Identification and Outreach to Persons with Disabilities
Memorandum to the Bureau of Population, Refugees, and Migration
May 9, 2014

EXECUTIVE SUMMARY

This memo was completed by a team of graduate public policy students from the Humphrey School of Public Affairs.[1] The aim of this memo is to help inform PRM's forthcoming policy on persons with disabilities in displacement settings by researching best practices in identification and outreach through literature reviews and interviews with experts in disability rights and humanitarianism.

The World Health Organization estimates that 15% of the world population lives with a disability. International attention to this specific population has grown in recent years, particularly after the United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted in 2006. The CRPD delineates the rights of persons with disabilities and emphasizes concepts such as access and nondiscrimination. PRM's five largest fund recipients also have developed substantial policies on persons with disabilities in their work, which tend to draw on the tenets outlined in the CRPD.

However, since persons with disabilities are often overlooked during identification and registration processes, current protection measures and assistance have not fully addressed the specific needs of this population. The main challenges of identification and outreach to persons with disabilities are deficiencies in tools and methods in identification and outreach, organizational capacities to address the specific needs of persons with disabilities, the barriers certain identification tools create for the different kinds of impairments, and societal perceptions of disability. These challenges are compounded by limited resources, both monetary and human, in displacement settings.

Consistent identification and data collection techniques would benefit refugees with disabilities by enabling practitioners in the field to better understand the specific needs of the population that they serve and facilitate comparison among programs and practices. The Short Set of Questions on Disability, developed by the Washington Group of Disability Statistics, is an example of a tool that can be used efficiently in international settings to collect information on disability with a high degree of success. However, it does not identify mental disabilities and would need to be supplemented in this area with other diagnostic tools. Unlike identification, outreach practices need to be highly contextualized; each displacement setting and population necessitates a different kind of outreach. Grassroots initiatives that include partnerships with people with disabilities and disabled persons' organizations (DPOs) in the community are more successful because they allow practitioners to interact with persons with disabilities face-to-face and adapt to ever-changing and unique displacement environments.

The importance of inclusive and participative practices for engaging persons with disabilities in designing and implementing programs is widely accepted as a key principle by many

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humanitarian organizations and DPOs. However, the degree to which they are consulted in programming varies along several dimensions, such as duration of displacement and the kind of impairment. A more concerted effort to consult those with the highest barriers to participation would create the greatest impact on inclusivity and awareness. Furthermore, organizations should also be mindful of consultative practices within their own organizations, ensuring an environment of inclusion across all operational levels.

Collaboration between host governments, IOs, NGOs, and local DPOs is essential in effectively identifying persons with disabilities and conducting outreach, and consequently, in addressing their specific needs. Interviews across various organizations identified this common theme, and while organizations may take different approaches to collaboration, it is viewed as a crucial part of outreach. Collaborative efforts also have important positive effects for public understanding of disability and reduction of stigma, capacity to serve specific needs, and information sharing practices.

Based on our research and analysis, we recommend the following in order to improve identification and outreach to persons with disabilities in displacement settings.
- PRM should base its disability policy on a definition of disability which addresses the interaction of environment and impairment.
- PRM should dedicate funding explicitly to programs which serve persons with disabilities, both in multi-sector proposals and in dedicated programs.
- When considering funding distributions, PRM should prioritize proposals which include consultation with persons with disabilities.
- PRM should encourage training opportunities for staff in humanitarian organizations, international organizations, and internally to improve organizational capacity to identify and reach persons with disabilities.
- PRM should engage with IOs to determine how it can best support their ongoing disability initiatives.

Furthermore, PRM should encourage the IOs it supports to follow the recommendations below.
- Continue to address immediate needs of displaced persons with disabilities while working to build the long-term capacity of local partners to do so as well.
- Ensure that established disability policies are reflected within their own organizational structures.
- Be aware of the evolving definition of disability and the impacts of different types of disability on specific needs.

Finally, PRM should encourage its implementing partners to follow the recommendations below.
- Use standardized tools and methodologies for identifying persons with disabilities, such as those developed by The Washington Group on Disability Statistics Short Set of Questions.
- Allocate funds specifically to address the needs of persons with disabilities within already existing programs.
- Continue to have inclusive, consultative practices with persons with disabilities.
- Embrace collaboration with DPOs, advocacy groups, and governments in order to better identify and reach persons with disabilities in displacement settings.

Identification and Outreach to Persons with Disabilities

Memorandum to the U.S. Department of State, Bureau of Population, Refugees, and Migration

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INTRODUCTION

This report was completed by a team of graduate public policy students from the Humphrey School of Public Affairs at the University of Minnesota. The Bureau of Population, Refugees, and Migration (PRM) at the U.S. Department of State requested an analysis of identification and outreach techniques being used to aid persons with disabilities in displacement and refugee settings. The purpose of this analysis is to compile a best practices guide that will help inform PRM's forthcoming policy on persons with disabilities through examples and recommendations. The research team conducted interviews with experts in the fields of disability rights, humanitarian response, and refugee management, and drew on literature from organizational publications and scholarly articles to analyze identification and outreach techniques.

This memo first outlines the activities of major PRM-funded humanitarian agencies in terms of identification and outreach. It analyzes the challenges of identification and outreach to persons with disabilities as well as how they are being identified and counted in humanitarian response and other disciplines. It also examines how persons with disabilities are consulted in program design and implementation and collaboration between humanitarian organizations and community based actors including disabled persons organizations. It concludes with recommendations for PRM on its development of a policy concerning persons with disabilities in displacement settings.

BACKGROUND

The World Health Organization (WHO) estimates that fifteen percent of the world's population lives with a disability,[1] and experts believe that this figure is likely higher in displacement settings.[2] Though reliable data is hard to obtain, current protection measures and humanitarian assistance to persons with disabilities have not fully addressed the specific needs of this population.[3] A large segment of the displaced population that has fled disasters, man-made or natural, may have suffered injuries or trauma, resulting in physical or mental impairments from their plight. In addition, they are forced to reside in new settings where their established social support networks have been disrupted. This suggests that in displacement settings, assistance and protection measures designed for the majority may not meet the specific needs of people with disabilities.

Additionally, the concept of disability has been evolving from one that primarily views persons with disabilities as recipients of welfare or as people afflicted by a medical condition, to social and rights-based models.[4] These latter models serve as the basis for the definition of disability in the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the flagship international standard on disability rights adopted by the United Nations in 2006, which defines disability as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."[5] Promoting the full and effective participation of

displaced persons with disabilities in community activities and decision-making requires agencies to address social, attitudinal, informational, and physical barriers.

CURRENT STATE OF AFFAIRS

PRM is a major funder of humanitarian organizations around the world, and the largest funder of many of the most prominent humanitarian agencies. Almost 90% of its Overseas Assistance is distributed to five organizations, totaling over $1.76 billion: United Nations High Commissioner for Refugees (UNHCR), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), International Committee of the Red Cross (ICRC), United Nations Children's Fund (UNICEF), and the International Organization for Migration (IOM).[6] Each of these organizations has its own policies and practices, many of which are based on the CRPD, for addressing persons with disabilities in displacement setting (see Appendix C for more detailed discussion).

UNHCR: UNHCR is the leading agency assisting refugees with a 2012 budget of $4.3 billion,[7] receiving just over $1 billion from PRM in 2013. UNHCR is a member of the UN working group on disabilities and has incorporated protection issues related to persons with disabilities in guidelines and tools.[8] UNHCR routinely collaborates with host governments, related UN agencies, ICRC, non-governmental organizations (NGOs) such as Handicap International, and local disabled persons' organizations (DPOs). UNHCR uses an Age, Gender and Diversity Mainstreaming approach with a focus on participation and inclusion in protection and programming efforts, with disability included as one component of "diversity."[9] Additionally, since 2004 UNHCR has used a standardized registration system called ProGres that it uses in its operations across 70 countries. It includes special needs codes disaggregated by disability and impairment in refugee registration, which it is working to improve.[10]

UNRWA: UNRWA, which provides assistance to some 5 million Palestinian refugees and received almost $300 million from PRM in 2013, has a formal disability policy based on the CRPD which helps to guide their programmatic goals and operational philosophy.[11] UNRWA conducts outreach to vulnerable populations including refugees with disabilities by establishing Community Based Organizations (CBOs) that partner with other local organizations to help identify and reach target populations. CBOs are run by a Local Administrative Committee, charged with outreach and daily operations.[12] Additionally, UNRWA also has a Relief and Services Disability Program which is run by 37 Community Based Rehabilitation Centers and provides educational and outreach services for over 16,000 persons with disabilities.[13]

ICRC: ICRC operates in 80 countries worldwide, and received about $280 million of funding from PRM in 2013, making PRM ICRC's single largest donor to its almost $1.1 billion budget (2012).[14] As a part of the International Red Cross and Red Crescent Movement, ICRC is guided by a formal disability policy based on the CRPD which promotes inclusion of persons with disabilities in all programs, in the development of services, and within the Movement itself. ICRC's specific focus is on capacity building with local governments and civil sector actors in addressing the needs of persons with disabilities before, during, and after armed conflicts. This policy is the launching point for ICRC's Strategy on Disability, a more robust discussion of the application of the policy, to be released in 2015.[15] ICRC's main disability-focused service is

physical rehabilitation, which is governed by principles of accessibility, quality services, and sustainability.[16] In order to reach persons with disabilities and promote its services, ICRC works closely with networks of in-country DPOs, national institutions, and community groups in the countries in which it works. It has the additional challenge of adhering to its core principles of maintaining neutrality in all conflicts, which requires special consideration to service location and accessibility.[17]

UNICEF: UNICEF received almost $73 million from PRM in 2013. UNICEF's mission, in line with the Convention of the Rights of the Child, is to advocate for the protection of all children's rights[18] including those in displacement settings. It has dedicated, organization-wide goals relating to disability: organizational inclusion, mainstreaming disability within all policies and programs, creating leadership based on the rights of children with disabilities, and building relationships with other organizations.[19] Children with disabilities are often among the most marginalized and excluded in displacement settings. UNICEF addresses this reality in its Core Commitments for Children in Humanitarian Action,[20] which are integrated global humanitarian standards based on international human rights law.

