

REPORT ON THE STATE OF DISABILITY INCLUSION IN ETHIOPIAN REFUGEE AND IDP SETTINGS



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SETTINGS
DECEMBER 2022
ETHIOPIA**

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Abbreviations

AGD	Age, Gender and Diversity
CBA	Community-Based Association
CBO	Community-Based Organisation
CBR	Community Based Rehabilitation
CRI	Core Relief Items
CRPD	Convention on the Rights of People with Disabilities
DISAT	Disability Inclusion Self-Assessment Tool
DRC	Danish Refugee Council
ECDD	Ethiopian Centre for Disability Development
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HI	Humanity and Inclusion
NFI	Non-food items
OPD	Organisation of persons with disabilities
P&O	Prosthetics & Orthotics
PoC	Person of Concern
PPA	Project Partner Agreement
PSEA	Protection from Sexual Exploitation and Abuse
PSN	Persons with specific needs
RaDO	Rehabilitation and Development Organization
UNDIS	United Nations Disability Inclusion Strategy
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WG	Washington Group

Acknowledgment

The disability inclusion self-assessment took a comprehensive approach, engaging multiple stakeholders and addressing all sectors. The community based protection sub-unit provided support all the way to finalizing the assessment report. This report's success is due to the collaborative efforts of many people which need to be acknowledged for their contribution. Primarily, many thanks to the senior management in UNHCR Ethiopia for giving the green light to conduct the assessment demonstrating UNHCR's commitment to truly consider disability inclusion.

Throughout the whole process, this assessment was also informed by multiple stakeholders including UNHCR staff in Addis Ababa and field offices. Special thanks to all protection officers and information management colleagues in setting the Kobo platform, data collection process, and preparation of the dashboard. A special thanks to partner organisation staff who took part in the completion of the questionnaire and broadened the perspectives of the report.

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Purpose Of The Assessment And Assessment Method

The Disability Inclusion Self-Assessment Tool (DISAT) has been designed to get a snapshot, from UNHCR partners and staff, in various locations (urban settings, camps), on the extent to which the rights of persons with disabilities are recognized and respect as well as their inclusion in UNHCR and partner responses. The objective is to map out to which extent disability inclusion is mainstreamed and the proportion of targeted action towards disability inclusion in all sectors for which UNHCR and its partners are responsible for.

This tool has been divided mainly into two parts: one main block containing general questions that any partners and colleagues can answer; and a second block or set of questions specifically designed for each sector that is meant to be answered by people working in the corresponding sector. Following the AGD approach it is essential to consider persons with disability inclusion in all aspects.

This assessment will be the basis of a report which will inform programming and strengthen protection capacities, as well as enhance systematic prioritization, fundraising, and advocacy efforts.

UNHCR's Age, Gender and Diversity (AGD) Policy¹ details the organization's wider commitment to a rights-based approach and highlights that effective protection will only be achieved by ensuring that equal consideration is given to the needs and capacities of displaced communities considering their age, gender and diverse characteristics. UNHCR is thus committed to ensuring that the rights of refugees, asylum seekers and internally displaced persons with disabilities are met without discrimination².

The commitment to disability inclusion is also demonstrated in UNHCR's embracement of the UN Disability Inclusion Strategy and the actions to meet the requirements of the accountability framework both for operations and the workforce.³

Furthermore, the inclusion of persons with disabilities is central to the promise of the 2030 Agenda for Sustainable Development to leave no one behind. In this sense, disability inclusion is an essential condition for upholding human rights, sustainable development, and peace and security.

The Context

Representing 15 percent of the global population⁴, persons with disabilities remain disproportionately affected in crisis-affected communities. In situations of forced displacement, persons with disabilities are at heightened risk of exploitation and violence; and face numerous barriers⁵ to accessing humanitarian assistance.⁵

In Ethiopia, UNHCR's population profile data does not include disaggregation based on disability.⁶

¹ UNHCR, UNHCR Policy on Age, Gender and Diversity (2018), at <https://www.UNHCR.org/5aa13c0c7.pdf>

² UNHCR, FACILITATOR'S GUIDE: Strengthening Protection of Persons with Disabilities in Forced Displacement, 2021.

³ Executive Committee Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR No. 110 (LXI) -2010

UNHCR - Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR: <https://www.UNHCR.org/exconc/exconc/4cbeb1a99/conclusion-refugees-disabilities-other-persons-disabilities-protected-assisted.html>

⁴ According to the World Health Organization's estimation. Important to note that the prevalence of disability is often higher in populations affected by crisis and conflict. In 2019, reports from Jordan indicate a prevalence of 21 % Syrian refugees with disabilities. <https://data.UNHCR.org/en/working-group/54>

⁵ UNHCR, FACILITATOR'S GUIDE: Strengthening Protection of Persons with Disabilities in Forced Displacement, 2021.

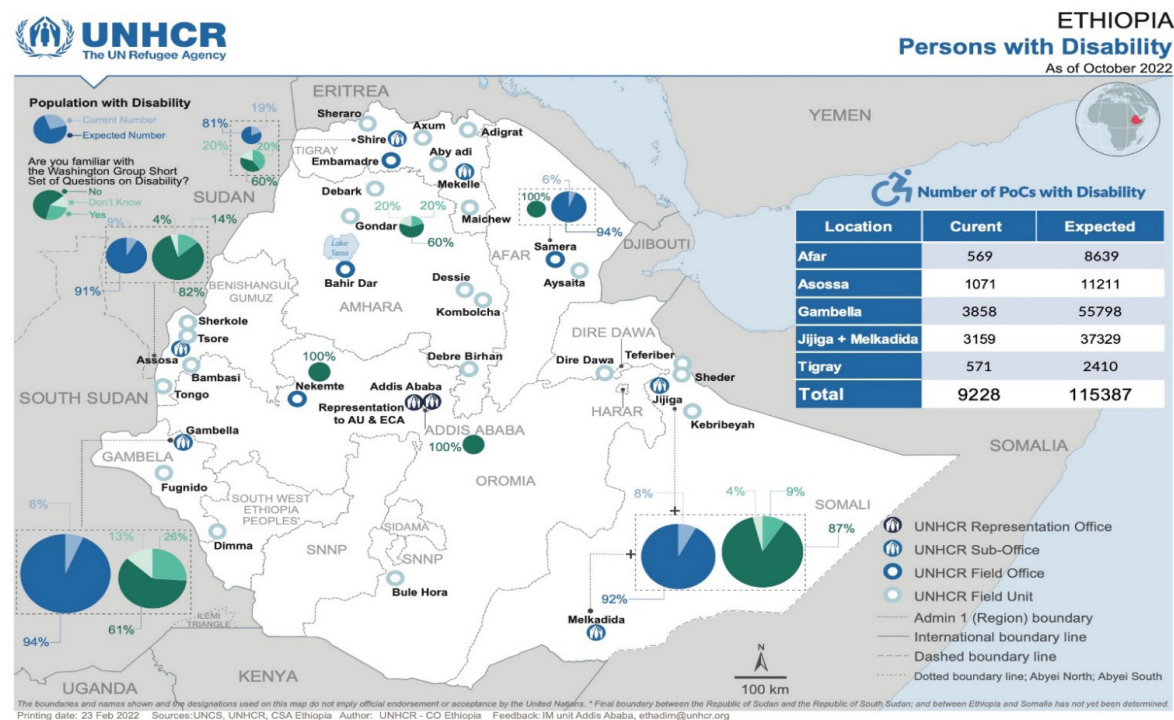
⁶ Research and Evidence Facility (REF). May 2022. 'A review of disability inclusion for refugees in Ethiopia and recommendations for future practice

To this day, little to no reliable and up-to-date data is available on persons with disabilities in the country, both for displaced and non-displaced populations. This lack of data is highly limiting for any action regarding disability inclusion. Indeed, this lack of information concerns also the knowledge on “access to services and quality of life for persons with disabilities in Ethiopia, as well as on how experiences differ by gender, age, education, ethnicity and displacement settings”.⁷

The most recent data on the number of persons living with disabilities in Ethiopia is given by 2016 UNICEF research⁸ and suggests that the country has 7.8 million persons with disabilities (9.3% of the total population).

As of 30 September 2022, Ethiopia hosts a population of 875,879 refugees and asylum seekers. Among these persons, temporary figures indicate 9228 individuals with disabilities which corresponds to 1% of the population while the figure is likely to be closer to 15-21%. Regarding the internally displaced population, the current number across Ethiopia is 4 574 023 individuals. If we apply the 15% estimation to this figure it gives a figure of 686 103 persons with disabilities.

However, it is important to note that the lack of reliable data should not prevent action: in all situations, one can estimate that there are persons with disabilities in any given population. therefore, from the onset, the aim is to plan and implement programming, which includes both targeted and mainstreamed actions.



⁷ Baart, J., Schippers, A. and Meta, M. (2019). 'Quality of life of persons with disabilities in Southern Nations, Nationalities and People's Region'.

⁸ UNICEF (2019). 'Situation and access to services of persons with disabilities in Addis Ababa'. Briefing Note. Addis Ababa.

Methodology

The DISAT was launched in June 2022 in all sub-offices. This tool has been divided mainly in two parts which are one main block containing general questions that any partners and colleagues can answer; and a second block or set of questions specifically designed for each sector that is meant to be answered by people working in the corresponding sector.

UNHCR staff in each refugee location were asked to identify a focal point in charge of completing the questionnaire. The focal point is required to reach out to colleagues working in different sectors and ask them to respond to questions on their sector. As it is not possible to ask every UNHCR staff to respond due to their existing workload, the focal point is asked to reflect in its answer, as far as possible, the reality of UNHCR staff situation and practices.

The DISAT is also meant to be answered by partners organisation acting at camp level. Consequently, the focal point has also been asked to share the questionnaire with partners and have them answer it. Partners are required to answer the main part and specific questions on the sector they are working in.

The questionnaire has been designed on the KOBO platform.

Overall, 133 responses were collected with 23 from UNHCR staff and 110 from partner organisations. Among these, all are working with refugees and 19 answerers are working with IDPs.

The data collected has been compiled and made readable by the Information management team using the PowerBI visualisation. The analysis took into account the various locations, the sector of activity of the respondents and their organisation (UNHCR or partner organisation).

Understanding graphs and figures on this document:

Please keep in mind that UNHCR and many partners from all sectors in all locations over the operation were assessed. Thus, the term “Overall” on graphs indicates that figures include partners and UNHCR in all locations.

The “Breakdown by Office” distinguish results by sub-office but show the results from both partner organisations and UNHCR. However, the assessment was conducted at camp level and the results can be further refined for each camp and partner.

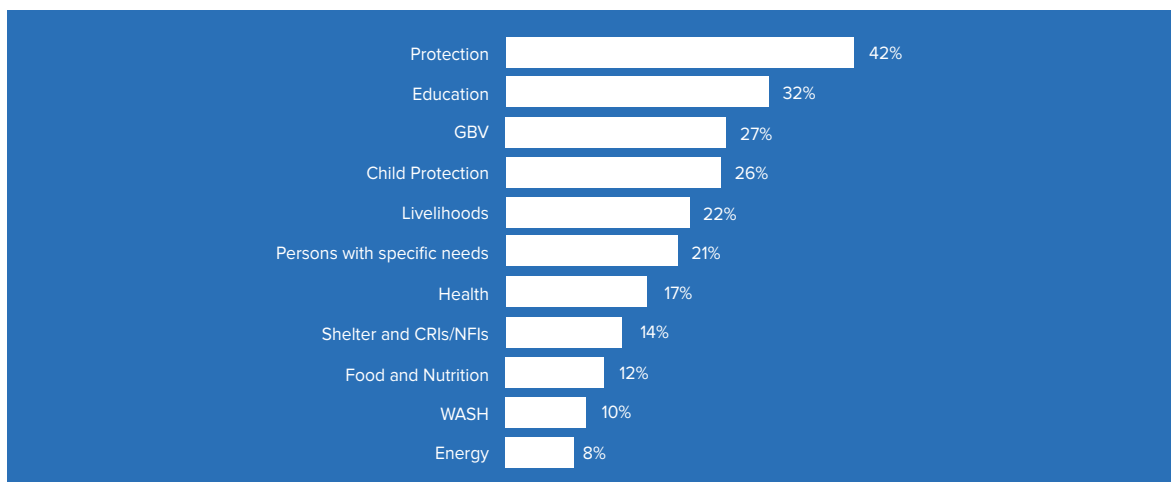
Introduction

General Observation

Collecting data and information on disability inclusion is essential to better understand the country's situation on this issue and to improve our collective action towards disability inclusion by UNHCR, the government and partners. However, it is important to emphasise that disability inclusion is not always a well understood topic, especially in the context of forced displacement, which may affect the responses themselves. Indeed, as respondents are sometimes not fully aware of the content of certain concepts such as disability inclusion and accessibility, they may have a positive opinion about the impact of their action or non-action on persons with disabilities that does not correspond to reality.

In order to minimise bias in the analysis and to identify the extent to which the understandings and practices of local actors, such as UNHCR staff and partner organisations, coincide, some introductory questions were asked.

The report is based on data collected in every location working with refugees and asylum seekers across the country. A total number of 135 professionals answered this questionnaire among which 24 UNHCR Staff (17%) and 111 partner organisations' staff (83%). Almost the entirety (94%) of the respondents works with refugees and asylum seekers and 16% are also working with IDPs.

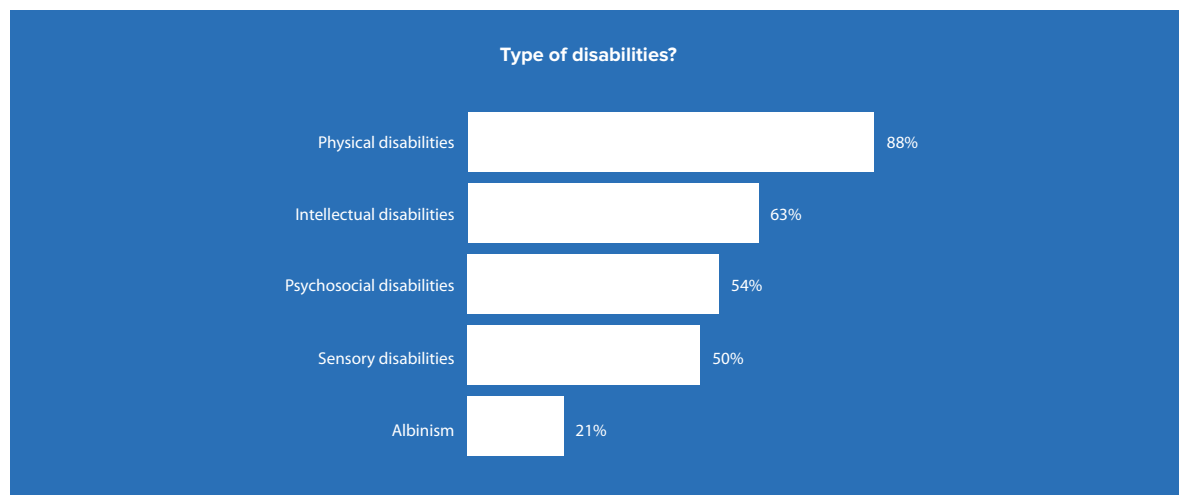
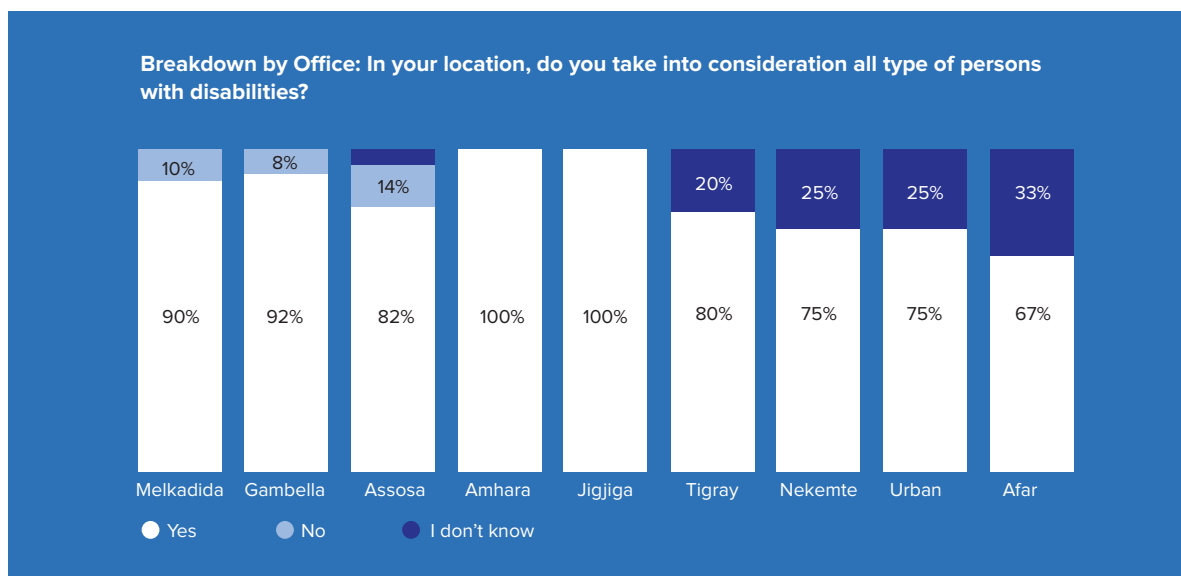


The exercise aims at assessing the state of disability inclusion across the operation, so all the sectors have been considered.

