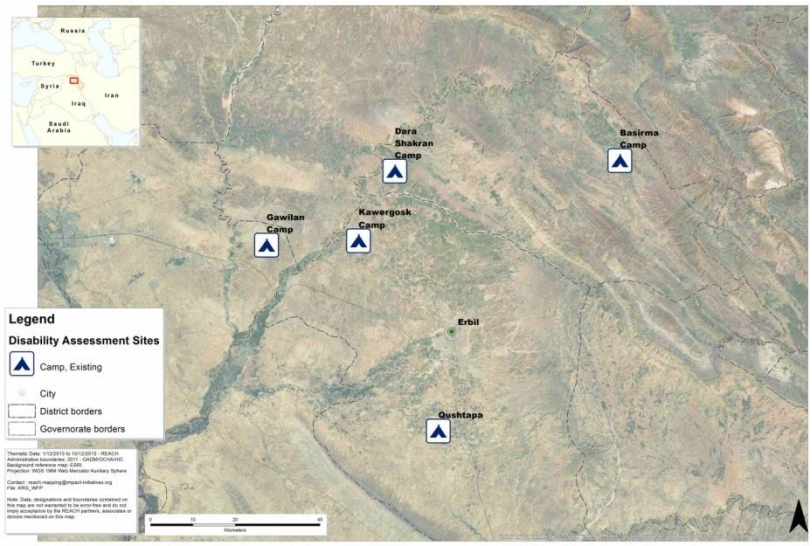
DISABILITY ASSESSMENT REPORT

Syrian Refugees in Northern Iraq

January 2014

UNHCR The UN Refugee Agency

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT



Map 1: Assessed camps across the Kurdistan Region of Iraq

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ACRONYMS

CRPD	Convention on the Rights of Persons with Disabilities
KRI	Kurdistan Region of Iraq
NFI	Non-Food Item
NGO	Non-Governmental Organisation
ODK	Open Data Kit
UNHCR	United Nations High Commissioner for Refugees

EXECUTIVE SUMMARY

Coping with displacement in harsh conditions with limited access to resources, can be particularly challenging for people living with disabilities, who may be partly or fully dependent on a caregiver. As humanitarian actors struggle to provide services to Syrian refugees in the Kurdistan Region of Iraq (KRI), it is critical that the needs of persons with disabilities are considered, to ensure they have full and equal access to humanitarian assistance. There is a lack of comprehensive data on refugees with disabilities in camps hosting Syrian refugees across the KRI. While some organisations have provided one-off distributions of cash and/or mobility and assistance devices, no organisation was found to maintain a consolidated database with details on refugees with disabilities at the time of this assessment (November/December 2013). Therefore, the overall aim of this REACH disability assessment was first to identify all persons with disabilities in the camps. Secondly, in order to ascertain gaps in the overall humanitarian response and to encourage targeted service provision, the assessment also intended to understand the specific needs and challenges faced by refugees with disabilities.

In partnership with the United Nations High Commissioner for Refugees (UNHCR), REACH conducted key informant interviews in November 2013, followed by household level interviews carried out between the 1st and 10th of December 2013. All Syrian refugee households residing in Basirma (509), Darashakran (1,051), Gawilan (414), Kawergosk (1,748) and Qushtapa (765) camps at the time of the assessment were surveyed. Surveyed refugee households that reported including one or several members with a disability participated in more detailed and in-depth interviews. The data collection tools used for this disability assessment were designed with inputs from the UNHCR Protection team and in consultation with other actors and organisations involved in the relief response provided in the assessed camps, including Handicap International.

The assessment findings highlight the many variations and disparities between the assessed camps, thus requiring adapted responses per location. Findings reveal that across the assessed camps almost a tenth (9%) of households included at least one household member with a disability, the majority of which were found to be male (62%). A large proportion of refugees with disabilities were reportedly children under the age of 18 (41%). The most commonly reported type of disability was physical, found to afflict half of all refugees with disabilities (50%), followed by mental disabilities (30%); those related to vision (10%); hearing (7%); and speech (3%). In the majority of instances (53%) the disability was reported to have been present at the time of birth, followed by illness (17%); non-conflict-related injuries (16%); old age (11%); and conflict-related injuries (3%).

