

WORKING WITH PERSONS WITH DISABILITIES IN FORCED DISPLACEMENT

NEED TO KNOW GUIDANCE
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Overview¹

In situations of forced displacement, persons with disabilities have the same rights and basic needs as others and face the same challenges as other individuals. They also face particular protection risks such as heightened risk of violence, exploitation and abuse, as well as high levels of stigma. Further, persons with disabilities face numerous barriers to accessing humanitarian assistance, education, livelihoods, health care and other services; may be denied certain legal rights, such as the right to a nationality², and are often excluded from decision-making processes and leadership opportunities.

UNHCR's Age, Gender and Diversity (AGD) Policy holds that all persons of concern, including those with disabilities, shall enjoy their rights on an equal footing with others, and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities.³ Furthermore, as highlighted in UNHCR Executive Committee Conclusion No. 110 (LXI)-2010, UNHCR is committed to protecting and assisting persons of concern with disabilities against all forms of discrimination⁴.

Persons with disabilities are not a homogenous group, they face multiple and compounding forms of discrimination including on the basis of disability and other intersecting diversity factors that may lead to situations of exclusion. For example, persons with disabilities from national, religious, ethnic and linguistic minorities; women; older persons; children; and lesbian, gay, bisexual, transgender and intersex persons with disabilities may experience particular protection risks and inequality. For this reason it is essential to apply an age, gender and diversity approach, if UNHCR is to achieve its commitment that protection, assistance and solutions are accessible to and include the full diversity of persons with disabilities.

¹ This note has been updated from its 2011 release and provides UNHCR and partners with specific guidance on meeting the protection needs of a diversity of persons with disabilities. While the document refers mainly to refugees, it applies to all of UNHCR's persons of concern, including refugees, asylum seekers, internally displaced persons, returnees, and stateless persons.

² For example, persons with disabilities may be less likely to be registered at birth, thus placing them at risk of being denied a nationality

³ UNHCR Age, Gender and Diversity Policy (2018), at: <http://www.unhcr.org/5aa13c0c7.pdf>

⁴ UNHCR Executive Committee Conclusion on Refugees with Disabilities and other Persons with Disabilities Protected and Assisted by UNHCR (2010), at: <https://bit.ly/2R0ZksN>

Who are persons with disabilities?

A note on terminology

In English, the term ‘persons with disabilities’ is generally considered respectful and is used in the Convention on the Rights of Persons with Disabilities (CRPD). However, what is considered to be respectful terminology varies across countries, regions and individuals. Avoid disrespectful terminology, which can influence attitudes in the broader community, by consulting with persons with disabilities on what is considered to be respectful terminology in their particular cultural context.⁵

UNHCR adopts the approach to disability enshrined in the UN CRPD. Accordingly, UNHCR understands persons with disabilities to include those who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, hinder their participation in society on an equal basis with others⁶. This highlights that persons with disabilities are persons first – women, men, girls and boys – and that disability does not reside in an individual, but is contextual, and is the result of interaction between societal and individual factors.

The World Health Organization estimates that about 15% of the world’s population has a disability⁷. In situations of forced displacement, the incidence of disability is expected to be even higher owing to an increased number of persons with injuries, lack of access to quality medical services and the creation of new barriers in the environment⁸. This suggests that several million persons who have disabilities are among UNHCR’s persons of concern⁹. However, currently persons with disabilities are significantly under-identified in forced displacement contexts.

⁵ For more guidance on terminology, see Age and Disability Consortium Humanitarian Inclusion Standards for older people and people with disabilities (2017), at: <https://bit.ly/2edL6oQ> Textbox 5 at page 57

⁶ UN Convention on the Rights of Persons with Disabilities (2006), at: <https://bit.ly/1PxgebQ>

⁷ WHO/ World Bank, World Report on Disability (2011), at: http://www.who.int/disabilities/world_report/2011/report.pdf

⁸ Handicap International (2015) ‘Disability in Humanitarian Context’, at: <https://bit.ly/2AV1mWg>

⁹ In 2017, it was estimated that almost 10.3 million persons with disabilities were forcibly displaced, based on the global estimate of 15% of the population having a disability

Who are persons with albinism?