Sectors Assessed

Keeping in mind that local actors often wear several hats, the main sector which contributed to this evaluation is Protection [The assessment allowed selection of several sectors and sub-sector depending on the local situation of each camp. For example, for greater precision in the analysis, it was possible to select both the protection sector and the child protection sector.](42%) followed by Education (32%), GBV (27%), Child Protection (26%)

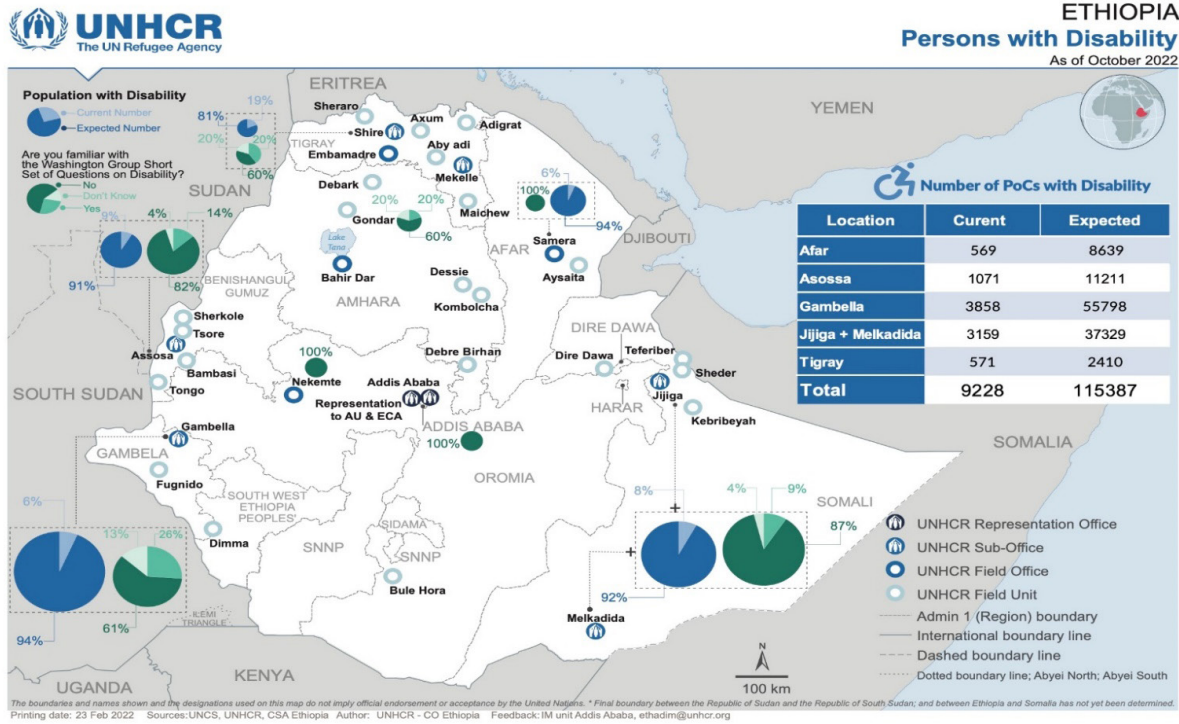
Across the operation, 71% of UNHCR staff are directly working with persons with disabilities and they are considered in all locations. This figure acknowledges the presence of persons with disabilities in every context and location.



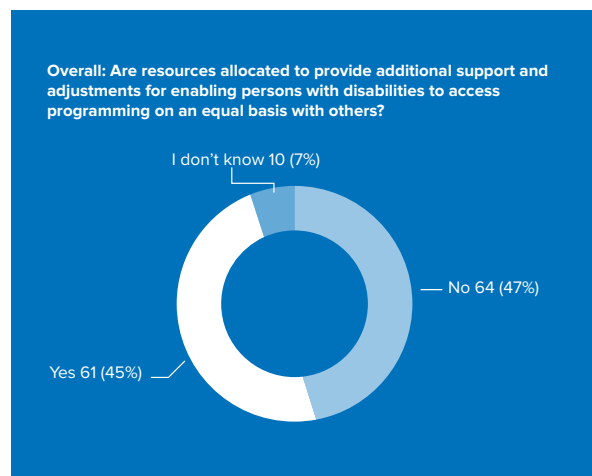
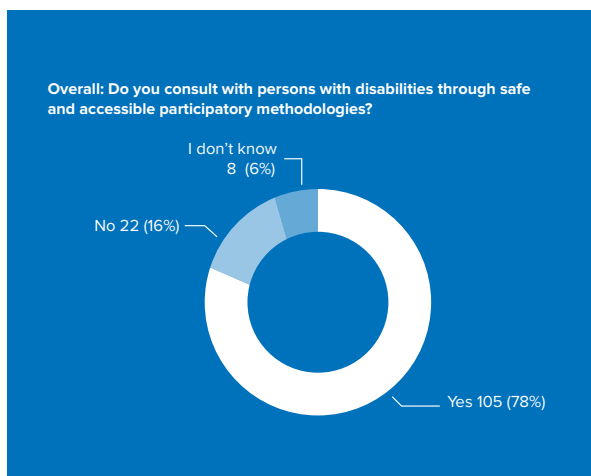
In almost all locations (88%) physical disabilities are envisioned in the general action while intellectual and sensory disabilities are taken into consideration in only 63% and 50% of the locations respectively.

Distribution Of Displaced Persons With Disability Across The Country

As mentioned before, persons with disabilities represent a sixth of the global population⁹



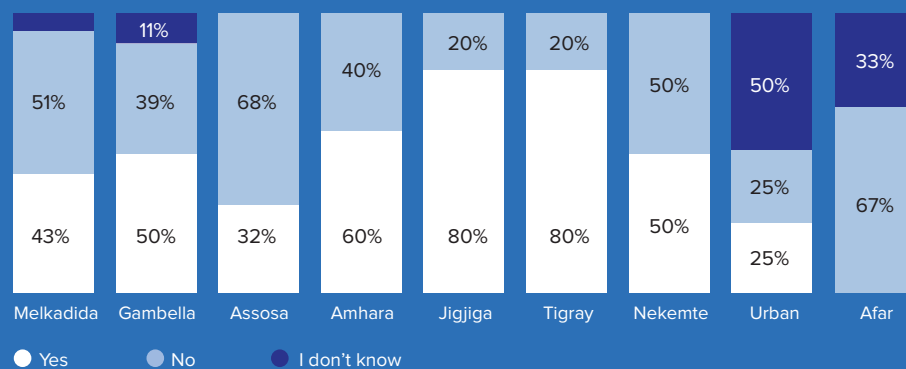
UNHCR and partners' staff are generally (81%) considering that their work aims at tackling barriers for persons with disabilities. Moreover, 72% of them consider disability inclusion and participation of persons with disabilities in the program cycle. This means that local professionals have the disability question in mind. However, this does not prove that anything substantial is done on this aspect.



Among those who have resources allocated to provide additional support and adjustments for enabling persons with disabilities to access programming on an equal basis with others, the action taken are very different. Actions depend on the sector, the amount of the resource, and the understanding of the need by the organisation. Consequently, some of them use the resource to provide assistive devices or make specific adaptation of their building while other organisations specialised in the protection of persons with disabilities are expected to provide the most detailed and complete assistance.

For example, Humanity and Inclusion (HI) and RaDo are for instance allocating resource to include boy and girls to access child friendly space, psychosocial support, and education, distributing NFI specifically to persons with disabilities and referring them to P&O (Prosthetics & Orthotics) centres to enable them to participate in equal basis with the community, advocating the rights and inclusion of persons with disabilities in every community activity and mainstreaming, which aims at empowering persons with disabilities.

Breakdown by Office: Are resources allocated to provide additional support and adjustments for enabling persons with disabilities to access programming on an equal basis with others?



Identification

Identification of persons with disabilities defines the method used to identify persons with disabilities. Identification is done during data collection process, registration, and participatory exercises and has an impact on overall protection and programming.

The first step in avoiding discrimination, first between persons without disabilities and persons with disabilities, and then between persons with disabilities, is proper identification. Under-identification of persons with disabilities presents a significant challenge to monitoring their access to protection and assistance and to planning an inclusive response. Not all disabilities are visible, and therefore data collection cannot rely on visual cues alone. Some people are not showing any characteristic usually employed to depict disability.

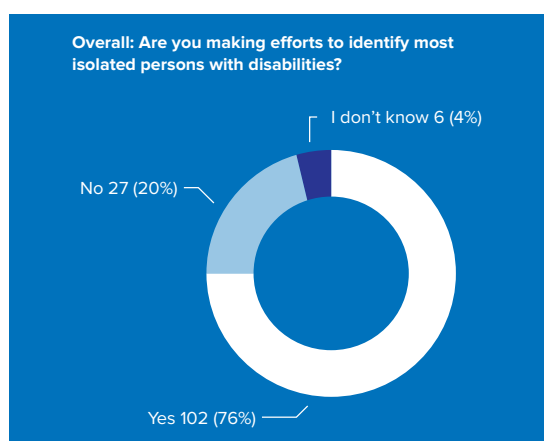
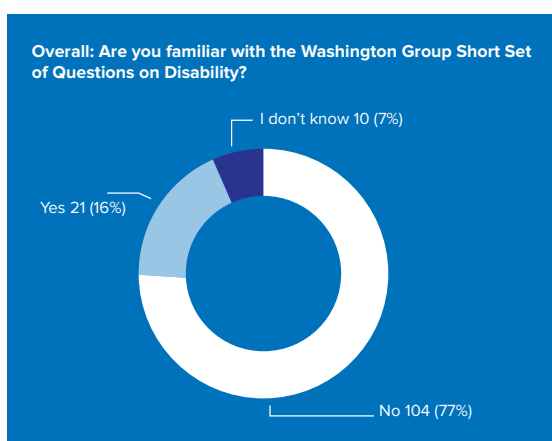
General Observation

The Washington Group Short Set of Questions¹⁰ (WGQ) on Disability is currently the best way to properly identify persons with disabilities as well as the type of disability. It allows the identification of persons with disabilities in a simple and non-stigmatizing way. However, it is not meant for disability assessment/determination, not “diagnosing”. Over the operation, only 16% of respondents (UNHCR and partners) know the existence of this identification tool. Among those aware only 13 are using it in total and only 3 UNHCR respondent are currently using this method. The need to generalize the use of this method is no longer in question.

On this regard, it is important to note that the Washington Group Short set of questions has been integrated in ProGres v4 as part of the special needs’ codes. They are designed to flag individuals at risk of participation restrictions and exclusion from protection, assistance and solutions. Also, there is internal guidance on the disability section of the specific needs’ codes.

As foreseen by the AGD Policy Core Action 1: “At a minimum, all data collected by UNHCR will be disaggregated by age and sex and other diversity considerations, as contextually appropriate and possible, for purposes of analysis and programming.” Disaggregating programme data by disability (using the Washington Group Short Set of Questions on Disability) is thus central to monitor access by persons with disabilities¹¹ and have informed programming.

The Washington Group Questions on Disability and the module on Child Functioning developed with UNICEF¹² are the most applicable tools to flag potential persons at risk. The use of this tool must be generalized in order to improve the way persons with disabilities are



identified and thus the way their needs are taken into account and their rights respected. Additionally, other methods to collect data should be used such as Focus Group Discussions, meetings with community-based structures and persons with disabilities organisations. Once persons at risk are identified, it is also important to properly understand their needs.

¹⁰ The Washington Group sets of questions are available here: <https://www.washingtongroup-disability.com/>

¹¹ UNHCR, Need to know guidance on WORKING WITH PERSONS WITH DISABILITIES IN FORCED DISPLACEMENT, 2019

¹² The Washington Group sets of questions are available here: <https://www.washingtongroup-disability.com/>

Effort Made To Identify The Most Isolated Persons With Disabilities

Partners and UNHCR staff in all locations are making efforts to identify persons with disabilities. Persons with disabilities can be at greater risk since they are likely to encounter barriers in accessing services. Therefore, their identification is of primary importance to find solutions in terms of accessibility to services. In this regard, UNHCR and partners in most locations are doing home-to-home visits or is directly cooperating at community level with community leaders, with specialised partners, and persons with disabilities associations to identify persons at heightened risk. Additionally, the conducting of assessments and awareness raising sessions with the community seems to be a practice used in many locations. Finally, the training of social workers and persons from the community can be mentioned as a relevant way to make sure most isolated persons with disabilities are not forgotten.

Strengthening the community structures and providing staff with capacity to identify children with disabilities is central. Indeed, since many children with disabilities do not go out, and their families hide them in the house, community structures will help to identify children who are hidden at home.

The analysis of the data collected on the identification of most isolated persons shows that this point is well considered in all locations. Based on this data it is possible to identify that all location put actions in place for persons at heightened risk. Even though practices mentioned above are not meant solely for the identification of persons with disabilities, it has a positive impact on their identification.

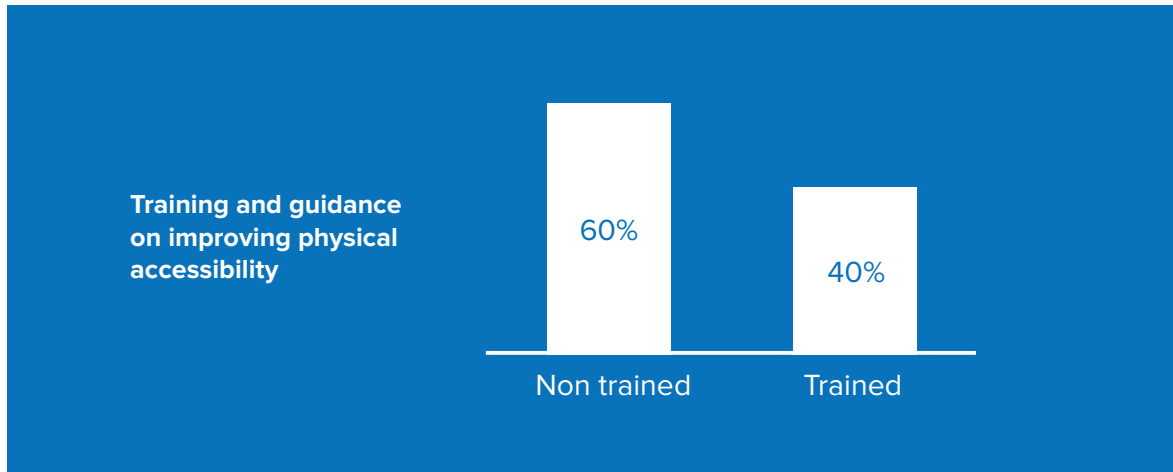
Recommendations

- Train staff and partners on the use of the Washington Group Questions on Disability and the module on Child Functioning developed with UNICEF.
- Ensure the application of the WGQs¹³ as per existing guidance. WGQs are already integrated in the UNHCR registration system.
- Define disability identification procedure at registration level for every new arrival. The Washington group short set of question (6 questions) has the least impact on the total interview time. The longer set of questions which precisely identify the type of disability may be used after first identification with the short set.
- Closely collaborate with community-based organisations, civil society, refugees and where existing, organisations of persons with disabilities (OPDs) to identify persons with a disability and then to follow up to ensure their inclusion and access per difficulty.

