program is attended by the camp management and implementing partners as well as the overall community, it was a step in sensitizing them around the abilities of communication of persons with disabilities as long as they are given opportunities."

– Community Services Officer, UNHCR Nepal.[44]

UNHCR staff members in Nepal have also taken the initiative to develop tools that might assist in communication with individuals with speech or language impairments. These tools include photos of different places and stakeholders in the camp that can be used in meetings and consultations. A lack of expertise and specialized services, however, still limits the development of comprehensive augmentative and alternative communication methods[45] with individuals with speech and language impairments in all refugee settings.

A significant gap still remains in reaching persons with intellectual and mental disabilities with appropriate information, and with information that is targeted towards their key protection concerns. These groups are still excluded from GBV prevention activities and education on sexual and reproductive health that might improve their protection and access to rights in the community. Humanitarian actors require more detailed and practical tools and resources to communicate with and convey such information to individuals with intellectual and mental disabilities. The WRC currently has projects underway to address the gap in evidence and tools in these sectors.[46]



Hodan, a Somali refugee girl in Jijiga, Ethiopia, reads materials printed in Braille. "I always like to build my confidence.… The tape has six dots and one space. I use my fingers and my arm to read them. I help with my cut arm to read the dots."

Make distributions of food and non-food items suitable

As described in the *UNHCR Guidance on Disability*, humanitarian organizations in most contexts in this project were aware that adaptations can and should be made to ensure persons with disabilities have equal access to food and non-food distributions.[47] Separate queues for persons with disabilities and prioritizing them at the distribution points were the two most common approaches reported. Persons with disabilities, however, report varying success in these strategies and explained that they continue to experience difficulties in situations where there are large crowds.

In most contexts, it is common practice for community members to assist persons with disabilities to transport their distributions back to shelters in return for a proportion of the supplies or money. Persons with disabilities rarely raised this issue as a primary concern for them, suggesting that they may consider this an acceptable approach. Nonetheless, this could be viewed as discriminating against persons with disabilities on the basis of their disability because, as described in the CRPD, reasonable accommodations have not been

made to ensure access to food and other basic needs on an equal basis with others in the community.[48] While community leaders are often engaged to organize and coordinate such assistance for persons with disabilities, this is rarely monitored with any rigor, potentially exposing persons with disabilities to exploitation.

Caregivers of persons with multiple disabilities are often not consulted in non-food item distributions and, as such, they report needing cloth and diapers, soap and mattresses to meet the specific needs of their family members. Persons with disabilities and their family members may also be discriminated against in income generation activities and therefore experience higher levels of poverty. Hence, distributions that meet the basic needs of the broader refugee population may not be sufficient for families of persons with disabilities.

Make reunification and durable solutions inclusive

UNHCR Guidance on Disability provides some broad principle-based guidance for staff promoting inclusive durable solutions, including consultations with persons with disabilities, avoiding separation of family members and prioritizing persons with disabilities for reunification efforts.[49] In this project, however, it was identified that a critical first step is ensuring that persons with disabilities have access to all available information about durable solutions options, and are given space to make their own choices and/or contribute meaningfully to family decisions relating to resettlement. In this regard, UNHCR Nepal adopted a more holistic approach, incorporating a range of strategies, such as:

- Information sessions for persons with disabilities run at the Disability Centre, including videos and photos of persons with disabilities in the United States and Canada.
- Specific outreach to families of persons with disabilities by a dedicated team, of which one staff member is a Nepali woman with vision impairments who spent time living in the United States.
- Conducting assessment interviews in people's homes.
- Procedures for UNHCR health partners to monitor those with medical conditions who are already in the resettlement pipeline, allowing changing of priority should their health conditions worsen.

Resettlement data in Nepal demonstrated that persons with disabilities are accessing the program and that there are representative proportions of persons with disabilities among the caseload. It is highly likely that these positive findings are the result of the diverse and inclusive strategies adopted by the resettlement program to reach and inform persons with disabilities of their options for resettlement.

