



Disability Inclusion

Translating Policy into Practice in Humanitarian Action

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.

The WRC's report *Disability Inclusion: Translating Policy into Practice in Humanitarian Action* 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.

Findings

The following findings were identified during the course of this project through 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: Key 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. 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.

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.

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>.

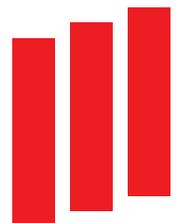
3 World Health Organization and the World Bank, *World Report on Disability* (Geneva: World Health Organization, 2011), p. 59. www.who.int/disabilities/world_report/2011/en/index.html.

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.

A full copy of the report is available at <http://wrc.ms/1jUMKbH>.

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