¹³ Washington Group Questions

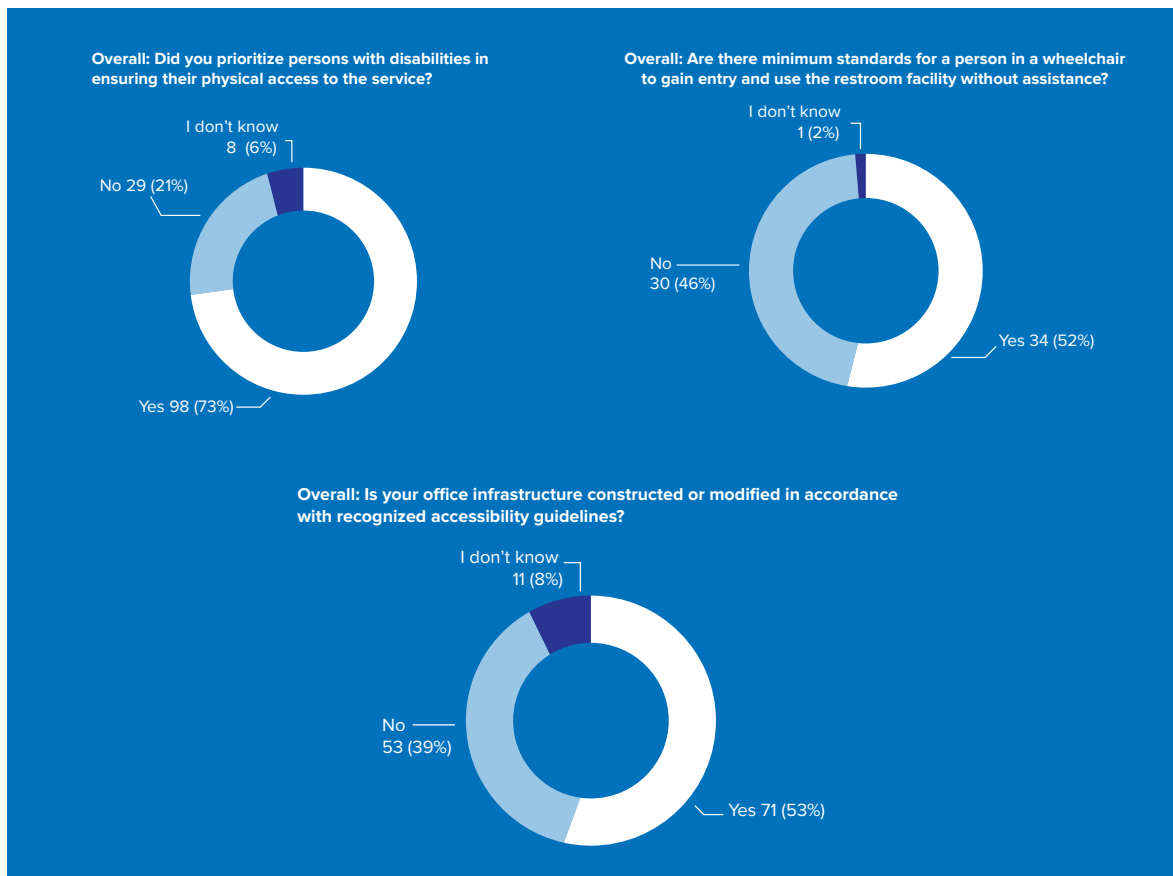
Physical Accessibility

Persons with disabilities' access, on an equal basis with others, to the physical environment focusing on the presence of any environmental and physical barriers.



General Observation

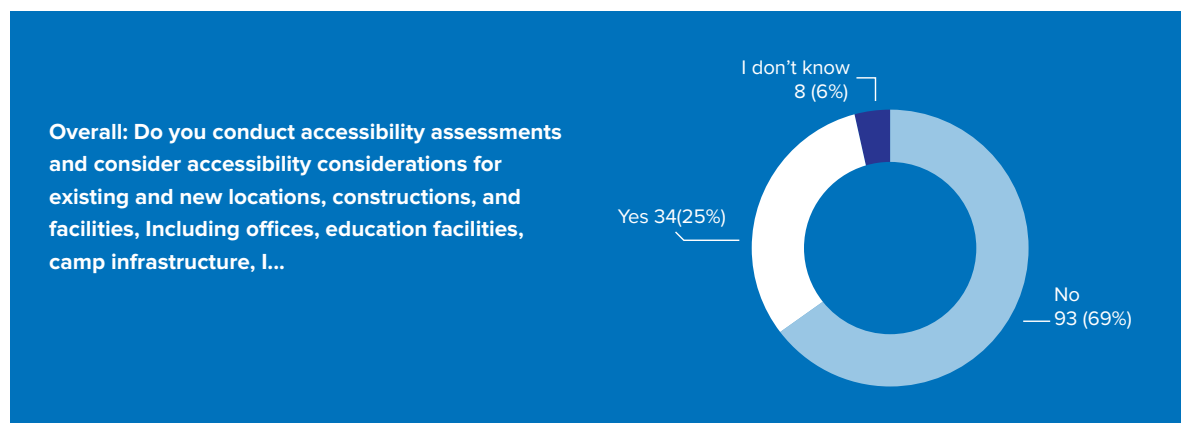
Overall, the results show that almost 2/3 of the staff at field level, partners and UNHCR have not received any training or guidance on improving physical accessibility. However, if we refine it to UNHCR only, 30% staff received a training on physical accessibility. In terms of numbers, this corresponds to 7 of the UNHCR respondents.



Regarding the collected figures on physical accessibility, it appears that half of the locations (53%) respect the accessibility principles which is not a low number in forced displacement context. However, this would need to be confirmed by an accessibility assessment of the place.

Similarly, it appears that overall, half (52%) of the locations and services surveyed apply minimum standards for persons in a wheelchair to gain entry the restroom facilities without assistance.

Moreover, the prioritisation of persons with physical disabilities in accessing the service is very important and 73% of respondents reported that they do this.



Those conducting accessibility assessment (25%), were also asked about the date of the last assessment. This helps to comprehend how accurate the data provided is and furthermore the necessity to conduct new assessment in the location. Except for three respondents, who conducted the accessibility assessment 2 or 3 years ago, all the others did it between one year and six months ago.

The assessments of the environment are usually done by specialised partners or individual expert/consultant hired for the exercise. For example, in Assosa assessment was done by RaDO and Ethiopian Centre for Disability Development (ECDD) jointly using a consultant for the assessment.

Recommendations

- Train staff on physical accessibility and how to improve the environment's accessibility.
- Conduct accessibility assessments in collaboration with partner organisations.
- Include physical accessibility accommodations in budget proposals.
- Engage persons with disabilities on designing infrastructure towards improving access



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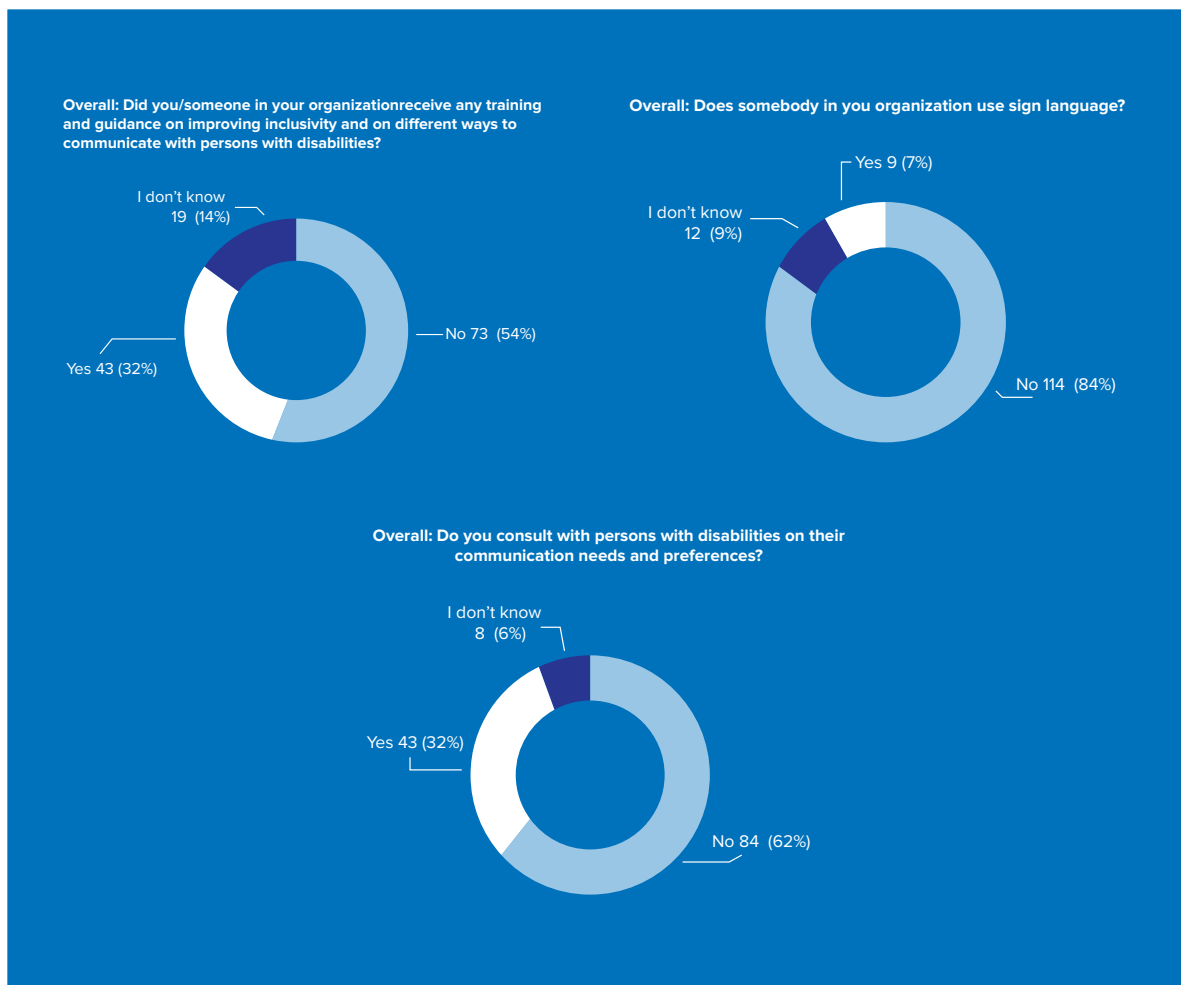
Inclusive Communication

Inclusive Communication

Inclusive communication can be defined as ensuring that all information communicated can be understood by all. All shared content should be available in multiple and accessible formats to ensure that everyone, including persons with disabilities can access and meaningfully participate in programming, make informed decisions, and provide feedback and complain in a safe manner.

General Observation

Similarly, to physical accessibility training, more than half of UNHCR staff and partner organisations (54%) did not receive any training on communicating with persons with disabilities.



Communication Methods

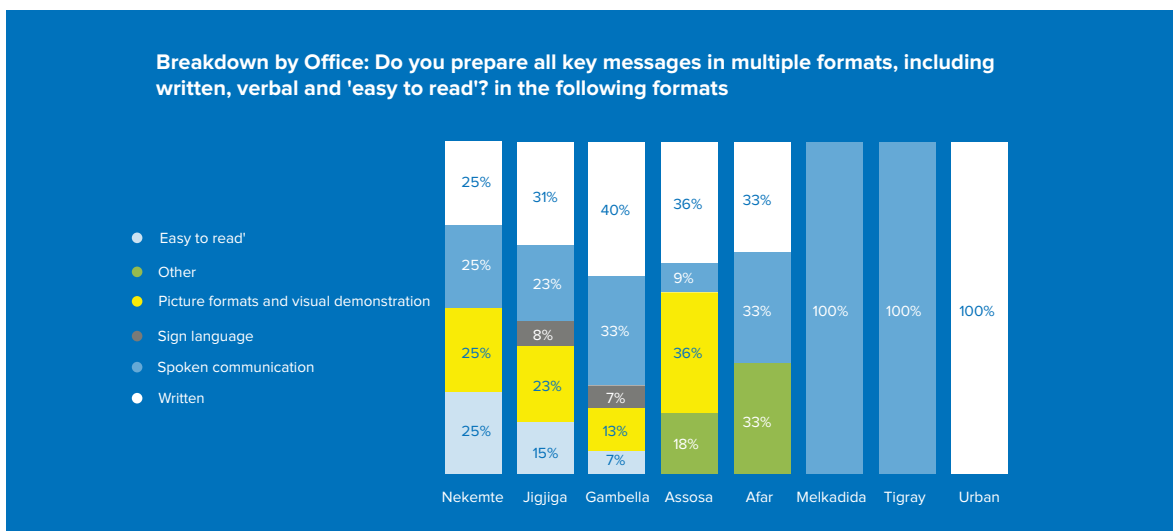
Written communication is used in many locations (61%) followed by spoken communication (47%). To ensure wider inclusion, use of easy-to-read formats could be utilized more widely across the operation, as currently it is used only in 22 % of locations. Having multiple communication channels and ways as well as ensuring that people are consulted on their preferences is the key. Additionally, it is good to include persons with hearing disabilities is to have someone in the organisation who uses sign language or existing pathways/partnerships to ensure that sign language interpretation is available upon request.

Looking at the methods used by UNHCR according to locations, it can be noted the dominance of binary communication methods which are spoken and written. Some locations such as Melkadida are using only one.

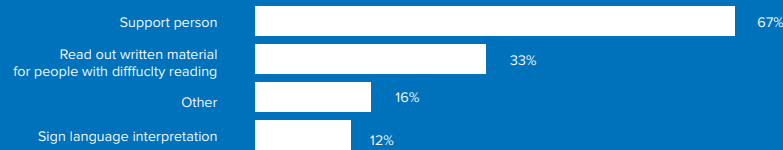


Support And Reasonable Accommodation

The secondment of a support person to assist is one of the inclusive methods of adapting the service to people with disabilities. However, diversity of solutions is recommended.



Overall: What kind of support or reasonable accommodation do you provide?

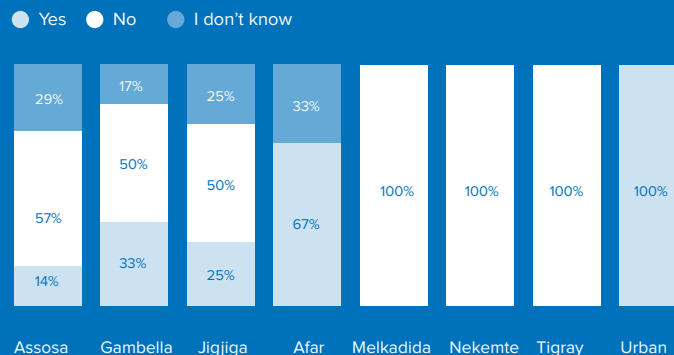


Preparedness And Evacuation

Preparedness and evacuation strongly depend on methods of communications. If the method used is not inclusive, then, some persons with disabilities might be excluded.

The study found that in most locations, people with disabilities are not included in preparedness and evacuation training. Melkadida camp and Tigray camp, for example, do not include them at all. Their inclusion in these trainings is crucial because people with disabilities are often at increased risk in an emergency.

Breakdown by Office: Do you include persons with disabilities in trainings on preparedness and evacuation?



Recommendations

- Diversifying the communication methods/strategies.
- Assess and map out preferred channels of communication by persons with disabilities.
- Train staff on communicating with persons with disabilities and how to improve inclusivity.
- Include persons with disabilities from planning to implementation stages in all activities, especially trainings on preparedness and evacuation.

