



EXECUTIVE SUMMARY

Disabilities among Refugees and Conflict-Affected Populations

Around the world, an estimated 3.5 million displaced people live with disabilities in refugee camps and urban slum settlements. The Women's Commission for Refugee Women and Children, with the support of the United Nations High Commissioner for Refugees, undertook a six-month research project to assess the situation of those with disabilities among refugee and conflict-affected populations. Using our field research in five countries, Ecuador, Jordan, Nepal, Thailand and Yemen, the Women's Commission sought to map existing services for displaced persons with disabilities, identify gaps and good practices and make concrete recommendations on how to improve services, protection and participation for displaced persons with disabilities.

Key Findings

- ▶ Refugees with disabilities are among the most hidden, neglected and socially excluded of all displaced people in the world.
- ▶ They are excluded from or unable to access mainstream assistance programs as a result of attitudinal, physical and social barriers and are forgotten in the establishment of specialized and targeted services.
- ▶ Refugees with disabilities are more isolated following their displacement than they were in their home communities and their potential to contribute and participate is seldom recognized.

While displaced persons with disabilities face enormous challenges, the findings of the research were not completely negative. The Women's Commission found examples of innovative and successful programs for refugees with disabilities, 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 – especially for landmine survivors. The Women's Commission also found examples of positive disability awareness programs and found that, in general, services and opportunities were better for those with disabilities in refugee camps than in urban settings.

Collecting reliable, accurate data on the number and profile of displaced persons with disabilities, however, was one of the major weaknesses in all programs surveyed. Without accurate data, 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. 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. The 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 as well as specialized doctors, therapy, medicines, treatments, and psychosocial support and counseling were also found lacking.

Persons with disabilities reported facing 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.

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 enhance their protection and assistance
- ▶ 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 and nutrition, health and mental health services, education, vocational and skills training, income generation and employment opportunities
- ▶ Provide targeted services as needed – specialized health care, physical rehabilitation and prosthetics clinics, assistive devices, nutritionally appropriate food, special needs education, and protection monitoring and reporting mechanisms
- ▶ Ensure full access to all durable solutions (return, 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

For a copy of the full report and the resource kit that accompanies this report, go to

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