Albinism is a relatively rare, non-contagious, genetically inherited condition that is characterized by little or no pigmentation in any or all of the hair, skin, and eyes. Persons with albinism often face similar types of stigma and discrimination as persons with disabilities, and the majority of persons with albinism have visual impairments and are very sensitive to bright light. It is on these bases that the CRPD applies to persons with albinism. In addition, persons with albinism, owing to their skin colour often face social exclusion and general discrimination similar to that experienced by racial minorities.¹⁰

Who are persons with psychosocial disabilities¹¹?

Persons with psychosocial disabilities include those who have what is known in medical terms as 'mental health conditions', and who face significant barriers to participating in society on an equal basis with others. Persons with psychosocial disabilities may experience different thoughts, emotions and behaviour compared with other people. Rights- based language refers to psychosocial disability, in recognition of the impact of physical and social barriers, including discrimination, on equal access to opportunities for participation.

Who are persons with intellectual disabilities?

Persons with intellectual disabilities include those who have more difficulty than others of the same age with a range of issues, including conceptual, social and practical skills, including learning, reasoning and problem solving. Persons with intellectual disabilities face significant stigma and discrimination and are often denied equal opportunities for education, work and family life.

¹⁰ UN General Assembly (2016) 'Report of the Independent Expert on the Enjoyment of Human Rights by Persons with Albinism. A/ HRC/31/63

¹¹ For more guidance on intellectual and psychosocial disability, see UNHCR (forthcoming) 'Disability and Mental Health: Unifying Terminology' briefing note

Who are persons with sensory disabilities?

Persons with sensory disabilities include those who have a sensory impairment (e.g. related to sight, hearing, smell, touch, or taste), and who face significant barriers to participating in society on an equal basis with others. Persons with sensory disabilities can include, but are not limited to, those who are blind, deaf or deaf- blind. A sensory disability can have a significant effect on access to information and communication, which in turns restricts opportunities for participation.

Who are persons with physical disabilities?

Persons with physical disabilities include those who have a physical impairment and who face barriers to participating in society on an equal basis with others. Physical impairments can relate to a range of difficulties, including difficulty moving, lifting or picking up objects, and/ or experiencing pain or fatigue. An accessible environment can have a significant impact on the opportunity that people with physical disabilities have to participate actively in society.

Key guiding principles

Rights-based approach

Work with persons with disabilities is guided by a human rights based approach, which supports persons with disabilities, as active rights holders, to claim their rights. UNHCR's work with persons with disabilities is guided by the CRPD, including the principles of:

- Respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons;
- Non- discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

Inclusion

The concept of inclusion recognizes that some individuals face barriers to enjoying their rights on an equal footing due to discrimination on the basis of age, gender, or other diversity factors, such as disability, religion, ethnicity and/ or status as refugees, asylum seekers, IDPs, returnees or stateless persons.

Inclusion is a broad concept that refers to the removal of barriers to enjoyment of rights so that all persons have equality of opportunity with regards to access to services and participation in society. Barriers can be related to policy and law, the physical environment, communication, and social and cultural beliefs. Barriers can manifest in legal frameworks and norms; institutional policies, standard operating procedures and budgets; and in attitudes and behaviour.

For persons with disabilities, inclusion means that persons with disabilities have opportunities to participate in all activities on an equal basis with persons who do not have disabilities. This means that it is service providers' responsibility to design services to be usable by all people, to the greatest extent possible, and, where persons with disabilities are not accessing or participating in activities addressed to the whole population, make changes to programming to create the same opportunity for persons with disabilities to participate in and benefit from these activities.

Participation

Participation is a key principle of the CRPD, and is understood in UNHCR's AGD Policy as working in partnership with persons of concern, putting people at the center of decision-making, as well as supporting their capacities and efforts as agents of change in their families and communities.

In line with UNHCR's community-based protection approach¹², persons with disabilities should have equal opportunities to participate in policy and programme formulation, implementation and monitoring processes.

UNHCR should ensure that persons with disabilities are able to apply their skills and capacities to benefit themselves, their families and their communities, including representing their communities in leadership positions.

¹² UNHCR Understanding Community Based Protection (2013), at: <http://www.refworld.org/pdfid/5209f0b64.pdf>

Non-discrimination

Non-discrimination is essentially about equality, ensuring that all persons, including those with disabilities, are able to enjoy their rights on an equal basis. In practice, non-discrimination involves ensuring that all programmes and activities are accessible, by identifying and removing attitudinal, environmental and communication barriers, and by providing what is termed 'reasonable accommodation' when a person with a disability requires access to a non-accessible situation (see below).