Prevention And Response To Violence And Abuse

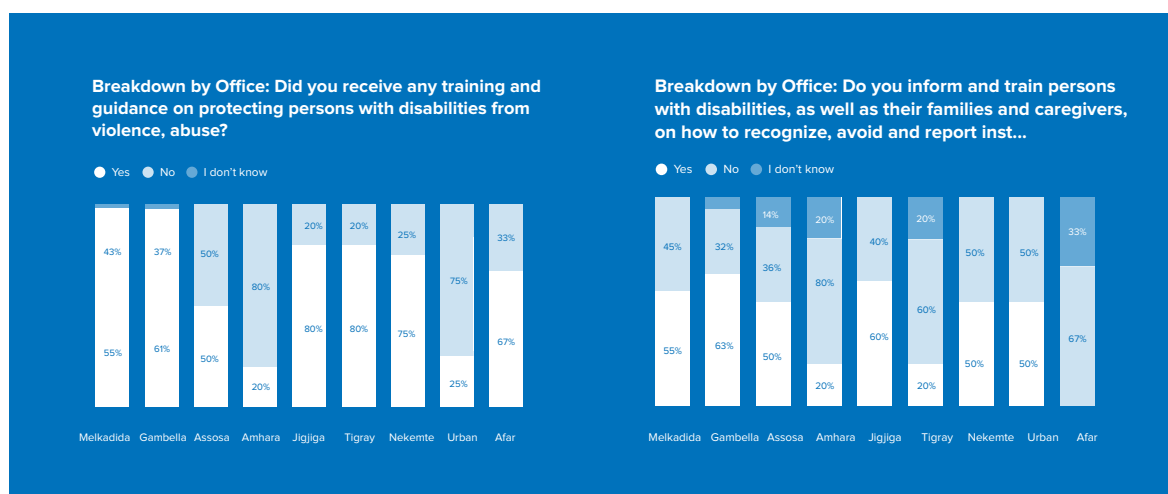
Persons with disabilities experience violence at much higher rates than persons without disabilities and may experience targeted violence and abuse on the basis of disability.¹⁴

General Analysis

Figures show that 56% of respondents have received training or guidance on protecting people with disabilities from violence and abuse, and 61% on sexual abuse and exploitation (SEA). Training on SEA and violence already reaches the majority of UNHCR staff and many partners. It is important to note that there is no specific training on SEA or violence and abuse that is specific to persons with disabilities. Instead, disability considerations can be included in general training.

Working closely with caregivers and family members is central to reduce the risk of GBV to persons with disabilities.

Protection of persons with disabilities from GBV follows the same mechanisms as GBV protection for anyone else. In this regard, GBV awareness raising sessions benefit as well to persons with disabilities.



Special Mechanisms

On the Prevention of Sexual exploitation and Abuse (PSEA) and GBV sides, it appears that 36% indicated that they had no mechanisms in place to identify, respond to and monitor violence and abuse of persons with disabilities. This is to be read in the sense that they do not have specific mechanisms for persons with disabilities but have general mechanisms.

The mechanisms in place are not peculiar to persons with disabilities. Most of them have GBV prevention & response programs and use referral pathways. Additionally, under the prevention program: community sensitization and trainings (to community members, local government and partner staff) are delivered. More specifically, health, psychosocial support,

¹⁴ UNHCR, WORKING WITH PERSONS WITH DISABILITIES IN FORCED DISPLACEMENT, 2019

legal and safety/security services are included under the response program. These services are not specific to persons with disability only but the whole community.

Among the specific measures to take for persons with disabilities, direct discussions with persons with disabilities associations, making sure to create awareness to send feedback whenever they face a challenge are the most important. All location must make sure that persons with disabilities are truly included in all awareness raising activities and can access any reporting methods. In this sense, violence and abuse against people with disabilities will be closely monitored, identified and addressed through the community complaint mechanisms established.

Protection Of Persons At Heightened Risks

Concerning the protection of persons at heightened risk, such as children with disabilities attending special schools/ institutions away from their families, persons with albinism, and persons with severe or multiple disabilities who are dependent on others for daily activities and/or communication, some specific mechanisms and good practices have been established.

For example, in Gambella, help desks have been created in Pinyudo camp to help refugees with disabilities to come with their relatives and caregiver to forward their complaints to UNHCR. Besides, an association of persons with disabilities has been established as the community-based structures helping to receive complaints and provide feedback to persons with disabilities.

Partners in Assosa (Humanity and Inclusion) are creating a more protective environment through awareness creation, cognitive and play therapy and functional rehabilitation. Health and psycho-social support is also prioritised.

In Kule camp, Gambella, DRC is coordinating with mandated partners intervening on PSNs and then mobilize organized refugee youth volunteer group to provide community based free social services for Persons with disabilities.

However, the overall result show that most respondents and thus locations don't have any mechanisms to protect persons at higher risks.

Referral To Relevant Assessment And Case Management Procedure

Among the good practices, in Gambella, protection help desks have been organized in the camps to assess protection risks of persons with disabilities. Persons with disabilities that need protection response from other partners are referred through referral pathway systems, where relevant partners provide access to services.

In Gambella as well, UNHCR and partners use inter-agency referral pathways designed to refer individual refugees at heightened risks through case management process. For instance, children living in alternate care arrangements are assigned to a supervisor from a protection partner who assesses their wellbeing. The same applies for elderly people and persons with disabilities.

Recommendations

- Enhance inter-agency referral pathway systems to provide access to services for persons with disabilities.
- All location must make sure that persons with disabilities are meaningfully included in all awareness raising activities and can access any reporting methods.
 - This includes making the help desk, face-to-face communication, protection intake offices and protection coordination platforms accessible.
- Have a dedicated person in charge of making services accessible for persons with disabilities.
 - This person should be reaching out to isolated persons with disabilities and be available to assist with any reporting matter.Coordination with partners on messaging.
- In training on violence and abuse prevention and response, and SEA, special attention should be given to the risks faced by people with disabilities.
 - Make sure that trainings include considerations regarding persons with disabilities and identify solutions for them if necessary.
- Collaboration with organizations of persons with disabilities.



UNHCR
The UN Refugee Agency

Ethiopia



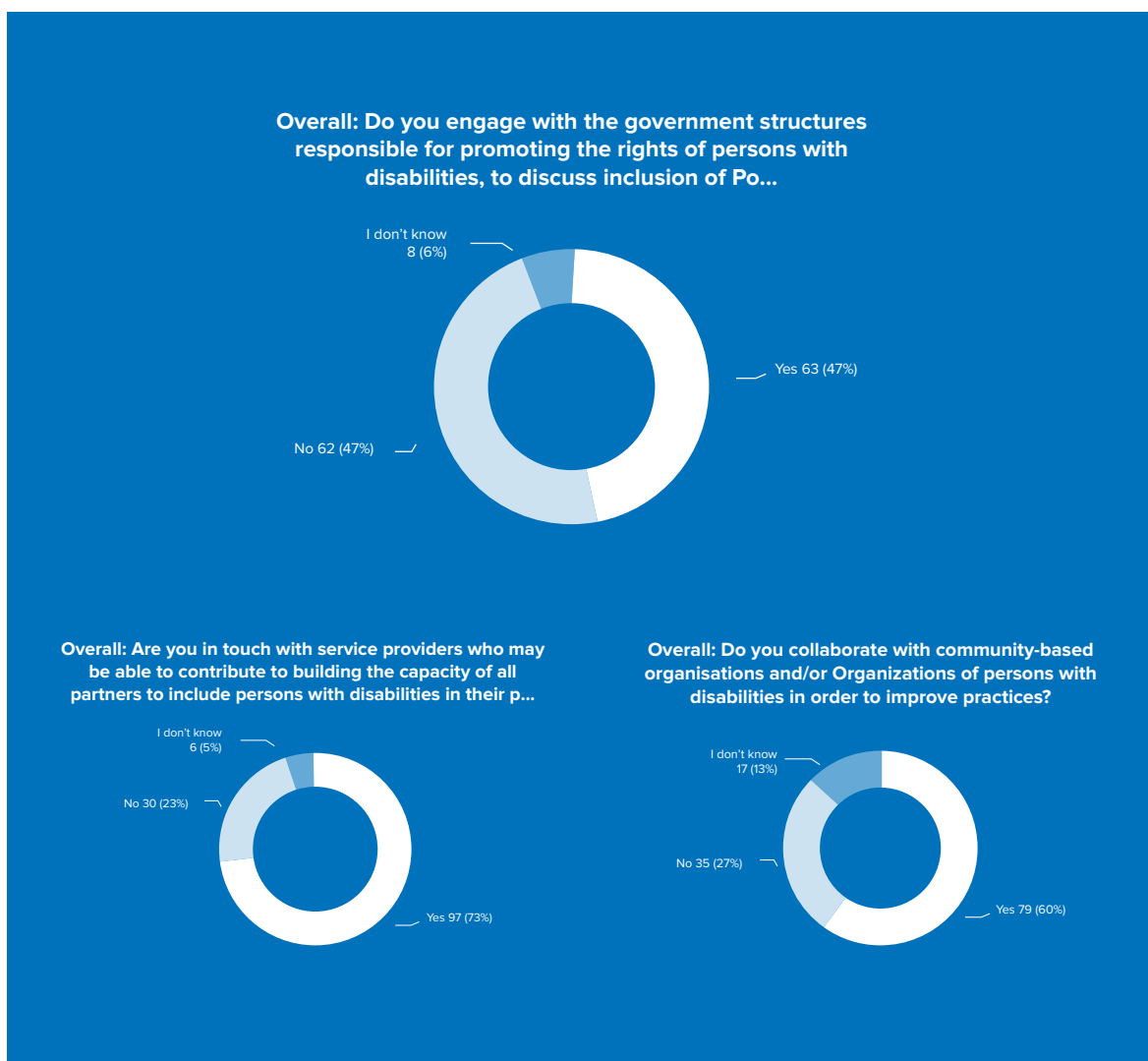
Linkages With Persons With Disabilities Associations And Other National And Local Actors

Organisations of persons with disabilities (OPDs) are key partners for UNHCR. They can build the capacity of UNHCR and partners to improve accessibility of programmes and activities. Moreover, they are a source of peer support and can help communities to better understand disability and thus reduce barriers. Linking with OPD, CBA (Community-Based Association) and government bodies is crucial to advance the rights of refugees with disabilities.

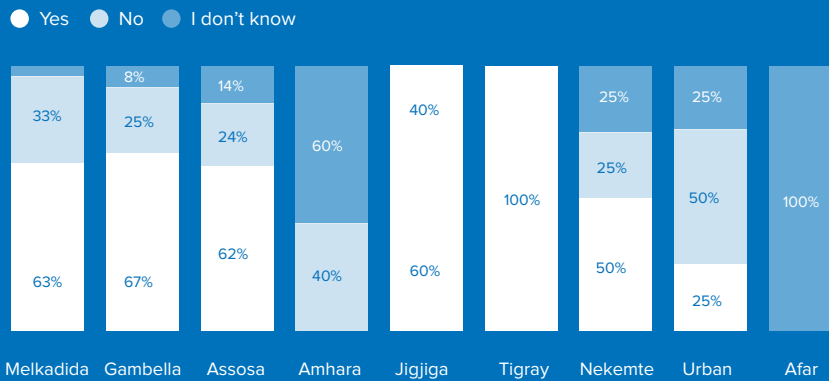
General Analysis

The study noted that local actors and professionals are widely in touch with bodies and organisations whether government bodies, community-based structures or service providers to improve persons with disabilities protection. Indeed, 47% of respondents already engage with government structures responsible for promoting the rights of persons with disabilities. 73% are in touch with service providers that could include persons with disabilities in their program. Finally, 60% work with community organisations, which are one of the most important players in the chain when it comes to supporting the rights of persons UNHCR is working with and for.

In conclusion, the existing network of organisations from which UNHCR benefits is a strength for disability inclusion, especially for its coordinated implementation.



Breakdown by Office: Do you collaborate with community-based organizations and/or Organizations of persons with disabilities in order to improve practices?



Collaboration Methods With Community-Based Organisations

Among the methods of collaboration, the conducting of meetings and regular discussions and consultations, which can be on monthly or bi-monthly frequency, is very relevant to discuss and share concerns. Community-based child protection committees also have weekly and biweekly meetings with officers.

In Melkadida, the partner organisation RaDo has different training sessions with organisations which work on education on inclusive education and on how to work with learners living with disabilities. They work with health teams to facilitate referrals for those who seek medical assistance.

In Assosa, UNHCR is collaborating on annual and quarterly basis, with partners and RRS. It engages in FGD (Focus Group Discussions) to identify the potential barriers and ways to support persons with disabilities during the annual reviews so that services can be improved in the next cycle of intervention.

Working closely with different community structures and providing capacity reinforcement for these community structures is helping the community structures to start identifying children with different forms of disabilities.

Main UNHCR Partners Regarding Disability Inclusion

The principal partner organisation which UNHCR is working with is Rehabilitation and Development Organization (RaDO). Even though the collaboration on protection of persons with disabilities and improving disability inclusion is made with a lot of different partner organisations, RaDO, Humanity and Inclusion, DICAC, and HelpAge are the most common partners.

Recommendations

- Mapping RLOs, CBOs working with persons with disabilities and OPDs across the country.
- Funding allocation to OPD and RLOs/CBOs working with persons with disabilities.
- Pursue and strengthen the collaboration with local actors and community-based organisations, including organizations of persons with disabilities.
- Further include disability inclusion aspects in the collaboration with community based organisations and governmental bodies.
- Develop trainings and information session for persons with disabilities associations, community-based organisations, partners and service providers.
- Further collaborate with service providers to adapt the service provided and make it inclusive and accessible.
- Establish CBR Committee in Refugee Camps

Promote Attainment Of Comprehensive Solutions

Comprehensive solutions include both participatory exercises and durable solutions such as resettlement, voluntary repatriation and local integration as well as complementary pathways. Promoting the attainment of such solutions requires the accessibility of all information materials and the inclusion of people with disabilities in all participatory exercises. For this section, only UNHCR staff participated in the survey.

General Analysis

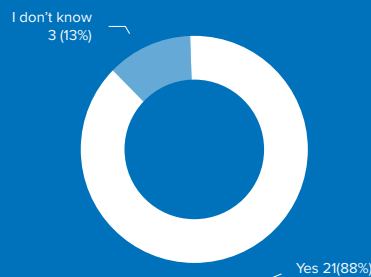
Overall: Are persons with disabilities actively participating in community-based protection mechanisms (e.g., as outreach volunteers and on leadership committees)



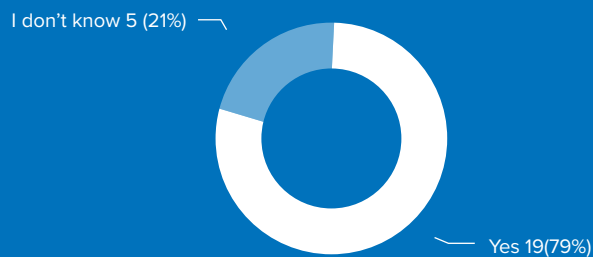
UNHCR is broadly considering persons with disabilities in all participatory activities.

Regarding participatory assessments and participatory exercises, persons with disabilities are broadly involved in the process. In accordance with the Age, Gender and Diversity policy, a representative number of persons with disabilities must be involved in such activities to reflect their perspectives and concerns.

Overall: Do you involve persons with disabilities in participatory assessments and other assessments?



Overall: Have men, women, girls, and boys with disabilities been consulted (through participatory methodologies) to identify priority protection concerns and barriers to accessing services and assistance?



