



Situation of Refugees with Disabilities in Ethiopia

Persons with disabilities are persons first. A disability does not define an individual. For protection purposes, UNHCR understands persons with disabilities to include those who have long-term physical, psychosocial, intellectual, or sensory impairments, which, in interaction with various barriers, hinder their participation in society on an equal basis with others as defined in the Convention on the Rights of Persons with Disabilities (United Nations, 2006).

Disability Inclusion refers to the meaningful participation of persons with disabilities in all their diversity, the promotion of their rights and consideration of disability related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities (CRPD).

Disability Mainstreaming involves integrating the principles of the CRPD into humanitarian actions to ensure the safety, dignity, and full participation of persons with disabilities. It focuses on how humanitarian support is delivered across all sectors and phases of the program cycle. By mainstreaming disability inclusion, UNHCR and partners aim to ensure that individuals with disabilities have equal access to services, protection, and participation in refugee and displaced communities.

UNHCR's Age, Gender, and Diversity (AGD) Policy articulates UNHCR's commitment to a rights-based approach. It emphasizes that effective protection requires equal consideration of the needs and capacities of displaced communities, considering their age, gender, and diverse characteristics. Furthermore, the inclusion of persons with disabilities is central to the promise of the 2030 Agenda for Sustainable Development to leave no one behind. Disability inclusion is therefore an essential condition for upholding human rights, sustainable development, and peace and security.

Globally, approximately 1.3 billion people around the world are living with disabilities and face numerous challenges such as premature death, psychosocial conditions, and chronic illnesses (WHO 2022). In crisis-affected communities, they are disproportionately impacted. As of September 2024, Ethiopia hosts **1,069,897 refugees**, with 16,883 (2%) registered as persons with disabilities. However, the figure is expected to be closer to 15-21% as the global estimates indicate. In Ethiopia, registration is conducted jointly by RRS (Refugee and Returnee Service) and UNHCR, using PRIMES tools. The number of refugees with recorded disabilities is expected to increase as the verification exercise of the refugee population is expected to commence in early 2025.

In 2024, UNHCR Ethiopia advanced disability inclusion through advocacy and data disaggregation by age and gender, and disability, prominently featured in the 2024 Participatory Assessment. In August 2024, UNHCR conducted a disability inclusion training under the PROSPECTS 2.0 Programme, funded by the

Government of Netherlands. Key achievements of the training were that the venue accessibility was ensured, and sign language interpretation was provided for the representatives from the Ethiopian National Association of the Deaf, which facilitated inclusive participation to the training.

In Ethiopia, persons with disabilities have the same rights and basic needs as others and face the same challenges as other individuals. They also face protection risks such as heightened risk of violence, exploitation, and abuse, as well as high levels of stigma. The 2024 UNHCR Ethiopia Participatory Assessment found that refugees with disabilities face difficult living conditions, with main challenges including mental health concerns (13%), long distances to food distribution points (12%), and limited access to facilities (10%). Additionally, 17% reported instances of self-harm or suicidal thoughts. Further, persons with disabilities may face numerous barriers to accessing humanitarian assistance, education, livelihoods, health care and other services. If not properly counter-balanced, they may also be excluded from decision-making processes and leadership opportunities. Humanitarian actors must prioritize the inclusion of persons with disabilities in their programs, actively work to remove barriers.

This December 2024 protection brief focuses on the situation of refugees with disabilities in Ethiopia. It specifically seeks to identify persistent barriers that refugees with disabilities face in accessing protection, solutions, and assistance, including by UNHCR and partners, and equitable access to third-country solutions. It provides concrete, actionable and readily achievable recommendations for immediate

improvements in programme design and advocates for targeted support to enhance their safety, wellbeing, and integration into host communities and inclusive consideration for resettlement, third country education and labor mobility pathways.

As an immediate action, UNHCR and partners must review all current information, procedures, decisions, and policies to ensure that these are accessible and understood by refugees with disabilities. Capacity-building training on the needs, rights, and capabilities of refugees and other persons with disabilities must be provided for humanitarian staff, partners, key stakeholders, including government representatives, organizations of persons with disabilities (OPDs) and refugee community structures.

I. Identification of barriers refugees with disabilities face in accessing protection, solutions and assistance in Ethiopia.

The response to refugees with disabilities is not just about providing ramps and wheelchairs.