Make shelter, housing and offices accessible

UNHCR Guidance on Disability also calls attention to ensuring the accessibility of built infrastructure by involving persons with disabilities in the design process, consulting them on their specific needs and ensuring that all new constructions apply the principles of Universal Design.[50] Universal Design principles ensure that they are "usable by all people, to the greatest extent possible, without the need for adaptation or specialized design." [51]

During the course of this project, humanitarian actors demonstrated good awareness of environmental accessibility in built infrastructure. In most camp settings, positive examples could be identified of offices, latrines and water points that had been designed considering accessibility for persons with physical disabilities. There was, however, a gap in making this consistent across all infrastructure and comprehensive throughout the design (for example, there may be a ramp, but the doors are not wide enough for a wheelchair). Awareness raising and training of humanitarian actors has been conducted extensively in this sector and there is no shortage of clear and concise guidelines for humanitarian actors.[52] Therefore, greater investigation is needed to identify actions that will have a more insti-

Uneven terrain makes it difficult for people with disabilities, such as this elderly man who is using crutches, to navigate the camp. © UNHCR

tutional impact. This could include considering organizational administrative processes linked to contracting local builders for construction in camp settings.

Infrastructure outside of camp contexts presents a more complex challenge as UNHCR and partners are often constrained by the accessibility of pre-built structures, and the building codes and regulations of the host governments. Host country DPOs provide a good resource of information and advocacy in such settings. In Lebanon, UNHCR is expanding partnerships for community center services to be delivered from the Forum for the Handicapped in the North, a facility that was more environmentally accessible to those using wheelchairs, aids and other mobility devices. Such partnerships may address not only environmental barriers, but also attitudinal barriers by bringing non-disabled refugees into spaces and activities with persons with disabilities.

It is important to note, however, that environmental accessibility of buildings and facilities was rarely raised by refugees across the eight countries. Distance, cost and/or lack of transport were reported as far greater barriers to accessing services, as described below.

Make transportation accessible

UNHCR Guidance on Disability advises UNHCR staff and partners to "provide or facilitate access to transportation for persons with disabilities so that they can access registration and other services."[53] Persons with physical disabilities report that distance and a lack of affordable transportation limit their access to services and programs, most commonly to education and health services. In most camp settings, there are no transportation services available. Persons with disabilities must rely on wheelchairs and other devices to move long distances to facilities. In some settings, such as Mae Hong Son in Thailand, where the camps are set among hills, the terrain and lack of level roads make the use of wheelchairs for even short distances unrealistic.

Lack of transportation also increases the vulnerability of persons with disabilities to exploitation in the collection of rations, water and non-food items. In camp contexts, persons with disabilities will exchange money and/or a proportion of a ration for assistance from community members to transport the items back to their shelter. In urban contexts, persons with disabilities and their families spend considerable money on transportation to medical and health care facilities, placing them at a financial disadvantage compared with other refugees or displaced persons.

To date, WRC has identified few strategies to address the lack of transportation experienced by persons with disabilities or to monitor and address the negative outcomes of such a gap in camp settings. In urban settings,

however, many agencies provide cash assistance and additional allowances for persons with specific needs.

Part C: Institutionalizing disability inclusion across UNHCR operations globally

In parallel with the development and roll-out of the *UNHCR Guidance on Disability*, UNHCR has undertaken a number of activities at the headquarters level to support wider implementation of the *Executive Committee Conclusion on Refugee with Disabilities* across the organization and its operations. These activities have been coordinated by the UNHCR Division for International Protection (DIP), with support from technical partners and/or experts as required. This section describes these initiatives, as well as remaining gaps at the global level to ensure sustainable and systematic disability inclusion across UNHCR operations.

Mainstreaming disability in organizational policies and strategies

UNHCR has made significant progress in ensuring that disability is mainstreamed across existing organizational policies and strategies. UNHCR policies and strategies are reviewed in the development stage to ensure that they incorporate age, gender and diversity throughout the document. Where specific protection gaps are identified and/or the strategy or policy relates to a key consideration as specified in the *UNHCR Guidance on Disability*, targeted actions for persons with disabilities have been included within the strategy or policy. To date, the following documents have been adapted to address disability inclusion. Many of these strategies represent positive examples of collaboration across different divisions of UNHCR:

- UNHCR's *Resettlement Handbook* was revised in 2011 to include a specific section on the protection needs and vulnerabilities of persons with disabilities;[54] and more recently the resettlement assessment tool was developed for persons with disabilities;[55]
- The *Sexual and Gender-Based Violence (SGBV) Strategy* (2011—2016) includes six key action points, one of which is focused on protecting persons with disabilities from GBV.[56]
- The *Education Strategy* (2012—2016) has activities and indicators relating to inclusive education under objectives relating to safe learning environments.[57]
- The *Framework for the Protection of Children* takes a systems-level approach and mainstreams considerations for children and adolescents with disabilities.[58]
- Finally, UNHCR's *Operational Guidelines on Livelihoods Programming* includes examples of both inclusive and targeted programming for persons with disabilities.[59]

Disability inclusion in planning, monitoring and evaluation

At the global level, UNHCR has taken steps to integrate disability and the needs of persons with disabilities in its systems for planning, monitoring and evaluation. The UNHCR *Results Framework for 2012—2013* details performance indicators for the organization and includes indicators relating to persons with disabilities under objectives on services for persons with specific needs, protection of children and access to education.[60]

UNHCR *Country Operations Plans and Reports* track actions planned, as well as actions implemented, at the country level, and are linked to both resourcing and evaluation. In 2012, 22 country operations implemented targeted actions for persons with disabilities, and 33 planned similar actions in 2013. These actions included rehabilitation services for children and adults with disabilities; facilitating access to specialized or regular schools; targeted livelihood activities; supporting the formation of self-help groups and DPOs; and support to families with children with disabilities.[61]

While these are positive steps to ensure that UNHCR promotes organizational accountability on disability inclusion, there is still a gap in understanding how actions at country operations levels are supporting the implementation of the *UNHCR Guidance on Disability* across the organization globally, as well as the impact of this for persons with disabilities.

Coordinating actions to promote disability inclusion at country operation level

In this project, training and action planning workshops were conducted in each country to support UNHCR staff and their partners to define context-specific collaborative actions for the implementation of the *UNHCR Guidance on Disability* at the field level. Follow-up assessments and consultations identified that one of the most significant barriers to implementation of these action plans was ensuring and maintaining effective coordination of different partners working on disability inclusion. In some settings this challenge was related to lack of clarity on leadership within UNHCR, loss of momentum with change of staff and/or competing priorities placed on the individual staff members and teams. Additionally, there were no formal systems established for the transfer of knowledge and information between the participants in the workshops and their wider organizations, limiting the sustainability and longer-term impact of the workshops.

It is important to note, however, that turnover of staff may also have a positive impact, with many staff staying within UNHCR or moving to other humanitarian agencies, taking their awareness and knowledge on disability inclusion to other country operations and contexts.[62]

Building staff expertise on disability inclusion

UNHCR's Global Learning Center has been planning a self-study learning module on disability based on the *UNHCR Guidance on Disability*. This module would provide a valuable internal resource for staff in UNHCR country operations who are interested in building their capacity on disability inclusion.[63] The implementation plan for this training and how the outcome and impact will be monitored is yet to be clarified.

At UNHCR country level, there is growing demand and requests for dedicated technical support on disability inclusion in country operation planning. To date, UNHCR has relied on partnerships with a number of NGOs to provide technical support and training on disability inclusion to country operations. These partnerships have been largely short-term and externally funded, and there is a gap in internal capacity to deliver this type of intensive technical support to country operations with consistency.

RECOMMENDATIONS TO ADVANCE DISABILITY INCLUSION IN HUMANITARIAN ACTION

The following recommendations are designed for UNHCR country operations and headquarters to further advance disability inclusion across the organization. There are also recommendations for donor agencies, humanitarian actors and disability organizations, all of which play a critical role in advancing disability inclusion in humanitarian action.

To UNHCR: The next steps

1. Technical support to UNHCR country operations

UNHCR is commended for its efforts thus far to build staff expertise and capacity on disability inclusion. There is, however, a resource gap within UNHCR to meet the growing demand from country operations for comprehensive technical advice on disability inclusion

in country operations planning. Deployment of a technical advisor at key stages in the operation planning cycle would support UNHCR staff to analyze existing information about persons with disabilities (for example, proGres data); conduct participatory assessments with persons with disabilities and their communities; engage stakeholders (including persons with disabilities) in translating information into operational objectives and actions; and finally reflecting this in the Country Operations Plan. Such technical support needs to be available at different phases of a crisis, provide opportunities for ongoing mentoring, and should identify and build on successes.