Reasonable accommodation means carrying out, whenever necessary, appropriate modifications and adjustments, which do not impose a disproportionate or undue burden, so that persons with disabilities can enjoy their human rights and fundamental freedoms on an equal basis with others¹³.

Reasonable accommodation must be provided when a person with a disability requires access to non-accessible situations or environments. There are many accommodations that can and should be made to UNHCR and partner programming that are within our means and capacity¹⁴.

Under the CRPD, denial of reasonable accommodation is a form of discrimination¹⁵.

Discrimination against persons with disabilities during displacement may be inadvertent or purposeful, and can vary according to context. UNHCR and partners must ensure that programmes and actions do not constitute, or contribute to, discrimination.

¹³ UN Convention on the Rights of Persons with Disabilities (2006), article 2 at: <https://bit.ly/1PxgebQ>

¹⁴ For example, allowing more time for a RSD or resettlement interview for someone with an intellectual or psychosocial disability; transporting food assistance to the shelters of people who have difficulty reaching distribution points; or providing cash to pay for transportation to attend health centres for people who have difficulty reaching health centres

¹⁵ OHCHR (2007) 'Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities', at: <https://bit.ly/2jhl6u>

EXAMPLE APPROACHES

- ➔ Raise awareness of the rights of persons with disabilities, among staff, partners and communities.
- ➔ Provide training to staff and partners on practical approaches to addressing access and participation barriers.
- ➔ Design all services, activities, systems and processes to be accessible to all persons, including persons with disabilities.
- ➔ Ensure inclusive programming. For example, when budgeting, issues to take into consideration include accessibility, reasonable accommodation, and training for staff and partners. Building an inclusive response from the outset is much more cost-effective than adapting or redesigning for inclusion at a later stage. Generally, it is recommended that for physical accessibility (e.g. in the construction of buildings and WASH facilities), an additional 0.5- 1% should be budgeted. To also include specialized non-food items (NFIs) and mobility equipment, an additional 3-7% is recommended.¹⁶
- ➔ Adapt and modify participatory processes to facilitate inclusion of persons with disabilities, including people with diverse communication needs and people who may be less mobile or more isolated.
- ➔ Ensure persons with disabilities are represented in community leadership structures and other community based protection mechanisms, with specific attention to more marginalized groups, such as persons with intellectual and psychosocial disabilities.
- ➔ Disaggregate all data by disability status in order to make it possible to monitor access and inclusion.
- ➔ Maintain feedback mechanisms which are accessible and capable of monitoring and responding to concerns of persons with disabilities. This may require adapting existing mechanisms.
- ➔ Advocate for attention to the rights of persons with disabilities in interagency forums and coordination mechanisms.
- ➔ Advocate for the inclusion of refugees with disabilities in national policies and programmes.

¹⁶ See Light for the World, “Resource Book on Disability Inclusion” (2017), p.36 <https://bit.ly/2Kcs9Ee> and Age and Disability Consortium Humanitarian Inclusion Standards for older people and people with disabilities (2017) p.35 <https://bit.ly/2R9I095>

Cross-cutting actions

The twin-track approach should be adopted for all areas of programming:

- ➔ Design all responses to be inclusive of and accessible to persons with disabilities.
- ➔ Include targeted actions (such as strengthening the capacities of persons with disabilities and providing reasonable accommodation) to enable persons with disabilities to participate on an equal basis.

Change attitudes about disability and promote respect for diversity

Attitudes and beliefs of service providers, family members of persons with disabilities, and members of the broader community are central to the inclusion or exclusion of persons with disabilities. Negative attitudes and beliefs about disability are often the most significant barriers to achieving rights and accessing services; they exacerbate social isolation; and can lead to violence against and abuse of persons with disabilities. Highlighting the capacities and positive contributions and aspirations of persons with disabilities can help to challenge negative stereotypes.

The impact of attitudes and beliefs on the protection of persons with albinism

Due to the misbeliefs and myths surrounding albinism in some contexts, persons with albinism are frequently isolated and face significant protection risks, including violence. Persons with albinism are often at risk of abandonment, discrimination, and exclusion. Furthermore, mothers of children with albinism as well as other family members are often stigmatized and ostracized.¹⁷

¹⁷ See, for example: UN General Assembly (2016) 'Report of the Independent Expert on the Enjoyment of Human Rights by Persons with Albinism. A/HRC/31/63

Stigma against persons with intellectual and psychosocial disabilities

Persons with intellectual and psychosocial disabilities often face particularly high levels of stigma, resulting in heightened risk of exploitation and abuse, due to isolation, lack of access to services and community perceptions.¹⁸ In many contexts, children with intellectual and psychosocial disabilities are excluded from education, and may be hidden from view or restrained inside their homes or institutionalized. Adults with intellectual and psychosocial disabilities are rarely included in livelihood activities and often excluded from community leadership roles.