Key is the identification of barriers which prevent persons with disabilities from accessing protection services, and to undertake mitigation measures in response as quickly as possible. Refugees with disabilities often face numerous barriers in accessing protection and assistance. Here are some key challenges:

- **Physical Barriers:** Most refugee camps and shelters throughout Ethiopia are not designed to be accessible for persons with disabilities. This includes a lack of ramps, accessible toilets, and other necessary services and infrastructure.
- **Communication Barriers:** Information about services and rights specific to refugees in Ethiopia is often not available in accessible formats, such as braille, sign language interpretation, or easy-to-read and understand information materials. The Feedback and Response Mechanisms (FRM) are not tailored to the needs of refugees with disabilities hence making them inaccessible. Additionally, staff engaged in protection and assistance are not trained to accommodate diverse communication needs.
- **Attitudinal Barriers:** Negative attitudes and discrimination from both service providers and other refugees can hinder access to necessary services.
- **Institutional Barriers:** An institutional barrier in disability inclusion includes policies and practices that restrict access and participation for persons with disabilities. A 2022 REF (Research and Evidence Facility) study identified limited funding and human resources as key barriers to offering satisfactory services for refugees with disabilities in Ethiopia, noting that most organizations did not allocate budget resources for disability mainstreaming.
- **Procedural Barriers:** As in other contexts globally, refugees with disabilities may face difficulties in



navigating complex asylum procedures and matters related to documentation and other services which are largely not specifically adapted to their needs.

- **Invisibility in Data Collection:** The invisibility of persons with disabilities in identification and registration procedures often leads to their exclusion from assessments and services, preventing adequate assistance and protection. As mentioned earlier, only 2% of the refugee population in Ethiopia is reported to have disabilities, which is not reflective of global estimates and does not accurately reflect the situation.
- **Increased Risk of Violence:** Refugees with disabilities are at a higher risk of violence, exploitation, and abuse, including gender-based violence (GBV). Numerous protection incidents have been reported. Article 6 of the CRPD highlights that women and girls with disabilities face multiple and intersecting forms of discrimination. They encounter significant barriers to education, economic opportunities, social interaction, and justice. Those with psychosocial, hearing, and intellectual disabilities are at heightened risk of GBV due to societal stigma. Additionally, girls with disabilities are particularly vulnerable to child marriage, especially in refugee and internally displaced persons camps. Similar risks have also been reported for men and boys with disabilities globally.
- **Lack of Specialized Services:** There is often a shortage of specialized services, particularly in rural areas and camp sites in Ethiopia. Among the specialized services needed are

rehabilitation, mental health and psychosocial support, and assistive devices.

- **Social Isolation:** Due to mobility issues or stigma, refugees with disabilities may be isolated from their communities, making it harder to access support networks. Additionally, the disabilities also hinder their freedom of expression and ability to be part of decision-making processes at all levels.

Addressing these barriers requires a coordinated effort to ensure that refugee assistance programs are inclusive and accessible to all individuals, regardless of their age, gender, and diverse characteristics.



II. Actions taken by the Government of Ethiopia in collaboration with UN/UNHCR to meet the specific needs of refugees with disabilities.

The Ethiopian government, in collaboration with various international organizations, has taken several steps to support refugees with disabilities. Here are some key actions:

- Policy Frameworks:** Ethiopia has ratified the CRPD and adopted the Comprehensive Refugee Response Framework (CRRF), which emphasize the inclusion of refugees with disabilities. Several policy provisions and national programs have been made for disability inclusion in Ethiopia, for example the National Action Plan (NAP) for Persons with Disabilities was launched in 2012 and ran until 2021. The Ministry of Women and Social Affairs (MoWSA) is currently developing the next NAP.
- Specialized Services:** The government, along with partners like the UNHCR and various NGOs, provides specialized services such as



prosthetics, orthotics, and mental health support. The availability of such services was sharply reduced in 2024, due to budget limitations. Through advocacy and fundraising efforts, UNHCR Ethiopia received 3258 pieces of mobility devices (walking canes and walkers) from USA for UNHCR¹, and the devices were dispatched to refugee locations, including Addis Ababa, Assosa, Amhara, Afar, Bokh, Gambella, Jijiga and Melkadida in July 2024. Distribution plans and identification of beneficiaries were carried out in each location with the support of implementation partners.

- Data Collection and Monitoring:** Ethiopia has lacked a comprehensive national collection of information on persons with disabilities, resulting in limited data about the group. However, there is a growing recognition of the importance of gathering disaggregated data on persons with disabilities.