Three thirds (75%) of all households including a member with a disability identified health care as their most pressing need, followed by medicines (14%); cash (8%); and assistance/mobile devices (3%). Correspondingly, almost two thirds (74%) of these households reported difficulties in accessing health care, followed by medicines (17%) and assistance devices (3%). A staggering majority of households with a member with a disability (93%) reported that persons with disabilities had not received assistance from any organisation. However, most refugees with disabilities (92%) had a caregiver, which was reported to be a member of their household in 99% of instances.

Based on the assessment findings, the following **key recommendations** have been developed:[1]

- All the assistance and the services provided in camps must be designed to enable access by refugees with disabilities – in particular in the health sector.

[1] Taking into account the UNHCR guidance on Working with Persons with disabilities in Forced Displacement (2011) http://www.refworld.org/pdfid/4e6072b22.pdf

- The situation of caregivers for refugees with disabilities should be carefully considered and targeted support should be provided to ensure they can continue in this care-giving role, as appropriate.

- Assistance and services targeting the specific needs of refugees with disabilities should aim to strengthen, as appropriate, care-giving strategies usually in practice at the household/community levels

- Availability and access to existing health care services and psycho-social support should be improved through capacity building of service providers' staff and through the provision of transport to health care facilities that have been identified as suitable by persons with disabilities.

- Voluntary relocation could be offered to refugee households including members with disabilities, to camp or areas within camps that have the most adequate set-up and facilities.

- Ramps or other access solutions suitable for refugees with wheelchairs should be provided at key service points, including registration centres, health facilities, schools and distribution sites.

- Seating or other appropriate assistance should be provided for refugees with physical disabilities at distribution points or alternatively, water, food, Non-Food Items (NFI) and other types of assistance distributed in camps should be delivered directly to refugees with disabilities where they reside.

- Education facilities and services should be made inclusive and accessible to children with disabilities, including adapted schooling when required.

- Targeted assistance in the form of mobility devices, hearing and vision aids and/or cash to access specialized equipment and services should be provided to refugees with disabilities.

- Accessibility assessments should be conducted to identify potential mobility issues and ways in which camp infrastructures and facilities can be adapted to cater for the needs of refugees with disabilities, particularly when establishing new camp sites and sites of service delivery.

- Training should be provided to all relevant camp actors to increase their awareness of the rights of refugees with disabilities.

- Adequate and appropriate means of communication within the camps should be used to ensure that refugees with disabilities are well informed and understand the disseminated messages.

- A matrix of who is doing what where ('3W'), in terms of targeted support for refugees with disabilities, should be developed, regularly updated and used as a basis to set-up efficient and appropriate referral pathways that meets the specific needs of persons with disabilities.

- As not all persons with disabilities may have been covered during this assessment due to social stigmas, the rights of persons with disabilities should be highlighted in all information activities.

- Further research by technical experts on disability in humanitarian action is needed to design tailored support services to persons with disabilities, particularly with regards to their health needs.

1. INTRODUCTION

The deterioration in socio-economic conditions and continued violence in the Syrian Arab Republic has caused an increase in the number of Syrian individuals and families leaving their homes for a safer and more stable environment. Since the rapid influx of Syrian refugees to Northern Iraq on the 15th of August, humanitarian actors have struggled to track and accommodate for the sudden population growth in the camps. Furthermore, the closing of transit camps and the subsequent relocation of refugees between camps has prevented effective and efficient vulnerability targeting, as well as needs and gaps analysis in order to plan and implement life-saving services. As of the 26th of January, a total of 216,271 Syrian refugees have settled in camps and host communities in the Kurdistan Region of Iraq (KRI), according to the latest UNHCR statistics.[2]

The significant number of Syrian refugees residing in the KRI calls for improved and targeted service provision to fulfill the daily needs of the refugee population. Syrian refugees who have been forced to flee their country face many challenges and hardships in the KRI. Cold winter weather coupled with limited coping capacity may lead to difficulties in ensuring a minimum quality of life. These challenges are further exacerbated for refugees living with disabilities. Refugees with disabilities may not have access to the medical/psycho-social assistance they require to lead a healthy life or may experience limitations accessing services in the camp due to poor condition of roads or lack of mobility devices.

Large-scale information gaps on Syrian refugees with disabilities in the KRI are hindering evidence-based targeting and programming. Basic information, including the number of refugees with disabilities that reside in each camp, in addition to in-depth data on type and cause of disability and needs of refugees with a disability, is incomplete or non-existent. Disability assessments conducted in Lebanon (July 2012[3] and July 2013[4]), reveal that persons with disabilities are often not included in assistance programmes, yet they "remain one of the most vulnerable and socially excluded groups in any displaced community, and they may have difficulty accessing humanitarian assistance programs, due to a variety of societal, environmental and communication barriers."[5] This report points to a clear need to identify persons with disabilities and gain a more comprehensive understanding of their challenges and needs, to provide a targeted response.