When designing actions to change attitudes and promote respect for diversity, it is important to consider all persons with disabilities, including those with intellectual and psychosocial disabilities and persons with albinism.

EXAMPLE APPROACHES

- ➔ Awareness raising campaigns should emphasize the rights and capacities of persons with disabilities, and not reinforce medical model or charity model approaches¹⁹. Capitalize on opportunities to challenge myths and prejudices about persons with disabilities. December 3, which is International Day of Persons with Disabilities; and June 13, which is International Albinism Awareness Day, could be a platform for this purpose. Persons with disabilities should have equal opportunities to lead and participate in awareness raising activities.
- ➔ Images of persons with disabilities should be included in all general community information materials and depicted as actively involved in activities and not as victims or passive recipients of assistance, to reinforce recognition of disability as one aspect of diversity.²⁰

¹⁸ See, for example, UN (2016) 'Promoting the Rights of Persons with Mental and Intellectual Disabilities' paper presented to the Conference of States Parties to the Convention on the Rights of Persons with Disabilities ninth session, New York, June 2016. Accessed at: <https://bit.ly/2Wa7RNO>

¹⁹ Medical model approaches emphasize an individual's impairment, rather than the interaction between an individual's impairment and an unaccommodating environment. Charity model approaches view persons with disabilities as being vulnerable and in need of care, rather than as rights holders capable of claiming those rights. For more information, see module 1 of the OHCHR training package on the Convention on the Rights of Persons with Disabilities, available at: <https://bit.ly/2B7wkKX>

²⁰ See, for example, the Amani Campaign, in Jordan, at: [file:///C:/Users/lange/Downloads/AmaniImplementationguideEnglish\(online\).pdf](file:///C:/Users/lange/Downloads/AmaniImplementationguideEnglish(online).pdf)

- ➔ Involve persons with disabilities and community leaders in awareness raising activities to promote positive messages about disability. For example, support persons with disabilities to organize activities on International Day of Persons with Disabilities (3 December), and also on the World Refugee Day (20 June), Universal Children’s Day (20 November) or International Women’s Day (8 March).
- ➔ Promote opportunities for active participation by persons with disabilities, such as engaging them as refugee outreach volunteers, community mobilizers and community leaders.

Improve identification and data collection

Persons with disabilities are often not identified in registration and other data collection and needs assessment processes. Those who have been displaced many times, who live in dispersed or urban settings, who are isolated in their homes, or with less visible impairments (such as those with hearing, visual, intellectual and psychosocial disabilities) are especially likely to be overlooked. Children with disabilities may be at particular risk of not being registered at birth, which exposes them to further protection risks, such as statelessness.

Simply asking whether someone has a disability, with a yes/ no response option, or identifying persons with disabilities based on visual cues, is not sufficient. Further, identification processes that follow a medical approach, whereby individuals are ‘diagnosed’ and categorized according to their impairment, does not give information on lived experience and support needs. It is important therefore that data collection processes be strengthened in order to produce meaningful and comparable data for planning, implementation and monitoring purposes (see example activities below).

In all data collection processes it is essential that data protection principles, including confidentiality, are upheld. All individuals, including persons with disabilities, have a right to confidentiality and to make informed decisions regarding the sharing of their personal data. Some persons with disabilities may face additional barriers to providing informed consent if communication methods are not accessible.²¹

²¹ See UNHCR Policy on the Protection of Personal Data of Persons of Concern to UNHCR (2015), available at <https://www.refworld.org/pdfid/55643c1d4.pdf>

EXAMPLE APPROACHES

- ➔ Outreach and community-based mechanisms may be needed to identify more isolated persons with disabilities.
- ➔ Use the Washington Group Short Set of Questions on Disability (see textbox below)²² to identify persons with disabilities.
- ➔ Ensure that UNHCR and partner staff receive training and guidance on identification of persons with disabilities.²³
- ➔ Regularly update proGres as persons with disabilities are identified through ongoing programming
- ➔ In alignment with the the AGD Policy Core Action 1²⁴, disaggregate programme data by disability (using the Washington Group Short Set of Questions on Disability) to monitor access by persons with disabilities.
- ➔ As needed, adapt informed consent procedures for data sharing. For example, provide information about rights to confidentiality and about data sharing procedures in accessible formats; adapt communication methods to the needs and preferences of the individual; and allow individuals to identify a trusted person to support their decision-making.²⁵