Moreover, one of the 2019 Global Refugee Forum pledges of the Ethiopian Government was to enhance the Government's capacity to include 1,000,000 refugees in the national Central Statistics Service (CSS). These initiatives provide an

¹ USA for UNHCR is a non-profit organization established by American citizens and headquartered in Washington, D.C. The organization envisions a world without refugees and is dedicated to protecting refugees while empowering them with hope and

opportunity. USA for UNHCR supports refugees from their time of greatest need through emergencies and crises, helping them restore dignity and rebuild their lives.

opportunity to strengthen inclusive data collection.

These efforts are part of a broader commitment by the Government to ensure that all refugees, regardless of their age, gender, and diverse characteristics, have access to the protection and assistance they need.

III. Partner engagement, targeted referrals, and advocacy for equitable access to resettlement and complementary pathways

In recent years, the space for inclusion of refugees with a disability in resettlement States' respective programs has become increasingly restricted. Several resettlement States explicitly request not to receive UNHCR resettlement submissions for refugees whom the resettlement State would perceive to have “high needs” or “special needs”. Selection criteria reflecting “integration” considerations may also exclude refugees with disabilities. Not every refugee with a disability has resettlement needs, not all refugees want to be considered for resettlement, and not all would satisfy the eligibility and admissibility criteria for third country solutions. Further engagement with relevant partners, however (including those supporting Italy’s “humanitarian corridors” pathway, for example), and enhancement of referral networks for resettlement needs assessments, would promote more equitable access to resettlement opportunities for refugees with disabilities among other third country solutions.

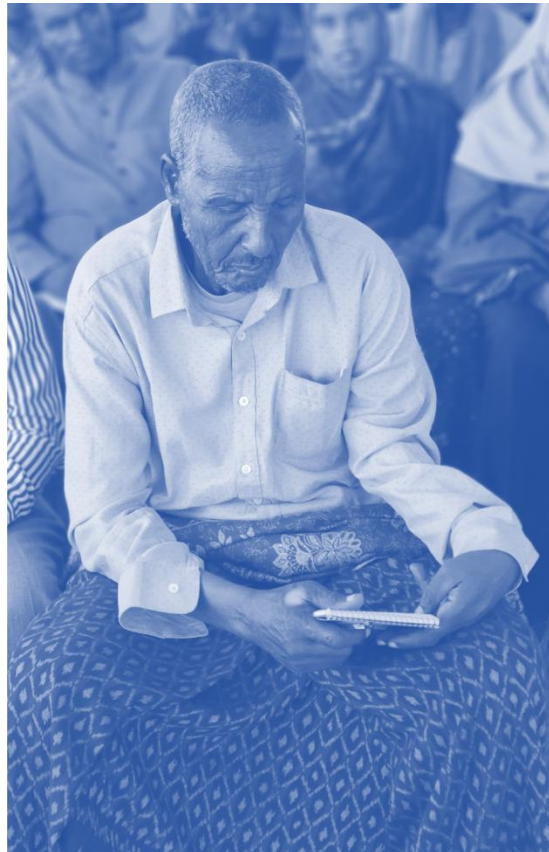
Messages about disability inclusion may feature more prominently in UNHCR

advocacy through the Projected Global Resettlement Needs (PGRN) report, the Working Group on Resettlement, and the Priority Situations Core Group (PSCG), with a focus on specific protection needs and non-discrimination, as distinct from the needs of refugees with a serious medical condition. Refugees with disabilities should also have equitable access in Ethiopia to apply for third country higher education opportunities (university scholarships) and labor mobility programs, to the extent they have relevant qualifications, language proficiency and professional or vocational skills.

IV. Understanding specific barriers by location faced by persons with disabilities, with reference also to the impact of programme reduction

In Addis Ababa, urban refugees with disabilities face communication barriers related to receiving relevant information on their rights and services available and accessibility barriers related to transportation and accessibility of the offices of the service providers. Further, there are insufficient specialized services available. Some critical gaps related to disability inclusion identified in the Urban response are limited funding for mobility devices and meaningful activities. On an encouraging note, the Eritrean Association for Persons with disabilities has been established in Addis Ababa and 30 individuals have been actively engaged in livelihoods activities initiated by operational partner ZOA Ethiopia, promoting economic independence and social inclusion for refugees with disabilities in Addis Ababa.