The UN Convention on the Rights of Persons with Disabilities (CRPD) entered into force in 2008, and was ratified in Iraq in 2013. As article 1 states, persons with disabilities include: "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." Article 11 "requires states to ensure that persons with disabilities are protected in situations of risk or humanitarian emergency", and Article 32 "requires that international cooperation be accessible to and inclusive of persons with disabilities. The universality of the CRPD text means that states are obliged to promote, protect and ensure the rights of all persons with disabilities within their territory – including those who have been displaced across a border."[6]

According to the World Report on Disability, persons with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is because persons with disabilities experience barriers accessing services including health, education, employment, transport and information.

[2] UNHCR Syria Refugee Response Portal – Iraq, available at: http://data.unhcr.org/syrianrefugees/country.php?id=103
[3] "Needs Assessment of Syrian Refugees with Disabilities in Central and West Bekaa, Lebanon", Movement for Peace, July 2012.
[4] "Disability Inclusion in the Syrian Refugee Response in Lebanon", Women's Refugee Commission, July 2013.
[5] Ibid, page 1.
[6] "Disabilities among Refugees and Conflict-Affected Populations", Women's Commission for Refugee Women and Children, 2008.

The situation in the refugee camps may increase the impairment further due to poor nutrition and lack of specialized health facilities. It is therefore crucial to enable more conducive environments for rehabilitation, provide support services, increase protection and create inclusive programmes.[7]

To address the information gap and enable targeting of refugees with disabilities in the KRI, REACH conducted a household-level survey in partnership with UNHCR between the 1st of December and the 10th of December 2013 – assessing all households in the camps Basirma, Kawergosk, Darashakran, Qushtapa and Gawilan. It is hoped that the findings from this report and the identification and geo-referencing of refugees with disabilities in the camps will be the first step towards improving their living conditions and access to services. Again, it should be stressed that inclusion of this vulnerable group into humanitarian assistance programmes is a necessary step.[8]

2. METHODOLOGY

Prior to household level data collection, REACH conducted key informant interviews in November 2013. These were undertaken with Non-Governmental Organisations (NGOs), schools and a non-camp hospital to identify the type of assistance/services that had been provided to persons with disabilities – allowing for the triangulation of assessment findings. The questionnaires used for data collection were designed with inputs from the UNHCR Protection team and in consultation with relevant actors and organisations working in the camps.

REACH survey teams were extensively trained in interview skills and fully informed of the context facing persons with disabilities. In particular, survey teams were trained to handle interviews with tact and sensitivity; and to understand features of disabilities.[9] This included understanding the differences between a disability and an illness, in addition to the distinguishing factors of different types of disabilities.[10] Once all concepts were clarified, the main question around which the household level questionnaire was based was: "Is there a person with a disability in your household?"[11]

During the household level data collection between 1st and 10th December 2013, REACH deployed teams equipped with android-based smartphones and Open Data Kit (ODK) software. Using this technology improves data quality by eliminating the need for data entry, hence reducing both the risk of errors and the time required to finalise a data set for analysis.

For the purpose of this assessment REACH conducted census-style 'camp sweeps', assessing all households residing in the camp at the time of assessment. A total of 509 households in Basirma, 1,051 in Darashakran, 414 in Gawilan, 1,748 in Kawergosk and 765 in Qushtapa were interviewed. Households that were not present in their shelter at the time of assessment were revisited at a later time to ensure that every person with a disability was included in the assessment. The household level questionnaire was only administered to households that indicated a household member had a disability. All data presented in this report is an average of results from all assessed camps, unless specified otherwise.