²² See Washington Group Short Set of Questions on Disability, which can be accessed at <https://bit.ly/1OupNgk>. In certain circumstances, it may be more relevant to use the UNICEF/ Washington Group Module on Child Functioning, designed for children aged 2-17 years. See: <https://bit.ly/2hDVZOR>

²³ See useful resources at Humanity and Inclusion- Disability Statistics in Humanitarian Action, at: <https://bit.ly/2KJsw63>

²⁴ At a minimum, all data collected by UNHCR will be disaggregated by age and sex and other diversity considerations, as contextually appropriate and possible, for purposes of analysis and programming

²⁵ For more guidance, see IRC and WRC's GBV and Disability Toolkit Tool 9 on informed consent process with adult survivors with disabilities. Available at: <https://bit.ly/2BSQ7z8>

Washington Group ShortSet of Questions on Disability

Because of a health problem:

- Do you have difficulty seeing, even if wearing glasses?
- Do you have difficulty hearing, even if using a hearing aid?
- Do you have difficulty walking or climbing steps?
- Do you have difficulty remembering or concentrating?
- Do you have difficulty (with self- care such as) washing all over or dressing?
- Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

For each of the above questions, the following responses are possible:

- No- no difficulty
- Yes – some difficulty
- Yes – a lot of difficulty
- Cannot do at all

Make all facilities physically accessible

Barriers in the physical environment severely limit the independence of persons with disabilities and hinder the development of inclusive communities. For example, inaccessible shelters can restrict persons with disabilities to their homes; inaccessible schools limit access by children with disabilities to education; and inaccessible community facilities prevent persons with disabilities from accessing and participating in cultural events, further isolating already marginalized individuals. Further, accessibility has direct protective outcomes for all. For example, accessible buildings are safer for all, by decreasing the potential for accidents and facilitating evacuation in case of an emergency.

Universal design

“Universal design means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design”²⁶. The principle of universal design implies that separate spaces and facilities should be avoided, and instead all spaces and facilities should be built in a way that meets the needs of all people, including people with disabilities.

EXAMPLE APPROACHES

- ➔ Ensure that camp infrastructure is constructed or modified in accordance with recognized accessibility guidelines.²⁷ All new construction should apply principles of universal design (see above).
- ➔ Involve persons with different types of impairments in identifying barriers to accessing infrastructure and facilities; and, in the design and construction of infrastructure.
- ➔ Provide options for persons with disabilities to be located in proximity to services and accessible facilities, and close to support networks.
- ➔ Provide transport assistance to persons who have difficulty moving around, including persons with disabilities.
- ➔ Ensure shelter design does not isolate individuals or contribute to stigma and exclusion. E.g. avoid constructing ‘persons with specific needs (PSN) villages’ in camp settings.

²⁶ UN Convention on the Rights of Persons with Disabilities (article 2), at: <https://bit.ly/1PxgebQ>

²⁷ See, for example IFRC/HI/CBM (2015) ‘All Under One Roof: Disability-inclusive shelter and settlements in emergencies’, at <https://bit.ly/2Bt4FCZ>

Ensure accountability mechanisms are inclusive

Information and feedback mechanisms may not be accessible to persons with disabilities and others if available in only one format (e.g. written or verbal). Mechanisms for communication, including information and feedback and complaints mechanisms, should be available in multiple and accessible formats²⁸ to ensure that persons with disabilities can access and meaningfully participate in programming, make informed decisions, and provide feedback and complain in a safe manner. Furthermore, accessible communication mechanisms not only benefit persons with disabilities, but also other members of the community such as minority linguistic groups, children, or those with low literacy.

EXAMPLE APPROACHES

- ➔ Consult with persons with disabilities on their communication needs and preferences.
- ➔ Prepare all key messages in multiple formats, including written, verbal and 'easy to read.'²⁹
- ➔ Ensure that information is disseminated and feedback and complaints mechanisms are available through a variety of channels and in a number of accessible locations.
- ➔ Plan for the provision of reasonable accommodation for persons with disabilities who face barriers to communication (e.g. budget for provision of sign language interpreters).
- ➔ Provide training to staff and partners on practical approaches to make communication accessible.