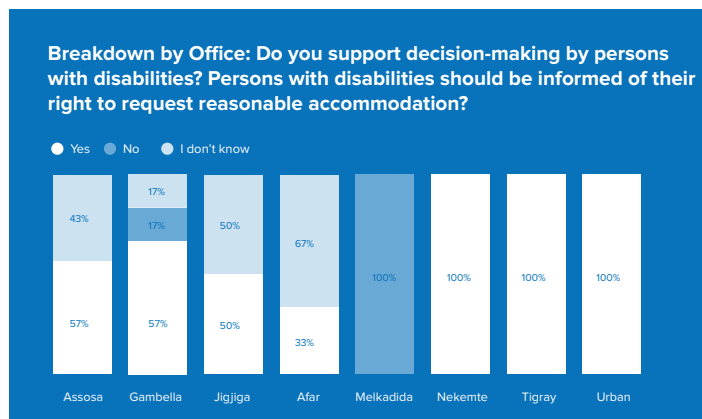
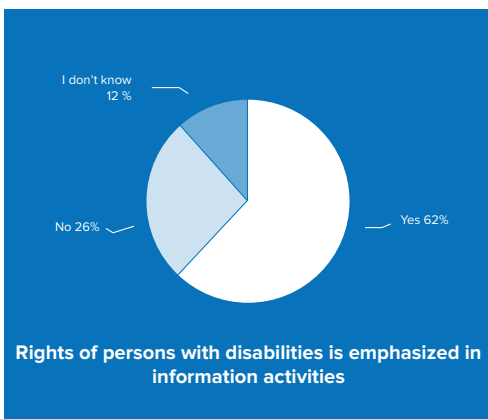
Recommendations

- Uphold the principle of “No one left behind”.
- Continue to include persons with disabilities in all participatory activities. Make sure the sample population includes a sufficient percentage of persons with disabilities.
- Further work on including persons with disabilities in community-based organisations and mechanisms.

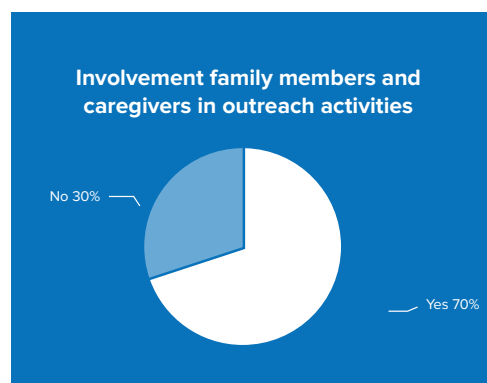
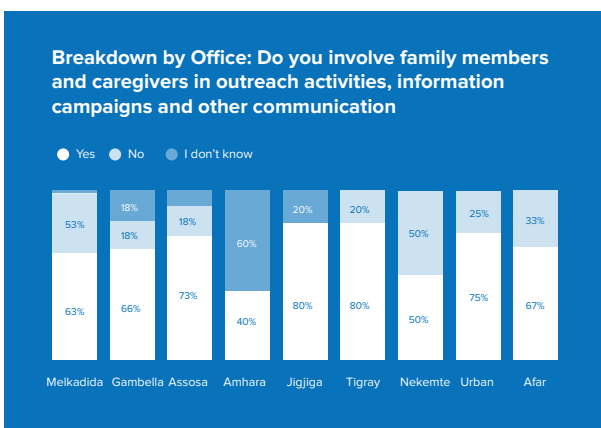
Awareness Raising And Supportive Environment

General observation

A supportive environment is well informed about disability issues and therefore knows how to act and adapt the environment for greater inclusion with dignity and respect. This should include awareness-raising sessions for staff first, but also for family members and caregivers. For each organisation, it is useful to have a local focal point for the inclusion of persons with disabilities to ensure that every action taken is attentive to inclusion matters.



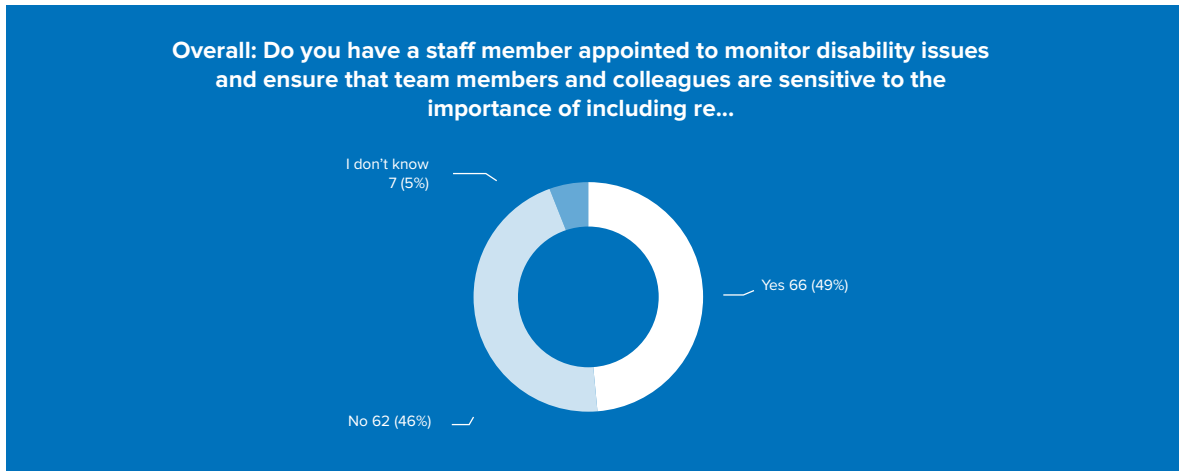
Involvement Of Caregivers And Family Members



More than 2/3 of respondents include family members and caregivers in communication initiatives and in planning support they are providing.

Family members and caregivers are the first contact and intermediary for most persons with disabilities. Informing them thus reduces the risk of violence and misunderstanding of the needs of the person with disabilities.

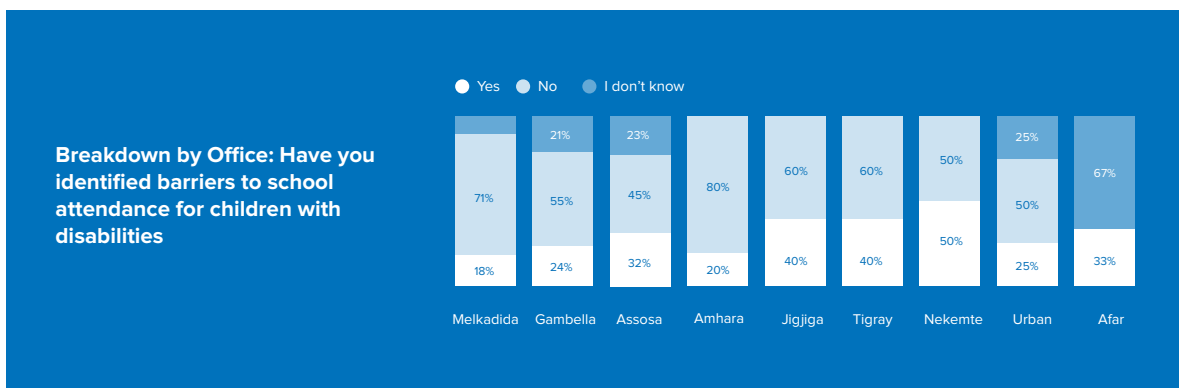
Appointed Staff For Disability Inclusion



Half of the locations (46%) do not have a staff member who oversees disability inclusion.

However, this number varies according to the organisation. For instance, RaDo has someone overseeing disability inclusion in each location.

Budget For Reasonable Accommodation



Recommendations

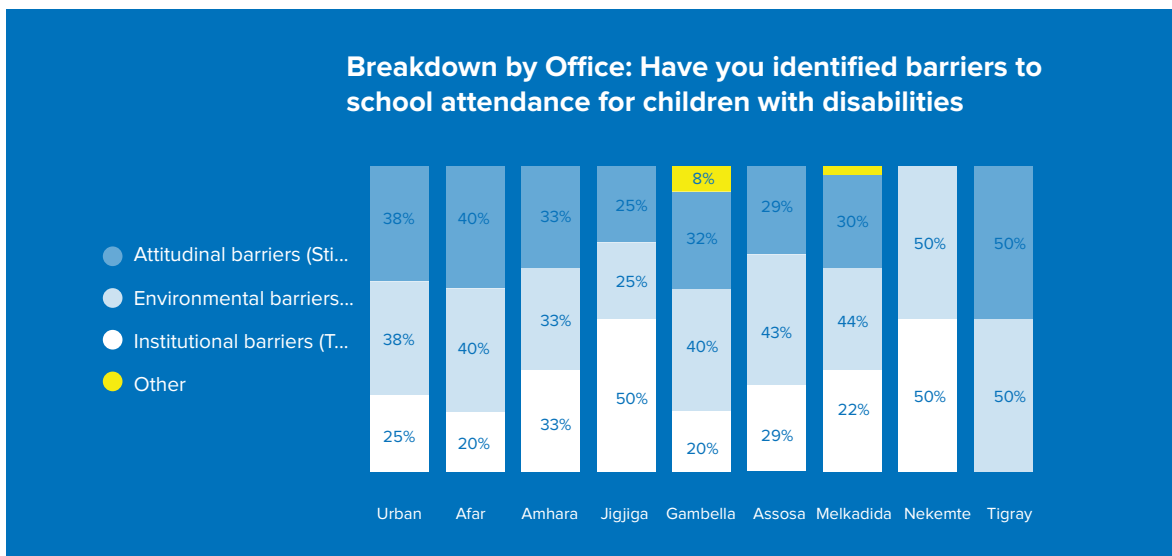
- Designate a focal point who oversees disability inclusion questions.
- Regularly organise awareness raising sessions on the rights of persons with disabilities and how to reduce barriers.
- Allocate a specific budget for reasonable accommodation which would make the environment more accessible.

EDUCATION

Introduction

Children with disabilities are among the most vulnerable persons in forced displacement context. Ensuring their access to education is of paramount importance as well as creating an accessible environment in the school.

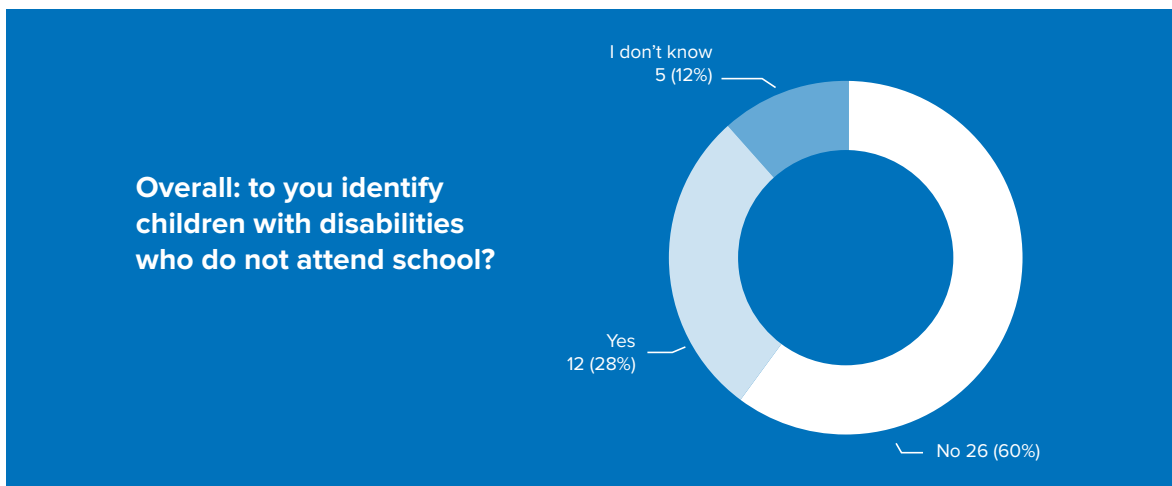
Barriers To School Attendance



Overall, environmental barriers (Physical and communication barriers) are the most limiting (42%) followed by institutional barriers (technical capacities, lack of budget) (32%) and attitudinal barriers (Stigma and behaviour against learners with disabilities) (26%).

Children Not Attending School

It is of crucial importance that children with disabilities are identified and are assisted to be able to go to school.



Collected Solutions To Make Education More Inclusive

Proposals were collected from different organisations at the local level on what needs to be improved to make education inclusive. Regarding visual and hearing disabilities, many partners recommend implementing braille materials and sign language, especially in schools.

For children with hearing disabilities, training teachers in sign language would be necessary to allow children with hearing disabilities to participate. However, this is a heavy requirement since learning sign language requires some time. The procurement of hearing devices for children has also been mentioned several times.

Semera camp in Afar Region indicates that it would be essential to prioritize and finish PPA (Project Partner Agreement) with IPs working on persons with disabilities since no partner has been working exclusively with persons with disabilities since the beginning of the year. (2022)

One other proposal made by UNHCR in Melkadida is to identify children with disabilities as well as the type of disability, and barriers that prevent them from going to school. In addition, it is necessary to avail a budget so that facilities are provided targeting these individuals. Furthermore, materials should be provided, teachers trained, and the environment needs to be conducive to motivating both students with disabilities and teachers.

Summarized, the proposals are as follows: Capacity reinforcement for teachers, technical and material support, and advocacy for additional budget.

The Main Constraints In The Education Sector

In the education sector, both colleagues and partners have been asked about the main existing constraints preventing them from properly supporting children with disabilities. The same answers were shared repeatedly: the three main constraints identified are budget limitation/shortage, the lack of skilled professionals/ knowledge on disability inclusion and the non-disability-friendly environment.

The budget shortage has an impact on other limitations such as the possibility to adapt to the environment, create centers with special material and train and hire more staff. However, a unified and clear approach to supporting persons with disability must be structured first.

The lack of skilled professionals comes second with the lack of knowledge on disability inclusion. If the link to the shortage of budget is easy to do, it is possible to train staff, and not only a few staff, on disability inclusion. The training on improving accessibility and interacting with persons with disabilities is the basis toward more disability inclusion.

The lack of awareness and training on disability inclusion often leads to attitudinal barriers. Even if attitudinal barriers are not only due to staff, and are rooted in everyone's behaviour, professionals have a strong role to play and to create an accessible environment. A training for UNHCR and partner staff working in the education sector would drastically reduce attitudinal barriers toward persons with disabilities, make everyone aware of accessibility matters and thus progressively enhance the environment without the need of an important budget. However, the training of some skilled professionals such as teachers takes more time and directly hiring skilled professional and teachers with disabilities has a cost.

Regarding the non-adapted environment, this is a general issue which concerns many locations and includes several components such as limited specialized services, i.e. facilities, trained personnel (teachers) and the unavailability of a good network of organisations working with persons with disability. This last constraint depends on the others since the environment can be adapted materially through budget and professionally through training.

These criticisms and observations highlight the most important constraints in the education sector. These are not the only problems and limitations that exist in achieving the inclusion of people with disabilities in education but addressing them would certainly enable us to jump on the disability inclusion train.

Recommendations

- Conduct a more specific assessment of schools and the education sector to identify in detail the actions needed.
- Closely collaborating with government bodies on education.
- Work with the community to remove barriers to school attendance for children with disabilities.
- Allocate a specific budget for reasonable accommodation which would make the environment more accessible.

Food And Nutrition

General Observation

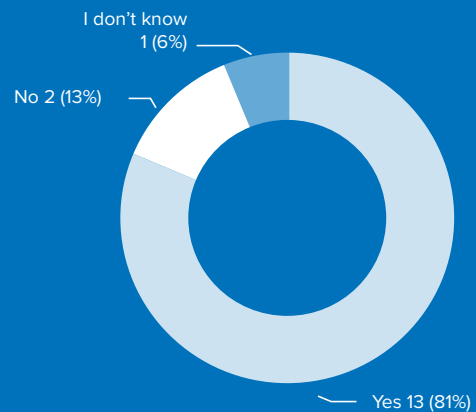
The food and nutrition sector has an important role to play to avoid discrimination of persons with disabilities. Indeed, it has to adapt its practice to make its services accessible. This can be through the establishment of separate queues, door-to-door distribution or transport support.

It is important to note that the Nutrition and Food distribution services are operationally different with their own unique constraints and flexibility. For instance, in terms of adjusting distribution to individual needs, Nutrition is more flexible. Alternate hours, proxy distribution and home delivery are implemented, while for Food the decision making, and implementation is more complex.

Additionally, the General Food Distribution & Nutrition basket are not decided at operation level.

