

Disability Inclusion Among Refugees in the Middle East and North Africa

A Needs Assessment of Libya, Egypt, Yemen, Jordan, and Turkey



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This report is dedicated to Sam Al-Gauli, author of the Yemen research report, who was killed shortly afterward in Sana'a, Yemen on September 18, 2016. We are honored to have met and worked with him.

Cover Page Photo Credits: European Commission DG Echo, [“Young and old, Syrian women adjust to new conditions.”](#) Online Photo. Flickr. 9 Jun 2013 (Top left); Anthony Gale, [“20210227-DSC_0971.”](#) Online Photo. Flickr. 27 Feb Year Unknown (Bottom).

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
GLOSSARY	2
INTRODUCTION	3
METHODOLOGY	5
KEY FINDINGS AND RECOMMENDATIONS	6
Protection and Psychological Well-Being	6
Evacuation and Separation/Reunification with Family	7
Registration with UNCHR and Identification by Service Providers	8
Access to Shelter	9
Food and Non-Essential Food Items	10
Water, Sanitation, and Hygiene (WASH)	10
Health and Rehabilitation Services	11
Disability Equipment, Supplies, and Medications	11
Income and Cash Support	13
Transportation	13
Education	14
Sports, Recreation, and Entertainment	15
CONCLUSIONS	15
APPENDIX I: SITUATION ANALYSES	18
Egypt	18
Jordan	19
Libya	20
Turkey	21
Yemen	22
APPENDIX II: DISABLED PERSONS ORGANIZATION (DPO) RESEARCH TEAMS	23
APPENDIX III: DATA COLLECTION TOOLS	24
Data Collection Methods by Country	25
Disability Needs Assessment Household Survey	27
Disability Needs Assessment Focus Group Questions	29
Disability Needs Assessment Key Source/Informant Interview Questions	30

EXECUTIVE SUMMARY

The current refugee crisis in the Middle East presents incredible challenges for the humanitarian aid community. This is especially true when it comes to meeting the complex needs of refugees with disabilities, whose numbers have grown dramatically due to years of active conflict in Syria, Yemen, Libya, Iraq, and Sudan. Despite the scale of the crisis and the scarcity of resources to fund ongoing humanitarian aid, more must be done to promote the inclusion of people with disabilities (PWDs) within existing relief efforts and to use existing resources to better serve the needs of PWDs. *Doing more* in this regard does not necessarily have to mean *spending more*. There are low-cost ways to improve the lives of displaced PWDs through inclusion:

Throughout the region, disability NGOs, or disabled persons' organizations (DPOs) advocate for the rights and inclusion of people with disabilities at the local, national, and international levels. Many DPOs also provide community-based support services for PWDs. By collaborating with DPOs in the design, implementation, and improvement of humanitarian assistance programs, service providers can be better equipped to identify PWDs, assess their needs, and deliver quality disability-specific services.

International aid agencies like UNHCR collect and curate significant data on refugees to distribute aid as efficiently and fairly as possible; however, this data is far from comprehensive, especially as it relates to disability. The existing body of data can be improved through the inclusion of local organizations (such as DPOs) in field follow-up and data collection processes. For example, a grassroots organization with disabled staff members might have a unique capacity to gather reliable data on disability through strong ties to the community. By sharing existing information with local organizations like DPOs, then absorbing their feedback, aid agencies can reach more vulnerable, underserved people in more places.

Isolation is one of the most significant challenges facing displaced PWDs. Many PWDs have been separated from family members or caregivers and are confined to inaccessible shelters with little support or contact with the rest of society. Not only do these isolated conditions lead to psychological distress, they also prevent humanitarian actors from accessing PWDs and delivering sorely needed services. By focusing disability-specific resources on community-based mechanisms for PWD identification, protection, rehabilitation, and inclusion, aid agencies can be more responsive to needs on the ground and their services will be more sustainable.

The potential for DPO inclusion to improve disability specific services should not be understated. Through even minimal resources and the right tools, organizations of people with disabilities can add significant value to existing humanitarian efforts in the Middle East and North Africa. The inclusion of local disability organizations in the planning and implementation of humanitarian assistance programs is critical, and DPO involvement in relief work should be prioritized.

By way of example, this report is the product of rapid needs assessment research conducted by five DPOs in Yemen, Egypt, Jordan, Libya, and Turkey in August-September 2016. Each organization received training, mentorship, and a small amount of funding to conduct community-based research on the needs and access to services of displaced PWDs in their country. The key findings of their research and practical recommendations are divided by sector or topic, including protection, registration, health and rehabilitation, income, education, and access to basic needs such as shelter, food, and clean water.

GLOSSARY

Acronyms

PWD – persons with disabilities / person with disability

DPO – disabled persons' organization (disability NGO operated and staffed, in whole or in part, by PWDs)

AFRPD – Arab Forum for the Rights of Persons with Disabilities

CRPD – Convention on the Rights of Persons with Disabilities

UNHCR – United Nations High Commission on Refugees

Notes on Terminology

Service providers – This term refers to any individual or organization that provides goods or services to refugees, displaced persons, persons with disabilities, or other vulnerable populations. These include but are not limited to: humanitarian assistance agencies and distributors, international, national, and local NGOs, and representatives or employees of government agencies and municipalities.

Refugee/displaced person – For the purposes of this report, the terms **refugee** and **displaced person** are used interchangeably to refer to individuals displaced by conflict, regardless of whether or not they have fled their home country and met the specific criteria required to become officially registered as refugees or asylum seekers.

INTRODUCTION

More than 10 million people have been displaced in the Middle East since 2011, many fleeing active conflicts in Syria, Yemen, Iraq, and Sudan. Not surprisingly, disabilities are more prevalent among groups escaping conflict compared to the estimated 15% of the world's population living with some form of disability.¹ Persons with disabilities (PWDs) are among the most hidden, excluded, and neglected of all displaced persons. Isolation caused by the loss of family members or caregivers leaves PWDs vulnerable to physical and sexual violence, exploitation, human trafficking, harassment, and discrimination. Although UNHCR and other aid agencies have adopted disability inclusion policies for humanitarian assistance and relief services, disability inclusion efforts remain, at best, hit or miss.

Often, disabilities of displaced men, women, and children are not identified at registration and are overlooked by services on the ground. The existing body of research focuses heavily on refugees in camps, whereas the majority of refugees are living outside of camps or in urban areas. Inconsistencies in terminology and methodologies for data collection, cultural differences in definitions and concepts of disability, and a lack of training and disability awareness among data collection staff result in inadequate, unreliable data on PWDs. The lack of available data leads to displaced PWDs being underserved by governments, civil society, and international organizations.

This report is intended to highlight, from the perspective of a disabled persons' organization (DPO), the gaps and deficiencies that exist in the current humanitarian response in five Middle Eastern countries: Libya, Egypt, Yemen, Jordan, and Turkey. Member organizations of the Arab Forum for the Rights of Persons with Disabilities (AFRPD) researched the implementation of disability inclusion policies in their countries to create a comparison between UNHCR's Guidance on Disability Inclusion and the services that are actually being provided on the ground.

ABOUT THIS REPORT

PURPOSE

Provide a **snapshot of the needs** of refugees and displaced persons with disabilities in five countries based on small rapid needs assessment research projects;

Compare findings with similar needs assessments conducted by UNHCR and INGOs in the region and other countries and address any unique findings, perspectives, opportunities or gaps;

Develop a **set of recommendations** from the perspective of disabled persons' organizations (DPOs).

INTENDED OUTCOMES

Humanitarian service providers improve their understanding of how to increase the numbers of identified displaced persons with disabilities that they have included within their services;

Leaders of DPOs learn about some of the problems and services encountered by refugees with disabilities and decide to initiate collaboration with humanitarian service providers.

¹ *World Disability Report*, World Health Organization, 2011. http://www.who.int/disabilities/world_report/2011/report.pdf

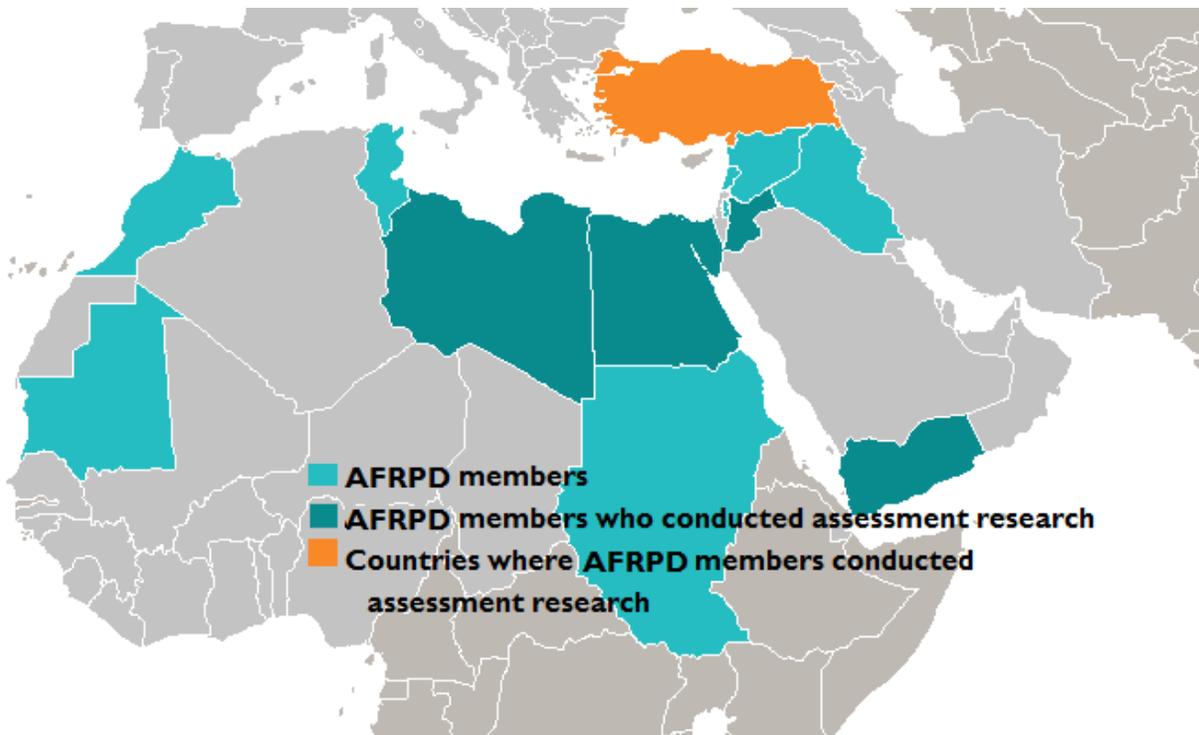
About the Arab Forum for the Rights of Persons with Disabilities (AFRPD)