²⁸ See IFRC/HI/CBM (2015) 'All Under One Roof: Disability-inclusive shelter and settlements in emergencies', at <https://bit.ly/2Bt4FCZ>; and CBM (2017) 'Humanitarian Hands-on Tool information card', at: <https://hhot.cbm.org/task-card/information>

²⁹ For an example of easy to read information, see: Human Rights Watch (2016) 'A report about what happens to people with disabilities when there are wars and other big problems in the world', at: <https://bit.ly/2RYQQXE>

Prevent and respond to violence and abuse

Persons with disabilities experience violence at much higher rates than persons without disabilities and may experience targeted violence and abuse on the basis of disability.³⁰ Targeted violence against persons with disabilities may include physical violence³¹, denial of food and medicine, harassment, emotional abuse and profound neglect, often times perpetrated by persons known to them³². Persons with disabilities living in institutions, including children and people with psychosocial disabilities, face heightened risk of severe violations³³, such as neglect, verbal, sexual and physical abuse, involuntary medication and restraint³⁴.

People with disabilities may be dependent on caregivers who are perpetrators of violence, thus presenting significant barriers to reporting. Further, legal barriers may prevent access to redress. For example, information about legal rights and procedures may not be accessible, or justice and security personnel may have a biased perception of persons' with disabilities capacity to report on what happened. Persons with disabilities may also be assumed to lack legal capacity, whereby they are denied rights to housing, land and property, thus further increasing risk of violence, exploitation and abuse.

Children with disabilities are almost four times more likely to become victims of violence than are children without disabilities. More than one in four have been subjected to some form of violence, and one in five is a victim of physical violence.³⁵

³⁰ See, for example: WHO (2012) 'Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies', at: http://www.who.int/disabilities/world_report/2011/report.pdf

³¹ See UN Secretary General report on violence against children. Thematic group on violence against disabled children. Convened by UNICEF at the United nations, New York (2005) p. 6. <https://uni.cf/2tGdANq>

³² See UN Secretary General report on violence against children. Thematic group on violence against disabled children. Convened by UNICEF at the United nations, New York (2005) - <https://uni.cf/2tGdANq>

³³ WHO (2015) Promoting Rights and Community Living for Children with Psychosocial Disabilities

³⁴ E.g. Human Rights Watch (2018) 'They Stay There Until They Die' <https://bit.ly/2J8bfoC>; Human Rights watch (2015) 'Chained Like Prisoners' <https://bit.ly/1PxlU1B>

³⁵ Jones, L., Bellis, M., Wood, S., Hughes, K. McCoy, E., Eckley, L., & Bates, G. (2013). The State of the World's Children 2013, Children with Disabilities. Essays. *Focus: Violence against Children with Disabilities*. Retrieved from https://www.unicef.org/sowc2013/focus_violence.html

Certain beliefs attribute supernatural characteristics to persons with albinism, and magical properties to their body parts when used in witchcraft rituals. Such superstitions have incited severe violence against persons with albinism in some countries, including killings.³⁶

SEXUAL AND GENDER BASED VIOLENCE

Men, women, boys and girls with disabilities are also at heightened risk of sexual and gender based violence (SGBV) due to misconceptions and beliefs about disability, social isolation and loss of protective community networks³⁷. Further, girls and young women with disabilities are more likely to experience violence than either their male peers with disabilities or girls and young women without disabilities³⁸. For example, women with disabilities experience disproportionately high rates of intimate partner violence. The prevalence of sexual abuse has been found to be higher for persons with disabilities, especially for persons with intellectual disabilities living in institutions and adolescents³⁹. In some contexts, women and girls with albinism are at heightened risk of SGBV⁴⁰.

Despite being at heightened risk, persons with disabilities are often overlooked in SGBV prevention and response programmes. Inaccessible information; reporting and communication barriers; and lack of awareness by service providers and family members may serve to exclude persons with disabilities from SGBV prevention and response activities⁴¹.