2. Conduct a global evaluation of the implementation of the UNHCR Guidance on Disability

A global evaluation is needed to fully understand how UNHCR is implementing the *UNHCR Guidance on Disability* throughout its operations and to contribute to both internal and external learning on disability inclusion. The evaluation should include two levels of data collection and analysis:

(i) Desk review of country operations reports and plans to give a global picture of implementation of the guidance; and

(ii) Field assessments or participatory evaluations in a sample of country operations to determine the impact on persons with disabilities.

3. Advocate for effective disability inclusion across the wider humanitarian system

UNHCR should capture and share positive practices and experiences on disability inclusion with the wider humanitarian community. UNHCR should advocate with UN country teams, humanitarian clusters at the country and global levels, and the IASC Working Group and its subsidiary bodies, to promote the inclusion of persons with disabilities.

To humanitarian actors: Build on successes

The recommendations in this section are directed towards international, national and local humanitarian organizations, including NGOs and other UN agencies.

1. Translating guidelines into practice—the role of context-specific action planning

Guidelines on disability inclusion are available for humanitarian actors.[64] These guidelines are largely principle based and require field actors to define more detailed action plans for specific country programs and operations. Context-specific action planning and goal setting should explore with staff the gaps and opportunities for disability inclusion, build on positive practices, and provide opportunities to share successes. [See Useful Resources for more information.]

2. Promote an inclusive, rights-based approach to disability—tangible actions that can make a difference

Sustainable and effective disability inclusion requires a shift from the medical and charitable approaches historically used to address the needs of persons with disabilities, to social and rights-based models, in which humanitarian staff take responsibility for removing barriers to access and participation in their own programs. Such a shift does not happen with training alone and a range of other activities, including self-reflection and mentoring, are required on an ongoing basis with humanitarian staff.

Throughout the course of this project, however, WRC identified some tangible actions that can be taken:

(i) Strengthen understanding of discrimination and the factors that contribute to discrimination among staff and community leaders. The CRPD describes discrimination as "any distinction, exclusion or restriction on the basis of disability," including failure to make reasonable accommodations for inclusion.[64]

UNHCR Guidance on Disability elaborates further that exclusion of persons with disabilities "can be inadvertent or purposeful: in either case it is nevertheless discriminatory." [66] Making such a shift at all levels in an organization requires an ongoing process of awareness raising and reflection using case studies, as well as personal experiences.

(ii) Encourage staff and partners to also focus on what persons with disabilities ***can do***, not always on what they can't do. Integrate questions on the skills and capacities of persons with disabilities into group discussions, so that staff will become exposed over time to a new way of thinking and working.

(iii) Set quotas for the number of community volunteer and incentive worker positions that should be filled by persons with disabilities (for example, 15% of incentive workers and volunteers should be persons with disabilities). This presents a positive picture to the community about persons with disabilities, their skills and capacities, and the value humanitarian organizations place upon this. Disability associations can help by mapping skills within the disability community (such as teachers, mechanics, artists, etc.) and circulating information on new employment positions to persons with disabilities. Consult with individuals with disabilities on adaptations that need to be made—there are many simple strategies, such as getting incentive workers to work in pairs—which will facilitate access and inclusion.

(iv) Employ qualified persons with disabilities in humanitarian positions. Persons with disabilities have a wide breadth of experience, which is valuable to all sectors and programs. Their daily interactions with colleagues, partners and the community will promote greater awareness and more comprehensive understanding of disability and inclusion.

(v) Disability inclusion is an ongoing process, not a one-time event. Meet regularly with persons with disabilities to ask their opinions, collect their ideas and contributions, and update them on actions that your organizations have taken to promote disability inclusion.

