



REFUGEES WITH DISABILITIES



**WOMEN'S
REFUGEE
COMMISSION**

DISABILITIES

AT A GLANCE



||| The Issue

- An estimated 3.5 million refugees and internally displaced people live with disabilities in refugee camps and urban slums.
- They are excluded from or unable to access mainstream assistance programs as a result of attitudinal, physical and social barriers.
- Their potential to contribute and participate is seldom recognized.

||| Our Response

- Undertook a six-month research project on refugees with disabilities.
- Identified gaps and good practices and made concrete recommendations on how to improve services, protection and participation.
- Produced first-ever comprehensive report on refugees with disabilities and an accompanying resource kit on what service providers must do to promote access and the full inclusion of persons with disabilities.

||| Next Steps

- Work closely with field practitioners in a variety of countries, including Haiti, to demonstrate and promote implementation of the resource kit to enhance the participation and community inclusion of persons with disabilities.
- Convene international experts to collaboratively develop and implement a global strategy to improve humanitarian practice in order to better include persons with disabilities.
- Promote and advocate for improved programming at the international level with donors, policy makers and practitioners.

Disabilities among refugees and conflict-affected populations



Background

Around the world, an estimated 3.5 million refugees and internally displaced people live with disabilities in refugee camps and urban slums. These disabilities might be physical, mental or sensory. Some displaced people have lived their entire life with a disability. Others have become disabled in the fighting that led to their fleeing their homes or as they fled to the relative safety of a refugee camp or urban area.

Displaced people living with disabilities are among the most hidden and neglected of all displaced people, excluded from or unable to access mainstream assistance programs because of attitudinal, physical and social barriers. They are often forgotten when specialized and targeted services are established. Refugees with disabilities are often even more isolated following their displacement than they were in their home communities. Also, their potential to contribute and participate is seldom recognized.

Putting Refugees with Disabilities on the Map

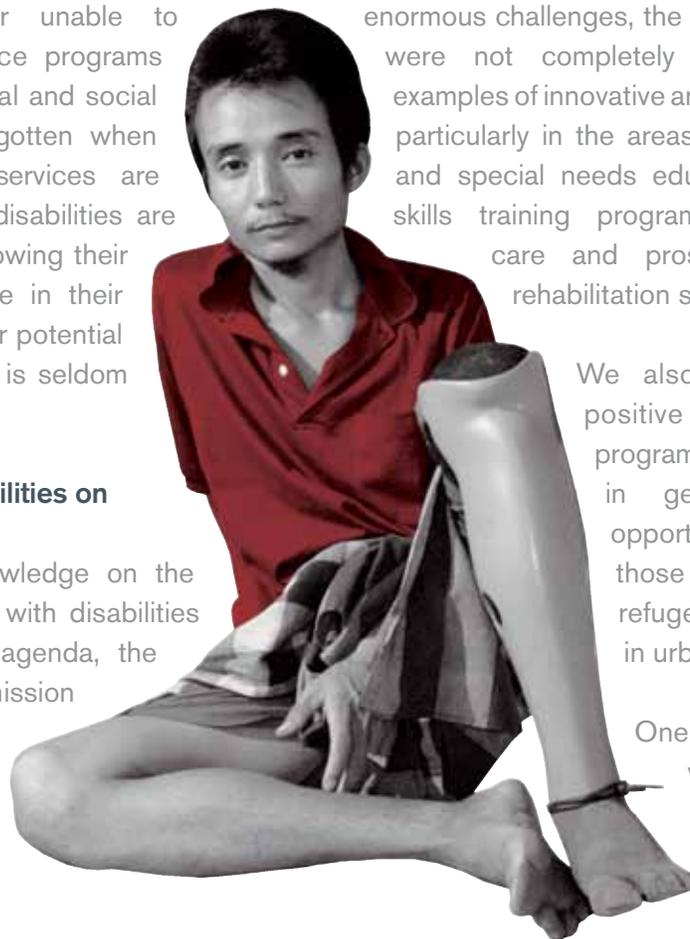
To address the gap in knowledge on the issue and to place refugees with disabilities higher on the international agenda, the Women's Refugee Commission undertook a six-month research project in 2008 to

assess the situation of those living with disabilities among displaced and conflict-affected populations. Using our field research in five countries—Ecuador, Jordan, Nepal, Thailand and Yemen—we sought to document existing services for displaced persons with disabilities, to identify gaps and good practices and to make concrete recommendations on how to improve services, protection and participation for this neglected population.