³⁶ UN General Assembly (2016) 'Report of the Independent Expert on the Enjoyment of Human Rights by Persons with Albinism. A/HRC/31/63

³⁷ WRC & International Rescue Committee (2013) 'I See That it is Possible: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings' at: <https://bit.ly/2UawdFw>

³⁸ For example, in one study in Australia, 62 per cent of women with disabilities under the age of 50 had experienced violence since the age of 15, and women with disabilities had experienced sexual violence at three times the rate of those without disabilities. Dowse, L. et al. (2016). Mind the Gap: the extent of violence against women with disabilities in Australia, *Australian Journal of Social Issues* 51(3), 341-359 (2016).

³⁹ The World Health Organization & the World Bank (2011) World Report on Disability. <https://bit.ly/1yzlVO1>

⁴⁰ In some countries, there is a belief that having sex with a person with albinism can bring wealth or cure HIV/AIDS, thus increasing the risk of rape, assault, and abduction particularly for women and girls with albinism. See, for example Under the Same Sun (2016) 'Reported Attacks of Persons with Albinism', at: <https://bit.ly/2RIZf1S>

⁴¹ See, for example WRC (2015) 'The Intersection of Sexual and Reproductive Health and Disability: Research from Kenya, Uganda and Nepal', at: <https://bit.ly/2S4hWFO>

EXAMPLE APPROACHES

- ➔ Establish appropriate mechanisms to identify and monitor disability-related violence and abuse. For example, disaggregate data collected in monitoring systems by disability and collect qualitative evidence on violations against the rights of persons with disabilities.
- ➔ Develop culturally- appropriate actions to prevent and respond to targeted violence against persons with disabilities, including through community- based approaches. For example, provide awareness raising and training to teachers; and disseminate messages to the wider community on zero tolerance of violence and abuse, including as part of broader awareness campaigns on protection of rights.
- ➔ Establish mechanisms for protection of persons at heightened risk, such as children with disabilities attending special schools/ institutions away from their families, persons with albinism, and persons with severe or multiple disabilities who are dependent on others for daily activities and/or communication.
- ➔ Consult with men, women, girls and boys with disabilities to identify barriers to SGBV prevention and response programmes; and develop strategies to improve access.
- ➔ Raise awareness and provide training to SGBV prevention and response actors (including community- based actors) on the risk of SGBV for persons with disabilities and strategies for improving access to SGBV prevention and response mechanisms, including case management.⁴²
- ➔ Provide practical resources to improve physical security of persons with disabilities, including as part of safety plans. For example, secure shelter, mobile telephones and a means to charge them.⁴³

⁴² For a useful training tool, see WRC (2016) 'I See That It Is Possible: Gender-based Violence Disability Toolkit', at: <https://bit.ly/2OTnULS>

⁴³ CBM (2017) 'Security Guideline for People with Albinism', at: <https://bit.ly/2MnHL5u>

Build links with organizations of persons with disabilities & other national and local actors

Organizations of persons with disabilities, otherwise known as Disabled Persons Organizations (DPOs) are made up of and majority led by persons with disabilities themselves. DPOs work to promote the rights of persons with disabilities. DPOs can be important partners for UNHCR, and a source of peer support for refugees with disabilities. They can advocate for the rights of and support access to services by refugees with disabilities at the national and local levels, and build the capacity of UNHCR and partners to improve accessibility of programmes and activities.

Disability-specific service providers directly deliver services that are for, or inclusive of, persons with disabilities. These services might include health-related rehabilitation, assistive technology and special education. They may be government-run organisations, international NGOs, local NGOs or community-based organisations. While these organizations may provide valuable services that address some of the needs of a person with a disability, it is important to recognize that like all individuals, persons with disabilities have a range of needs and have the right to participate in the same programmes and activities as others in their community. Persons with disabilities should not be restricted only to separate or special programmes and activities.

Government departments play a critical role in ensuring that policies and programmes that promote the rights of persons with disabilities are in place. In different countries, there are different structures, including committees or focal points to promote the rights of persons with disabilities.

EXAMPLE APPROACHES

- ➔ Identify and reach out to DPOs at the national and local level.⁴⁴
- ➔ Raise awareness among DPOs about the specific concerns of refugees, build their capacity to engage in refugee response, and create links between host and refugee communities.
- ➔ Identify and engage with the government structures responsible for promoting the rights of persons with disabilities, to discuss inclusion of refugees.
- ➔ Liaise with government departments and DPOs to map services available to persons with disabilities at a national level.
- ➔ Participate in national and local forums of disability actors.
- ➔ Identify service providers who may be able to contribute to building the capacity of all partners to include persons with disabilities in their programmes.
- ➔ Establish referral networks with specialized service providers, based on an understanding of their particular role and expertise.