IOM: IOM is the leading intergovernmental organization in the field of migration, and received just over $66 million from PRM in 2013. It works closely with governmental, intergovernmental and nongovernmental partners. UNHCR identifies, interviews, and submits refugee cases to countries for resettlement consideration; subsequently, under cooperative agreements with these same countries, IOM conducts resettlement services including case processing, health assessments, pre-departure orientation and movement.[21] IOM's assessment of each individual's level of disability is then used to accelerate the resettlement referral process for the most vulnerable individuals. Within its Migration Health Assistance for Crisis Affected Populations programming, the most vulnerable groups IOM targets include physically and mentally disabled persons, those in need of long-term care, and those with chronic conditions. The organization is attempting to address each of these groups' specific needs.[22]

CHALLENGES UNIQUE TO IDENTIFYING AND REACHING REFUGEES WITH DISABILITIES IN DISPLACEMENT SETTINGS

The needs of persons with disabilities are often overlooked within humanitarian settings. Major challenges include deficiencies in tools and methods used in identification and outreach, organizational capacities to address the specific needs of persons with disabilities, and societal perceptions of disability, including within the refugee's own community.

One of the biggest challenges that humanitarian organizations face in identifying persons with disabilities in a refugee context is the lack of a consistent and reliable identification tool. Procedures used during the rapid needs assessments during refugee registration often do not include information specific to disability identification.[23] Including simple disability-related questions in these assessments can increase identification of disabilities in refugee populations. Barriers created by data collection methods used during the initial registration may also inadvertently exclude people with specific disabilities. For example, those with visual impairments may not be able to fill out questionnaires or persons whose disability makes them unable to communicate their own needs may be overlooked entirely.[24] Involving persons with

disabilities in a participatory planning process may help organizations become more aware of less visible disabilities.[25]

Barriers to outreach can include the mode by which information is delivered. Keeping the needs of persons with disabilities in mind, information should be in simple language, disseminated by at least two means of communication, and it should reach people who cannot leave their shelters and temporary homes.[26] Further complicating outreach, many refugee populations are increasing in number and becoming more urban and less concentrated.[27] In many of these areas, refugee agencies may find themselves unable to provide a similar amount of attention, services and assistance as they do in a camp setting, where refugee populations are concentrated.[28] Outside of the physical and legal space of camps, refugees often do not have legal status,[29] leading many to keep a low profile and making delivery of services difficult.[30] Insufficient data or little or no information on urban refugees complicates the identification process for those with disabilities.

Addressing the specific needs of persons with disabilities in displacement settings requires that personnel have the appropriate training to recognize and record various types of disabilities.[31] Training manuals are often insufficient, leaving untrained staff members without guidance and at times confused.[32] Unfamiliarity with the nature of a disability and how it affects an individual's interaction in his or her environment can lead to inadvertent discrimination. Registration and protection staff, outreach workers and case managers alike often view persons with disabilities through a medical lens, failing to recognize environmental, societal and political factors that may increase their vulnerability to protection concerns, and therefore may require a more comprehensive case management approach.[33] Thus, it is imperative that staff is adequately trained.[34]

Stigma surrounding disability is also barrier to identification and outreach. Prejudice against people with disabilities is seen as a major problem by people with disabilities, their families, and advocates,[35] thus reducing persons with disabilities' willingness to be identified. Discrimination, harassment, and exclusion increase the vulnerability of persons with disabilities, both by directly limiting their access to services and also by creating an environment with limited social support networks.[36] Additionally, research suggests that it is common for persons with disabilities to be unaware of their rights, which may affect their willingness to self-identify or express their needs. Humanitarian organizations are increasingly seeking to engage disability organizations in their work which should help address this problem.[37] Resources need to be available and contain reliable, accurate information for persons with disabilities and these rights.[38] Additionally, the staff also need to be aware of the resources available for persons with disabilities in order to facilitate access to services.[39]

Many of the barriers discussed above are compounded by limited resources. Resources allocated to implementing policies and plans regarding disabilities are often inadequate, and lack of funding can be an obstacle to sustainable disability services across all settings. Many NGOs do not have funding specifically allocated for programs targeted towards persons with disabilities, and for some organizations, this can make it challenging to integrate persons with disabilities' needs into their existing programs.[40] As one professional working in displacement contexts noted, in order to secure this funding, disability issues need to remain at the forefront of conversations with funders.[41] However, a lack of funding for targeted programs should not be a complete

barrier for organizations in integrating persons with disabilities' needs into existing programs. Instead, organizations should look for creative, cost-effective solutions in addressing this issue.

COMPLIMENTARY IDENTIFICATION AND OUTREACH TECHNIQUES APPLICABLE TO DISPLACEMENT SETTINGS

In order to create effective programs and useful policies, comparable disability statistics are needed.[42] Data collection methods used to aggregate disability statistics in displacement settings vary, which may have an impact on response rates and negatively impact the effort to know who comprises the disabled population in a given displacement region.[43] In the United States, there are multiple tools that social service agencies and other service providers employ to collect such information on persons with disabilities. These tools are disability specific and in many cases people with disabilities self-identify.[44] . In displacement settings, keeping in mind resource constraints and social stigmas that inhibit self-identification, a more general identification tool would be useful.

Data collection methods should begin with a shared definition of disability.[45] How disability is defined depends on the model of disability used, as models have changed over time, affecting the assessed disability rates.[46] The Washington Group on Disability Statistics has developed and tested six survey questions called the Short Set of Questions on Disability (see Appendix D) that can be adapted and used in a refugee context to collect relevant information.[47]

The short set of questions was designed with the CRPD's standard of full participation in society in mind. These questions measure the individual's level of participation in his or her environment, do not use the word "disability," have been field tested, and are easy to administer. They do not, however, address mental or psychological disabilities. Globally, people with mental disabilities are among the hardest to identify.[48] To help remedy this, the Short Set of Questions on Disability can be combined with other readily available surveys that aim to capture the prevalence of depression.[49] These questions would require some reworking to better fit with distinct cultural situations.[50] While the addition of a depression assessment tool would not capture all people with mental disabilities, it would advance the goal of identifying as many persons with disabilities as possible,[51] and improve conditions and services.

Successful outreach to persons with disabilities does not have a standardized approach. This is true in domestic efforts as well as in a refugee context and can be attributed to variation in types of disability and impairment, levels of social acceptance, available resources, and reasons for conducting outreach. However, many successful outreach efforts can be described as "grassroots" and involve collaboration with local DPOs and community members.[52] For example, in a recent project aimed at measuring autism rates in the Somali community in the Twin Cities, researchers held meetings in familiar places frequented by members of the Somali community and partnered with local leaders in the community such as Imams. These techniques allowed them to gain access to the community and collect the necessary data to carry out their study.[53] This approach is similar to how outreach efforts in Gaza were described, where despite other efforts, outreach was most successful when it occurred in settings that community members frequent and information was disseminated orally.[54] Though customized and face-to-face approaches are often resource heavy because they are staff-intensive, they are the most effective because they allows

practitioners to adapt to ever-changing and unique environments thereby improving outcomes for persons with disabilities.

GAPS BETWEEN THEORY AND PRACTICE IN CONSULTING PERSONS WITH DISABILITIES ON PROGRAM DEVELOPMENT AND IMPLEMENTATION

The importance of supporting inclusive and participatory practices for engaging persons with disabilities is widely accepted by humanitarian, development, and disabled persons organizations, and it is a central principle of the disability rights movement worldwide.[55] Organizations such as the Women's Refugee Commission (WRC),[56] Handicap International (HI),[57] IOM,[58] and the UN Economic and Social Commission for Asia and the Pacific[59] have identified promoting the voice of persons with disabilities in decision-making processes as a best practice. Consultation in program design and implementation dovetails with both the rights-based and capabilities-based approaches seen within the disability rights movement.

However, research suggests that the degree to which persons with disabilities are actually consulted in program design and implementation in displacement settings varies considerably. Organizations that serve a general population but do not have an explicit focus on disability have a wide range of inclusivity processes, sometimes varying in their approach within their own programming. For example, while acknowledging their overarching disability policies, many organizations were able to identify specific locations or programs that truly embraced inclusivity in its design. These organizations may be responding to local conditions, capacities, sensitivities, and needs. Organizations such as DPOs whose primary constituents are persons with disabilities may more frequently involve them in planning simply due to the proximity of the issue to their consciousness. Ideally, all organizations would make a more concerted effort to develop inclusive processes for all phases of program design, execution, and evaluation.