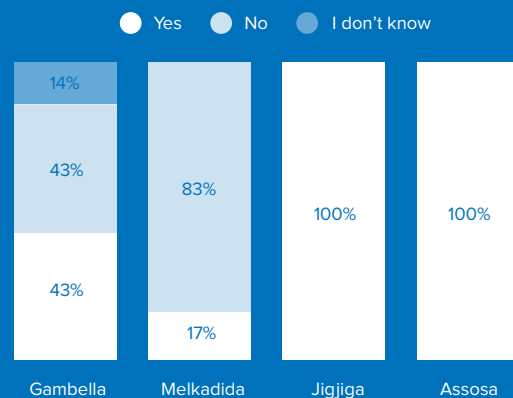
Involvement In Program Designing

Overall: Do you involve persons with disabilities in programme design and delivery; ensure distributions are accessible and appropriate?



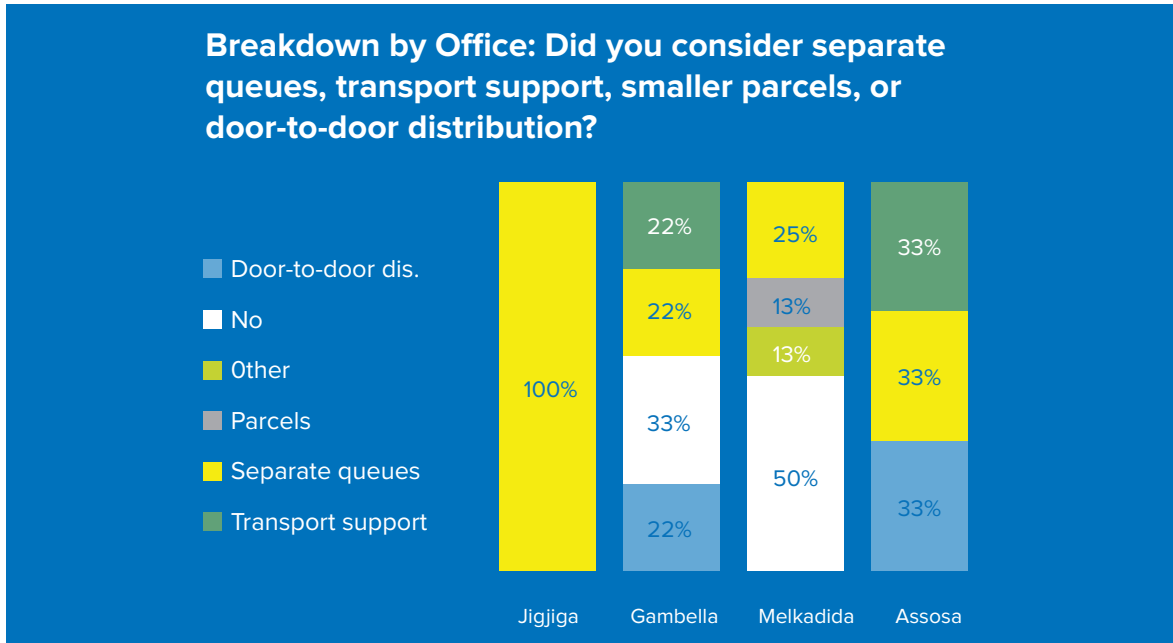
Consultation With Persons With Disabilities

Breakdown by Office: Do you consult persons with disabilities when deciding what items should be included in distributions and ensure that dist...

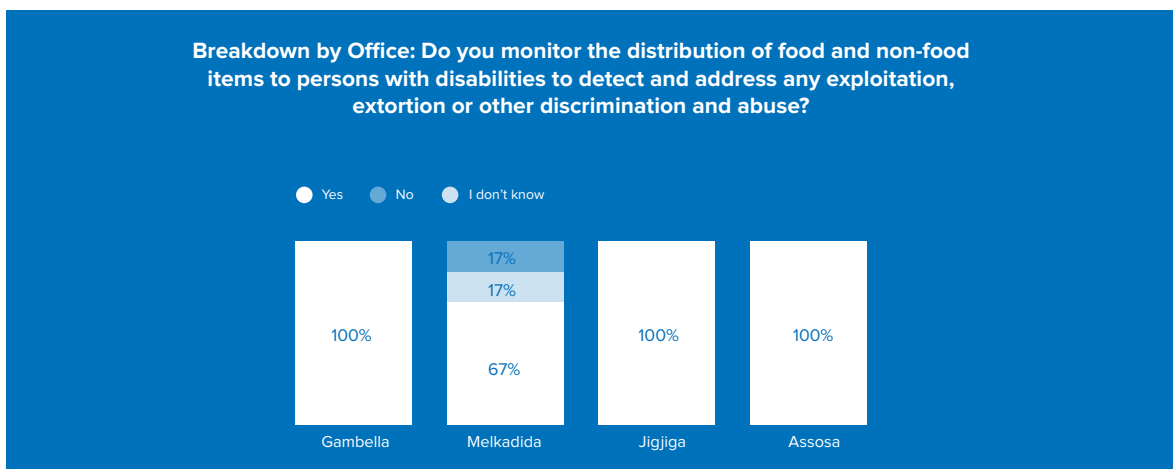


In the nutrition sector, persons with disabilities are included in all community consultations. However, separate session for persons with disabilities are less common.

Inclusive Practices



Using Food Distribution To Detect Discrimination And Abuse



88% of the respondents assessed are using the opportunity of the distribution of food and non-food items to persons with disabilities to detect and address any exploitation, extortion, discrimination and abuse.

The Main Constraints In The Food And Nutrition Sector

In the food and nutrition sector, the principal constraints sound quite similar to the constraints in the education sector. Indeed, the first to be mentioned is the budget constraint. This affects the possibility to adapt the methods and to buy adapted material. However, it is important to underline that the budget constraint could be mentioned in many cases since it is considered to be the root of any issue. Knowing that, it is important to look for more details concerning the areas that need improvement.

For instance, in Jigjiga, Sheder camp, it is the rocky environment which is the main challenge for persons with disabilities to access services. Thus, the limited budget might prevent the local staff from supporting persons with disabilities with mobility equipment.

Additionally, it appears from the feedback of local staff and partners that one important issue is the lack of trained staff, the little awareness of disability inclusion and the numerous cultural and attitudinal barriers.

Finally, a remaining issue is the quality of data on persons with disabilities which seems to be limiting for local staff. Indeed, without sufficient information on the location, number, type of disabilities and particular needs of refugees with disabilities it is very difficult to respond to these needs.

This last issue is thus related to another question mentioned above which concerns the methods of identification of persons with disabilities. Without a proper and structured method to identify persons with disabilities, the type of their disabilities and their needs, nothing sustainable and adapted can be done. Moreover, a good collaboration with persons with disabilities associations and Community-based organisation to locate isolated persons is crucial.

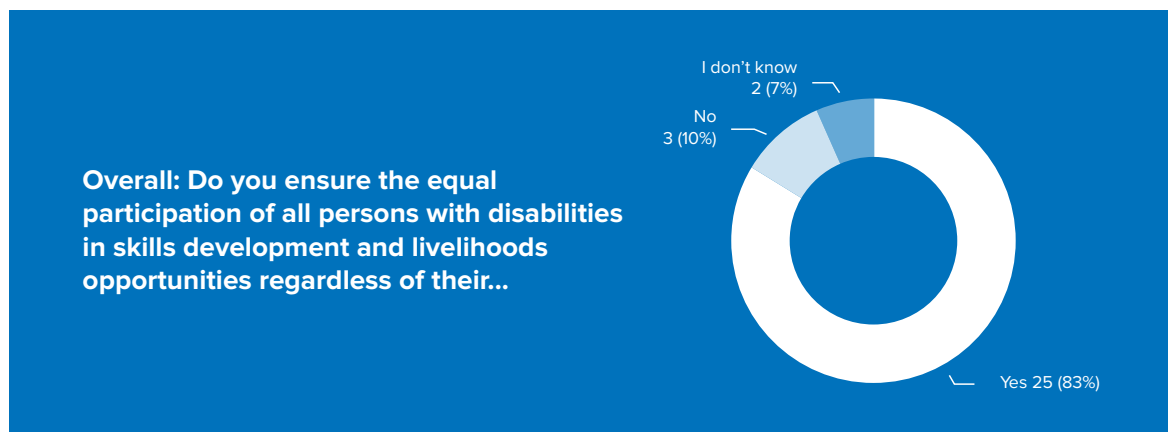
Recommendations

- Include and monitor the practices of separate queues, transportation support, smaller parcels and door-to-door distribution in the distribution SOPs.

Livelihoods

General Observation

It appears that the livelihoods sector across the operation has a strong approach of disability inclusion as it largely includes (90%) persons with disabilities in livelihood activities.



The Main Constraints In The Livelihoods Sector

Within the livelihoods sector, both UNHCR staff and partner organisations mentioned recurring issues and constraints such as shortage of budget, shortage to engage persons with disabilities in livelihood and self-reliance activities. If the budget shortage is frequently mentioned as a limitation for many activities, the difficulty for persons with disability seems to take its root deep in society and will take more effort to be addressed. Indeed, looking closer to the situation, persons with disabilities are affected by the lack of diversification of livelihood opportunities for them to select and engage according to their preferences and capabilities.

At camp level, and for instance in Kobe camp, Melkadida, the impossibility for many persons with disabilities to cultivate their land is an issue. The limited resources to cater adequately for persons with disabilities reinforce the difficulty. While it may be difficult for persons with disability especially those with mobility challenges to activity participate in on-farm activities, there is an opportunity to engage these further in off-farm activities or opportunities within the agriculture value chain post-production. Such would come but at a cost since there is already little being done within the market for value addition for most value chains.

Otherwise, the same constraint as other sectors can also be identified for livelihood, namely, the non-sufficient training of staff to properly interact with persons with disabilities. In addition to that there is the difficulty of accessing residence permits and business licenses. However, it is true that this latter issue also affects persons without disabilities but for those with disabilities, access is almost impossible.

The livelihoods sector is also impacted by the identification issue. Indeed, by missing adequate information on persons with disabilities beyond the numbers and disability types overall in the operation it is hazardous to attribute adequate budget and consider supportive solution. In this regard, local staff is asking to capture data on skills and capabilities which would be helpful in enabling livelihood partners tailor design of interventions to their most priority needs.

Recommendations

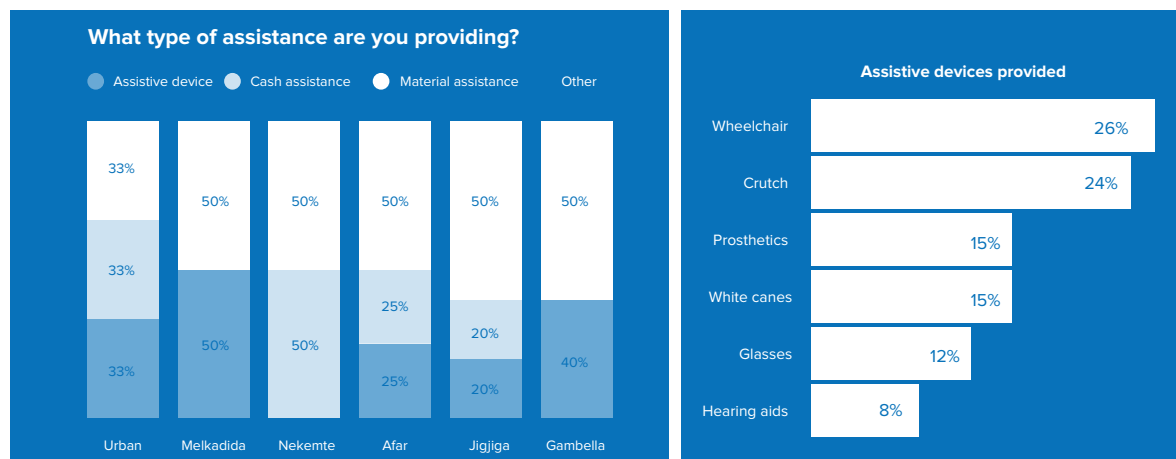
- Context specific livelihood programming and design to accommodate disabilities.
- Develop economic empowerment for persons of concerns living with disabilities with livelihood projects.
- Develop sensitization program for the refugee and host communities on persons with disabilities rights, their skills and competencies and removing accessibility barriers.

Targeted Services And Assistance For Persons With Disabilities

Targeted services refer to the specific assistance provided to persons with disabilities to enable them to participate on an equal basis with other. This may be through the provision of reasonable accommodation or by strengthening their capacities. By reducing barriers, these targeted services help reducing or eliminating disability since it is the results from the negative interaction between persons with impairments and the environment.

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General observation



Most of the assistive devices provided are for physical disabilities.

Main gaps in UNHCR action

- 35% of UNHCR staff think assistance and services are not tailored to their specific needs.
- 22% consider identification of their specific needs is insufficient.
- 28% consider persons with disabilities are generally marginalized in the response.
- 15% consider the gaps come from general gender inequalities

A fields perspective: The most necessary actions to be taken for the inclusion of people with disabilities and the protection of their rights

Among the recommendations, the partner organisation RaDo highlights the necessity to know the wide spectrum of persons with disabilities. Indeed, they state that before service provision it is better to understand the age, gender, disability component and the cultural barriers and GBV problems behind the person with disability. In this sense, one person with disabilities might be victim of clan minority, GBV or other problem so that he/she needs different service based on the case. This recommendation points out that persons with disabilities often undergo several protection risks and that disability does not define them solely.

In this regard, working with specialized partners and persons with disabilities associations is the t way to properly identify the protection risks at stake for persons of concern with disabilities. In the eventuality that no association or committee yet exists in one location, it is important to promote and support its creation. Consequently, this would also enhance community-based protection since the creation of such groups strengthens the community's structure.

The recommendations collected from education partners insisted on the creation of special classes, the need for special teachers, and the necessity to provide assistive education material.

Our Melkadida's colleagues summarized the way additional budget should be used if allocated: First, the creation of specific programs necessary for persons with disabilities would be designed and implemented, i.e., specialized schools, provision of enough assistive devises (based on the need), provision of inclusive health services, construction of disability friendly shelters and toilets, training protection and sector colleagues on how to respond to the needs of persons with disabilities. In general, the impact of any planned action (in all sectors) on persons with disabilities needs to be assessed in advance and addressed. That way inclusion will be promoted and barriers that exclude persons with disabilities from the equal enjoyment of their human rights will be addressed.

A field's perspective: Necessary support (from the operation's management, regional bureau, or HQ) to take disability inclusion better into account regarding operational context and work.

Organisations working with persons with specific needs such as RaDo or HI are asking for greater attention to be given to persons with disabilities in all aspects of their lives and in all sectors. This consideration would be materialized by the allocation of a budget that would allow them to reach the minimum standards of achievement of the accessibility guidelines. In addition, support should ideally allow for the purchase of assistive and mobility devices, prosthetics, and orthotics, as well as awareness and capacity reinforcement training regarding disability mainstreaming and inclusion.

UNHCR staff also mentions the necessity of capacity reinforcement, of additional staffing and development of guidelines. Moreover, what seems to be very necessary is proper coordination and consistent follow-up with all relevant partners working with persons with specific needs.

Overall, the most needed support, apart from financial support, is the provision of trained staff so that national staff and partners are trained in the different aspects of disability mainstreaming and learn to integrate it.