The Arab Forum for the Rights of Persons with Disabilities (AFRPD) is a network of national organizations and associations representing PWDs across the Arab region. The forum promotes the Arab disability movement based on a human rights approach and the principles of the international Convention on the Rights of Persons with Disabilities (UNCRPD). The rights-based approach focuses on self-help, social inclusion, and empowerment, in contrast with the more traditional medical approach which treats disabilities as illnesses and PWDs as needing charitable support in order to survive.

The Forum currently serves as the regional representative to Disabled People's International (DPI) and has members from the following states: Jordan, Tunisia, Sudan, Syria, Iraq, Lebanon, Libya, Egypt, Morocco, Palestine, Mauritania, and Yemen. AFRPD aims to share knowledge about the issues confronting displaced persons and refugees with disabilities, their needs, and opportunities for improving disability inclusion in the Arab world.

Through this research initiative, AFRPD aimed to empower organizations of persons with disabilities (PWDs) to implement in-country needs assessment research on the living conditions encountered by refugees with disabilities. AFRPD considers this type of community-based research essential to highlighting the challenges faced by displaced PWDs, delivering them quality services, and ensuring the protection of their rights.

AFRPD is committed to the essential strategy by Disabled Peoples' Organizations of continuous advocacy for the right of disability inclusion. This strategy aims to mobilize decision makers, donors, and humanitarian service providers to deliver the essential financial and technical means for insuring the inclusion of displaced persons with disabilities in all current programs, especially education, health care, and income generation programs.



METHODOLOGY

This report presents key findings and recommendations from research collected by five DPO teams in Libya, Egypt, Yemen, Jordan, and Turkey. The research involved speaking with over 300 PWDs and approximately 125 key informants. Methods used to collect data and information included:

- Desk research
- Individual and household surveys of displaced PWDs
- Focus group discussions between displaced PWDs
- Key informant interviews with government officials, international organization staff, NGO staff, community leaders, and other key sources of information

Each team did not utilize all methods, most using three out of four depending on what circumstances on the ground could accommodate within a brief period of time. Due to time constraints, teams conducted research over the course of 6-7 weeks. Researchers received guidelines, data organization tools, and sets of questions to use or adapt for each data collection method to help facilitate fast implementation of project research and data collection activities. [For a detailed explanation of data collection methods and how tools were used in each country, see Appendix III: Data Collection.](#)

Strengths and Limitations

Collecting research through DPO partners demonstrates the value of including persons with disabilities within assessments, outreach, and programming. The DPO teams reached displaced PWDs in five countries who are living in a range of situations including camps, rural towns, and urban settings. Collaborating with DPOs brought a depth of PWD and local community service organization perspectives.

Research limitations included time and resources – each project lasted just 6-7 weeks and received only a small amount of grant funding. To conduct research rapidly, DPO teams largely interviewed and identified new sources from their existing networks. All but one team was made up of only Arabic-speaking members. These network and language limitations may have contributed to gathering fewer perspectives from international organizations and expatriate staff, so findings should not be interpreted as a comprehensive humanitarian provider perspective. While they are not exhaustive, these rapid assessments will hopefully guide more in-depth research in the future.

In addition to significant time constraints, teams in Yemen and Libya conducted research during active conflict. Military operations and bombardments regularly caused instability, power outages, intermittent internet access, restricted freedom of movement, and limited access to information. In Turkey, an attempted government coup the day before launching activities contributed to an already tense environment for a team conducting research with Syrian refugees near the southern border. Furthermore, some members of the Syrian and Yemeni DPOs had relocated to other countries around the world. Their research was truly a global endeavor, with members joining interviews by phone and discussing findings among people located in the Middle East, Europe, and Asia. All teams should be commended for their perseverance and commitment to this project.

Providing services to displaced PWDs based on their human rights is a new concept for many humanitarian assistance providers, especially local service providers. As showed in the findings, some service providers' lack of experience and understanding of disability was also a limitation, as additional time was sometimes needed to explain the value in participating. In some cases, there was reluctance of humanitarian assistance providers to participate due to the political or security situation in the country.

Not all disabilities were represented by focus group participants due to accessibility issues. For the same reasons, families sometimes represented PWDs in household interviews because family members claimed they could not carry the person downstairs and insisted they could appropriately represent the PWD's views. Furthermore, due to social and religious norms, it was challenging to find refugee women with disabilities to participate in interviews and focus groups. Finally, teams encountered displaced PWDs that declined to be interviewed or participate in a focus group because they did not believe sharing their experience would lead to any positive changes in services.

KEY FINDINGS AND RECOMMENDATIONS

Key findings across the five country assessments are summarized across 12 categories of needs. These findings capture common experiences and challenges across all country reports, including illustrative examples and practical recommendations to address each category or sector. [A snapshot of individual country findings can be found in Appendix I: Situation Analyses.](#)

Protection and Psychological Well-Being

Protection within humanitarian services is about improving the safety, wellbeing, and dignity of vulnerable populations affected by crisis. Women with disabilities, children with disabilities, and persons with intellectual or mental disabilities are especially vulnerable because they are less able to protect themselves from exploitation, violence, and abuse. In order to effectively protect these at-risk populations, those providing assistance must identify existing coping strategies and relationships that can help communities respond to crisis, support the most vulnerable, and prevent future harm. The concept of protection is a common thread within all sectors of humanitarian assistance, and when properly mainstreamed, protection affects not just what services are delivered, but the way they are delivered and how communities are served.²

Under circumstances of war and displacement, unaccompanied children with disabilities are particularly vulnerable, and women with disabilities often face additional gender-based discrimination barriers. In Turkey for example, the research team met several underage girls with disabilities who were denied participation in services and activities for refugees on the basis of gender or because they lacked a male companion's permission. For refugees with mental or intellectual disabilities, particularly those facing language barriers in foreign countries, communication can be the biggest obstacle to receiving needed support and services.

In **Turkey**, centers accepting persons with mental disabilities are only operating in Turkish, which severely limits their ability to provide support. The research team met 29 children with autism not receiving assistance.

Effective protection requires the empowerment of vulnerable groups and support for community networks that help members achieve better safety, wellbeing, and dignity. One way to accomplish this is through peer support groups and other community-based mechanisms for sharing knowledge and experiences between those affected by crisis.

² [Think Protection: A Quick Guide to Integrating Protection into Disaster Response in the Pacific Region](#). Global Protection Cluster; [Protection Mainstreaming Training: A Facilitator's Guide](#). International Rescue Committee, Feb 2013; ["Thematic Areas: Protection."](#) UN Office for the Coordination of Humanitarian Affairs; [WFP Humanitarian Protection Policy](#). World Food Program, Feb 2012.

Peer support is a particularly effective way to promote psychological well-being among refugees with disabilities, who endure higher levels of psychological distress than their non-disabled peers. Although everyone impacted by war suffers from psychological distress, PWDs have increased concerns about how they will evacuate and survive in an emergency, not knowing how they will meet their basic needs, let alone any necessary medicines and disability supplies. PWDs are also concerned about the burden they add on their families under the extreme circumstances of war and displacement. After evacuation, inaccessible shelter can lead refugee PWDs to become prisoners in their own homes, causing them to suffer from increased isolation and psychological distress.

A 2014 report by Help Age International and Handicap International found that persons with disabilities are twice as likely as the general Syrian refugee population to report signs of psychological distress.

Source: Help Age International and Handicap International, Hidden Victims of the Syrian Crisis: Disabled, Injured, and Older Refugees, 2014.

Psychological support is also important for the caregivers and families of persons with disabilities. In Jordan, focus group participants identified additional family or social support as a significant need. PWDs expressed concern that the support of their caregivers and other peers was unsustainable, increasing their feelings of dependence.