The degree to which persons with disabilities are consulted in programming may also be related to the duration of the particular humanitarian situation, with more protracted situations having greater levels of consultation.[60] Some camps in Uganda[61] and Kenya[62] which have operated for years have developed at least informal methods for consultation with persons with disabilities, although more formal methods are even more desirable.[63] Additionally, a comprehensive study conducted by WRC in 2010 found that opportunities for engagement were more developed in camp settings than in urban settings due to the concentration of populations and the presence of more established communities.[64]

The extent of consultation with persons with disabilities within a population also seems to vary greatly according to the kind of disability; those with mental and intellectual disabilities are less involved than those with physical or sensory disabilities.[65] Social stigmas about disability and internalized low-confidence can hinder the willingness of persons with disabilities to speak about their experiences, making it difficult to involve them in consultative processes. One professional working with displaced persons emphasized the importance of actively consulting the people who are least consulted, because they are the ones who have the most barriers to participation.[66] Another stressed the importance of an organization having enough staff members available in the community in order to interact with the population they are serving, and thus engage them more

fully in program development and implementation.[67] This benefits all program participants, but especially those with higher barriers to participation, such as those with unidentified disabilities.

In order to facilitate consultation with persons with disabilities, information should be distributed in multiple formats and through various channels. Location of engagement opportunities should be carefully considered, and establishing an environment in which persons with disabilities feel safe to express their perspectives and concerns is critical for meaningful participation.[68] Encouraging the development of self-help groups in situations where DPOs or other organizations which have the ability to advocate for persons with disabilities are absent may prove useful for increasing consultation opportunities.[69]

Many humanitarian organizations rely on collaboration with local DPOs in order to gain access to persons with disabilities for both consultation and service provision. An alternative would be to integrate persons with disabilities into their own staff in a more proactive way. ICRC recognizes the need to revise their HR practices in order to make their hiring more inclusive and to serve as a model for the International Red Cross and Red Crescent Movement more broadly.[70] Ensuring that organizations move beyond token participation to genuinely substantive participation will not only increase responsiveness[71] to the needs of persons with disabilities in their own programs, but can create greater awareness in the broader environment.

COLLABORATION IS ESSENTIAL FOR EFFECTIVE IDENTIFICATION AND OUTREACH

Collaboration between IOs, NGOs, humanitarian relief organizations, disability advocacy groups, and governments is essential for the success of programs that effectively serve persons with disabilities in displacement settings. Collaborative efforts are important for humanitarian organizations in identifying persons with disabilities, connecting them to services, conducting effective outreach, and improving their own organizational practices.

In order to identify persons with disabilities, WRC frequently collaborates both with UNHCR and local DPOs. WRC bases its inclusion work with persons with disabilities around a positive empowerment approach that creates safe spaces for refugees with disabilities to self-identify and minimizes any social stigma that they might face from the broader refugee community.[72] One example of this approach can be found in Lebanon, where WRC is involved in a joint effort to create discussion groups for disabled Syrian refugees. The meetings allow the refugee groups and staff members to explore the group members' challenges and concerns about their situations and share strategies for addressing these adversities.

Humanitarian organizations also use collaboration as a way to connect persons with disabilities to services, either in their own programming or within their network. For over 50 years, UNRWA has engaged CBOs to serve as rehabilitation centers for Palestinian refugees. UNRWA has reached out to CBOs for assistance in creating programs that will allow Palestinian persons with disabilities to feel secure and become more involved in their communities while also becoming self-sustaining, and also has long-standing collaborations with NGOs such as HI. One successful example of this programming is the Right to Life Society, which hires Palestinians who suffer from Down syndrome to work in its self sustaining bakery[73]

In order to improve services and conduct outreach in some areas, UNHCR collaborates with both local and international DPOs in its consultations with refugees with disabilities. Through collaborative support groups, refugees with disabilities connect with DPOs. UNHCR staff helps to provide a safe space where consultations can take place. Recognizing the centrality of collaboration to reaching and providing services to persons with disabilities, UNHCR has been developing a technical guidance note on how improving collaboration with humanitarian NGOs and other organizations, such as disability advocacy groups, whose inclusion is key to developing more effective programming for persons with disabilities (see Appendix F).[74]

Collaborative efforts are important in improving organizational and outreach practices. For example, ICRC works with national programs, local DPOs, and NGOs in its network mapping to identify organizations that are active in certain locations and which services are available to displaced communities in those areas. The mobilization of local groups who can identify persons with disabilities and establish networks for disseminating information about services has been crucial to its outreach efforts. Mapping exercises can also build the capacity of local DPOs and their ability to assist persons with disabilities, as well as illuminate the long-term responsibility of governments to ensure the well-being of disabled populations.[75]

Information sharing, both with persons with disabilities directly and among DPOs is essential for strong collaboration. For example, in Kampala, Uganda, WRC staff has collaborated with an association of disabled refugees and national disability advocacy groups to disseminate information about the services available to new refugees with disabilities. WRC's work in Uganda has been especially effective in integrating persons with disabilities into the larger refugee communities, albeit through small-scale projects such as this one.

Furthermore, many organizations prefer to work in collaboration with local authorities and governments where possible. ICRC works jointly with governments in providing rehabilitation and other services to aid persons with disabilities. In Iraq, it works with national ministries to increase access to basic needs such as shelter and electricity for all refugees, including persons with disabilities, and build the national governments' capacities to address specific needs.[76] Still, in some situations, ICRC substitutes for national authorities in providing accessible services to persons with disabilities when the government lacks the capacity to adequately serve the persons with disabilities, as it does in Afghanistan.[77]

RECOMMENDATIONS
Based on our research and analysis, we recommend the following in order to improve identification and outreach to persons with disabilities in displacement settings.

Recommendations for Bureau of Population, Refugees, and Migration
- PRM should base its disability policy on the social model of disability, while recognizing that the definition of disability continues to evolve and that there continues to be disagreement within the disability community as to which model is the best. How disability is defined will determine how organizations work to identify and address it. The social model emphasizes the interaction between impairment and environment as the source of disability. By expanding their definition of disability with the social model,

PRM would have a wider range of tools available to address the needs of persons with disabilities while meeting people where they are at.

- PRM should take a two-tiered approach in assisting persons with disabilities. This approach should highlight the specific needs of persons with disabilities within multi-sector requests for proposals while also dedicating funding explicitly to programs which serve persons with disabilities. As a donor, PRM has the ability to set priorities and influence operations across a broad variety of organizations, geographies, and humanitarian contexts. While acknowledging that funding is limited and may come at the expense of other priorities, providing grant opportunities for projects serving persons with disabilities would create tangible rewards for improving identification and outreach.

- PRM should prioritize project proposals that have a definitive element of consultation with persons with disabilities within them. In order to have effective consultation, persons with disabilities need to be identified and reached. Giving preference to proposals which are able to concretely describe steps that will be taken to include persons with disabilities in program design, implementation, and evaluation will create more effective programs and improve outreach.

- PRM should provide and encourage training opportunities for staff in humanitarian organizations, international organizations, and within its own Bureau to improve organizational capacity to identify and reach persons with disabilities. Apart from a few disability specialists in large organizations, disability is not always a priority issue for relief workers. Increasing sensitivity towards disability as a whole and within the specific cultural contexts in which humanitarian workers are operating will improve identification and outreach.

- PRM should actively engage in dialogues with IOs to determine how it can best support their ongoing disability initiatives. Many IOs already have established disability policies. Since PRM is the primary donor to many of these organizations, it has the ability to encourage improvements in identification and outreach through consultation, collaboration, and inclusive processes.

Recommendations for International Organizations
- International Organizations should continue to develop work on disability that both addresses immediate needs and builds long-term capacity for local partners to identify and reach persons with disabilities in displacement settings. IOs should be conscious of the steps they can take in supporting long-term improvements to identification techniques and creating inclusive environments. This includes conducting in-depth and ongoing training on disability inclusion for staff, partners, and communities, and increasing advocacy work across humanitarian response contexts.

- International Organizations should ensure their policies on disability inclusion are reflected within their own organizations. While they have developed formal policies, the inclusion of disability in hiring and staffing can be improved. Internal inclusivity and sensitivity can be important for improving external outreach and identification.

- International Organizations should be aware of the evolving definition of disability and emerging research on the impacts of various impairments on specific needs. While some organizations prioritize certain kinds of disabilities in programming, all IOs should actively work to incorporate a full range of disabilities to better assist affected populations.

Recommendations for Implementing Partners
- Implementing partners should use standardized tools and methodologies for identifying persons with disabilities in displacement settings. The Washington Group on Disability Statistics Short Set of Questions has been tested in various international settings, and could be used as is or tailored further to humanitarian contexts. Since the Short Set does not address most mental disabilities, a modified depression diagnostic tool would be an important, though still imperfect, supplement.
- Implementing partners should allocate funding as necessary to identify and address the needs of persons with disabilities within their existing programs while also looking for high-impact, cost-effective adaptations to increase inclusion. This could include creating safer environments for persons with disabilities and their families to voice specific needs, staff training, and sensitivity education in host communities.
- Implementing partners should continue to ensure they have inclusive, consultative processes for persons with disabilities within their own organizations' activities and staffing structure. This models inclusion for potential collaborators and helps staff members who are further from the field to better understand the challenges faced. This has greater potential for building awareness within the organization than an overarching policy because the lived practice is prioritized throughout the organization.
- Implementing partners should embrace collaboration with DPOs, advocacy groups, and local governments to reach all persons with disabilities. Organizations may serve persons with specific kinds of disabilities or be more aware of the challenges affecting certain groups. Building a broader coalition would promote recognition of the diversity of "disability," which is an important factor for identification.