Recommendations

- Develop general staff knowledge on disability inclusion through training.
- Provide material support and resources.
- Resource mobilization and fundraising to provide required material support and better livelihoods assistance.
- Further collaboration with specialized partners.
- Establish CBR Committee in Refugee Camps



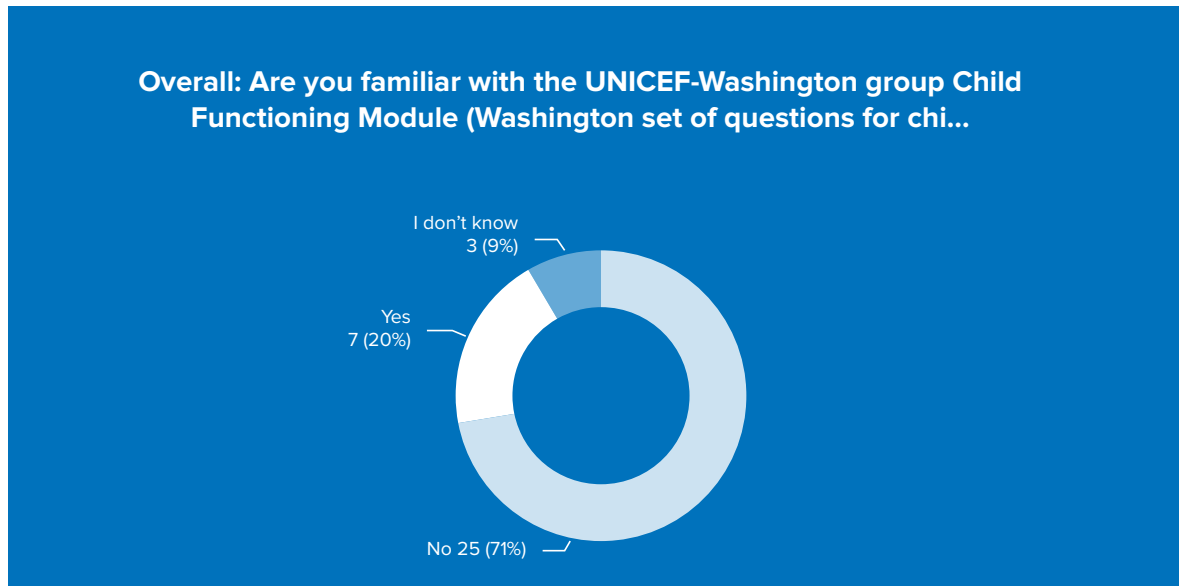
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Child Protection

General Observation



The Washington Group in cooperation with UNICEF has developed a specific Child Functioning module to identify children with disabilities. It is to this day the most accurate and efficient way to identify properly children with disabilities. The results show that 71 to 80% of the respondents are not familiar with the module and that among those familiar, only 5 respondents are using it.

Child protection professionals have developed various ways to ensure the protection of children with disabilities protection. Keeping in mind protection risks, prioritizing every child with disability in every available service as best as possible is the best approach. Working closely with caregivers is also an essential step to ensure child protection for children with disabilities who might be at higher risk.

UNHCR staff and partners working in the child protection sector have already applied several practices relevant to children with disabilities. This may reflect the fact that in this sector children already need a lot of protection and, despite the fact that children with disabilities have specific needs, ultimately the approach to protection is similar.

The Main Constraints In The Child Protection Sector

In the child protection sector as well, some comments are similar than in other sectors with one of the main constraints being the insufficient knowledge of disability inclusion and the shortage of budget to properly adapt their practices to children with disabilities.

Moreover, it is the frequent change of implementing partners that is impacting their work. Indeed, this allegedly causes an interruption of services during the handovers between the partners and beneficiaries are neglected.

In the same vein, the absence of a partner specifically working with persons with disabilities is limiting, especially if in addition, no UNHCR specialized staff is present onsite. The lack of specific needs staff, who would be specialized in disability inclusion or who would know sign language for instance, has regularly been mentioned.

Indeed, assisting and supporting children with disabilities (especially some disability type) require specialized knowledge. As recommended by a UNHCR colleague in Melkadida, having a designated child protection staff is needed to own the activities and follow-up on what needs to be done, to map out the services in place and what is needed.

Since UNHCR and partner organisation are often working hand in hand it is essential to have a specialized UNHCR staff and a strong child protection partner in each location. This recommendation is especially made based on the observation that children in general constitute more than half of the total population in the operation.

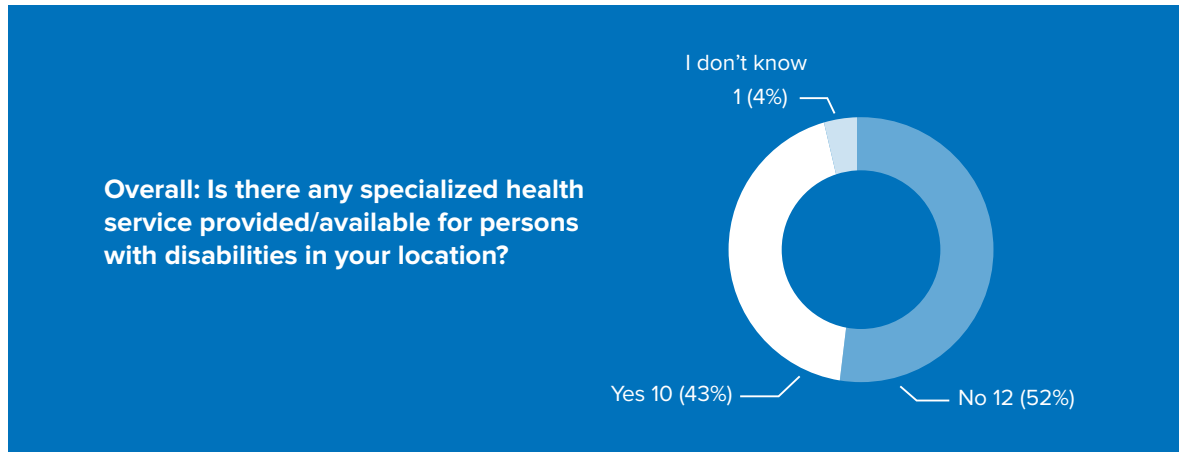
Finally, it is the lack of accurate data on children with disabilities that is pointed out to be the basis of an impossibility to plan properly and thus take action

Recommendations

- Working closely with care takers and relatives. Implementing CBR with the community and capacitating the community on the concept of disability.
- Regular conduction of needs assessments.
- Adapting the identification and registration methods and start using the Washington group-UNICEF Child Functioning module.
- Creating child safe spaces.
- Provide training to parents of children with disabilities and community about rights of the child including child with disabilities and the rights of persons with disabilities. The training of the community can also target community-based structures, religious leaders, community leaders.

Health

General Observation



The health sector is essential for people with disabilities as some disabilities can be aggravated by a lack of care. In addition, some disabilities are caused by a lack of or poor medical care. Furthermore, health services must be adapted to accommodate people with disabilities, otherwise they risk creating more discrimination.

Most locations don't have specialised health services provided for persons with disabilities.

For those having health services provided for persons with disabilities, 45% do not meet the needs of persons with disabilities. Information about the various services (maternity, outpatient, palliative, etc) have not been collected in this assessment. For more information on disability inclusion in the health sector, a specific assessment is necessary.

Recommendations

- The recommendations of the health sector regarding services for persons with disabilities focus on three areas which are the infrastructure, the staff capacity, and the necessity of cooperation with partners:

Infrastructure:

- Establish or improve play therapy centers and prosthetic centers.
- Improve accessibility of facilities specifically for clients with disabilities.
- Equip the health facilities with proper equipment.

Staff:

- Designate a staff member to ensure that the various needs of people with disabilities are met, including

physical therapy, mental health, and walking aids such as crutches, wheelchairs, and others.

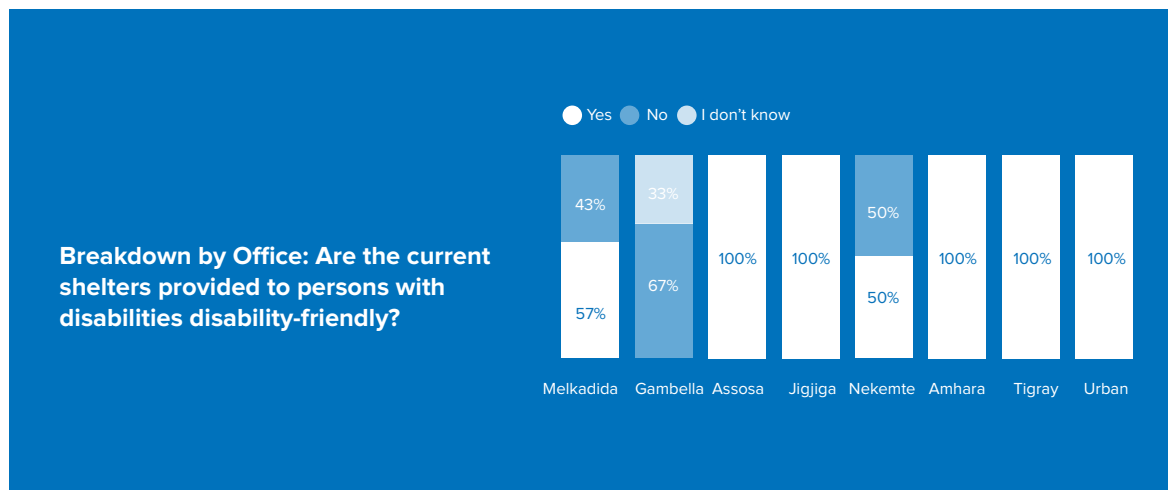
- Hire staff with specialized expertise.
- Capacity building of health personnel.

Cooperation:

- UNHCR may enter into a special agreement with different organizations, i.e. those working with autistic children, different organization working with persons with disabilities, prosthetic surgery clinics and others so that they give their service voluntarily or with reduced fees or with other arrangements.

Shelter

General Observation



According to the results, in all locations except Melkadida and Gambella, disability-friendly shelter is provided to persons with disabilities.

Looking only at UNHCR results, it appears that in Gambella and Melkadida, no targeted support is provided to persons with disabilities for shelter. However, all Assosa's camps are providing it and in Jigjiga, Sheder camp is not providing while Aw-Barre is.

For those who are not providing targeted support to persons with disabilities in their location, the reason has been the unavailability of necessary resources.

In Somali Region for instance, shelters, which are constructed using plastic sheets, are being provided only for new arrivals. Likewise, only a few types of CRIs are being provided to new arrivals. No targeted support is being provided including rehabilitation and replenishing of previously distributed materials.

Consequently, the shortage of budget or the emergency situation prevents the provision of targeted support to persons with disabilities.

Challenges persons with disabilities are facing in the camp in terms of shelter

The main challenge persons with disabilities face in the camp in terms of shelter is accessibility. Indeed, most locations do not have disability friendly shelters and consequently some doors are not wide enough for a wheelchair to pass through and are not adapted in any other way allowing persons with disabilities to move into and within the shelter.

However, the main issue related to this sector is in fact access to shelter. Due to the topography of camps, it is sometimes much of a challenge to access the shelter itself. Moreover, many camps lack roads which are comfortable for persons with disabilities transportation.

This latter element also impacts access to services and strongly reduces the autonomy of persons with physical disabilities.

It is also worth mentioning that persons with disabilities may encounter barriers to move autonomously due to the quality of the roads or the situation of the shelter is isolating them. This, being isolated, persons with disabilities and especially women and girls with disabilities are exposed to higher risks of GBV. This is an example of how protection risks are increased.

Making a shelter disability friendly is not only a matter of material and conception, but also very much about the location of the shelter with regard to the location of basic services and facilities.

A field perspective: What needs to be improved to provide better shelter for refugee persons with disabilities?

Considering the challenges mentioned above, some solutions can be identified to make the environment more accessible and disability friendly. For instance, shelters should be designed with wider doors. However, this does not solve the issue of scarcity of shelters and lack of financial means to give shelter to everyone. Unfortunately, although the inclusion of people with disabilities does not have to wait for perfect conditions to be in place, it is also necessary to take into consideration that in some places the situation is not yet stable for everyone. Despite this, even if there is not enough money to buy new shelters adapted for people with disabilities, this does not prevent us from locating shelters for people with disabilities close to basic services and facilities, nor does it prevent us from taking into account accessibility requirements for some shelters.

To have disability questions properly addressed, these must be included in the budget. Thus, budget proposals should be prepared considering the issues of persons with disabilities. In this regard, resources need to be allocated for shelters and toilets construction that are disability friendly. Considering old shelters not complying with accessibility requirements, rehabilitation funds need to be availed.

In Melkadida, due to the desert nature (extreme high heat) of the area, it has been proposed that the distribution of CRI should be planned periodically as materials worn-out much quickly. Another option is to regularize the distribution of cash-based assistance so that persons with disabilities, elderly with disabilities, persons with multiple disabilities can use the money to rehabilitate their shelter and procure needed CRI. If CRI is to be distributed to targeted individuals, their needs to be assessed instead of bringing things that might not be able to use.

Recommendations

- Involve persons with different types of impairments in identifying barriers to accessing infrastructure and facilities; and, in the design and construction of infrastructure.
- Provide options for persons with disabilities to be located in proximity to services and accessible facilities, and close to support networks.
- Ensure that camp infrastructure is constructed or modified in accordance with recognized accessibility guidelines

Way Forward

1/ Advocacy for the implementation of existing international and national policies and legal frameworks, especially when it comes to budgeting and drafting of new social policies.

- Increasing awareness and understanding within humanitarian organisations, government departments, civil society and population about the needs, rights and capabilities of persons with disabilities and the needs of refugees with disabilities.
- Advocate with the government for the development of collaborative programs and the inclusion of refugees with disabilities in the overall protection system.

2/ Training in capacity reinforcement for both UNHCR and partner staff about disability inclusion and participation in policies and strategies.

- *Training on identification:* It is essential to train all staff about disability inclusion and identification methods (Washington Group set of questions).
- *Training on different approaches to disability, protection risks and key strategies to address them:* Understanding the rights-based approach to disability inclusion and moving away from medical or charity models as a basis and building from there to enhanced understanding on risks and strategies to address.
- *Training on improving accessibility and removing barriers.*
- *Training on communication with persons with disabilities:* Alternative and inclusive ways to communicate with persons with disabilities.

3/ Support of persons with disabilities associations and trainings of refugees with disabilities, their families, caregivers and organisations.

- *Establish CBR Committee in Refugee Camps*
- Enhance the capacity of locally based organizations and the woredas working with disability.
- Ensuring that existing club/community structures are inclusive

4/ Further assess each sector individually to identify local actions needed. The Education sector should be further assessed to specifically identify the needs regarding disability inclusion.

5/ Involvement of persons with disabilities and OPDs in designing, delivering, and evaluating programmes aimed at supporting them. Engage refugees with disabilities and their representatives in the planning, implementation, and evaluation of programmes.

- Giving representation of persons with disabilities in existing community structures and various committees so that they are represented, and their voices are heard and thus inclusion, participation and services sharing of persons with disabilities is ensured.
- Establish periodical discussion and feedback mechanism with persons with disabilities to ensure the response is inclusive.

6/ Disability programming.

- Disability budgeting should be introduced in programmes to ensure that all assistance is accessible to persons with disabilities.
- Mainstreaming of disability inclusion in all programming
 - Including the impact of any planned action (in all sectors) on persons with disabilities needs to be assessed in advance and addressed.
 - Establish clear indicators that disability inclusion is considered through all management phases.
 - Develop disability inclusion SOP.

7/ Research and special attention should be granted to IDPs with disabilities. There is a consequent gap of empirical information about IDPs living with disabilities in Ethiopia. Thus, it is strongly recommended that a comprehensive study on the lived experiences of internally displaced persons (IDPs) with disabilities in the country be undertaken by specialist researchers¹⁵.

Detailed Way Forward

Identification

- Train staff and partners on the use of the Washington Group Questions on Disability and the module on Child Functioning developed with UNICEF.
- See the existing UNHCR guidance on implementation of Identification of persons with disabilities¹⁶. The Washington group short set of question (6 questions) has the least impact on the total interview time. The longer set of question which precisely identify the type of disability may be used after first identification with the short set.
- Closely collaborate with community-based organisations, civil society, refugees and when existing, Organisations of persons with disabilities (OPDs) to identify persons of concern with a disability and proceed to the registration of the type of disability using the Washington Group longer set of question.
- Ensure that the identification of persons with disabilities is consistent and efficient
 - This will help to inform mindful programming.
 - This is crucial to truly know the refugee population.
 - Identifying the exact number, type and challenges of persons with disabilities is a priority task.

Physical accessibility

- Train staff on physical accessibility and how to improve the environment's accessibility.
- Conduct accessibility assessments in collaboration with partner organisations.
- Include physical accessibility accommodations in budget proposals.

¹⁵ Research and Evidence Facility (REF). May 2022. 'A review of disability inclusion for refugees in Ethiopia and recommendations for future practice.'