Household interviews were in most cases conducted with caregivers and/or heads of households. There is a possibility that some households refused to reveal the presence of a household member with a disability due to

[7] "World Report on Disability", WHO, 2011.
[8] For further information, please refer to UNHCR's guidance for staff to meet their responsibilities in regards to working with persons with disabilities. "Working with Persons with Disabilities in Forced Displacement", UNHCR, 2011.
[9] All REACH teams consisted of two members, one male and one female, to ensure that respondents were fully comfortable when answering the questionnaires.
[10] Definition and categories of disabilities were based on the CRPD, as cited above.
[11] For the full questionnaire, refer to Annex I.

associated social stigmas. This is suspected particularly regarding persons with mental disabilities who, according to anecdotal evidence, have a high risk of being discriminated against and of being isolated from public view. Nevertheless, the data presented in this report provides camp coordination and other key actors with a snapshot of disability-related themes, at the time of assessment. The information and analysis below relates only to the aforementioned camps and residents and may not be generalized to any wider population.

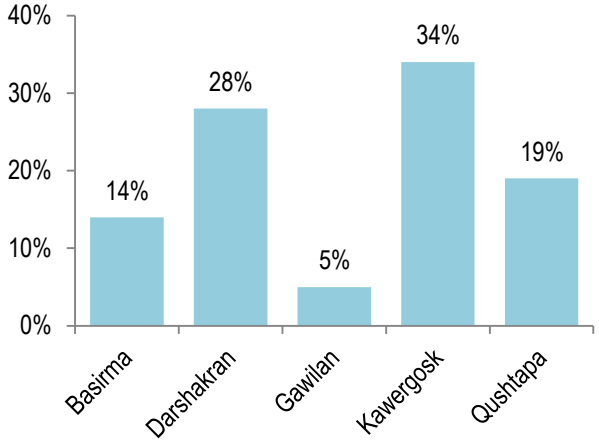
3. KEY ASSESSMENT FINDINGS

3.1 PROFILE FOR SYRIAN REFUGEES WITH DISABILITIES

3.1.1 Demographic Profile

A total of 525 individuals with disabilities were identified across all assessed camps. Of all identified individuals with disabilities, the largest proportion can be found in Kawergosk (34%) followed by Darashakran (28%), Qushtapa (19%) and Gawilan (14%). By far the lowest proportion can be observed in Basirma, (5%) as illustrated in Figure 1. Almost all households with one or more member with a disability in the assessed camps were registered with UNHCR (96%). It is possible that recent arrivals had not registered yet or that households did not want to register.

Figure 1: Proportion of persons with disabilities among the refugee population per camp

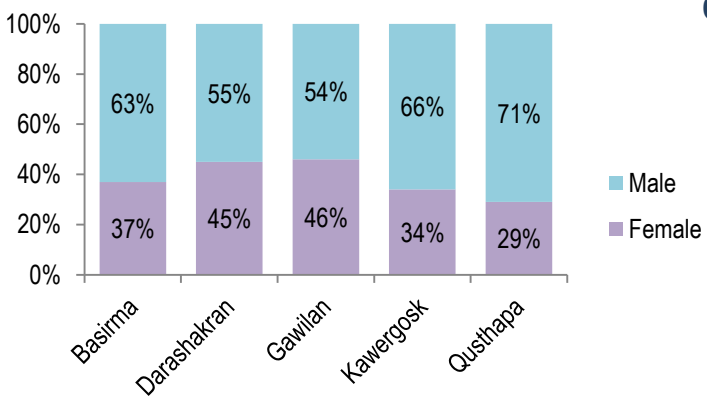


Across the assessed camps, the majority of the refugee population with disabilities was male (62%). The proportion varied across the camps (see Figure 2), with the highest proportion of individuals with disabilities that were male found in Qushtapa (71%).

62%

of persons with disabilities were male

Figure 2: Proportion of persons with disabilities – by sex



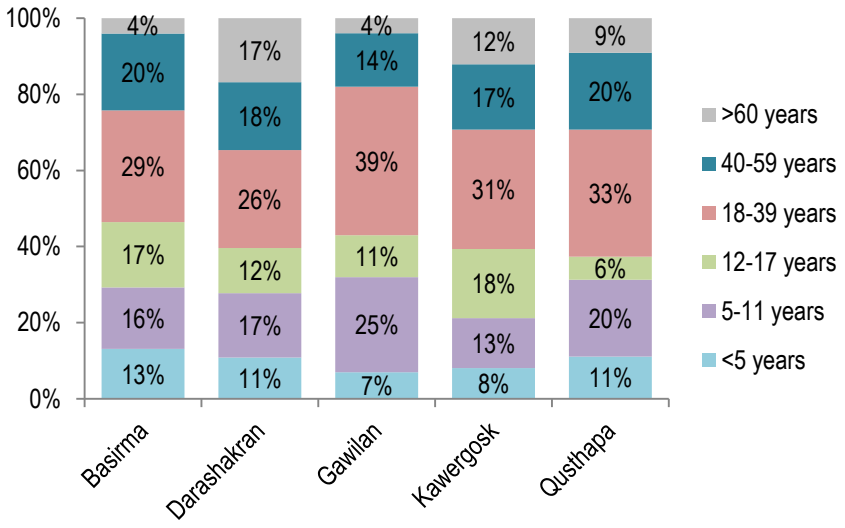
A large proportion of the refugee population with disabilities in the assessed camps was less than 18 years old (41%). Amongst these reported minors with disabilities, 10% were under the age of 5, 18% between 5 and11 years and 15% between 12 and 17 years.