CONCLUSION

Factors that influence the ability of organizations to identify and reach persons with disabilities in displacement settings are myriad and diverse, but PRM is well-positioned to influence organizations to move towards practices that improve outcomes and increase inclusion. While this report identifies some best practices and steps that can be taken, there are additional topics within identification and outreach that warrant further research for forming a policy on disability.

One area would be researching concrete trends in consultation and collaboration to better understand the operating environment. For example, looking at the type of humanitarian crisis and its timeline, as well as geographic location, may reveal trends in whether or not consultation and collaboration are functioning well and provide data to influence resource allocation. A detailed examination of interagency referral methods, including between camps and host communities, could help determine best practices for service delivery and outreach to persons with disabilities. Additionally, an in-depth investigation of tools for identifying specific mental disabilities beyond depression that can be readily used in displacement settings would provide a beneficial complement to the Washington Group Short Set of Questions. Finally, it would be worthwhile to examine how well the needs of persons with different kinds of disabilities - physical, sensory, mental, developmental, and so forth - are being met in displacement settings to see where resources should be directed in order to increase identification and inclusion.

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[17] Representative of International Committee of the Red Cross. Telephone interview. 10 Mar 2014.

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[73] Anderson, Scott. United Nations Relief and Works Agency for Palestine Refugees in the Near East. Telephone interview. 27 Mar 2014.

[74] Guidance Note on Partnership in Advocacy for Protection. UNHCR. Structured Dialogue. *International Council of Voluntary Agencies.* Web. 19 Apr 2014.

[75] Representative from International Committee of the Red Cross. Telephone interview. 10 Mar 2014.

[76] Representative from International Committee of the Red Cross. Telephone interview. 10 Mar 2014.

[77] *Ibid.*

APPENDIX A: Acronyms & Abbreviations

CBO	Community-based organization
CRPD	Convention of the Rights of Persons with Disabilities
DPO	Disabled persons organization
HI	Handicap International
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IGO	International governmental organization
IO	International organization
IOM	International Organization for Migration
NGO	Non-governmental organization
PRM	Bureau of Population, Refugees and Migration
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization
WRC	Women's Refugee Commission

APPENDIX B: Definitions

Social Model of Disability
The social model of disability has recently replaced the medical model. It views disability as a socially created problem which arises from the interaction of the individual's functional status and his or her social environment.[1] Intervention is not only at the individual level, but at the societal level as well.[2] For example, making infrastructure changes that enable a person in a wheelchair to enter and exit a building.

Medical Model of Disability
The medical model of disability views disability as a problem with the person that is directly caused by disease, trauma, or other illness.[3] Managing the disability is aimed at a cure and medical care is the main issue.[4] Although there is disagreement even within the disability community, the medical model is generally considered limited and has fallen out of favor for the social model.

The Charity Model of Disability
The charity model of disability defines those with impairments as recipients of care, charity and in generally in need of pity.[5] This model is traditionally used in fundraising efforts where PWDs are seen as victims. It is criticized heavily within the disability community.[6]

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[1] Mont, Daniel. *Measuring Disability Prevalence.* Special Protection Paper, #0706. Washington DC: The World Bank, 2007. Print.
[2] *Ibid.*
[3] Langtree, Ian. "Definitions of the Models of Disability." *Disabled World.* 10 Sep 2010. Web. 25 Apr 2014.
[4] *Ibid.*
[5] "Tragedy/Charity Model of Disability." *Michigan Disability Rights Coalition.* Web. 30 Apr 2014.
[6] *Ibid.*

APPENDIX C: Current State of Affairs, Expanded

United Nations High Commissioner for Refugees

As of 2012, UNHCR has provided assistance to more than 50 million people, earning two Nobel Peace Prizes in 1954 and 1981.[1] Between 2.3 and 3.3 million of the world's forcibly displaced people are estimated to live with disabilities, according to the World Health Organization.[2] To address the needs of this large group, UNHCR has incorporated protection issues related to persons with disabilities in policy documents and guidelines. Through its Age, Gender and Diversity Mainstreaming approach, it focuses on participation and inclusion in protection and programming.[3] UNHCR works with the refugee community to identify and address issues faced by people with disabilities and to develop targeted actions.

UNHCR supports the rights of people living with disabilities, both among its own staff and among people of concern to the agency. It has operated proactive outreach policies in partnership with governments, the United Nations, and NGOs including local DPOs to ensure that vulnerable populations including PWDs are identified and supported. With regard to refugee status determination, UNHCR has promoted approaches that are disability-sensitive. For example, procedures must be designed to enable persons with disabilities to fully and fairly present their claims.[4] In the registration phase, the introduction of the centralized data collecting system "ProGres" and mobile registration units has provided UNHCR staff with the capacity to spot gaps, identify protection risks and plan accordingly.[5]

Additionally, UNHCR has provided guidance notes and tools to support and encourage staff in addressing the needs of persons with disabilities. Awareness-raising campaigns have been undertaken regularly in both camp and urban settings to reduce discrimination against refugees living with disabilities. In addition, UNHCR provides various education and vocational training programs for refugees living with disabilities.

UNHCR currently has 26 programs focused on assisting refugees with disabilities and identifies participants using a set of indicators it has developed (see Appendix E). In order to improve its identification, UNHCR is collaborating with academics to conduct further in-depth research on how to create a more thorough identification process.[6]

Finally, to facilitate integration of persons with disabilities, UNHCR works with state actors to promote policies which create more inclusive societies. For example, UNHCR works for the waiver of stringent language tests and examinations as part of naturalization procedures of host countries to refugees which may create disproportionate barriers for some kinds of disabilities.

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[1] *Protecting Refugees & the Role of UNHCR.* Geneva: UNHCR, 2012. Print.

[2] *People with Disabilities.* UNHCR, 2014. Web. 3 May 2014.

[3] "The Protection of Older Persons and Persons with Disabilities." *UNHCR - The Protection of Older Persons and Persons with Disabilities.* Geneva: UNHCR, 2007. Web. 27 Feb 2014.

[4] *A Thematic Compilation of Executive Committee Conclusions.* UNHCR, 2011. Web. 15 Mar 2014.

[5] *Ibid.*

[6] Representative from United Nations High Commissioner for Refugees. Telephone interview. 5 Mar 2014.

United Nations Relief and Works Agency for Palestine Refugees in the Near East

UNRWA has several well-established programs and policies that benefit refugees with disabilities. For example, they have a new building policy which aims to ensure that all UNRWA buildings are universally accessible.[1] In addition to their programming and inclusive infrastructure guidelines, in 2013 they published a formal disability policy which is based on the UN Convention on the Rights of Persons with Disabilities.[2]

UNRWA uses CBOs to target vulnerable populations like refugees with disabilities, women, and children.[3] They partner with 103 CBOs in all of their targeted geographic areas. A Local Administrative Committee oversees the CBOs and is responsible for outreach as well as day to day functions. In turn, CBOs partner with over 300 other organizations in the five field areas. Of the main activities performed by CBOs that focus on refugees with disabilities include rehabilitation services, mainstreaming children with disabilities into regular schools, and referral services.[4]

UNRWA also has a Relief and Services Disability Program which is run by 37 Community Based Rehabilitation Centers and provides services for over 16,000 persons with disabilities.[5] This program is responsible for educational and outreach activities. Activities include in-home rehabilitation, shelter accessibility modifications, provision of prosthetic limbs, and mainstreaming children with disabilities into UNRWA schools.[6] Mainstreaming is a policy goal at UNRWA as of 2012-2013,[7] and spans each of their major programmatic areas: education, health, job creation, and microfinance.

International Committee of the Red Cross

ICRC is making major progress in the area of disability policy, but has not yet created measurable and specific tenets for implementation. The main focus of ICRC's work within disability has been on physical rehabilitation, though they have begun to address other barriers such as mental health and sensory disabilities as well.[8] Their philosophy towards disabilities and impairments includes alleviation of not just the barriers created by disabilities, but also inclusion as an important social component of recovery and resiliency.[9]

ICRC is distinct from the major other organizations funded by PRM as it has the unique mandate of remaining neutral in all of its involvements, creating an additional layer of complexity when addressing issues of accessibility. Not only must all facilities and programs be accessible to persons with disabilities, they must be equally accessible to PWDs on either side of

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[1] *Providing Universal Access.* UNRWA, 2013. Web. 9 Mar 2014.

[2] *Promoting the Rights of Persons with Disabilities: Disability Policy Key Point*s. UNRWA, 2013. Web. 9 Mar 2014.

[3] *Relief & Social Services Community Based Organizations.* UNRWA, 2010. Web. 10 Mar 2014.

[4] *Ibid.*

[5] *RSS Disability Programme.* UNRWA, 2010. Web. 10 Mar 2014.

[6] *Ibid.*

[7] *Disability Mainstreaming.* UNRWA, 2013. Web. 9 Mar 2014.

[8] Representative of International Committee of the Red Cross. Phone interview. 10 Mar 2014.

[9] *Physical Rehabilitation Programme Annual Report 2012.* Geneva: International Committee of the Red Cross, 2013. Print.

the conflict.   The mandate of neutrality may also play a part in ICRC's ability to respond to any policies developed by PRM as a funder.