⁴⁴ A useful starting point can be the International Disability Alliance, at <http://www.internationaldisabilityalliance.org/>

Promote attainment of comprehensive solutions

All persons with disabilities, including those with intellectual or psychosocial disabilities, have the right to make their own decisions regarding achievement of solutions, based on an understanding of their options. However, persons with disabilities may not have access to information about solutions options and risks. Further, persons with disabilities often have limited access to the resources they need to reach solutions.

Some persons with disabilities rely on support persons (who are often family members), including for mobility and personal and communication assistance. For this reason, decisions on solutions should take into account this support. Persons with disabilities' choices of solutions and how to reach them, however should not depend on the situation of their support persons/ family members, but be guided by the individual's own will and preferences.

EXAMPLE APPROACHES

- ➔ From the start of displacement, provide information about solutions options in accessible formats (see 'ensure accountability mechanisms are inclusive' at page 18).
- ➔ Put in place additional measures to support decision-making by persons with disabilities. Persons with disabilities should be informed of their right to request reasonable accommodation and such measures should be identified by the person themselves.⁴⁵
- ➔ Outreach may be needed to identify persons with disabilities at heightened risk, for prioritization in resettlement or other durable solutions processes.
- ➔ Identify any specific assistance required by persons with disabilities on repatriation.
- ➔ Connect persons with disabilities with DPOs and other disability actors in the host community, country of origin or third country.

⁴⁵ For an overview of supported decision-making, see <http://inclusion-international.org/support-decision-making/>

Checklist

- ➔ Have men, women, girls and boys with disabilities been consulted (through safe and accessible participatory methodologies) to identify priority protection concerns and barriers to accessing services and assistance?
- ➔ Are all activities and services adapted to address physical, communication and social barriers to inclusion of people with different types of disabilities?
- ➔ Are resources allocated to provide additional support and adjustments for enabling persons with disabilities to access programming on an equal basis with others?
- ➔ Are persons with disabilities actively participating in community- based protection mechanisms (e.g. as outreach volunteers and on leadership committees)?
- ➔ Are information, feedback and complaints mechanisms available in multiple and accessible formats?
- ➔ Is data collected on persons with disabilities using the Washington Group short set of disability questions?
- ➔ Have efforts been made to identify more isolated persons with disabilities?
- ➔ Have staff and partners received training on the rights of persons with disabilities and on how to adapt programming to promote access and participation?
- ➔ Do community awareness and sensitization activities emphasize the rights and capacities of persons with disabilities?
- ➔ Are mechanisms in place to identify, respond to and monitor violence and abuse of persons with disabilities?
- ➔ Are individuals at heightened risk (such as children and youth living in institutions) referred for relevant assessment and case management procedures?
- ➔ Are the rights of persons with disabilities routinely discussed at internal and interagency coordination forums?

- ➔ Have local and national disability actors been identified and engaged, including organizations of persons with disabilities, government focal points, inclusive education institutions, and health-related rehabilitation service providers?
- ➔ Do men and women with disabilities have equal opportunities to participate in social, cultural and leisure activities together with other members of the community? Do children and youth with and without disabilities have opportunities to build peer networks?

Key resources and links

- UN Convention on the Rights of Persons with Disabilities, at: <https://bit.ly/1PxgebQ>
- UNHCR Age, Gender and Diversity Policy (2018), at: <http://www.unhcr.org/5aa13c0c7.pdf>
- UNHCR Executive Committee Conclusion on Refugees with Disabilities and other Persons with Disabilities Protected and Assisted by UNHCR (2010), at: <https://bit.ly/2R0ZksN>
- UNICEF Guidance on Including Children with Disabilities in Humanitarian Action (2017), at: <http://training.unicef.org/disability/emergencies/index.html>
- Charter on Inclusion of Persons with Disabilities in Humanitarian Response (2016), at: <http://humanitariandisabilitycharter.org/>
- Age and Disability Consortium Humanitarian Inclusion Standards for older people and people with disabilities (2017), at: <https://bit.ly/2edL6oQ>
- Interagency Standing Committee Task Team on Inclusion of Persons with Disabilities in Humanitarian Action (including upcoming guidelines), at: <https://bit.ly/2sDcwZW>
- WHO/ World Bank, World Report on Disability (2011), at: <https://bit.ly/1cprnKn>



NEED TO KNOW GUIDANCE 1