3. Reinforce the critical role of individual case management

Case management provides a critical entry point for assessing the protection risks and vulnerability of persons with disabilities, and providing timely and coordinated support to persons with specific, complex and/or multiple needs. It also serves as a guide for prioritizing service delivery in resource-limited settings. While persons with disabilities may have some specific needs requiring referral to specialized agencies (for example, for rehabilitation or medical care), they also require a myriad of non-health-related interventions to reduce their vulnerability to protection risks, including access to psychosocial support, education and sometimes financial assistance for the wider family.

Integrate disability rights and the principles of disability inclusion into the training and mentoring for case managers, highlighting the skills and capacities that case managers already have to address these concerns. [See Useful Resources for more information.]

4. Monitoring disability inclusion

As humanitarian organizations are increasingly disaggregating data for age and gender, they should also disaggregate data for persons with disabilities, allowing greater reflection on whether this group is adequately represented among beneficiaries. This data can be collected with minor adaptations to participant sheets and monthly reports, and by clarifying with staff the definition of persons with disabilities.

To disability actors: Expand skills to enhance protection

Ensuring access and inclusion for persons with disabilities in situations of forced displacement requires not only adaptations in humanitarian operations but also in the disability sector. The following recommendations seek to enhance the role of disability actors, including disability service providers, specialized organizations working with persons with disabilities and DPOs, in protecting persons with disabilities in humanitarian crises.

1. Protection mainstreaming across disability service provision

Organizations delivering specialized disability services (for example, health and rehabilitation) may be one of the first points of contact for persons with disabilities in humanitarian contexts. As such, they can play a role in identifying risks that require more comprehensive case management from protection actors. Disability service providers and local NGOs should build protection mainstreaming into their programs and projects, training staff to recognize protection risks and refer cases to the appropriate protection actors for more comprehensive individual case management. [See Useful Resources for more information.]

2. Raise awareness about refugees and displaced persons in DPO networks

WRC commends the DPOs that have engaged with refugees and displaced persons with disabilities in their respective countries, and appreciates the support and advice provided by various DPO networks throughout the course of this project.

The disability movement and DPOs play a critical role in bridging the humanitarian/disability divide. Despite many host countries having ratified the CRPD, refugees and displaced persons with disabilities may be excluded from CRPD implementation and monitoring processes. Host-country DPOs are encouraged to consider the following approaches to support the advancement of the rights of refugees and displaced persons with disabilities:

(i) Meet with UNHCR staff and partners to learn more about the specific protection concerns facing refugees with disabilities. UNHCR staff and other agencies working with refugees with disabilities may be able to help identify potential refugee leaders with disabilities for inclusion in DPO activities.

(ii) Consult with agencies in contact with refugees and displaced persons with disabilities when preparing monitoring reports on the implementation of the CRPD (where ratified) and, if possible, run group discussions with refugees with disabilities to understand their specific concerns.

(iii) Include refugees and displaced persons with disabilities in self-help groups and local DPOs, especially in non-camp settings where they are living among the host community.

Finally, as displacement situations often involve several countries, regional and international DPO networks are encouraged to engage in increasing awareness raising and dialogue with their members on refugee issues, particularly in situations of protracted or large scale crisis, as we currently see in the Syrian refugee response.

To donor governments: Strengthen technical capacity

Humanitarian actors are interested in building internal capacity to identify and respond to the needs of persons with disabilities. This great advancement in awareness within the humanitarian community now raises the question of how best to support them moving forward. Three recommendations to donors will support progression towards the goal of inclusive humanitarian practice:

(i) Support agencies with technical expertise in disabil-

ity inclusion in humanitarian action to expand their human resource capacity in this field through building, training and mentoring a cadre of staff available for deployment to work with protection and other sector actors in the field.

(ii) Fund efforts to research, map and document positive practices in disability inclusion from different humanitarian operations, programs and phases—this is a critical step in expanding the evidence base on what works, where and why.

(iii) Promote positive practices with partners, and hold them accountable for inclusion through in monitoring and reporting processes.

CONCLUSION

While considerable and commendable progress has been made in the humanitarian community on disability awareness and inclusion, this work has yet to be institutionalized and fully integrated throughout all humanitarian organizations and responses.