In order to reach persons with disabilities, ICRC takes a "twin track" approach, which targets both institutions and individuals.   It works with already established national systems to identify and inform persons with disabilities, capitalizing on local institutions' knowledge of people and organizations.   ICRC further enhances these institutions' capacity to serve through various supports such as the construction of facilities, human resources development, and strategy formulation about disability. ICRC also engages service users directly by assisting with transportation and accommodation fees, among other targeted supports, to increase access to services.[1]

The "three pillars" which guide ICRC's physical rehabilitation projects are accessibility, providing quality services, and sustainability of those services.[2]   In addition to providing the physical rehabilitation service, ICRC promotes socio-economic reintegration through job placement, "positive discrimination," vocational training, and other such programs.[3]   They actively pursue relationships with multinational organizations and in-country DPOs to both build referral networks and increase capacity within the host country for supporting persons with disabilities.   ICRC has also identified the importance of modeling inclusion practices within itself so that it can justifiably ask the same of its partner organizations in service provision, pairing this with widespread education and advocacy campaigns to improve the status of persons with disabilities in conflict areas.[4]

ICRC is responsible for directing and coordinating all components of the International Red Cross and Red Crescent Movement during times of conflict, so while their policies will apply to many refugees and IDPs to whom the Movement provides service, people displaced by natural or man-made disasters fall under the policies of the International Federation of the Red Cross and Red Crescent Societies (IFRC).[5]   However, in November 2013, the Council of Delegates of the Movement adopted a resolution entitled "Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement," which is currently the highest level document guiding the work on disability across the ICRC and the rest of the Movement.   It calls for the development of a more specific "Movement-wide Strategy on Disability" to be introduced to the Council in 2015.[6]   A core committee of National Societies will develop the strategy, building off their experience and the IFRC's Strategic Framework on Gender and

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[1] "Physical Rehabilitation Overview." *Physical Rehabilitation*. International Committee of the Red Cross, 29 October, 2010. Web. 07 Apr 2014.

[2] *ICRC SFD General Policy Guidelines (Extract).* Geneva: ICRC Special Fund for the Disabled, 2010. Print.

[3] *Physical Rehabilitation Programme Annual Report 2012*. Geneva: International Committee of the Red Cross, 2013. Print.

[4] Representative from International Committee of the Red Cross.   Phone interview. 10 Mar 2014.

[5] *The International Red Cross and Red Crescent Movement At A Glance*. Geneva: International Red Cross and Red Crescent Movement, 2011. Print.

[6] Council of Delegates of the International Red Cross and Red Crescent Movement. *Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement*. Sydney: International Red Cross and Red Crescent Movement, 2013. Print.

Diversity, viewing ability as a function of diversity.

United Nations Children's Fund

Children with disabilities and their families are extremely vulnerable and become less visible during humanitarian crisis situations. UNICEF recognizes the unique difficulties children with disabilities face and works to bring global partners together to protect the rights of the child. UNICEF leads their programs based on international human rights laws and standards, specifically the Convention on the Rights of the Child[1] and Convention on the Rights of Persons with Disabilities.[2] UNICEF's framework recognizes that children and children with disabilities are rights holders and programs must uphold these rights to promote inclusiveness and equity for all children.

UNICEF has outlined global standards stemming from its Core Commitments for Children in Humanitarian Action[3] to strengthen humanitarian assistance for all children. These commitments promote a disability-inclusive humanitarian response in which emergency response and preparedness promote and protect the rights of the child. UNICEF has identified three goals for the program implementation phase: all programs within the organization promote inclusiveness, mainstream disability across all programs and policies, and develop leadership on the rights of children with disabilities to increase capacity building between agencies.[4] A key to building a successful programming includes the consulting and inclusion of persons with disabilities. UNICEF builds partnerships by working with global partners such as the UN and its partners, local and global humanitarian agencies, local governments, private sector and disability organizations.

UNICEF developed the Multiple Indicator Cluster Survey, a data collection tool which is used to provide UNICEF with information about children with disabilities. The information is analyzed and distributed for use for planning, advocacy, and the monitoring of both in-country and global goals. Over 230 surveys have been administered since 1998 in more than 100 countries. The indicators provide background information on PWDs and influence UNICEF's policy and program design.

International Organization for Migration

IOM operates identification programs based on the needs of the populations with whom it works. IOM's Migration Health Assessment program for third country refugee resettlement (mainly refugees being resettled in the U.S. as well as Canada, Australia, and New Zealand) is a two-stage program. In the first stage, IOM fields requests from UNHCR to determine the level of disability of each individual refugee in a particular setting in which IOM operates. IOM conducts these assessments through the use of its standard Medical Assessment Form. IOM's assessments

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[1] Convention on the Rights of the Child. Nov. 20, 1989, 1577 U.N.T.S. 3; 28 I.L.M. 1456 (1989).

[2] *United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol.* G.A. res. 61/106, Annex I, U.N. GAOR, 61st Sess., Supp. No. 49, at 65, U.N. Doc. A/61/49 (Dec. 13, 2006), 46 I.L.M. 443.

[3] *Core Commitments for Children in Humanitarian Action.* New York: United Nations Children's Fund, 2010. Web. 10 Mar 2014.

[4] "Three Disability Goals." *UNICEF - Disabilities.* New York: UNICEF, 2013. Web. 10 Mar 2014.

on each individual refugee's disability status are then referenced by UNHCR to more quickly facilitate the resettlement referral process.[1]

For refugees already in the resettlement pipeline, IOM uses several different guidelines issued by receiving host countries or IOM Significant Medical Condition forms to document the types of disabilities that refugees may have. Recommendations are made as to what additional support may be needed during transport and travel as well as upon arrival at the final destination. For example, during the transport and travel period, IOM will conduct a pre-departure health assessment and depending on the degree of disability, additional support such as providing wheelchair assistance, a stretcher, ambulance transport, or provision of medical escorts all the way through to the final destination may be recommended. At the final destination, the medical escorts will ensure the proper transfer of a disabled refugee to family or the appropriate health officer so as to maintain a "continuity of care."[2]

IOM has established a database and tracking system specifically for the U.S. refugee resettlement program where all of the relevant data is passed along to the Refugee Processing Center in that specific region. Any information regarding refugee disabilities is also maintained in this database and sent to the U.S.-based resettlement agency who will follow up to ensure the continuity of care.[3]

IOM's Migrant Health Assistance for Crisis Affected Populations programs are targeted with a focus on the most vulnerable sections of the population. This includes all persons with mental or physical disabilities, as well as people in need of long-term care or suffering from chronic conditions. Thus, PWDs are included in IOM's health statistics and monitoring forms. All PWDs identified are referred to the appropriate specialists or health care facilities and are provided with transportation assistance to and from the hospital. All PWDs identified are also given medical escorts if necessary. In some cases, PWDs are linked to relevant Clusters (such as Protection, Shelter, Health, Camp Management, and Non-Food Items) if additional support is needed.[4]

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[1] Motus, Nenette. International Organization for Migration. Email interview. 4 Feb 2014.

[2] *Ibid.*

[3] *Ibid.*

[4] *Ibid.*

APPENDIX D: Washington Group on Disability Statistics
Short Set of Questions on Disability

The Short Set of Questions and accompanying protocols for implementation can be found online at: http://www.cdc.gov/nchs/washington_group/wg_questions.htm

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Census Questions on Disability Endorsed by the Washington Group

Introductory phrase:
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?
a. No - no difficulty
b. Yes – some difficulty
c. Yes – a lot of difficulty
d. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?
a. No- no difficulty
b. Yes – some difficulty
c. Yes – a lot of difficulty
d. Cannot do at all

3. Do you have difficulty walking or climbing steps?
a. No- no difficulty
b. Yes – some difficulty
c. Yes – a lot of difficulty
d. Cannot do at all

4. Do you have difficulty remembering or concentrating?
a. No – no difficulty
b. Yes – some difficulty
c. Yes – a lot of difficulty
d. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?
a. No – no difficulty
b. Yes – some difficulty
c. Yes – a lot of difficulty
d. Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example

understanding or being understood?
a. No – no difficulty
b. Yes – some difficulty
c. Yes – a lot of difficulty
d. Cannot do at all

Appendix E: UNHCR Specific Needs Indicators for Refugee Camp/Settlement

The UNHCR Specific Needs Indicators for Refugee Camp/Settlement are taken from UNHCR's Second Edition of the *Practical Guide to the Systematic Use of Standards & Indicators in UNHCR Operations*, which can be found online here: http://www.unhcr.org/40eaa9804.html

PHYSICAL PROTECTION		FEMALE	MALE	TOTAL	STD.	COMMENTS
PART III. PROTECTION (CONTINUED)						
LEGAL STATUS (CONTINUED)		FEMALE	MALE	TOTAL		
10 Percentage of newborns issued a birth certificate	?				100%	
- Total number of newborn refugees and asylum-seekers issued with individual birth certificates (DP)						
- Total number of newborn refugees and asylum-seekers (DP)						
SPECIFIC PROTECTION NEEDS		FEMALE	MALE	TOTAL	STD.	COMMENTS
11 Percentage of older persons with specific needs assisted	?				100%	
- Number of older persons with specific needs assisted (DP)						
- Number of older persons with specific needs (EP)						
12 Percentage of disabled persons ≥18 years old with specific needs assisted	?				100%	
- Number of disabled persons ≥18 years old with specific needs assisted (DP)						
- Number of disabled persons ≥18 years old with specific needs (EP)						
13 Percentage of disabled persons <18 years with specific needs assisted	?				100%	
- Number of disabled persons <18 years old with specific needs assisted (DP)						
- Number of disabled persons <18 years old with specific needs (EP)						
14 Percentage of ex-combatants ≥18 years old with specific needs assisted	?				100%	
- No. of ex-combatants ≥18 years old with specific needs assisted (DP)						
- Number of ex-combatants ≥18 years old with specific needs (EP)						
15 Percentage of ex-combatants <18 years old assisted	?				100%	
- Number of ex-combatants <18 years old assisted (DP)						
- Number of ex-combatants <18 years old (EP)						

REFUGEE CAMP/SETTLEMENT, 11

N. REF. SIR	INDICATOR DESCRIPTION	STANDARD	DISAGGREGATION	REF. AREA
11	Percentage of older persons with specific needs assisted	100%	☑ Sex	Protection
			☑ Age	Specific Protection Needs

RATIONALE
To measure the extent to which community and implementing partners are meeting the needs of older persons with specific needs who need additional assistance.