Peer support groups have proven to be highly beneficial for PWDs to learn about the struggles and living experiences of other PWDs, along with successful strategies for surviving and creating a productive and happy life. The sharing of daily life struggles and personal successes between PWDs helps to provide positive role models and psychosocial support, both of which are essential for overcoming feelings of negative self-value and lack of confidence that may have grown during isolation. Peer groups also provide an opportunity for social interaction and meeting new friends, which contributes significantly to an increased quality of life for isolated PWDs. Peer support groups are especially helpful for people who are experiencing disability for the first time and who need basic information about how to cope with their disability. They can also provide practical education about available assistive equipment and disability-related services. The peer support model is adaptable to local cultures - DPOs are successfully implementing it in Lebanon with Syrian refugees with disabilities, and peer support programs are also being piloted in Jordan. Through the empowerment of vulnerable populations and their host communities, relief efforts in the region can be both effective and sustainable.

Recommendations:

- Foster collaboration between DPOs and humanitarian assistance organizations to set up and manage peer support groups for displaced PWDs. These groups can be operated at no cost by volunteers. Some transportation assistance will help to sustain the participation of PWDs in the peer support groups.
- Educate humanitarian assistance providers, families of PWDs, and the general public about the need to protect displaced women and children with disabilities and persons with intellectual and mental disabilities from violence, abuse and exploitation.

Evacuation and Separation/Reunification with Family

Persons with disabilities are often left behind in emergency evacuation situations. Family members and companions reported leaving behind people with mobility disabilities because of logistical challenges or needing to flee quickly to save other family members. Persons with disabilities may be left at home, or in hospitals or institutions where they can die from the breakdown of support services including electricity shortages. In Yemen, interviewees reported leaving persons with disabilities in homes where

they were exposed to significant risk, especially when living close to military bases frequently subject to airstrikes. People with communication disabilities, including people who are deaf or who have mental or intellectual disabilities, often do not understand the urgent need expressed by family members to evacuate.

Even when families are able to evacuate together, some border practices effectively cut PWDs off from familial support systems. The majority of Syrian focus group participants in Jordan entered the country as a “humanitarian case” in order to receive medical services. Their accompanying family members, however, were not allowed to escort them across the border. While official reports indicate refugees separate from their family members “voluntarily,” focus group participants shared an overwhelmingly contrary impression: their unaccompanied travel was due to “having no other choice.” Even children as young as a few months old are involuntarily separated from their mothers or fathers at the Jordanian border to Syria. They are later placed with foster families or shelters and, after entering Jordan, they are not allowed to return to Syria until they are 18 years of age. Refugees with disabilities are cut off from their family's support, but returning to Syria would prevent them from pursuing any form of rehabilitation services. Interviewees reported feeling trapped and alone.

Women with disabilities - and especially children with disabilities - should be allowed to have a family member or an escort to accompany them across borders into host countries. Displaced PWDs, especially children, need to be reunited with their families as soon as possible because when they are separated from their core support system, they are subject to increased vulnerability.

Recommendations:

- Prioritize displaced PWDs when evacuating citizens from conflict areas.
- Allow PWDs a support escort, ideally a family member, when crossing borders into a host country.
- Through collaboration between DPOs, governments, INGOs, and local humanitarian providers, identify and reunite unaccompanied children with disabilities with their families.
- Advocate to governments about the extreme vulnerability of unaccompanied refugee children with disabilities.

Registration with UNCHR and Identification by Service Providers

The majority of refugees in the Middle East do not live in camps and are dispersed throughout local host populations. Living outside camps presents increased challenges for efforts to locate and register refugees and displaced persons, especially those with disabilities who are largely invisible. Locating refugees with disabilities is difficult for many reasons - for example, families sometimes hide disabled members due to shame or fear, or for their protection. Due to a lack of understanding on the part of service providers of how and where to locate displaced PWDs living in local host populations, most refugee PWDs are not identified and registered. As a result, their needs are not assessed, they are left outside of the humanitarian assistance services system, and they are ineligible for any available government services. Persons with disabilities living in camps are more likely to be identified and registered and their needs assessed, but identification and registration may still be a problem in high-security situations. In countries that are in active conflict, for example Libya and Yemen, there is no current and accurate data on persons with disabilities available. Researchers in Libya reported that all humanitarian assistance organizations, including the Red Crescent Society, were not identifying refugee PWDs or providing any services to meet their needs.

Some research teams found registration systems that were inconsistently applied, contributing to a lack of trust and frustration with the system. Despite the presence of efficient refugee registration services in Jordan, disabilities are often not recognized or recorded. Data from registration offices indicate that

the disability rate among Syrian refugees is as low as 2.37%.³ however, this figure is disproportionately low compared to a general population that had not been displaced by war. Jordan uses an iris biometric systems to eliminate duplication and fraud in government services. Refugees entered within the biometric system are eligible for monthly stipends and health insurance. According to focus group respondents, iris identification is not used for everyone and UNHCR visits families to determine who is eligible for iris identification. Refugees with disabilities complained that they were not sure why some were eligible for iris identification while others were not. Disability is not a major criterion for iris identification eligibility. Even though disability is always linked with extra health and rehabilitation costs, not all refugees with disabilities are entered into this biometric system.

Recommendations:

- When identifying, registering, and assessing the needs of refugee PWDs, work with DPOs and other disability-specific community organizations in order to locate and provide outreach to all displaced PWDs.
- Expand mobile registration systems and add disability as a criterion considered in registration, especially for determining eligibility for certain services.
- Train social workers, who are generally key front line outreach staff, to identify refugees with disabilities.

Access to Shelter

Refugees with mobility disabilities or physical limitations are living in abandoned or destroyed buildings, apartments without elevator access or ramps, tents, or other inaccessible shelters. This means that refugees using wheelchairs or other assistive devices are often trapped inside their tent/shelter/upper floor apartment/abandoned building, are isolated from the community, and cannot easily access or participate in available support services.

Refugees with disabilities living in better-resourced camps, public residential institutions, or shelters are more likely to have accessible housing; however, because the vast majority of refugees are located outside these institutions, they are unable to obtain accommodations suitable for their disability needs. The larger, better-resourced camps run by UNHCR and INGOs in Jordan provide infrastructure accessibility that is not available in other communities and cities. In Libya, there are some government-run residential institutions for persons with disabilities who are Libyan citizens. Individuals living in these boarding institutions are better served because the institution's building and services meet the majority of their needs, but PWDs living in camps or with families do not have access to the same resources or accessible infrastructure.

When civilian sites have been hit by air raids in **Yemen**, services for persons with disability have been destroyed. The Illumination Center for the Protection and Rehabilitation of Persons with Visual Impairments was hit in an airstrike at dawn on January 5, 2016 where more than 60 students with visual impairments resided. The primary and secondary school students were from remote governorates, poor families, or were orphans. The bombardment rendered the center unusable and inappropriate for housing. Al-Aman Association for the Protection of Visual Impairments was also struck by a missile, damaging a residential building for girls from rural areas.

³ Interview with Coordinator from UNHCR Interagency Taskforce on Disability on August 23, 2016 in UNHCR offices.

Recommendations:

- Collaborate with DPOs to negotiate the placement or re-location of refugees PWDs into accessible shelter, as available.
- Prioritize access to camp shelter for PWDs because they are less likely to find accessible housing outside of a camp structure without targeted assistance.

Food and Non-Essential Food Items

Refugees and displaced persons, including PWDs, are not receiving enough food and nutrition. If food aid is available, PWDs receive the same provisions as other refugees. In Yemen, the food baskets of wheat, flour, olive oil, and beans that are distributed are not enough, especially for persons with disabilities who are heads of households with little access to other sources of food. In Egypt, Syrian refugees receive a monthly coupon of 200 EGP (22.5 USD) that can only be used in certain supermarkets where goods are more expensive than normal marketplaces. Research teams in multiple countries reported that these methods of food support are inconsistent and occasionally stop for unknown reasons.

To cope with limited access to food, refugees and displaced persons use risky strategies such as intentionally limiting their food intake or prioritizing certain family members. Sometimes a disabled family member is considered the least productive family member, and their specialized food needs are a low priority when food resources are scarce for the family. Displaced PWDs must often rely on others to collect their food rations, a practice which can create opportunities for exploitation. Furthermore, PWDs often have special food and diet needs that are not being considered or met at all. Examples include people with diabetes and people who have difficulty chewing and need specific or blended foods.

Recommendations:

- Give priority access to refugee families with members who have disabilities and accommodate special food needs.
- At food distribution centers, implement a policy of prioritization for registered refugee PWDs which doubles or triples their food provisions in order to reduce the frequency of their required travel to the distribution centers.

Water, Sanitation, and Hygiene (WASH)

Most refugees surveyed had a minimal to nonexistent understanding about the relationship between health and sanitation. In Jordan, some local NGOs and DPOs reported providing health awareness services, but research teams in all countries found gaps in understanding among PWDs about sanitation and health issues. Additionally, people are very reluctant to talk about personal sanitation and hygiene, also reducing their likelihood of reaching out for additional support in these areas. Inaccessible toilets result in PWDs using their shelters as bathrooms, creating unsanitary conditions for them and people living with them. PWDs reported training themselves to use the bathroom as infrequently as possible, again creating an increased health danger. Limited access to toilets and water facilities increases exposure to diseases.

Respondents in Zarqa, **Jordan** described a situation in which five refugees used the same toilet wheelchair, leading to recurrent urinary tract infections. In the Zaatri camp, persons with disabilities reported washing and reusing disposable urine bags because they did not have enough supplies.

Health and Rehabilitation Services

For refugees with disabilities, locally available health care focuses on emergency medical situations and not the continuous healthcare support that many adults and children with disabilities often need. The lack of chronic care coverage for displaced PWDs in health care and rehabilitation services creates frustration, anger, and deteriorating health issues, and can sometimes lead to death.