WRC has been partnering with UNHCR on the global roll-out of *UNHCR Guidance on Disability*, conducting field assessments and providing technical support and training to UNHCR country offices, its implementing partners and disability organizations. In refugee and displacement situations in eight countries—India (New Delhi), Uganda, Thailand, Bangladesh, Nepal, Ethiopia, Philippines (Mindanao) and Lebanon—the WRC documented many positive examples of how UNHCR and its partners are implementing the *UNHCR Guidance on Disability* through adaptations to programs and activities. UNHCR has also made considerable advancement on disability inclusion in its organizational policies and strategies.

There are, however, ongoing gaps that may hinder the institutionalization and sustainability of disability inclusion in the longer term. Most notably, there is a gap in internal capacity to provide technical support to UNHCR country offices, as well as monitoring and evaluation of how UNHCR staff and partners are translating *UNHCR Guidance on Disability* into practice at the global level.

Recommendations to UNHCR, donor agencies, and humanitarian and disability actors seek to build on identified strengths and progress to further advance the rights of persons with disabilities in displacement contexts.

USEFUL RESOURCES

UNHCR Need to Know: *Working with Persons with Disabilities in Forced Displacement*

This *UNHCR Guidance on Disability*, developed by UNHCR and Handicap International, provides field staff and partners with an essential introduction to, and action-oriented advice on, a range of protection issues relating to persons with disabilities in situations of forced displacement.

Available at: http://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=4e6072b22

Workshop resources: Disability inclusion in programs for refugees and displaced persons

This training is designed for UNHCR staff, implementing partners and disability stakeholders at field levels. This PowerPoint is an outline of a three-day training developed by the Women's Refugee Commission to raise awareness and facilitate participation of people with disabilities in community decision-making.

Available at: http://wrc.ms/1eXGoAT

Workshop resources: Individual Case Management—Identifying and responding to the needs of persons with disabilities

These workshops were conducted by WRC, in partnership with UNHCR, for humanitarian actors involved in the Syrian Refugee Response in Lebanon in May 2013. Files include PowerPoint presentations, tools and handouts. One tool supports actors to identify intersecting vulnerabilities which may increase risk of protection concerns among persons with disabilities and their families. It draws on the UNHCR *Heightened Risk Identification Tool*, UNHCR Lebanon's *SOPs for Individual Case Management* and other findings from the field visit.

Available at: http://wrc.ms/1gq49Fg

Research report: *Disabilities among Refugees and Conflict-affected Populations*

This report presents findings from research conducted by WRC in partnership with UNHCR in five different humanitarian contexts in 2008, documenting the gaps in access and inclusion for persons with disabilities and recommendations for stakeholders.

Available at: http://www.womensrefugeecommission.org/programs/disabilities/research-and-resources/609-disabilities-among-refugees-and-conflict-affected-populations-1/file.

Resource Kit for Fieldworkers*: *Disabilities among Refugees and Conflict affected Populations

This companion to the report *Disabilities among Refugees and Conflict-affected Populations* provides practical guidance for UNHCR and humanitarian agency field staff on disability inclusion.

Available at: http://www.womensrefugeecommission.org/programs/disabilities/research-and-resources/108-disabilities-among-refugees-and-conflict-affected-populations-resource-kit-for-field-workers/file.

Global Protection Cluster: Protection mainstreaming toolbox

The website provides links to guidance and tools endorsed by the Global Protection Cluster, but also external resources from humanitarian organizations, to support agencies to incorporate protection principles and promote meaningful access, safety and dignity for affected populations in all humanitarian activities.

Available at: http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html

Notes

1 This figure is based on global estimates that 15% of the 45.2 million people forcibly displaced worldwide as a result of persecution, conflict, generalized violence and human rights violations may be persons with disabilities.

2 Women's Commission for Refugee Women and Children, *Disabilities among refugees and conflict-affected populations* (New York: Women's Refugee Commission, 2008). http://www.womensrefugeecommission.org/programs/disabilities/research-and-resources/609-disabilities-among-refugees-and-conflict-affected-populations-1/file.

3 World Health Organization and the World Bank, *World Report on Disability* (Geneva: World Health Organization, 2011), p. 59. www.who.int/disabilities/world_report/2011/en/index.html.