METHODS OF MEASUREMENT
Numerator: Number of older persons with specific needs assisted during the reporting period
Denominator: Number of older persons with specific needs at the end of the reporting period

X 100 = %

DATA SOURCES
UNHCR and relevant implementing and operational partners and communities

FREQUENCY OF MEASUREMENT
Annually

REFUGEE CAMP/SETTLEMENT, 12

N. REF. SIR	INDICATOR DESCRIPTION	STANDARD	DISAGGREGATION	REF. AREA
12	Percentage of disabled persons ≥18 years old with specific needs assisted	100%	☑ Sex	Protection
			☑ Age	Specific Protection Needs

RATIONALE
To measure the extent to which community and implementing partners are meeting the needs of disabled persons with specific needs who require additional assistance.

METHODS OF MEASUREMENT	
Numerator: Number of disabled persons ≥18 years old with specific needs assisted during the reporting period **Denominator:** Number of disabled persons ≥18 years old with specific needs at the end of the reporting period	X 100 = %

DATA SOURCES
UNHCR and relevant implementing and operational partners and communities

FREQUENCY OF MEASUREMENT
Annually

N. REF. SIR	INDICATOR DESCRIPTION	STANDARD	DISAGGREGATION	REF. AREA

NOTES
- The term "disabled persons with specific needs" refers to individuals, families or groups requiring a particular response to ensure that they are enabled to overcome the challenges they face and to ensure equal access and equitable impact (UNHCR, 2003).
- Groups with specific needs include older persons, separated children, the chronically ill, persons with mental and physical disabilities, ex-combatants, single heads of households, survivors of violence, and others, depending on the specific situation.
- The term "disabled persons" refers to persons with mental and physical disabilities/impairments.
- *Impairment* can be defined as "any loss or abnormality of psychological or anatomical structure or function" (WHO, 1980); *Disability* can be defined as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (WHO, 1980); *Handicap* can be defined as "a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role that is normal depending on sex, social and cultural factors for that individual" (UNHCR, 1996). UNHCR is committed to the principles which underlie the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*, issued in 1993, which also states that "jointly with other agencies, UN organizations, non-governmental agencies and the refugees with disabilities themselves, UNHCR seeks to promote community-based rehabilitation which aims to integrate persons into society rather than creating special facilities and services". In conclusion, the former High Commissioner said that as part of the overall United Nations efforts, UNHCR will continue to draw special attention to the plight of refugees with disabilities and promote community-based rehabilitation efforts in both countries of asylum and return.
- Participation of disabled persons in all activities that they are capable of carrying out will lead to their rehabilitation. Access to education or special education, vocational and life skills training and employment opportunities will help them to be active and contributive members of their communities.
- Disabled Persons with specific needs are persons without family support or source of income who need specific support in terms of availing mobility equipment (crutches, wheel chairs, etc.), visual and hearing aids, medical treatment, psycho-social services, etc. Persons who need such assistance can be identified through registration activities and by community members, case workers, community health and social outreach workers.

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- UNHCR, (1996) *Community Service in UNHCR. An Introduction*. UNHCR, Geneva.
- UNHCR, (2003) *Sexual and Gender Based-Based Violence against Refugees, Returnees and Internally Displaced Persons, Guidelines for Prevention and Response*. UNHCR, Geneva.

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N. REF. SIR	INDICATOR DESCRIPTION	STANDARD	DISAGGREGATION	REF. AREA
14	Percentage of ex-combatants ≥18 years old with specific needs assisted	100%	☑ Sex	Protection
			☑ Age	Specific Protection Needs

RATIONALE
To measure the extent to which community and implementing partners are meeting the needs of persons with specific needs who need additional assistance.

METHODS OF MEASUREMENT
Numerator: Number of ex-combatants ≥ 18 with specific needs assisted during the reporting period
Denominator: Number of ex-combatants ≥ 18 with specific needs at the end of the reporting period

X 100 = %

DATA SOURCES
UNHCR and relevant implementing and operational partners and communities

FREQUENCY OF MEASUREMENT
Annually

NOTES
- The term "persons with specific needs" refers to individuals, families or groups requiring a particular response to ensure that they are enabled to overcome the challenges they face and to ensure equal access and equitable impact (UNHCR, 2003).
- **Ex-combatants** are persons who have proven that they have "genuinely and permanently renounced military activities" and who may need specific additional assistance to cope in their new life and to integrate into the community. (This definition is based on ExCom Conclusion No. 94 (LIII) – 2002, which states that "ex-combatants can be considered as civilians, but not until the authorities have established, within a reasonable timeframe, that they have genuinely and permanently renounced military activities").
- Ex-combatants can be identified through registration activities and by community members, case workers, community health and social outreach workers. Ex-combatants should be helped to adapt to their new life and play their role as active and contributive members of their communities. Rehabilitation of ex-combatants can be facilitated through counseling, access to education, including vocational and life skills training, micro-finance activities and credit facilities that will help them attain self-reliance.

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N. REF. SIR	INDICATOR DESCRIPTION	STANDARD	DISAGGREGATION	REF. AREA
15	Percentage of ex-combatants <18 years old assisted	100%	☐ Sex ✓	Protection
			☑ Age	Specific Protection Needs

RATIONALE
To measure the extent to which community and implementing partners are meeting the needs of persons with specific needs who need additional assistance.

METHODS OF MEASUREMENT
Numerator: Number of ex-combatants < 18 assisted during the reporting period
Denominator: Number of ex-combatants < 18 at the end of the reporting period

X 100 = %

DATA SOURCES
UNHCR and relevant implementing and operational partners and communities

FREQUENCY OF MEASUREMENT
Annually

NOTES
- The term "persons with specific needs" refers to individuals, families or groups requiring a particular response to ensure that they are enabled to overcome the challenges they face and to ensure equal access and equitable impact (UNHCR, 2003).
- **Ex-combatants:** are persons who have proven that they have "genuinely and permanently renounced military activities" and who need specific additional assistance to cope in their new life and to integrate into the community. (This definition is based on ExCom Conclusion No. 94 (LIII) – 2002, which states that "ex-combatants can be considered as civilians, but not until the authorities have established, within a reasonable timeframe, that they have genuinely and permanently renounced military activities").
- Former child soldiers, also known as children formerly associated with fighting forces should benefit from special protection and assistance measures, in particular as regards their demobilization and rehabilitation. Child soldiers are defined as "…any person under 18 years of age who is part of any kind of regular or irregular armed force or armed group in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than purely as family members. It includes girls recruited for sexual purposes and forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms" (Cape Town Principles, 1997).
- Ex-combatants/former child soldiers can be identified through registration activities and by community members, case workers, community health and social outreach workers.
- While recognizing that girls and boys may have different needs, they should benefit in an equitable manner from assistance provided to them. The recovery and social reintegration programmes could consist of counseling/ psycho-social support, education, including vocational and life skills training, and, in particular for older children, micro-finance activities and credit facilities that will help them attain self-reliance. This should take place 'in an environment which fosters health, self-respect and dignity of the child' (art. 39; CRC)
- Programmes for children released from armed groups and forces are more effective when addressed in the framework of tracing, reunification and reintegration rather than in the framework of a professional discharge from formal functions as for adults.
- Security Council Resolution No. 1612 requests the Secretary-General to implement a monitoring and reporting mechanism on children and armed conflict, which includes the recruitment and use of children in armed conflict.
- Addressing the topic of military recruitment of girls and boys is one of UNHCR's five priority issues related to refugee children.

N. REF. SIR	INDICATOR DESCRIPTION	STANDARD	DISAGGREGATION	REF. AREA

REFERENCES
- Convention on the Rights of the Child, Art.38 and 39.
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict.
- 1977 Additional Protocols to the Geneva Conventions.
- ILO Convention on the Worst Forms of Child Labour, No. 182.
- Statute of the International Criminal Court.
- UN Security Council Resolution S/RES/1612 (2005).
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APPENDIX F: UNHCR Draft Guidance Note on Partnership in Advocacy for Protection

The UNHCR Draft Guidance Note on Partnership in Advocacy for Protection can be found online here: https://icvanetwork.org/node/6315

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1.   Introduction

At the end of 2011 the UN High Commissioner for Refugees António Guterres called for a review of the quality of partnership between UNHCR and NGOs and launched a process known as the "High Commissioner's Structured Dialogue." A Steering Group comprised of representatives and members of InterAction, the International Council of Voluntary Agencies (ICVA), the International Federation of Red Cross and Red Crescent Societies (IFRC), and UNHCR have guided the process.