PWDs that are registered with local authorities as a refugees have access to government hospitals, but unregistered persons seek services through humanitarian organizations. For both types of service providers, refugees pay a portion of costs or are denied non-critical care. In Jordan, refugees registered through iris identification are eligible for health insurance, but it does not cover medical needs beyond urgent medical services. One respondent described going to a hospital four times but being unable to obtain approval to fund an operation. Entire categories of disabilities, such as visual impairments, are not considered a priority, so little to no medical care is available.

Focus group participants reported long wait times and varying qualities of care. Even individuals with critical needs like bullet removal and joint replacement experience long waits before a medical evaluation and then additional delays before surgery. Delays associated with long wait times jeopardize the health of some patients, especially PWDs. In Egypt, health care provided by relief organizations is generally considered to be of poor quality, so refugees seek services elsewhere and must pay the majority of healthcare expenses. In countries with doctor shortages and deteriorating medical services, as in Yemen and Libya, traveling abroad was described as the only option for receiving specialized surgeries. Due to the focus on urgent health needs, refugees in need of non-life threatening surgeries and rehabilitations either forego these medical services or raise personal funds to cover the costs.

Where general health care services are available, the facilities are not always accessible to persons with mobility disabilities. People with communication disabilities, including people who are deaf or have mental or intellectual disabilities, have difficulty accessing services due to communication barriers. Medical services are usually concentrated in urban areas, with varying levels of accessibility. In Turkey, some centers provide physiotherapy but many PWDs are unable to benefit from their services because transportation costs are prohibitive and there are not enough available volunteers to help PWDs travel to these centers.

The lack of holistic rehabilitation services impedes access to other services and overall inclusion within communities. If a PWD is able to access rehabilitation services, many organizations have a policy of providing the same service to the same person for one time only. Ongoing or continuous care is not available unless one can pay for it.

Recommendations:

- Advocate for increased funding and provision of survival and maintenance health care and rehabilitation services for displaced PWDs with unstable medical situations.
- Train staff in communication with persons who are deaf or have intellectual or psychiatric disabilities.

Disability Equipment, Supplies, and Medications

During or after conflicts, disability-specific medical supplies, assistive equipment, and medications are generally not available. Humanitarian service providers and governments are not always importing more supplies. For example, in Libya, although the number of persons with mobility impairments is increasing, mobility equipment is not being imported because of transportation challenges and the ongoing conflict. Medicines also have intermittent availability depending on supply levels, and refugees in camps may experience long wait times before being able to acquire medication. This prevents people

who require ongoing medication, like those suffering from epilepsy or urinary incontinence, from maintaining their prescribed dosages. Refugees and displaced persons cannot count on being able to receive medication in the future.

Refugees must sometimes cover a portion of the cost of medicines, which can amount to the entire value of any cash stipend that they receive. For example, one association in Egypt will only cover 25% of the cost for medicines over 2000 EGP (225 USD). To cope with the price of medications, some people will reduce their dosage or buy cheaper, alternative medicine that is less effective and ultimately contributes to the deterioration of their health.

The Protection and Rehabilitation Fund for Persons with Disabilities, a fund established by the **Yemen** government through commercial tax revenues, reported that the Fund was previously providing medicines on an ongoing basis to 54,000 people. However, when funding dropped 54% from 2014 to 2015, 40% of these persons are no longer receiving medication.

Disability assistive equipment such as wheelchairs and prosthetics are generally provided by humanitarian assistance organizations. Individuals who benefited from these services reported the following challenges:

- **Long wait periods.** Focus group respondents in Jordan reported waiting over a year to receive assistive devices after having their needs evaluated by an organization.
- **Low quality, lack of personalized options and fits.** An Egyptian respondent described that low quality equipment did not necessarily result from the purchase of inexpensive goods. In some cases, very expensive wheelchairs were distributed, but they were of poor quality for Egyptian streets and would break frequently. Persons with mobility impairments then stay at home unless they are able to buy another wheelchair of at least moderate quality.
- **Lack of training and rehabilitative support.** After receiving assistive devices, individuals reported needing training and rehabilitative support on how to use them. For example, basic guidance on how to change hearing aid batteries and maintain the devices was not provided.
- **Organizational policies of one-time provision.** In all five countries, PWDs experienced policies of one-time provision with little attention to whether or not the device met its intended need. Humanitarian organizations will not provide the same device twice, even if the device is broken or not working well. This leads to PWDs using ill-fitting or broken devices that are not maintained or replaced. When possible, refugees with disabilities prefer to use their own personal networks to raise funds for their assistive devices because they can choose the most appropriate device for their needs.

Some humanitarian aid organizations in **Turkey** were found to be providing services for PWD beneficiaries only once due to a lack of funding and to internal policies for focusing on helping the largest number of beneficiaries.

Recommendations:

- Reevaluate the “one time use” policies of humanitarian aid providers, recognizing that PWDs with chronic medical problems should receive continuous care as a basic need for survival.
- Work with PWDs to understand their needs and living situations before selecting assistive equipment. Allow a choice in the selection of appropriate equipment.
- Provide training and rehabilitative support to help persons with disabilities fully utilize and benefit from these devices.
- Conduct follow-up to verify if prostheses and assistive devices are fulfilling their intended purposes.

Income and Cash Support

Cash support is very limited for refugees in general. In Turkey, service providers agreed that financial support is necessary for PWDs, but they are unable to provide this support either due to organizational policies against direct cash support or because of limited funding. In Egypt, where some organizations like Caritas provide monthly cash support, the stipend is not enough to cover basic needs, especially for PWDs who are more likely to be unemployed but also have additional spending needs for medicine, medical supplies, or special food. The need for cash for survival often leads to all types of exploitation.

Refugee status often restricts one's legal ability to work. Training or income generation programs are often not available to refugees and specifically are not available to PWDs. Some international organizations hire refugees with disabilities or include them in volunteer activities, but this practice is not widespread. In Jordan, none of the service providers interviewed were aware of any vocational training program or livelihood program targeting refugees with disabilities. One exception is Mercy Corps, which recently started a livelihood program for PWDs in Jordan's northern governorates. Female focus group participants in Zarqa indicated that families are protective and do not allow women with disabilities to work due to fears of abuse and exploitation.

Recommendations:

- Prioritize refugees with disabilities within cash support programs.
- Increase the recruitment of PWD staff and volunteers by humanitarian organizations and NGOs.
- Proactively include PWDs in all livelihood or job skills training programs for refugees.

Transportation

Transportation is typically not accessible and is expensive, creating a financial barrier to any available humanitarian assistance services and ultimately contributing to the isolation and social exclusion of refugees with disabilities. Transportation challenges are compounded by the fact that service providers and medical centers are often concentrated in capitals and urban centers that are remote from where refugees are located. Even when accessible transportation is available, language barriers and communication disabilities can still prevent access to information about the available transportation options. For example, an organization in Turkey was offering transportation to treatment centers, but the majority of people who might benefit from the service were unaware of it because the organization operated exclusively in Turkish and did not conduct Arabic outreach. This is compounded by high illiteracy rates among refugees, who are unable to write and read in Arabic, let alone Turkish.

Since all supplies are rationed to refugees, whether food, cash support, or medicine, rationing policies require refugee PWDs and their families to find transportation in order to resupply. In Jordan, focus group participants described how medication is dispensed in limited doses, even for chronic conditions. People with mobility issues must still come in every two weeks to obtain their medication. Inaccessible transportation forces refugees with disabilities to rely on others for acquiring their prescription medications, disability supplies, and food rations, leaving displaced PWDs vulnerable to exploitation.

In **Egypt**, public transportation is not accessible for all people, and some mothers carry their children with disabilities for long distances to go to therapy sessions or to school.

When there are accessible facilities, transportation is a barrier. In **Jordan**, almost all of 225 Makani Medical Centers are physically accessible for PWDs and have staff trained on ways to detect, refer, and intervene with persons with mild and moderate disabilities. However, the number of beneficiaries with disabilities is still low due to transportation difficulties.

Recommendations:

- Through humanitarian assistance providers and national DPOs, jointly advocate for government support for the provision of accessible transportation in order to fully utilize the investments made in community support services. Examples of accessible transportation options include minibus services, distributing subsidized taxi coupons, and incentivizing the use of accessible vehicles within transportation enterprises.
- Collaborate with DPOs and community networks to identify and conduct outreach to PWDs that are isolated and living without accessible transportation or in non-accessible shelters. Conduct outreach activities, visit PWDs, invite participation in broader community activities, and provide transportation assistance.

Education

Displaced persons with disabilities are more likely to have access to education within well-established refugee camps, but the quality of teaching and ability to accommodate more severe disabilities is limited. In Jordan, for example, UNICEF provides comprehensive education services for children with mild and moderate disabilities. Overcrowded schools, often with over 80 children in one class, are cited as the reason why more resources cannot be devoted to children with severe disabilities, even though the need is recognized. Teachers also lack the experience and tools to integrate children with complete visual and hearing impairments. For children under six, there are no early intervention services for children with disabilities, even though these could help ease their integration when they reach school age.

In **Turkey**, children interviewed dream of studying and going to school. Out of 24 interviews, only one person had ever attended school since leaving Syria, but they were later expelled for violence. Schools do not provide psychological support or counseling, so instead of addressing underlying issues, students are expelled. People with visual impairments are the least fortunate because teachers are not trained in providing appropriate reading and writing support. Additionally, the cost of these services is particularly high and not a priority for service providers.