4 UNHCR Executive Committee, Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR No. 110 (LXI) (Geneva: United Nations, 2010). www.unhcr.org/4cbeb1a99.html.

5 United Nations High Commissioner for Refugees and Handicap International, *Need to know guidance: Working with persons with disabilities in forced displacement* (Geneva: UNHCR, 2011). www.unhcr.org/4ec3c81c9.pdf.

6 United Nations High Commissioner for Refugees, *Displacement: The new 21st century challenge. UNHCR global trends 2012* (Geneva: UNHCR, 2013), p. 2. unhcr.org/globaltrendsjune2013/UNHCR%20GLOBAL%20TRENDS%202012_V05.pdf.

7 See note 3, p. 29.

8 See note 6, p. 3.

9 See note 2.

10 See note 3, p. 59.

11 Inter-Agency Standing Committee, *Guidelines for gender-based violence interventions in humnaitarian settings* (2005), p. 1. humanitarianinfo.org/iasc/downloadDoc.aspx?docID=4402.

12 See note 5, p. 11.

13 United Nations, *Convention on the Rights of Persons with Disabilities and Optional Protocol* (Geneva: United Nations, 2006). www.un.org/disabilities/default.asp?navid=14&pid=150.

14 Mary Crock, Ron McCallum, and Christine Ernst, *Where disability and displacement intersect: Asylum seekers with disabilities* (2011). www.iarlj.org/general/images/stories/BLED_conference/papers/Disability_and_Displacement-background_paper.pdf.

15 See note 2.

16 Women's Commission for Refugee Women and Children, *Disabilities among refugees and conflict-affected populations: Resource kit for fieldworkers* (New York: Women's Refugee Commission, 2008). womensrefugeecommission.org/resources/doc_download/610-resource-kit.

17 See note 4.

18 See note 5.

19 United Nations High Commissioner for Refugees, *UNHCR age, gender and diversity policy: Working with people and communities for equality and protection* (2011). www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=4e7757449&query=AGD.

20 In this report, "persons with mental disabilities" refers to persons with mental health conditions and/or those who are users and/or survivors of psychiatry. The term "persons with psychosocial disabilities" is sometimes also used to describe this group of persons with disabilities. World Network of Users and Survivors of Psychiatry, *Implementation Manual for the United Nations Convention on the Rights of Persons with Disabilities* (WNSUP, 2008), p. 9. wrc.ms/N8o9CH.

21 Disabled people's organizations (DPOs) are representative organizations of persons with disabilities. They are usually established and led by persons with disabilities.

22 Hugo Slim and Andrew Bonwick, *Protection: an ANLAP guide for humanitarian agencies* (London: Overseas Development Institute, 2005), p. 33. www.globalprotectioncluster.org/_assets/files/tools_and_guidance/ALNAP_Guide_Humanitarian_Agencies_2005_EN.pdf.

23 See note 2, p. 4.

24 Concrete examples of sexual violence were shared in all countries, with the exception of Bangladesh and Lebanon. In Bangladesh, adolescent girls with disabilities reported being "teased" by men and boys when walking around the camp, and suggested that, "other things" can also happen. Although not expressed in group discussions, humanitarian actors in Lebanon reported at least one example of women with intellectual disabilities being "kidnapped" by men in the community.

25 See note 5.

26 See note 5, p. 5.

27 Michael Szporluk, *Promoting Access and Inclusion for Displaced People with Disabilities in Damak, Nepal - Follow-up Field Visit Report* (Women's Refugee Commission, November 2013. Unpublished).

28 See note 5, p. 7.

29 Ibid, p. 9.

30 Ibid.

31 Ibid, p. 10.

32 Handicap International, *Syrian crisis emergency response in Lebanon. Bekaa valley activity report - 15th April 2013* (2013). http://wrc.ms/1cYuqKE.

33 See note 5, p. 10.

34 United Nations, *Backgrounder: Disability treaty closes the gap in protecting human rights*. www.un.org/disabilities/default.asp?id=476.

35 CBM, *Inclusion made easy: A quick program guide to disability in development* (2012), p. 3. www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf.