¹⁶ UNHCR guidance on the use of WGQs in registration that should be the base

- Ensure offices of partners working in the fields are physically accessible by persons with disabilities.
 - Regular monitoring to this effect by an outsider partner/s.
- Allocate a specific budget for reasonable accommodations which would make the environment more accessible.

Inclusive communication

- Diversifying the communication methods
- Train staff on communicating with persons with disabilities and how to improve inclusivity.
- Include persons with disabilities in all activities, especially trainings on preparedness and evacuation.
- Consult on preferences regarding communication channels.

Prevention and response to violence and abuse: (PSEA + GBV)

- Enhance inter-agencies referral pathway systems to provide access to services for persons with disabilities.
- All location must make sure that persons with disabilities are truly included in all awareness raising activities and can access any reporting methods.
 - This includes making the help desk, face-to-face communication, protection intake offices and protection coordination platforms accessible.
- Have a dedicated person in charge of making services accessible for persons with disabilities.
 - This person should be reaching out to isolated persons with disabilities and be available to assist with any reporting matter.
- In training on violence and abuse prevention and response, SEA, include the risks faced by people with disabilities.
 - Make sure that trainings include considerations regarding persons with disabilities and identify solutions for them if necessary.

Linkage with Persons with disabilities associations and other national and local actor

- Pursue and strengthen the collaboration with local actors and community-based organisations.
- Further include disability inclusion aspects in the collaboration with community-based organisations and governmental bodies.
- Develop trainings and information session for persons with disabilities associations, community-based organisations, partners and service providers.
- Further collaborate with service providers to adapt the service provided and make it inclusive and accessible.
- Establish CBR Committee in Refugee Camps
- Collaborate with all agencies and organisations to conduct accessibility audit.

Promote attainment of comprehensive solutions

- Uphold the principle of “No one left behind”.
- Continue to include persons with disabilities in all participatory activities. Make sure the sample population include a sufficient rate of persons with disabilities.
- Further work on including persons with disabilities in community-based organisations and mechanisms.
- Mainstreaming of disability concerns in all programming
 - Including the impact of any planned action (in all sectors) on persons with disabilities needs to assess it in advance and addressed.
 - Establish clear indicators that disability inclusion is considered through all management phases.
 - Develop disability inclusion SOP.

Awareness raising and supportive environment

- Designate a focal point who oversees disability inclusion questions.
- Regularly organise awareness raising sessions on the rights of persons with disabilities and how to reduce barriers with a special attention to attitudinal barriers.
- Organize informative sessions with caregivers and persons with disabilities’ families.
- Allocate a specific budget for reasonable accommodations which would make the environment more accessible.

Education

- Conduct a more specific assessment of schools and the education sector to identify in detail the action needed.
- Closely collaborating with government bodies on education.
- Work with the community to remove barriers to school attendance for children with disabilities.

Food and Nutrition

- Develop the practices of separate queues, transportation support, smaller parcels and door-to-door distribution.

Livelihood

- Context specific livelihood programming and design to accommodate disabilities.
- Develop economic empowerment for persons of concerns living with disabilities with livelihood projects.
- Develop sensitization program for the refugee and host communities on persons with disabilities rights, their skills and competencies and removing accessibility barriers.

Persons with specific needs

- Develop general staff's knowledge on disability inclusion with trainings.
- Provide material support and resources
- Resource mobilization and fundraising to provide required material support and better livelihoods assistance.
- Further collaboration with specialized partners.
- Establish CBR Committee in Refugee Camps

Child protection

- Working closely with care takers and relatives. Implementing CBR with the community and capacitating the community on the concept of disability
- Regular conduction of need assessments
- Adapting the identification and registration methods and start using the Washington group-UNICEF Child Functioning module.
- Creating child safe spaces.
- Provide training to parents of children with disabilities and community about rights of the child including child with disabilities and the rights of persons with disabilities. The training of the community can also and especially target community-based structures, religious leaders, community leaders.

Health

- Infrastructure:
 - Establish or improve play therapy centers and prosthetic centers.
 - Improve accessibility of facilities specifically for clients with disabilities.
 - Equip the health facilities with proper equipment.
- Staff:
 - Designate a staff member to ensure that the various needs of people with disabilities are met, including physical therapy, mental health, and walking aids such as crutches, wheelchairs, and others.
 - Hire staff with specialized expertise.
 - Capacity building of health personnel.
- Cooperation:
 - UNHCR to have a special agreement with different organizations, i.e. those working with autistic children, different organization working with persons with disabilities, prosthetic surgery clinics and others so that they give their service voluntarily or with reduced amount or with other arrangements
- Shelter
 - Involve persons with different types of impairments in identifying barriers to accessing infrastructure and facilities; and, in the design and construction of infrastructure.
 - Provide options for persons with disabilities to be located in proximity to services and accessible facilities, and close to support networks.
 - Ensure that camp infrastructure is constructed or modified in accordance with recognized accessibility guidelines



UNHCR
The UN Refugee Agency

Ethiopia



ANNEXES

I. Supporting Documents In Approaching Disability Inclusion In Displacement Settings

- UNHCR Need to Know Guidance: Working with persons with disabilities in forced displacement (2019).
- UNHCR Policy on Age, Gender, and Diversity (March 2018).
- Guidelines: Inclusion of persons with disabilities in humanitarian action, IASC Task Team on inclusion of Persons with Disabilities in Humanitarian Action (July 2019)
- Internal Guidance- Identification of Persons with Disabilities at Registration and other data collection efforts
- Guidance on strengthening disability inclusion in Humanitarian Response Plans.
- UNHCR: Integration Handbook
- UNICEF: Including children with disabilities in humanitarian action.
- General accessibility guidelines - Humanity and Inclusion.
- Washington Group questions (Short set on functioning; Extended set on functioning; Child functioning module)
- UNHCR: AAP Toolkit, Supporting participation of persons with disabilities.
- Disability-inclusive language guidelines
- Disability-inclusive communication guidelines
- Disability inclusion for refugees in Ethiopia and recommendations for future practice, May 2022
- Training Package: Strengthening Protection of Persons with Disabilities in Forced Displacement
- Establishing the CBR Committee in Refugee Camps

II. Known Organisations Working With Or For Persons With Disabilities In Ethiopia

Non-Exhaustive list:

- RRS - Refugees and Returnees Service - Ethiopia
- ECDD - Ethiopian Centre for Disability and Development
- EHRC - Ethiopian Human Rights Commission - Disability Rights and the Rights of Older Persons Commission
- FEAPD Federation of Ethiopian Associations of Persons with Disabilities:
 - ENAD - Ethiopian National Association of the Deaf
 - ENAB - Ethiopian National Association of the Blind
 - ENADB - Ethiopian National Association of the Deaf-Blind
 - ENAID - Ethiopian National Association on Intellectual Disability

- ENAPAL - Ethiopian National Association of Persons Affected by Leprosy
- ENDAPPD - Ethiopian National Development Association of Persons with Physical Disabilities
- EWDNA - Ethiopian Women with Disability National Association
- HI - Humanity and Inclusion
- JRS - Jesuit Refugee Services
- RaDo - Rehabilitation and Development Organization
- DICAC - Development and Inter-Church Aid commission
- HelpAge

III. Definitions

In this report, certain terms need to be defined, either because they are used regularly or because they represent important concepts that must be clear to the reader.

Persons with disabilities: Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments that in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (CRPD, Article 1.)

Disability inclusion: The meaningful participation of persons with disabilities in all their diversity, the promotion of their rights and the consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities.

Accessibility: Ensuring that persons with disabilities have access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas (Convention, art. 9)

Assistive technology: Any information and communications technology, product, device, equipment, and related service used to maintain, increase, or improve the functional capabilities of individuals with specific needs or disability.

Barriers: Different types of barriers hinder participation on an equal basis. They can be physical barriers (e.g. stairs) but can also be structural in terms of how a society organizes itself in areas such as welfare and support services, such as opportunities to own or control resources and decision making. Barriers can also be attitudinal, for example, prejudice and negative perceptions of persons with disabilities can create barriers hindering their full and equal participation in society. Communication barriers, such as information being presented in only one format, restricting participation by not being accessible to everyone. Institutional barriers include lack of attention, capacity and resources to address barriers in available services.

Inclusion: Inclusion means that all programmes and activities are designed and implemented in a way that ensures equal opportunity for all people to participate. Inclusive programmes recognize and value persons with disabilities as active participants. To achieve full inclusion, it is often necessary to make changes to programming and activities in order to remove barriers to participation. Identifying needs of persons with disabilities and addressing barriers

to their participation is not something ‘special’; rather, it can and should be considered as a human right. Persons with disabilities should have equal opportunity to live, learn, work, and play together with everyone else, and to participate in decision-making on all issues that affect them.

Disability: Disability is a result; it results from the negative interaction between persons with impairments and the environment. What is important is that disability is not attached to the person; it is not a permanent status and can be changed.

Disability mainstreaming: A consistent and systematic approach to disability inclusion in all areas of operations and programming. (United Nations Disability Inclusion Strategy (UNDIS).)

Ableism: “In a similar manner to racism, sexism or ageism, ‘ableism’ is commonly described as the belief system that underlies the negative attitudes, stereotypes and stigma that devalue persons with disabilities on the basis of their actual or perceived impairments. Ableism considers persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, and of less inherent value than others.”¹⁷

Universal Design: (often called Inclusive Design) is a design approach which designs products, environments, programs, and services to be usable by all persons, to the greatest extent possible, without the need for adaptation or specialized design, while promoting self-reliance, independence, and ease of living for persons with disabilities, older people and people without disabilities.

IV. Good Practices

Identification:

The first step in avoiding discrimination, first between persons without disabilities and persons with disabilities, and then between persons with disabilities, is proper identification.

Under-identification of persons with disabilities presents a significant challenge to monitoring their access to protection and assistance and to planning an inclusive response. Not all disabilities are visible, and therefore data collection cannot rely on visual cues alone. Some people are not showing any characteristic usually employed to depict disability.

The Washington Group Questions on Disability and the module on Child Functioning developed with UNICEF¹⁸ would be the most applicable tools. The use of this tool must be generalized in order to improve the way persons with disabilities are identified and thus the way their needs are taken into account and their rights respected.

Physical accessibility:

Physical accessibility is related to the presence of environmental and physical barriers. The most common types of physical barriers to accessibility are lack of paved roads and pathways with ideal width (ex: roads with mud, rocks, and narrow pathways. Etc.); lack of ideal dimensions for rooms, toilets, kitchen, etc.

¹⁷ OHCHR, Awareness-raising under article 8 of Awareness-raising and persons with disabilities, 2019.

¹⁸ The Washington Group sets of questions are available here: <https://www.washingtongroup-disability.com/>

It is important to note that even in newly built camps, persons with disabilities may be presented with physical barriers if accessibility is not considered. Basic services such as WASH facilities, health services, or schools may have physical barriers or untrained staff to include persons with disabilities. Besides, if accessibility features are incorporated into the original design of a building it usually costs less than 2% of the total cost of the construction.

If the place is not accessible, make modifications and adjustments to support older people and people with disabilities to access services, activities, and programmes on an individual basis. However, the means (financial, human) to proceed to modifications are not always available and the cost of such adjustment may be very important. In that case we refer to the ‘reasonable accommodation’¹⁹ concept which is stated in Article 2 of the Convention on the Rights of Persons with Disabilities (CRPD).

For technical recommendations please refer to: General accessibility guidelines - Handicap international. (Humanity and Inclusion).

Communication:

Make sure all information you want to communicate can be understood by everyone. For example, a person who cannot see will not be able to read banners or posters while a person who cannot hear will not be aware of information broadcasted on radio or loudspeakers.²⁰ Furthermore, accessible communication mechanisms not only benefit persons with disabilities, but also other members of the community such as minority linguistic groups, children, or those with low literacy.

Here are some recommendations regarding communication with persons with disabilities:

- Use at least 2 means of communication
- Use simple language and clear pictures
- Use large dark print (at least 10 cm letters for 3m viewing distance/ 20 cm for 10m distance)
- Don’t forget to light up signage at night.
- Put your information materials in easily accessible areas
- Make sure your broadcasted information is loud enough to reach persons who cannot leave their shelter.
- Consult with persons with disabilities on their communication needs and preferences.
- Prepare all key messages in multiple formats, including written, verbal and ‘easy to read.’
- Plan for the provision of reasonable accommodation for persons with disabilities who face barriers to communication (e.g., budget for provision of sign language interpreters).

¹⁹ Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

²⁰ Handicap International, Accessibility for all in an emergency context, 2009.

Interacting Respectfully

Disability etiquette²¹

Considering the diversity of our societies, we may sometimes find ourselves in a situation where we're unsure about what to say or do, and don't want to do the wrong thing. Below are some common Do's and Don'ts for interacting respectfully with persons with disabilities. Remember: if you want to understand what to do or how to do it, it's acceptable to ask the person with disability directly.

Do

- Do ask persons with disabilities directly what their accessibility preferences are.
- Do treat all adults as adults.
- Do speak directly to the person, not to their sign interpreter, personal assistant, etc.
- Do ask questions when you are unsure of what to do.
- Do wait for persons with disabilities to ask for assistance. If they ask, follow their instructions.
- Do verbally greet and identify yourself before extending your hand to greet a person who is blind or has low vision.
- Use the same courtesy when entering or leaving a room or saying good-bye when ending a conversation.
- Do not just walk away when talking to a person who is blind or has low vision.
- Do ask persons who are blind or have low vision if they would like to take your arm or elbow. Do not simply take their arm.
- Do provide information in advance, as much as possible, about programme agendas, schedules, interview questions, meeting materials, etc. Make them available in accessible formats.

Don't

- Don't ask questions about a person's impairment unless the person raises it.
- Don't distract or pet service animals, including guide dogs. They are working.
- Don't assume that persons with disabilities experience their disability the same way you do.
- Don't make assumptions about what persons with disabilities can and cannot do.
- Don't remove a person's cane or guide dog, or lean on someone's wheelchair, or move a person's mobility device. Treat wheelchairs and mobility aids as extensions of the owner's personal space.

²¹ UN Department of global communication, UNDIS, International Disability Alliance, United Nations Disability-Inclusive Communications Guidelines, March 2022.

Terms

Please keep in mind that the terminology matters as it helps to avoid creating further stigma.

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

- Avoid using acronyms to refer to people – for example, use **“persons with disabilities”** (not PWD), **“children with disabilities”** (not CWD). Acronyms contribute to dehumanizing.
- Use person-first terminology: put the person first, then the disability – for example: **“person with disability”**, not **“disabled person”**, or **“the disabled”**.
- Avoid terms that are outdated or that reinforce stigma, such as “handicapped”, “sufferer” and “victim”; use **“wheelchair user”**, not “wheelchair bound” or “confined to a wheelchair”.
- Use **“persons/people without disabilities”**, not “normal” or “regular” persons.
- Use **“people who are deaf or hard of hearing”**, not “people with hearing impairments”

Persons with disabilities have identified and agreed words to talk about different types of disabilities following a rights-based approach: **Physical disability / Intellectual disability / Hearing disability / Visual disability**

V. Trainings And Guidance

- Working with Persons with Disabilities in Forced Displacement E-Learning

Training module for facilitators and professionals:

- <https://www.UNHCR.org/disability-inclusion-training-package.html>²²

All-Staff Online Training Module: United Nations Disability Inclusion Strategy – Putting Words into Action

The UN System Staff College has launched a 90-minute, all-staff training module on disability inclusion and the United Nations Disability Inclusion Strategy. The module covers key concepts and approaches to disability inclusion and explores various ways in which disability inclusion can be mainstreamed across human rights, humanitarian action, peace and security and development, whether in relation to programmes or internal operations. The module supports staff to identify and take specific actions to implement the Strategy in their work and advance disability inclusion across the Organization.

The module is available at no cost on the UNSSC Blue Line Platform. We kindly request you to share the link and promote the course widely:

<https://www.unssc.org/courses/united-nations-disability-inclusion-strategy-putting-words-action>

External users or staff who are not yet registered on the Blue Line Platform can access the module via the registration page: Direct registration link



**REPORT ON THE STATE OF DISABILITY INCLUSION
IN ETHIOPIAN REFUGEE AND IDP SETTINGS**

DECEMBER 2022

ETHIOPIA