Outside of camps, in addition to facing the same issues of teacher capacity, school facilities and transportation are inaccessible. Bathroom facilities may not be handicap accessible, and families must secure their own transportation and companions to help their children attend schools. Compounding factors can quickly discourage even the most dedicated families from devoting the time and financial resources to send their kids to school. Those factors include low-quality teaching (Egypt), classes not in their native language (Turkey), and bullying.

The UNHCR Vulnerability Assessment Survey (2015) in **Jordan** found that 97% of the school-aged children are at high risk for non-attendance at school. Almost 90% of the cases are at high risk because of inadequate financial resources to maintain attendance. Fieldwork confirmed that transportation costs hinder access to education, and families prioritize other children or other basic needs. Service providers also reported that in accessible schools, bullying and negative stereotypes deter children with disabilities from attending school. In remote areas, Syrian children with disabilities are less likely to have access to mainstream Jordanian schools.

Source: UNHCR, *Vulnerability Assessment Framework Baseline Survey*, 2015.

Recommendations:

- Establish collaborative education programs with specialized disability organizations that can provide education services for persons with intellectual disabilities, persons with visual disabilities, persons with psychiatric disabilities, and for hard of hearing or deaf persons.
- Collaborate with schools to provide accessible and affordable school transportation services for displaced PWDs.
- Include refugee children with disabilities in regular classrooms with nondisabled children whenever possible. Going to school, in addition to educating the child, provides a routine that helps with their psychological maturation and begins the process of socialization and integration for many children with disabilities.

Sports, Recreation, and Entertainment

In refugee camps, many organizations organize sport and recreation events for displaced families. Although it is not as high of a survival priority, these activities are meeting people's basic needs for entertainment opportunities as a diversion from their difficult lives. Such recreational opportunities are generally not accessible to PWDs, even though recreational activities can provide psychological support and encourage inclusion in the broader refugee or host communities. Outside of camps, organizations that organize recreational, art, or music activities usually do not conduct outreach to PWDs unless they are specifically focused on and identify as a disabled persons' organization.

CONCLUSIONS

Even in the developed world, implementing and enforcing internationally agreed-upon standards for the rights of persons with disabilities is a complicated and imperfect process. According to international conventions, PWDs have the right to equal access to:

- Safe, functional, and accessible shelter
- Adequate and healthy food
- Water, sanitation, and hygiene services and infrastructure
- Available healthcare facilities and medical services
- Educational opportunities
- Employment and job training skills
- Adaptive sports and recreation

Well-resourced countries often encounter challenges when attempting to deliver on these commitments, and developing countries are hard-pressed to find resources to devote to disability-related initiatives, despite the fact that many have ratified the UNCRPD. In the Middle East, widespread conflict has devastated the existing infrastructure and service delivery systems of several countries, burdening others with massive numbers of refugees and internally displaced persons, many of whom are people with disabilities. Since 2011, the international community has struggled to meet even the most basic needs of these refugees, and the specific needs of persons with disabilities present an even greater challenge to the service providers and policymakers tasked with coping with this overwhelming refugee crisis.

Unfortunately, there are not enough resources available for the humanitarian assistance community to satisfy the complex, specialized needs of displaced PWDs. Nevertheless, service providers should focus existing resources on the following four core areas in order to improve how they provide services while promoting the inclusion and protection of refugees with disabilities:

DPO Involvement

Governments, INGOs, and local humanitarian assistance providers should seize the opportunity to collaborate with national and local DPOs. While they are not often characterized by high operational capacity, **DPOs can offer unique perspectives and entry points to help service providers better meet the needs of displaced PWDs.** Collaboration with DPOs should focus on implementing disability inclusion within existing identification and registration processes, conducting community-based needs assessments, and establishing accessible referral pathways to healthcare, education, rehabilitation, job training, and other basic humanitarian services.

Conversely, DPOs working in countries impacted by war usually have no prior experience or involvement working with refugees and need to educate themselves about the specific issues that displaced PWDs face. Humanitarian assistance providers should educate DPOs about the status and needs of refugees, as well as the resources currently available for displaced PWDs and their families. DPOs should also hire or recruit refugees with disabilities as staff or volunteers, actively including refugees in their organization's work. In countries experiencing conflict, humanitarian assistance providers and DPOs must also work together to plan for an inclusive future. Activity must eventually resume at centers, schools, and other institutions supporting PWDs through inclusion. Many such institutions have closed for safety reasons and will need to open again after a cessation of fighting is sustained.

Collaboration and Information Sharing

Few organizations are publishing information about available disability support services, providing referrals, or conducting outreach to the many refugee PWDs who are confined to their homes in local communities. Collaboration and information sharing between service providers and DPOs will lead to better data on displaced PWDs, increased capacity to deliver targeted services to PWDs, and ultimately services that are more comprehensive, higher in quality, and more inclusive.

Governments and humanitarian service organizations should incorporate disability needs questions into existing refugee administration processes and coach staff to ask about disabilities that are not visually apparent or may not be readily volunteered. Once identified, DPOs can help design and conduct targeted outreach campaigns to reach isolated PWDs who are not registered or receiving support.

A common thread in the results of this research is the need for **comprehensive, accessible information.** Governments, INGOs, local service providers, and DPOs should collaborate to create a centralized database listing referral information for all available providers including services offered, geographical coverage area, eligibility guidelines, and whether they provide specialized services for PWDs. Service providers would play a major role in distributing this information to their beneficiaries. A guide or even a mobile application could be created to provide updated information and location of services for displaced PWDs and their families.

Access and Accessibility

Perhaps the greatest challenge in meeting the needs of displaced PWDs worldwide is accessibility. For most refugees, the struggle to meet basic needs such as food, water, and shelter is overwhelming, and the resources available are not sufficient to accommodate the massive number of people pouring out of countries like Syria, Libya and Iraq. For disabled refugees with additional needs, these basic foundations for survival become even more difficult to obtain, largely because existing mechanisms for emergency service provision are not accessible outside of well-resourced camp environments. That is to say, the infrastructure through which services are provided to refugees is not designed to

accommodate the needs of people with disabilities, especially those living outside of formal camp settings.

Accessibility must be conceptualized beyond just physical accessibility. Information must be disseminated in multiple formats and languages to ensure that people with all types of disabilities are able to access and benefit from it, including those with visual or hearing impairments or mental disabilities. DPOs can provide assistance on ways to make information accessible without great expense.

Awareness and Outreach

Overall, there is an acute need to raise awareness on disability issues among service providers, local communities, and PWDs themselves and their families. Service providers need to view displaced PWDs as a population that is potentially invisible, cut off, and in need of targeted outreach. Humanitarian organizations should collaborate with DPOs to conduct community outreach campaigns to identify, register, assess, and refer to local support services all displaced PWDs who are isolated due to living in non-accessible shelters. Managers and field staff working with PWDs need substantive disability awareness training to understand the factors affecting accessibility, learn how to detect disabilities that are not readily obvious, and be able to effectively interact and communicate with PWDs to assess their needs and deliver appropriate support services.

At the community level, it is critical to raise public awareness on the different types of disability, how they affect a person's ability to meet their own basic needs, and the impact they have on a person's safety and psychological well-being. Even PWDs often need training and mentorship to understand their own disability and how to live with it. **Self-awareness and community awareness are essential to the protection of isolated, vulnerable PWDs.**

None of the recommendations listed in this report will be successful without a major effort to improve disability awareness among service providers, NGOs, government agencies, and displaced PWDs and their families. Awareness and targeted outreach are crucial for mobilizing resources, supporting the rights of PWDs, and establishing accessible pathways for disability equipment and services to meet their basic needs.

APPENDIX I: SITUATION ANALYSES

Egypt

SITUATION SNAPSHOT: Egypt

Basic Demographic Data

Total Population: 91 million, 9.51 million in Cairo and 7.84 million in Giza where the needs assessment research was conducted.

Persons with Disabilities: 453,000 according to the official government census; World Health Organization (WHO) estimates between 10-12 million.

Situation of PWDs Before the Current Refugee Crisis

Typical level of formal education attained by PWDs: The illiteracy rate among PWDs is 61% for males and 70% for females, double of the rate of illiteracy among non-disabled. The rate of PWDs over 10 years old with a primary school diploma is 28.3%, half of the national rate (58.3%).

Disability services: The Ministry of Social Solidarity is responsible for PWDs and the support of their families. The Ministry implemented a special program for social rehabilitation and adopted a deliberate policy and methodology for service provision. It offers different rehabilitation programs to the various types of persons with disabilities from different age groups. Program methods include institutional rehabilitation and community-based rehabilitation. NGOs and faith-based charities provide social and health services. They offer medicines, prostheses, and rehabilitation, but they follow the charity approach rather than the rights-based approach. Very few organizations follow the rights-based approach.

Residential institutions for PWDs: Residential institutions are one of the methods through which services and programs are offered to persons with disabilities, within the framework of the system of full boarding institutions, associations and commissions working in the field of rehabilitation.

UNCRPD or the Optional Protocol: Egypt has ratified the CRPD in 2008 but not the Optional Protocol. When Egypt signed the CRPD in 2008, the legislature could not ignore this protection. It made the CRPD legal through a law and tried to enforce it.

1951 UN Refugee Convention/1967 Protocol: Egypt is a signatory (by accession) to the 1951 UN Refugee Convention/1967 Protocol.