The goal of the High Commissioner's Structured Dialogue was to achieve mutual respect and trust demonstrated by open communication, transparency in decision making, and clear accountabilities between UNHCR and respective partners.[1] A key recommendation resulting from the Dialogue centered on collaboration in developing advocacy positions and strategies:

    Recommendation 3: "*Acknowledging the complementarities in roles, expertise and relationship to other stakeholders in the response to refugees and stateless persons, UNHCR, the IFRC and NGOs will enhance their collaboration in developing advocacy positions and strategies at field level on issues of mutual concern. A simple guidance note will be jointly developed to maximize the impact of advocacy through partnership at various levels (field, regional, global)….*"[2]

This document serves as the guidance note recommended above, drafted through consultations with UNHCR, IFRC, and NGO representatives.

The purpose of this note is to guide partners through the process of advocacy in partnership in order to increase the impact and strategic nature of advocacy initiatives. Advocacy of this nature entails on-going commitment to partnership before, during, and after an advocacy initiative, as well as regular discussions among partners on key protection issues, including well in advance of joint advocacy activities.

It is intended to increase future collaboration and impact of advocacy efforts by UNHCR and partners at the field, regional, and global levels, spanning a wide range of protection issues so as to achieve positive protection outcomes for refugees, internally displaced persons, returnees and

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[1] The concept of partners, for the purpose of this note, is not limited to the organizations with which UNHCR has partnership agreements.
[2] *The High Commissioner's Structured Dialogue on NGO-IFRC-UNHCR Partnership, An initiative to improve partnership between UNHCR and NGOs in 2012 and beyond – Partnership Recommendations,* December 2012.

stateless people.[1] This guidance note will be rolled out in 2013, and will be reviewed in 2015.

2.   Framework for protection advocacy in partnership

Advocacy includes influencing decision-making processes at the local, national, regional and international level through the development of coalitions and alliances; research and publications; diplomacy; public campaigning; common messaging; conferences and events; communications and media work; (the facilitation of) self-advocacy by persons of concern; and social mobilization. The selection of the types of activities, targets and implementers should be carefully tailored to the specific context and make maximum use of the complementary strengths and mandates of each partner.

The aim of advocacy is to – directly and indirectly – influence authorities, decision-makers and relevant audiences to bring about actions that result in better protection of refugees, internally displaced people[2], returnees and stateless people, as well as the fulfilment of their rights. For the purpose of this note, the focus is on advocacy that can be undertaken in a joint or complementary manner, but this does not preclude any of the partners from also carrying out independent advocacy activities.

Information sharing is key to successful partnerships in protection advocacy. Information-sharing helps ensure complementarities, avoid gaps and optimizes protection and program delivery in operational settings. Partners commit to sharing information regularly, in a timely fashion, and with all relevant partners, according to agreed information-sharing expectations, bearing in mind particular operational contexts. Recognizing that the humanitarian environment in which UNHCR and partners operate is complex and ever-changing, and in line with applicable data protection principles, partners commit to ensuring that data shared is as relevant and accurate as possible.[3]

Experience shows that the protection of refugees and other persons of concern is enhanced when partners advocate:
1. In adherence to human rights and humanitarian principles of humanity, neutrality, impartiality and independence.
2. In adherence to principles of partnership of complementarity, equality, responsibility, transparency, and results-oriented approach.
3. Based on common understanding and appreciation for the purpose of advocacy, and the role of affected communities in advocacy.
4. In a partnership that is well-balanced and continuously reinforced, in which each partner

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[1] While noting UNHCR's protection functions for to refugees, IDPs, returnees and stateless persons, for the purpose of the guidance note, the Inter-Agency Standing Committee (IASC) definition of protection will be used:"… all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. HR law, IHL, refugee law)."

[2] Giving special consideration to UNHCR in its role as the Global Protection Cluster Lead Agency.

[3] Within the framework of the Structured Dialogue between UNHCR and NGOs, work is underway on guidance for information sharing and an emergency information management toolkit (http://data.unhcr.org/imtoolkit/) is also available.

contributes sufficient capacity and coordinates systematically, while maintaining its ability to act independently.

3.   Principles of partnerships for protection advocacy

In addition to the above, the following principles should be respected when engaging in advocacy partnerships:

1. Responsibility: Advocacy needs to be conducted in the best interests of the people we seek to assist, to the extent possible with their consent, and at minimum in consultation and participation with them.   Effective advocacy is conducted in a manner that preserves and promotes their dignity, and supports their rights and aspirations. Sound advocacy adheres to humanitarian and protection principles[1], carefully balancing short-term and long-term gains, and accountability towards the persons of concern should underpin all advocacy efforts.[2]

2. Complementarity: Unique responsibilities are assigned to UNHCR by its organizational mandate and its role in the promotion of the goals and supervision of the implementation of the 1951 Refugee Convention and other refugee instruments, as well as the prevention and reduction of statelessness (1961 Statelessness Convention), its authority vis-à-vis governments, and its leadership role within the cluster system. NGOs have access to local resources and decision-makers, they have a diversity of mandates, membership in international networks, and have fewer formal obligations to member states. The complementarity of partners' mandates and their mutually reinforcing roles and responsibilities are the basis for advocating in partnership. This complementarity should be recognised and understood. In advocacy partnerships, each partner's role should be clarified and reviewed regularly in order to manage expectations. This clarity enables partners to benefit from each other's comparative advantages and leverage, while respecting each other's independence, uniqueness and diversity of interests.

3. Transparency: Transparent information-sharing mechanisms and a common understanding of each other's roles are established from the onset of an advocacy partnership so as to ensure preparedness, timeliness, predictability and efficiency.

4. Equality: Equality requires mutual respect between members of the partnership irrespective of size and power. Partners respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect should not preclude organizations from engaging in constructive dissent.[3]

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[1] See, for example, ICRC, *Professional Standards for Protection Work Carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence*, 2013 edition, February 2013 or Hugo Slim and Andrew Bonwick, *Protection – An ALNAP Guide for Humanitarian Agencies*, 2005.
[2] Recognizing that affected individuals and communities must be at the centre of all advocacy efforts, UNHCR has developed a variety of tools to make sure that their concerns are accurately reflected. These tools include participatory assessments, which are part of the annual planning process and the AGDM strategy and the AGD Accountability Framework. In addition, UNHCR is a member of the Inter-Agency Standing Committee (IASC) Task Force on Accountabilit to Affected Persons (AAP).
[3] *Principles of Partnership, A Statement of Commitment*, Endorsed by the Global Humanitarian Forum, 12 July 2007.

5. <u>Result-oriented approach</u>: Advocacy partnerships aim at positive protection outcomes for affected populations. They require result-oriented coordination based on effective capabilities and concrete operational capacities. On-going consultations will be used to monitor impact or risks and suggest corrective and mitigating measures when needed.

ANNEX 1

Recognizing the variety of contexts in which this note will be used, the following are suggested guiding questions to inform protection advocacy partnerships:[1]

Considerations	Guiding Questions
On-going investments needed for advocacy partnerships	
Strong working relationships among partners	- To what extent are the principles of partnership followed by the partners? What are the existing and ongoing communication channels between partners, both formal and informal? What additional communication channels will be needed for successful advocacy? - To what extent is advocacy a standing item in country strategy planning processes? - What are the avenues to channel disagreement without damaging trust?
Capacity and mutual understanding in place	- To what extent does a clear understanding exist between partners of each other's mandate and responsibilities and is the complementarity of roles understood? - What capacity for advocacy exists with each partner? - What advocacy training, tools, and resources are available to partners? - How will partners best solicit meaningful participation of affected communities and their representatives? - How will the advocacy agenda be updated based on new developments?
Considerations at the start of an advocacy initiative in partnership	
Analysis and prioritization	- What are the critical protection risks facing this population? - What situation analysis, including an examination of security concerns, has been completed and how does it inform advocacy priorities? How are reliable sources of information to be identified and accessed? - Do affected communities welcome public advocacy? What are the prioritized protection issues according to the affected communities? - What risks could be caused by advocacy in regard to affected populations, to partners (staff), and to operations? How can these potential negative consequences be prevented or mitigated?

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[1] These considerations may be revised in light of experience gained through field practice.

Strategizing and planning	- What advocacy priorities and messages have been agreed and circulated? - What are the main goals and objectives of the advocacy initiative? Which are short-term and which require longer term engagement? - Which actors are the main targets of the advocacy, and at which level (field, regional, global)? What advocacy techniques will be used at these various levels? - What access and influence do partners have, directly or indirectly, to these actors? Who are potential allies? - What needs to be included in advocacy planning (e.g. actions, timeline, roles, expected outcomes, etc.)?
Clarifying partner roles	- How will affected communities participate in the advocacy initiative? - What analysis has been undertaken to understand how best to use each others' strengths in leveraging advocacy outcomes? - How will partners divide tasks to best leverage their complementarities and comparative advantages? - Depending on the context, who will do what, when, where, and with whom? What additional resources or support are needed?
Considerations during an advocacy initiative in partnership	
Regular information flow and responsiveness	- What types of information is needed, by whom, and when? - Is progress reported to partners on a regular basis? - What confidentiality protocols are in place, particularly for sensitive protection issues? - Do partners know what to do when information-sharing expectations are not being met?
Monitoring impact and benefitting from lessons learnt	- How is progress toward advocacy goals measured? - How are needs for training and support identified throughout the advocacy process? - How are lessons learned collected, shared and fed back into future advocacy efforts? - When advocacy partnerships are successfully completed, no longer advantageous, or creating undue additional risk? - What are the context-specific conditions, including changed security conditions, under which advocacy partnership needs to be reviewed or is no longer appropriate?