In Afar, persons with disabilities face especially attitudinal barriers as the attitudes of communities and individuals have been recognized to keep persons with disabilities dependent on their families and care givers. Further, the participation of persons with disabilities in the community activities has been limited due to lack of material support and assistance tailored for them and there is no rehabilitation center and or a specialized partner available to provide services for refugees with disabilities. Some other critical gaps identified in the Afar context include lack of livelihoods opportunities and income-generating opportunities for persons with disabilities and the lack of capacity building and awareness activities for enhancing disability inclusion in services and community structures. There are also gaps in provision of medical referrals.



In Alemwach, the security situation in Amhara Region including Alemwach has contributed negatively to the well-being of person with disabilities. Limited physiotherapy and rehabilitation services, along with accessibility barriers and a lack of mobility devices, have been recognized hindering the independence of persons with disabilities. Funding cuts have significantly reduced the number of specialized staff available. In Alemwach, there is only one physiotherapist and one MHPSS Officer serving persons with specific needs (a ratio of 1:1,542) impacting the quality of case

management and provision of rehabilitative and psychosocial services. Further, reduced home-to-home visits and community engagement activities due to few incentive staff at the site, have reduced regular face-to-face engagements.

In Assosa, there is currently no specialized partner for disability support, as the agreement with RaDO (Rehabilitation and Development Organization) ended in June 2024. Further, there are no sign language interpreters available. For children with disabilities, it has been observed by UNHCR and partners that children with disabilities are kept at home by their guardians. This results in isolation, which can negatively impact children's development and their rights to participation and accessing services.

In Bokh, UNHCR works in collaboration with RRS and the Association of Refugees with Disabilities to ensure that persons with disabilities have strengthened access to services (e.g. registration, food distribution, non-food item distribution, and health services). There is no specialized partner for disability support, but partner OWS Development fund and Bureau of Women and Children Affairs (BoWCA) of Somali Regional State participate in disability inclusion activities. In Bokh, persons with disabilities have limited to no access to medical services, such as physiotherapy,

ophthalmology, and orthopedic care for individuals with bullet-related injuries. Additionally, there is insufficient medication available for refugees with chronic conditions.

In the Borena and South Omo settlements, persons with disabilities experience barriers related to accessibility, communication, financial constraints. There is a lack of specialized partner and transportation services. Critical gaps exist in the distribution of mobility aids—like wheelchairs, crutches, and hearing aids—that limit independence for individuals with disabilities. Additionally, there is a shortage of braille learning materials and guidelines for teachers which hampers the inclusive education for children with disabilities.

In Gambella, persons with disabilities face significant challenges due to limited resources and funding, which hinder humanitarian actors from adequately serving this population. A comprehensive assessment by UNHCR partner, Humanity and Inclusion (H&I), indicates a high demand for services from both refugees and host communities, particularly mobility assistive devices, even from outside their current project locations. Critical gaps identified include inequitable access to vision and mobility aids and the limited access for persons with disabilities to essential services such as education, health, and livelihoods. Additional gaps recognized is the inadequate identification of persons with disabilities in host communities and the shortage of specialized staff such as social workers and sign language interpreters.

In Jijiga, persons with disabilities face several challenges, including gaps in referral support for prosthesis fittings and a lack of specialized services for eye assessments and

surgeries, such as cataract treatment, which can lead to permanent visual impairment. Additionally, there is a shortage of hygiene materials, particularly adult diapers for persons with severe disabilities and older people. Mobility is hindered by lack of available wheelchairs, while limited livelihood opportunities in the camp further exacerbates the situation. The overall inaccessibility of the physical environment and services remains a significant barrier to the inclusion and well-being of persons with disabilities.

In Melkadida, due to budget constraints the Melkadida operation has no dedicated partner for services for persons with disabilities. As a result, the needs of persons with disabilities have been less prioritized in 2024. In 2024, maintenance work was done on the latrines to make them more accessible for persons with disabilities in Kobe and Bokolmayo refugee camp.

In Shire and Mekelle, challenges for persons with disabilities include lack of mobility devices, medical support, and scholastic assistance for children. Funding limitations exacerbate these issues, leaving persons with disabilities needs at greater risk of protection concerns. Additionally, there is a notable absence of livelihood programs to support persons with disabilities and no specialized partner available to provide services for persons with disabilities.

In the Sudan Situation, in Gende Wuha, Amhara region, persons with disabilities encounter significant accessibility barriers in settlement which limits their access to essential services such as food distribution, healthcare, and sanitation. Additionally, a shortage of specialized MHPSS staff challenges service provision to persons with disabilities who would require tailored psychological and social services.