National disability rights laws: The Egyptian Parliament passed law N°14 of 1959 on the professional rehabilitation for persons unable to work and on the determination of their status. The articles of law N°14 were later included in the labor law and the legislature regulated the rights of persons with disabilities in accordance with law N°39 of 1975, amended by law N°49 of 1982. This law N°49 was called the law on the rehabilitation of persons with disabilities. The Egyptian Constitution of 2014 includes Article 81 Rights of the Disabled and 11 relevant articles, although explicitly bans discrimination against PWDs. The majority of disability related legislation is not enforced and there has not been fulfillment of PWD rights as guaranteed in the constitution. A new law to strengthen services for PWDs is currently being discussed in the Egyptian Parliament, but there are divergences between the government and civil society on some of its articles.

Description of the Current Refugee Crisis

Description of crisis: Egypt is a transit country for many refugees and asylum-seekers, but it is also a destination, especially for Eritreans, Ethiopians, Iraqis, Somalis, Sudanese, Syrians, and Palestinians escaping The Arab Republic of Syria. The current crisis in Syria, which started in 2011, led to a flow of Syrian refugees. The situation of refugees and asylum-seekers in Egypt is affected by the difficult social and economic conditions in Egypt, including increasing prices and inflation, the lack of job opportunities, the negative perception towards certain refugees, and the deterioration of security in general due to political instability. Moreover, trafficking and smuggling refugees and asylum-seekers' from Egypt and through Egypt presents one of the most important protection challenges.

Geographical regions affected: Most refugees in Egypt reside in the neighborhoods and outskirts of Cairo, while most of the infrastructure of NGOs and international governmental organizations is centered on serving refugees in the nation's

capital. There are significant populations of refugees outside the capital that have trouble accessing that infrastructure, for both financial and logistical reasons, so risks faced by refugees in Cairo are even more pronounced in other cities around Egypt. The majority of serious violations of refugee rights in Egypt since 2007 have occurred outside of Cairo in the areas of Aswan, Alexandria, and Arish. Refugees outside Cairo often suffer lengthy detention and face the risk of deportation because of a lack of knowledge of their legal rights and a lack of access to the NGOs that might protect them, or the inability to travel long distances to avail themselves of that aid.

of Displaced Persons/Refugees: By the end of September 2013, the UNHCR registered more than 120,000 Syrians living in urban areas in different regions in Egypt. It is estimated at the time that the number of Syrians needing aid would reach 180,000 persons by the end of 2013. Tadamon, an Egyptian NGO, estimates the real number of refugees could be anywhere between 1.5 and 3 million, although this estimate includes economic migrants.

Government services for refugees: Syrian and Sudanese refugees are provided with health care in the government health care facilities in Egypt. Since June 2013, they are allowed to enroll in public schools. Palestinian-Syrians, however, are assessed on an individual basis.

Jordan

SITUATION SNAPSHOT: Jordan

Basic Demographic Data

Total Population: 9,531,712 (2015); Jordanians constitute 69.4% of the total population.

Number of Persons with Disabilities: 11% of the total population (above 5 years of age).

Situation of PWDs Before the Current Refugee Crisis

Typical level of formal education attained by PWDs: PWDs have access to education in Jordan, including advanced education, but some parents prevent their children with disabilities from attending school, especially in rural areas where education may be less of a priority.

Disability services: Government provides most services, although some services are provided by NGOs.

Residential institutions for PWDs: Jordan has government supervised residential institutions for PWDs in cities in all 7 districts of Jordan.

UNCRC or the Optional Protocol: Jordan has ratified the UNCRC and signed the Optional Protocol.

National disability rights laws: Jordan enacted the Law for the Welfare of Disabled Persons, No. 12 of 1993.

Description of the Current Refugee Crisis

Description of crisis and severity: Jordan is a host to Palestinian, Iraqi, and Syrian refugees. Jordan's capacity to provide basic resources to a rapidly growing population is deeply hampered by its extremely poor water resources (as it is the 2nd water-poorest country in the world) and poor agricultural capacity (only 1.97% of Jordan's land is arable). These factors make food expensive and water scarce for vulnerable families in Jordan, hindering the rights of some families to access necessities. Five years into the Syrian conflict, Syrian refugees continue to flee their homes, seeking safety in neighboring countries, including Jordan. The massive influx of Syrian refugees is putting a huge strain on Jordan's natural resources, infrastructure, and economy.

Geographical regions affected: Approximately 80% of Syrian refugees in Jordan live in urban areas in the north of Jordan, while the remaining 20 percent live in the Za'atari, Marjeb al-Fahood, Cyber City, and Al-Azraq camps.

1951 UN Refugee Convention/1967 Protocol: Jordan is not a signatory but signed a Memorandum of Understanding (MOU) in 1998 with the UNHCR.

of Displaced Persons/Refugees (% of total population): The Census indicates that the total Syrian population is 1.3 million, 34% of whom live in the capital Amman. 750,000 Syrians are non-refugees, while approximately 142,000 Syrians currently live in camps, the vast majority of refugees are struggling to survive in towns and cities across Jordan.

of PWD Displaced Persons (% of total displaced/refugee population): Despite the presence of efficient refugee registration services in Jordan, PWDs are often not recognized or registered. Data from registration offices indicate that the disability rate among Syrian refugees is as low as 2.37%. According to a survey published by Handicap International and Help Age International, 22% of Syrian refugees surveyed have a disability.

Libya

SITUATION SNAPSHOT: Libya

Basic Demographic Data

Total Population: 6.2 million (2013, World Bank); 631,555 in Benghazi (2011) where research was concentrated.

Number of Persons with Disabilities: 96,031 persons or 1.5% of the population (2013), represent persons holding the disability card provided by the General Directorate of the Social Solidarity Fund. Many persons with disabilities are not registered and do not have a disability card and are, therefore, not counted.

Situation of PWDs Before the Current Refugee Crisis

Typical level of formal education attained by PWDs: Before the war, PWDs, except for blind and deaf persons, had access to education. Deaf and blind persons received vocational training.

Disability services: Libya had disability services before the civil war. Benghazi had four government-supported centers for PWDs that have been closed due to war.

Residential institutions for PWDs: Libya had/has residential institutions for PWDs. Two institutions have continued to house male PWDs in Benghazi. There are no residential institutions for women. For many severely disabled PWDs, these institutions are their only option to receive any services and support under the current conditions of conflict.

UNCPRD or the Optional Protocol: Libya has signed but not ratified the CRPD but not the Optional Protocol.

National disability rights laws: Libya passed a national disability law, Law No. 3 of 1981, as well as Law No. 13 of 1980 on Social Security; Law No. 20 of 1998 on the Social Care Fund; and Law No. 5 of 1987 on disabled persons. However, these laws are currently unenforced.

Description of the Current Refugee Crisis

Description of crisis: Ongoing conflict and instability after the 2011 Revolution has caused causing internal displacement and porous borders have allowed refugees from other countries (Sub-Saharan Africa, Middle East, Central and South Asia, up to half a million persons at any given time) to attempt transit to Italy/Europe.

Geographical regions affected: War has displaced persons from Benghazi, Tawergha, Sirte, and Al Kufrah in particular.

1951 UN Refugee Convention/1967 Protocol: Libya is not a signatory.

of Displaced Persons/Refugees (% of total population): Approximately 500,000 refugees attempting to transit to other countries; 434,000 IDPs (UNHCR 2015)

of PWD Displaced Persons: Unfortunately, there is no reliable data on refugee or displaced PWDs. They are not being identified or served by the international organizations. Only 15,000 PWDs are officially identified in Benghazi (2% of the general population), which cannot be an accurate statistic.

Turkey

SITUATION SNAPSHOT: Turkey

Basic Demographic Data

Total Population of Turkey: 79,835,054 (UN estimate 2016).

Number of Persons with Disabilities: 8.5 million, approximately 13% of the population (2002 government study).

Situation of PWDs Before the Current Refugee Crisis

Typical level of formal education attained by PWDs: The number of students receiving education in special education and rehabilitation centers, which was 82,952 by the end of 2006, reached to 262,970 by May 2013.

Disability services: The General Directorate of Services for Persons with Disabilities and Elderly People under the Ministry of Family and Social Policy provides services to PWDs. In addition to providing services, in recent years, the government of Turkey has invested in rehabilitation, education, employment, entrepreneurship, and other support and community integration programs for PWDs.

Residential institutions for PWDs: As of June 2013, 10,389 PWDs live in 153 private residential institutions. Taking into consideration the problems faced in private care centers in previous years, a regulation was issued on 16 August 2013 with the title of "Regulation on Private Care Centers Rendering Service to Persons with Disabilities in Need of Care." There is a small but growing number of group home style housing to promote community integration of PWDs.

UNCRPD or the Optional Protocol: Turkey ratified the UNCRPD and signed the Optional Protocol in 2009.

National disability rights laws: Turkey's first Disability Law was adopted in 2005 as part of its process of EU harmonization. The Disability legislation in effect consists of approximately 1500 provisions together with other laws on the implementation of Disability Law No. 5378. In September 2010, an amendment to Article 10 of the Constitution entitled, "Equality Before the Law," addressing discrimination, gained a constitutional basis for persons with disabilities.

Description of the Current Refugee Crisis

Description of crisis: Five years into the Syrian conflict, Syrian refugees continue to flee their homes, seeking safety in neighboring countries, including Turkey. Turkey has the highest number of Syrian refugees.