APPENDIX G: Annotated Bibliography

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>This short address by the head of Disabled People's International stresses the importance
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>Disabilities.

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>This article points out the "invisible" urban Iraqi refugees and how difficult it can be to
>assess the number of refugees in an urban setting versus a camp setting. It gives
>recommendations for future work in services for refugees from Iraq in both settings.

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assisted by UNHCR." UNHCR: The UN Refugee Agency. UNHCR, 12 Oct 2010. Web. 3 Mar
2014.
>This Conclusion reaffirms essential principles that should be applied in the protection of
>refugees with disabilities, including the importance of mainstreaming diversity in
>identifying and responding to the views and needs of all persons with disabilities. It
>recommends that states and UNHCR cooperate with relevant partners in order to protect
>PWDs against discrimination and provide sustainable support in addressing their needs.
>Although the Conclusion is not legally binding, it supplements the Refugee Convention
>and Protocol to cover protection gaps and provides interpretative guidance of refugee law
>to states and judiciaries. Also, it provides operational guidance to UNHCR and NGO
>staff, setting standards of behavior for non-state actors, given the significant unmet
>protection needs of refugees and other displaced persons with disabilities.

Convention on the Rights of the Child. Nov. 20, 1989, 1577 U.N.T.S. 3; 28 I.L.M. 1456 (1989).
>This Convention states that all children have rights and we are obligated to provide the
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>UNICEF and its partners. The basis of this framework is international human rights laws
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Council of Delegates of the International Red Cross and Red Crescent Movement. *Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement*. Sydney: International Red Cross and Red Crescent Movement, 2013. Print.
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Disabilities Among Refugees and Conflict-Affected Populations: Resource Kit for Fieldworkers. New York. Women's Refugee Commission, 2008. Print.
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Disability Inclusion: Translating Policy into Practice in Humanitarian Action. New York: Women's Refugee Commission, 2014. Print.
> This report outlines positive practices in addition to the challenges in promoting disability inclusion. The report provides lessons learned and recommendations for other humanitarian agencies on engaging persons with disabilities.

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> Overview of UNHCR funding.

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> This publication summarizes the activities of the physical rehabilitation programme of the ICRC worldwide.

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> Summary of UNRWA's official disability policy.

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> Summarizes the discussion and decisions of a convening of disability specialists in preparation for the High-Level Intergovernmental Meeting held in Incheon, Republic of Korea, in 2012. The resulting Incheon Strategy, available from UNESCAP's website, provides concrete goals such as disability-inclusive disaster risk reduction and

participation in decision-making processes.

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This guide looks specifically at determining whether resettlement is the best durable option for refugees with disabilities at UNHCR.   However, there is a short discussion of best practices for using UNHCR's proGres tracking system and staff capabilities for identification of disabilities at registration.

"Resettlement Assistance." *Resettlement Assistance - International Organization for Migration.* IOM. Web. 3 May 2014.
This webpage provides a summary of IOM's resettlement assistance activities including the process of resettlement and the various actors involved. The webpage was useful in providing more in-depth information on IOM's resettlement assistance.

"Resources." *Disability Rights Fund.* Web. 4 March, 2014.
Disability Rights Fund compiles various sources based on their experience as a funder and drawing on literature in international disability rights.   Articles cover topical areas including consultation, organizational capacity building, and awareness building in communities.   Can also be searched by country.

RSS Disability Programme. UNRWA, 2010. Web. 10 Mar 2014.
Overview of the Relief and Social Services Disability Program, which benefits more than 16,000 PWDs in UNRWA camps. The program does things like in-home rehabilitation, shelter accessibility modifications, prosthetic limbs and mainstreaming children with disabilities into UNRWA schools.

Shivji, Aleema. "Disability in Displacement." *Forced Migration Review* 35 (2010): 4-7. Web. 20 Apr 2014.
This article discusses the additional obstacles persons with disabilities encounter in a displacement setting, such as poor shelter and sanitation infrastructures. It provides practical solutions to integrate services for persons with disabilities in this setting.

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This article addresses the issue that agencies have begun to mainstream the needs of persons with disabilities, but the data collection methods among these agencies are inconsistent.   They suggest looking to organizations which are specialized such as Handicap International, as a guide for tools to eliminate this problem in the data collection process.

"Source: International Online Resource Center on Disability and Inclusion." *Ask Source - Home.* Handicap International, 2012. Web. 4 May 2014.
Source provides quite extensive resources on disability in a variety of international contexts, including various subjects in humanitarianism.

The Heightened Risk Identification Tool, Version 2. United Nations High Commissioner for Refugees, 2010. Web. 24 Feb 2014.
> The Heightened Risk Identification Tool is a guide to increase effectiveness in identifying at risk refugees through individual and community assessment methods.

The ICRC Worldwide. Geneva: International Committee of the Red Cross, 2013. Print.
> Summary of ICRC's 2012 finances.

The International Red Cross and Red Crescent Movement At A Glance. Geneva: International Red Cross and Red Crescent Movement. November, 2011. Print.
> A clear, concise overview of the components of the International Red Cross and Red Crescent Movement.

"The Protection of Older Persons and Persons with Disabilities." *UNHCR - The Protection of Older Persons and Persons with Disabilities.* UNHCR, 2007. Web. 27 Feb 2014.
> Written shortly after the adoption of the Convention on the Rights of Persons with Disabilities, this outlines the main protection challenges of persons with disabilities and older persons and how UNHCR aimed to address them over the following three years.

"Three Disability Goals." *UNICEF - Disabilities.* UNICEF, 2013. Web. 10 Mar 2014.
> UNICEF has three main goals specifically related to children with disabilities. They strive for inclusiveness for all, mainstreaming disabilities across all programs and policies, and to develop leadership and partnerships among its staff and partners.

Towards the Full Implementation of the CRPD. Geneva: International Disability Alliance, 2012. Print.
> This report is written as the International Disability Alliance consulted with country-level DPOs and multilateral actors in understanding how to implement the CRPD.   While they identify certain key components such as legal reform and disability mainstreaming, one of the most important conclusions is that DPOs need to be involved in the throughout the process of implementation guideline creation and remain the central actors there.

"Tragedy/Charity Model of Disability" *Michigan Disability Rights Coalition.* Web. 30 Apr 2014.
> An online article that summarizes the charity model of disability.

"UNHCR Age, Gender and Diversity Policy: Working with people and communities for equality and protection." UNHCR: The UN Refugee Agency. UNHCR, 2011. Web. 3 Mar 2014.
> This report summarizes UNHCR's commitment to ensuring that displaced people have equal access to their rights, protection, services, and resources, and are able to participate actively in the decision-making that affect them. UNHCR committed to mainstreaming age, gender, and diversity by keeping equality and full participation as guiding principles in planning, programming, implementation, and monitoring and evaluation.

"UNICEF's Role." *UNICEF - Millennium Development Goals.* UNICEF. Web. 10 Mar 2014.
> UNICEF's role in the Millennium Development Goals is grouped into five strategic areas: young child and survival and development; basic education and gender equality;

HIV/AIDS and children; child protection; and policy analysis, advocacy and partnerships for children's rights. These areas all interconnected and progress in one leads to progress in the others. They make a difference for children by supporting implementation of the Millennium Goals.

United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol. G.A. res. 61/106, Annex I, U.N. GAOR, 61st Sess., Supp. No. 49, at 65, U.N. Doc. A/61/49 (Dec. 13, 2006), 46 I.L.M. 443.
The Convention on the Rights of Persons with Disabilities was adopted by the UN in 2006 and is the current standard in international disability rights. Article 11 specifically addresses the responsibility of state parties to protect persons with disabilities in humanitarian situations.

WHO/ESCAP Training Manual on Disability Statistics. Bangkok: United Nations, 2008. Print.
Guide to gathering comparable disability statistics. This report addresses design, data collection, analysis, and policy formulation.

Working With Persons With Disabilities In Forced Displacement. Geneva: United Nations High Commissioner for Refugees, 2011. Print.
This report discusses the specific needs and particular forms of discrimination that refugees with disabilities face in order to develop a thorough understanding of the circumstances of persons with disabilities. It provides staff with guidance on a range of issues to consider when assisting persons with disabilities who have been forcibly displaced.

Wolbring, Gregor. "Disability, Displacement and Public Health: A Vision for Haiti". *Canadian Journal of Public Health*102.2 (2011): 157-159. Print.
This article highlights the situation of people with disabilities displaced by natural disasters, with a specific focus on Haiti and the earthquake in 2010. It suggests using Haiti as a guide to create a possible best practices list for working with persons with disabilities in crisis situations.

World Report on Disability. Geneva: World Health Organization, 2011. Print.
The flagship report on disability worldwide, this report provides extensive description of the status of persons with disability. It includes discussion of measuring disability, the interaction of disability with environment, and the importance of inclusion.