36 See note 27.

37 See note 5, p. 11.

38 Women's Refugee Commission. *Disability Program: Tools and resources*. http://womensrefugeecommission.org/programs/disabilities/research-and-resources.

39 See note 5, p. 12.

40 See note 27.

41 See note 5, p. 13.

42 U.S. International Council on Disabilities, *Global Disability Rights Library* (2013). www.usicd.org/index.cfm/global-disability-rights-library.

43 The World Federation of the Deaf describes Deaf culture as a "broad concept that encompasses the lifestyle, traditions, knowledge, skills, beliefs, norms and values shared by a group of people. It also contributes to the artistic expression of members of that group." www.wfdeaf.org/human-rights/crpd/deaf-as-a-linguistic-and-cultural-group.

44 Email communication with Eirin Broholm, UNHCR Community Services Officer, dated September 11, 2012.

45 Augmentative and alternative communication (AAC) is an umbrella term used to describe tools and strategies that can support persons with speech and language impairments to communicate with others. AAC tools and strategies may include the use of gestures, facial expressions, symbols, pictures and even speech-generating devices. www.isaac-online.org/english/what-is-aac/.

46 WRC currently has a partnership project with International Rescue Committee entitled Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings. This project will pilot, evaluate and document effective strategies to promote access and inclusion for persons with disabilities in GBV programs, including the development of tools and resources for GBV practitioners. A second project is also underway researching the Sexual and Reproductive Health Needs of Persons with Disabilities in Humanitarian Settings. Updates about these projects and subsequent publications can be found at www.womensrefugeecommission.org/programs/disabilities.

47 See note 5, p. 14.

48 See note 13, p. 4.

49 See note 5, p. 15.

50 See note 5, p. 16.

51 See note 13, p. 4.

52 Examples include: Handicap International, *Disability checklist for emergency response* (2005). www.handicap-international.fr/fileadmin/documents/publications/Disability-Checklist.pdf.

53 See note 5, p. 17.

54 United Nations High Commissioner for Refugees, *UNHCR resettlement handbook* (Geneva: UNHCR, 2011). www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=46f7c0ee2&query=resettlement handbook.

55 United Nations High Commissioner for Refugees, *Resettlement assessment tool: Refugees with disabilities* (Geneva: UNHCR, 2013). www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=51de6e7a9&query=HRIT tool version.

56 UNHCR, *Action against sexual and gender-based violence: An updated strategy* (2011).

57 United Nations High Commissioner for Refugees, *2012 - 2016 Education strategy* (Geneva: UNHCR, 2012). http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=5149ba349&query=education%20strategy.

587 United Nations High Commissioner for Refugees, *A framework for the protection of children* (Geneva: UNHCR, 2012). www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=50f6cf0b9&query=childprotectionframework.

59 United Nations High Commissioner for Refugees, *Livelihood programming in UNHCR: Operational guidelines* (Geneva: UNHCR, 2012). http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=4fbdf17c9&query=Livelihood%20programming%20in%20UNHCR:%20Operational%20guidelines.

60 Email communication with Stefanie Krause, Associate Community Services Officer, UNHCR—Geneva, March 23, 2012.

61 Email communication with Stefanie Krause, Associate Community Services Officer, UNHCR—Geneva, August 24, 2012.

62 Most notably, UNHCR staff in Lebanon were familiar with and aware of disability inclusion from previous advocacy and capacity development undertaken at headquarters and country operations in Asia.

63 United Nations High Commissioner for Refugees, *Global analysis 2012-2013: UNHCR accountability frameworks for age, gender and diversity mainstreaming and targeted actions* (Geneva: UNHCR, 2013). www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=51c4569f9&query=results based framework 2014.

64 Examples include: Women's Commission for Refugee Women and Children, *Disabilities among refugees and conflict-affected populations: Resource kit for fieldworkers* (New York: Women's Refugee Commission, 2008). womensrefugeecommission.org/resources/doc_download/610-resource-kit; Handicap International, *Disability checklist for emergency response* (2005). www.handicap-international.fr/fileadmin/documents/publications/DisabilityChecklist.pdf; CBM, *Inclusion made easy: A quick program guide to disability in development* (2012). www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf.

65 See note 13, p. 4.

66 See note 5, p. 4.

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