Furthermore, RaDO, the dedicated partner for disability inclusion in Gende Wuha, lacks funding for a vehicle, restricting staff mobility and transportation of assistive materials to the settlement, particularly concerning the access to services and facilities.

Accessibility barriers have also been identified in the Ura Settlement in Benishangul-Gumuz region. There is a lack of accessible washrooms for persons with disabilities, and many face challenges during food distributions, especially when unaccompanied, making it difficult to collect entitlements without assistance. Further, lack of disability inclusive FRM in the new sites after relocations present communication barriers to persons with disabilities. For example, refugees with visual impairments have difficulties in accessing critical information due to the absence of accessible formats.



V. Specific Recommendations to the Government of Ethiopia, Donors and Humanitarian Partners, including Specific Recommendations for UNHCR

- 1) **To the maximum extent possible, make all protection and assistance facilities in Ethiopia accessible.** Particularly in camp settings in Ethiopia, barriers in the physical environment severely limit the independence of persons with disabilities and hinder the development of inclusive communities. For example, inaccessible shelters can restrict persons with disabilities to their homes; inaccessible schools limit access by children with disabilities to education; and inaccessible community facilities prevent persons with disabilities from accessing and participating in cultural events, further isolating already marginalized individuals. *Ensuring accessibility at food distribution sites is key, this includes providing transportation services for persons with mobility challenges and assistance with collecting their entitlements when needed.*

To improve accessibility and participation of persons with disabilities in their communities, the fundraising and advocacy efforts for mobility devices for both refugees with disabilities and host community members should be maintained. In

February 2024, UNHCR Ethiopia conducted a mapping of assistive device needs for adults and children with disabilities. The most needed devices identified include wheelchairs, hearing aids, toilet seats, crutches, and prosthetic limbs. Further, local manufacturing of the devices in Ethiopia should be explored to create a cost-effective and sustainable solution. For further information and technical specifications on accessing assistive devices and rehabilitation, the guidance on [Facilitating access to assistive technology and rehabilitation, 2024 | UNHCR can be consulted.](#)

- 2) **Ensure the accountability mechanisms are inclusive.** UNHCR is committed to “step-up” or enhance its accountability to affected populations in Ethiopia, in particular women and children. Current information and feedback mechanisms may not be accessible to persons with disabilities and others if available in only one format (e.g. written or verbal). *As an immediate action, UNHCR and partners must review all current information, procedures, decisions, and policies to ensure that these are accessible and understood by refugees with disabilities. Mechanisms for communication, including information and feedback and complaints, should be made available in multiple and accessible formats (e.g. sign language interpretation and braille) to ensure that persons with disabilities can access and meaningfully participate in programming, make informed decisions, and provide feedback and*

complain in a safe manner. Based on feedback from the field, it has been noted that there are no sign language interpreters available in most locations. Therefore, it is recommended that Ethiopian Sign Language (ESL) be taught to persons with disabilities, staff, and caregivers to address communication gaps. This training will enable effective communication, support educational outcomes for children with hearing impairments, and promote a standardized method of interaction. Additionally, accessible, and inclusive information-sharing materials and sessions should be developed to further enhance overall inclusivity in the community.

- 3) **Prevent and respond to violence and abuse, including gender-based violence.** Despite being at heightened risk, persons with disabilities are often overlooked in GBV prevention and response programmes in Ethiopia. Other forms of violence, such as coercion, deliberate deprivation, and violence based on disability, often go unidentified or lack an adequate protection response, including protection case management. Inaccessible information, reporting and communication barriers, and lack of awareness by service providers and family members may serve to exclude persons with disabilities from GBV prevention and response activities. *To ensure accessibility of*



protection case management and GBV prevention and response among persons with disabilities, humanitarian actors should implement inclusive services that specifically address the needs of persons with disabilities, including accessible information, specialized support, and provide trainings on the rights and specific needs of persons with disabilities to service providers and community structures. Additional training and specialized services to address other forms of violence, coercion, and deliberate deprivation, including based on disability, should be implemented in accordance with [protection case management standards and protocols](#).

- 4) **Provide capacity-building training and improve engagement with associations of persons with disabilities.** UNHCR actively supports community engagement and community structures. UNHCR and partners should raise awareness and provide capacity-building training on the needs, rights, and capabilities of refugees and other persons with disabilities to humanitarian staff, partners, key stakeholders, including government representatives, OPDs and refugee community structures. Further, UNHCR and partners should contribute to community-based protection activities including awareness-raising to shift attitudes towards disability, fostering community-led initiatives in

collaboration with OPDs, and enhancing sensitization of communities on the protection of children with disabilities. Increased support specifically allocated to disability inclusion initiatives and OPDs (including those led by refugees with disabilities) would enhance support for persons with disabilities, promoting their dignity and their full participation in communities.