Geographical regions affected: The five border provinces of Kilis, Hatay, Mardin, Sanliurfa, and Gaziantep have received over half of the refugees.

1951 UN Refugee Convention/1967 Protocol: Turkey is a signatory (by accession) to the 1951 UN Refugee Convention/1967 Protocol.

of Displaced Persons/Refugees: 2.7 million Syrians (UNCHR); 200,000 live in camps.

of PWD Displaced Persons: There is no reliable data on refugees with disabilities in Turkey. As of 2016 in the Urfa area, the Danish Refugee Council has registered 500 PWDs to whom they have provided services. For the last three years, International Medical Corps registered more than 4000 PWDs, including persons with injuries caused by war that led to disabilities. With the escalation of hostilities, the number of PWDs is expected to increase on a daily basis.

SITUATION SNAPSHOT: Yemen

Basic Demographic Data

Total Population: 23 million (2010)

Number of Persons with Disabilities: The number of PWDs in Yemen is just an estimate. Differences between statistics about disability vary widely. Differences in estimates range from 0.4 to 12% of the population. The last official statistics were the population census of 2004, which claimed PWDs were 1.9% of the total population (19.68 million in 2004) in Yemen (2.1% men, 1.7% women). In addition, a large percentage of the population is rural, making accurate statistics more difficult.

Situation of PWDs Before the Current Refugee Crisis

Typical level of formal education attained by PWDs: Education for PWDs is very limited, and special schools are only in three or four of the largest cities.

Disability services: Because of successive wars and poverty, disability services are limited and available in the 3 or 4 largest cities. Services are nonexistent in rural areas. The Protection and Rehabilitation Fund for Persons with Disabilities provides services to persons with disabilities. It was covering the operational expenses of 125 associations dealing with PWDs. The Fund is not providing financial support to these associations anymore due to the lack of revenues caused by the closure of factories due to the bombings and the cessation of the activities of the airlines. This has led to the total paralysis of all associations dealing with PWDs and to the total or partial cessation of their activities. The government made an effort to issue a governmental decision, in October 2015, concerning the opening of a hospital in the capital Sana'a which would be devoted to PWDs and the provision of the necessary specialized medical staff. Unfortunately, this hospital has not yet been prepared and it is not operating.

Residential institutions for PWDs: There are residential institutions in Yemen's three or four largest cities, operated by international organizations and donors.

UNCRC or the Optional Protocol: Yemen ratified both the UNCRC and the Optional Protocol.

National disability rights laws: The Yemeni government enacted many laws to protect the rights of PWD and to guarantee the provision of services to them. Law No. 61 of 1999 on the protection and rehabilitation of persons with disabilities is one of the most important legislation governing these rights. Due to the ongoing armed conflicts, the government is unable to provide any services because of the scarcity of financial resources.

Description of the Current Refugee Crisis

Description of crisis and severity: The war and the internal conflicts resulted in many civilian victims and internally displaced persons from many of the governorates. The economic situation of citizens worsened, including that of the persons with disabilities. Bombings have affected all of the population, children and adults, men and women, persons with disabilities or non-disabled persons. Many civilians have been victims of rockets, bombs, and missiles. Persons with disabilities in Yemen, in the capital Sana'a and in many governorates, were also victims of the casualties because their disabilities did not allow them to flee as quickly and easily as other civilians. Many of them died or were severely injured. The conflicts in many governorates resulted in the internal displacement of many citizens including persons with disabilities.

Geographical regions affected: Many persons, including persons with disabilities, from the governorate of Sa'dah, which is close to the border with Saudi Arabia, were displaced to the governorates of Amran, Sana'a, and Hajar. The inhabitants of Taiz, including persons with disabilities, were displaced to Ibb, Al-Hudayda, and Sana'a. The inhabitants of Aden, Lahij, and Abyan were displaced to Hadramaut and Shabwah. They came back to their houses when the committees of Ansar Allah and the armed forces of the former president evacuated the governorates at the end of 2015.

1951 UN Refugee Convention/1967 Protocol: Yemen is a signatory (by accession) to the 1951 UN Refugee Convention/1967 Protocol.

of Displaced Persons/Refugees: 3 million (UNHCR/IOM).

of PWD Displaced Persons: Due to war, there are no reliable statistics about displaced PWDs.

APPENDIX II: DISABLED PERSONS ORGANIZATION (DPO) RESEARCH TEAMS

EGYPT: 7 Million Persons with Disabilities

A group of young persons with disabilities launched the movement, “7 Million Persons with Disabilities,” to defend and advocate for the rights of persons with disabilities in Egypt. This movement evolved into the DPO, 7 Million Association for Persons with Disabilities. Officially registered in January 2011 as a legal organization, 7 Million Association for Persons with Disabilities works for the empowerment of persons with disabilities in order to allow them to fully participate in all activities of daily living. Activities and services include the following: human rights and legal education; rehabilitation, training, skills development and empowerment; courses for persons with learning disabilities; workshops on communication and autism; physiotherapy and prostheses; social aid; workshops, lectures and conferences; wedding ceremonies and recreational trips; and charity events and small projects.

JORDAN: Equality Association for Persons with Disabilities

The Equality Association for Persons with Disabilities (hereafter: The Equality Association) is a DPO established in 2013 in Amman, Jordan as result of a Japan International Cooperation Agency (JICA) led initiative: The Disability Equality Forum (DET Forum). The DET Forum has conducted three capacity-building workshops in Amman, Jordan with the aim of building the capacity of persons with disabilities to become certified DET trainers. Seven of the DET trainers decided to establish a DPO with the mandate to promote the rights of persons with disability. The Equality Association works mainly in areas of challenging stereotypical approaches towards disability. The Organization has worked with a wide range of partners providing DET training to the Chamber of Commerce and Industry, the Tax Department, the Hashemite University, the King's Academy among others. All training workshops include follow up activities in order to ensure that the trainees implement a follow up project, which contributes towards removing forms of social discrimination against persons with disabilities.

LIBYA: Libyan Organization for the Rights of Persons with Disabilities

Libyan Organization for the Rights of Persons with Disabilities is a human rights organization with the objective of defending the rights of persons with disabilities and raising awareness about disability issues and rights. The DPO has many branches and activities include organizing workshops for PWDs, their families and persons working with them; providing PWDs and their families with relevant information and helping them, through contacts with competent authorities, to overcome some of the difficulties they encounter. Five persons work full-time at the organization. Membership fees and the revenues of some activities, for example, conducting occasional trainings and workshops, represent sources of the DPO's funding.

SYRIA (TURKEY): Cultural Forum for People with Special Needs

The Cultural Forum for People with Special Needs is a cultural association created in Syria in 2004 and officially registered in 2006 as the first organization dealing with the cultural affairs and the rights of persons with disabilities. Despite the war in Syria, the Forum is the voice of persons with disabilities in Syria and of displaced persons with disabilities. The Forum has been a victim of harassment due to its political neutrality, its focus on dealing with persons with disabilities, and its avoidance of political and sectarian divisions. The Forum's activities were disrupted when it encountered a shortage of funding. Despite these difficulties, the Forum contributed to many projects and research to raise the awareness of persons with disabilities and of persons and institutions working in the field of disability.

YEMEN: Al-Saeeda Association for the Protection of Deaf Girls

Al-Saeeda Association for the Protection of Deaf Girls was established in 2009 and obtained an authorization from the Ministry of Social Affairs and Employment to operate in the governorate of Taiz. The DPO focuses on the provision of services for persons with disabilities, especially for deaf girls. Its activities cover all the governorates of the Republic of Yemen. The Association has implemented many projects during the last two years (2014-2015), including projects on the empowerment of rural deaf women, e-commerce, and e-marketing. Six employees work at the Association. This organization is still under development but war has limited its expansion and advancement.

APPENDIX III: DATA COLLECTION TOOLS

Individual/Household Interviews of Refugees PWDs

Four teams (Egypt, Libya, Syria/Turkey and Yemen) conducted household and/or individual interviews with refugee PWDs. The Libyan and Yemen teams conducted interviews with individual refugee PWDs, both men and women, whereas the Egypt and Syria/Turkey teams interviewed households with family members with disabilities. Project staff provided the set of Household Survey questions that all research teams developed together at a training in Tunis based on a set of UNHCR questions that teams could use or adapt for their household or individual interviews.

Focus Groups of Refugees PWDs

Focus groups are the most difficult method to organize and implement. The Egypt and Jordan teams conducted focus groups with disabilities, but security circumstances in Libya, Turkey and Yemen prevented those teams from utilizing focus groups to gather data for their needs assessment. Project staff provided a set of focus group questions that the Egypt and Jordan teams adapted for their purposes.

Key Informant/Source Interviews

All five teams conducted key informant/source interviews with local and international NGO humanitarian assistance service providers, government officials and service providers, and Disabled Persons' Organizations (DPOs). Project staff provided a set of questions that teams could use or adapt for their interviews.

Desktop/Internet Research

Three teams (Egypt, Jordan and Syria/Turkey) conducted desktop/internet research to support their other data collection methods, including research and reports, demographic information about refugees/displaced persons in their countries, and identifying organizations and government agencies that could help locate refugee PWDs to participate in the project.

The following chart summarizes the data collection tools used by each country.