While displaced persons with disabilities face enormous challenges, the findings of the research were not completely negative. We found examples of innovative and successful programs, particularly in the areas of inclusive education and special needs education, vocational and skills training programs, community health care and prosthetics and physical rehabilitation services.

We also found examples of positive disability awareness programs and found that, in general, services and opportunities were better for those with disabilities living in refugee camps than for those in urban settings.

One of our major findings was that none





of the programs we surveyed collected reliable, accurate data on the number and profile of displaced persons with disabilities. Without accurate data, much-needed services are not put in place. In every country assessed, we identified problems with the physical layout and infrastructure that impeded access to vital services at schools, health centers, bathing facilities and latrines. In one case, for example, a clinic was located at the top of a hill, completely inaccessible to a person in a wheelchair or with limited mobility. Difficulties with physical access affected all aspects of disabled refugees' daily lives, especially those with physical and visual impairments, and increased their levels of isolation. Our field studies also found that refugees with disabilities did not receive additional or special food rations, nor were they prioritized in food distribution systems. Specialized health care, including specialized doctors, therapy, medicines, treatments and psycho-social support and counseling, was also lacking.

People with disabilities reported that they faced



“In all wars and disasters, it is persons with disabilities that are first to die; persons with disabilities that are the first to get disease and infection. They are treated as the bottom of the pile.”

Chris Stubbs, MENCAFEP (Mentally Handicapped Children and Families Education Project), Sri Lanka

huge social, attitudinal and legal barriers in finding employment, not only because of their disability, but also because of their status as refugees and outsiders. They reported significant problems with discrimination, stigmatization, harassment, neglect and exclusion, and an absence of opportunities to participate in community leadership and decision-making.

To reinforce the report's findings and improve protection and services for refugees with disabilities, the Women's Refugee Commission created a resource kit to provide practical guidance for UN and humanitarian agency field staff. Major recommendations include practical advice on how to make refugee camps more accessible to people with disabilities and how to promote and ensure that they have full and equal access to the mainstream services that other refugees receive.

Our Key Recommendations

In our report, *Disabilities among Refugees and Conflict-affected Populations*, we made the following key recommendations:

- Make camp infrastructure and facilities and services accessible.
- Set up standardized data collection systems on the number, age, gender and profile of displaced persons with disabilities in order to design effective services and enhance their protection.
- Conduct community awareness-raising campaigns to promote tolerance, respect and understanding.
- Promote full and equal access to mainstream services such as shelter, water and sanitation, food, health services, education, skills training and employment opportunities.
- Provide targeted services as needed—including physical rehabilitation, assistive devices and special needs education.
- Ensure full access to all “durable solutions,” that is, return to country of origin, local integration and third country resettlement.
- Build alliances with local disability providers to support the integration of displaced persons with disabilities into local disability services.



Next Steps

We will work closely with field practitioners in a variety of countries, including Haiti, to demonstrate and promote implementation of the resource kit to enhance the participation and community inclusion of persons with disabilities. The lessons learned from the country assessments will be documented to demonstrate the change that is possible and used to advocate for adoption of our recommendations in all displacement settings. We will also convene an expert group to develop a strategy to promote change within the humanitarian system globally to enhance the inclusion, protection and effective services for displaced persons with disabilities.

To learn more about our work on refugees with disabilities and to download our report and resource kit, go to: womensrefugeecommission.org/programs/disabilities

“ Too often invisible, too often forgotten and too often overlooked, refugees with disabilities are among the most isolated, socially excluded and marginalized of all displaced populations...Yet, refugees with disabilities possess valuable skills, knowledge and experience, and they wish and deserve to be given the opportunities to use them. ”

António Guterres, United Nations High
Commissioner for Refugees



OUR MISSION: Since 1989, the Women's Refugee Commission has advocated vigorously for laws, policies and programs to improve the lives and protect the rights of refugee and displaced women, children and young people, including those seeking asylum—bringing about lasting, measurable change.

OUR VISION: We envision a world in which refugee, internally displaced, returnee and asylum-seeking women, children and young people are safe, healthy and self-reliant, and participating in the decisions that affect their lives.

HOW WE WORK: Through research and fact-finding field missions, we assess and identify best practices and find solutions on critical issues that include lifesaving reproductive health care, dignified livelihoods for refugees and, in the U.S., fair treatment of women, children and families seeking asylum. On Capitol Hill, at the United Nations and with humanitarian organizations and governments, we push for improvements in refugee policy and practice until measurable, long-term change is realized.

GET INVOLVED: Learn about the ways you can help ensure that our far-reaching, lifesaving advocacy for women, children and young people continues. To sign up for our action alerts and to make a tax-deductible donation, please go to:

womensrefugeecommission.org



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