5) **Involving Persons with disabilities into all areas of programming.**

Involve persons with disabilities in the planning, implementation, and evaluation of aimed at supporting refugees and host community members with disabilities, including children with disabilities, so that the interventions are inclusive and accessible for persons with disabilities. Further, engaging with OPDs provides valuable insights and highlights the capabilities of individuals with disabilities.

6) **Ensure the inclusion of persons with disabilities in national ID and**

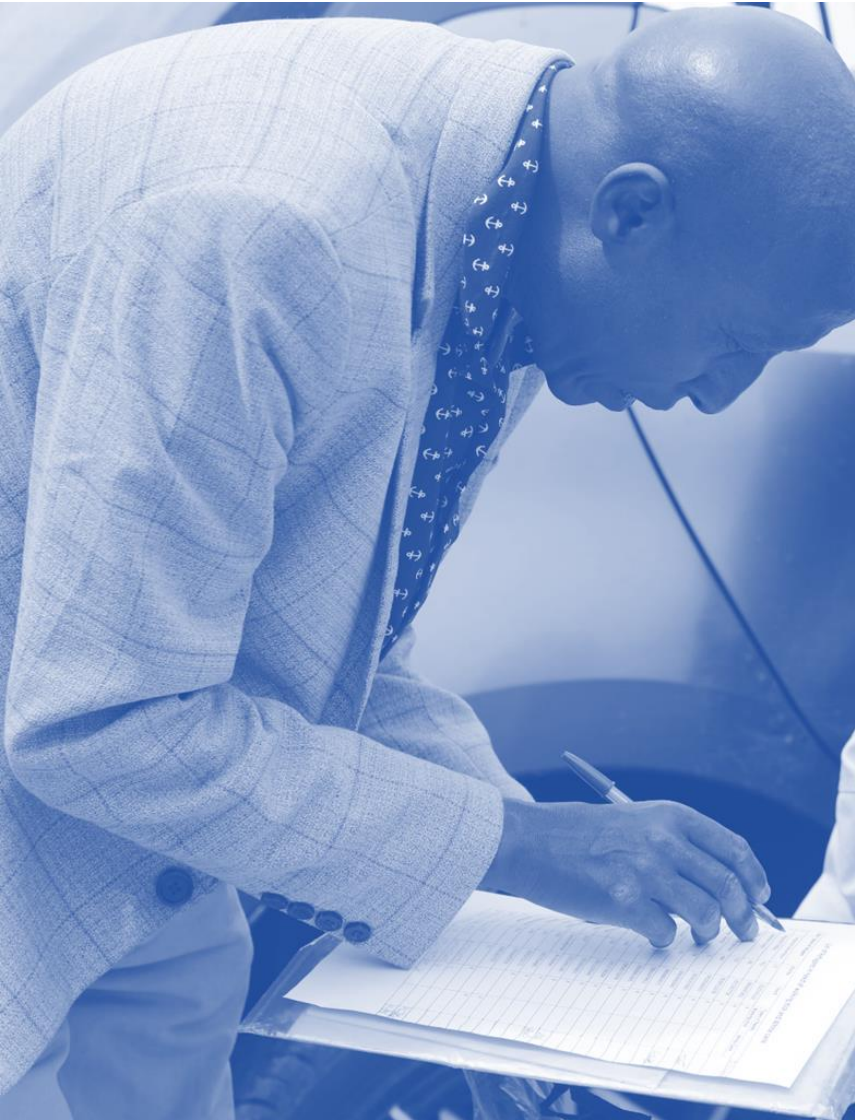
protection systems. Ensure that persons with disabilities are fully included in the ongoing documentation and verification exercise being conducted jointly by RRS and UNHCR in 2025. This is critical for many reasons including the issuance of the Fayda number to refugees, which will enable strengthened opportunities for inclusion in national systems, including those that may provide specific support to persons with disabilities.

7) **Enhance the economic empowerment of persons with disabilities by implementing specialized livelihoods programs tailored to their unique needs and skills, while adopting a twin-track approach that strengthens their inclusion into ongoing livelihoods programs.** According to the feedback from multiple field locations, there is a significant lack in specialized livelihoods programming for refugees with disabilities in Ethiopia, which limits their access to economic opportunities.



For more information:

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