Data Collection Methods by Country

	EGYPT (Cairo/Giza)	JORDAN (Amman, Irbid, Mafraq, Zarqa and Zaatri Camp)	LIBYA (Benghazi area)	SYRIA/TURKEY (Urfa)	YEMEN (10 of 22 Governorates)
Household/ Individual Surveys of PWDs	7 individual surveys for Sudanese refugees with disabilities; 3 household surveys for Sudanese refugee persons with disabilities; 6 caregivers of Syrian refugees with disabilities		18 displaced PWDs (10 men; 4 women; 4 children; 13 of the 18 live in 4 local camps)	50 refugee families with PWDs living in Urfa	139 displaced? PWDs (84 men; 55 women); 75 displaced families with PWDs
Focus Groups of PWDs	3 focus groups: 14 Sudanese men; 6 Sudanese women; 20 Syrian refugee persons with disabilities and their families	Zarqa (6 women); Amman (8 men); Mafraq (6 men and 8 women) Zaatri (9 men and 5 women); Irbid (8 men and 3 women)			
Key Informant/ Source Interviews	*12 individuals from 7 organizations	*16 individuals from 15 organizations	*10 individuals from 10 organizations	*8 individuals from 8 organizations	*77 individuals from 40 organizations
Secondary Sources/ Desktop Research	Internet research on refugees and demographic information about refugees in Egypt information about organizations and contacts	Extensive desktop research		Information from local organizations; research papers and reports on activities and projects for refugee PWDs in Turkey	

***Egypt:** Ministry of Manpower; Doctors without Borders Egypt; Caritas Center of Refugee Affairs; International Labor Organization; Syndicate of Private Sector Workers; Support Program for Refugees; and Syrian Association “Al-Ghad” (Tomorrow) ***Jordan:** Child Care Association; Al Nahda Club for Persons with Disabilities; Love and Peace Association/ Zarqa; The White Window Association/Dleil – Zarqa; Al Nahda Association for Persons with Disability; Governor of Zarqa; UNICEF Education Unit; UNICEF Protection Unit; UNHCR, Interagency Taskforce on Disability; Mercy Corps; Syrians across Borders; JICA; JEMNET; Handicap International; and Noor Al Hussein Foundation ***Libya:** Libyan Red Crescent; Center for the Affairs of Persons with Disabilities; Ministry of Education, Benghazi, Department of Persons with Special Needs; League of Persons with Disabilities; Association of the Friends of Persons with Mental Disabilities; Al-Mawada Association for the Protection of Children with Disabilities; Al-Qardhabiya Association for Persons with Mental Disabilities; Dignity Association for the Rights of Persons with Disabilities; Al-Benyan Association for Persons with Disabilities; and Association Al-Mokhtar for Mobility Impairments ***Syria/Turkey:** Basmeh & Zeitooneh (Lebanese organization), Insan Foundation, Bonyan Organization, Saed Charity Association, Turkish Alliance of International Doctors, International Medical Corps, Danish Refugee Council, and Association for Aid and Relief (Japan) ***Yemen:** International organizations: United Nations High Commissioner for Refugees (UNHCR); United Nations Development Program (UNDP); Danish Refugee Council; Oxfam; UNICEF; and International Rescue Committee. Local organizations: Yemeni Forum for Persons with Disabilities; Association for the Protection and Rehabilitation of Persons with Mobility Impairments; Association for the Protection and Rehabilitation of Persons with Visual Impairments; Association “Challenge” for the Protection of Women with Disabilities; Association of Persons with Disabilities caused by War; Yemeni Red Crescent; Arab Foundation for Human Rights; Al-Saeeda Association for the Protection of Deaf Girls; Association that Helps Humanity; Union of the Women of Yemen; Democratic School; Sustainable Development Foundation; “Amen (Safety)” Association for the Protection of

Women with Visual Impairments; National Foundation for Development and Human Rights; Association of the Happy Future for Persons with Hearing Impairments; Organization for Awareness and Development; Initiative of Clouds of Benevolence for Development; Center for Persons with Special Needs; and Association “Together We Will Progress.” Governmental institutions: Ministry of Health and Population; Protection and Rehabilitation Fund for Persons with Disabilities; Executive Unity for the Management of the Camps of Displaced persons; National Committee for the Reduction of Mine Risks; and Department of Social Affairs and Employment.

Disability Needs Assessment Household Survey

Date: _____

Survey Completed by: _____

A. General Household Information

A.1 Name of the camp/town/village:	
A.2 Address/Tent #:	
A.3 UNHCR Registration Number (if applicable):	
A.4 Name of Head of Household:	
A.5 Contact Preference:	

B. Profile of Person with a Disability in the Household

B.1 Is there a person with a disability in your household?	Yes/No
B.2 What is the name of the person with a disability?	
B.3 What is the age of the person with a disability?	
B.4 Is the person with a disability going to school (if between the ages of 5-21)?	
B.5 Is the person with a disability able to read and write?	Yes/No
B.6 What is the education level attained by the person with a disability?	
B.7 What is the gender of the person with a disability?	Male/Female
B.8 What is the type of disability?	Physical/Psychosocial/Visual/Hearing
B.9 What is the reason for the disability?	Birth/Old age/Illness or Disease/ Injury from Accident/Injury from Conflict
B.10 When did the disability occur?	

C. Access to Services by Person with a Disability

C.1 Does the person with a disability face any of the following challenges, or have difficulty accessing the following services?	
Health care	
Medicines	
Assistance device/equipment	
Water, toilet, shower/hygiene facilities	
Food	
Non-food items	
Psycho-social assistance	

Transport	
Key community activities and spaces	
Communication and information	
Education	
Employment	
Rehabilitation services	
Other	

D. Assistance Received by Person with a Disability

D.1 Do you receive assistance from an *organization? <i>(*Please note that assistance may be understood as coming from an individual rather than the organization they represent)</i>	Yes/No
D.2 Which organization?	

E. Needs of Person with a Disability

E.1 What are the needs of the person with a disability?	
Health care	
Medicines	
Special Foods	
Assistance device/equipment	
Cash assistance	
Transportation	
Education	
Employment	
Psycho-social assistance	
Other	

F. Care Giver/Attendant/Personal Assistant of Person with a Disability

F.1 Does the person with a disability have a care giver/attendant/personal assistant?	Yes/No
F.2 Is the care giver/attendant/personal assistant part of the household?	Yes/No

Disability Needs Assessment Focus Group Questions

1. Basic Needs of Displaced Persons/Refugees

- a. As refugees, what are your basic needs (food and other basic material necessities; shelter; health care; water, toilet and shower/hygiene facilities; education; protection or safety)?
- b. How do you ensure meeting these needs and what challenges do you face accessing them?
- c. Which organizations work to ensure your basic needs?
- d. Do municipalities apply any role to ensure these basic needs?
- e. What are basic needs that are considered priority needs that you cannot ensure reliable access to?
- f. Can you suggest a solution?

2. Needs of Displaced/Refugee PWD

- a. As refugee PWD, what are your basic needs (wheelchairs and mobility equipment, white stick, hearing aid, rehabilitation, medicine, assistive devices/equipment, special foods)?
- b. As refugee PWD, what are your priority needs?
- c. How do you ensure meeting these needs and what challenges do you face accessing them?
- d. Which organizations work to ensure the needs of refugee PWD?
- e. Are there any organizations that try to ensure unmet services?
- f. If you cannot access these services, what are alternative solutions?

3. Education Situation of Displaced/Refugee PWD

- a. Are there any educational or training opportunities for refugee PWD?
- b. How can you reach these opportunities?
- c. What are the barriers you face to participate in these educational systems?
- d. What do you suggest to solve these problems?

4. Economic Situation of Displaced/Refugee PWD

- a. What is the economic situation of refugee PWD in your location?
- b. What do you suggest to improve the economic situation of refugee PWD?

5. Social Situation of Displaced/Refugee PWD

- a. Have you changed any of your behavior or social relations within the social environment since you have arrived?
- b. Are you facing any type of harassment because of your disability?
- c. How does such harassment affect your daily life?
- d. Do PWD suffer of any type of direct threat or exploitation because of their disability?
- e. What are your suggestions to address these problems?

6. Closing Question: Is there anything else you would like to say about your ability or inability to access services or any of the other topics we addressed in the focus group today?

Disability Needs Assessment Key Source/Informant Interview Questions

1. What kind of services and assistance does your organization provide?
2. What are the types of people or groups who usually benefit from your services?
3. Do you work specifically with refugees/displaced persons?
4. To what extent do persons with disabilities (PWD) access your services?
 - 4.a. What types of services do they most commonly access?
5. Have you conducted a needs assessment of the populations you serve?
 - 5.a. Did the needs assessment include locating and identifying the needs of PWD refugees?
 - 5.b. What were your findings?
6. What gaps do you see in the basic needs assistance provided in the areas where you work?
7. What obstacles do you face in meeting the basic needs of the populations you serve, including PWDs?
8. Are there particular groups of people your organization is seeking to better reach?
9. Are there specific ways you try to reach PWDs?
 - 9.a. Do you face specific challenges in reaching PWDs?
10. Are you collaborating with any local organizations of persons with disabilities/NGOs to address the particular needs of PWDs?
 - 10.a. If not, would you be open to collaborating with other organizations on addressing PWD needs?
11. How would you evaluate the engagement of humanitarian assistance providers in prioritizing and meeting the needs of PWD refugees?
12. What is being done to protect vulnerable PWD from exploitation, abuse, violence and neglect in the camp/town/village/city?
13. How can PWDs access to basic humanitarian needs and disability specific needs be improved in the camp/town/village/city?

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