41%

of persons with disabilities were children

Across the assessed camps, 32% of the refugee population with disabilities was reported to be between 18-39 years of age, ranging from 26% in Darashakran to 39% in Gawilan. Across the camps, 18% of individuals with disabilities were reportedly between 40 and 59 years old, while the remaining 9% were reported to be 60 years of age or older. In Darashakran, a relatively large proportion of the refugee population with disabilities (17%) was reported to be 60 years or older, compared to 4% in Basirma and Gawilan respectively.

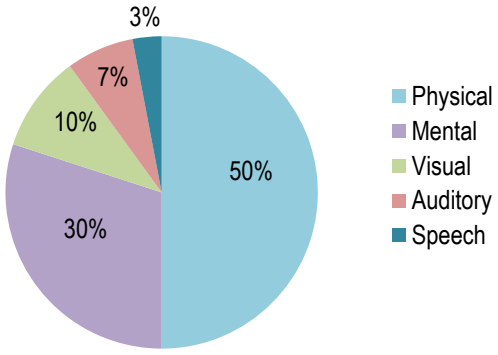
Figure 3: Proportion of persons with disabilities – by age



3.1.2 Type and Cause of Disability

The assessment further sought to identify the main types of disabilities, recognizing that several types may be applicable simultaneously. However, for the purpose of this assessment, only the main disability was recorded for each individual presenting more than one disability, which was identified based on the perception of respondent. Across all assessed camps, half of all individuals with disabilities (50%) were reported to have a disability of a physical nature. The second most commonly reported type of disability was mental (30%), followed by disabilities related to vision (10%), hearing (7%) and speech (3%).

Figure 4: Proportion of persons with disabilities – by type of disability



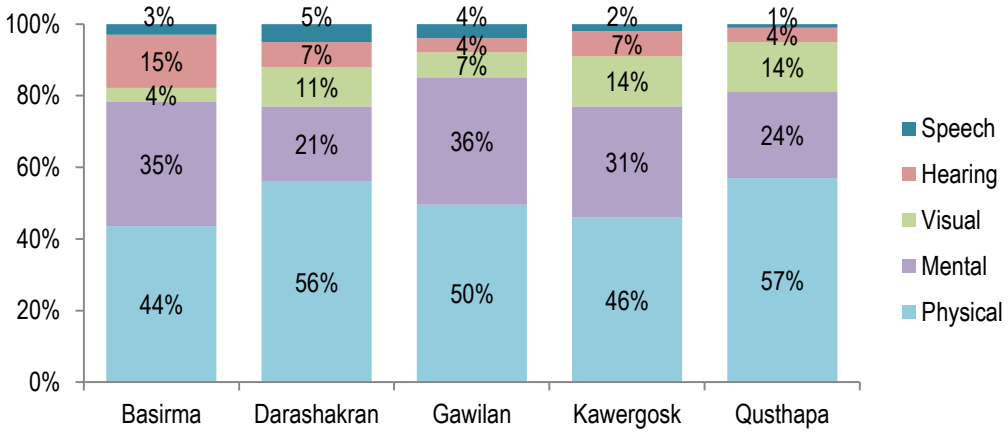
The high proportion of reported physical disabilities calls for targeted assistance in the form of rehabilitation and the provision of assistance and mobility devices. The considerable proportion of individuals who reported mental disabilities also indicate a need for the provision of care, including psycho-social support and counselling.

Predominant types of disabilities varied across the camps (see Figure 5).[12] The proportion of refugees with disabilities that reported this to be physical in

[12] Due to the rounding of the individual percentages for increased clarity, some sums throughout this report may not be exactly 100%. Exact numbers are available if needed.

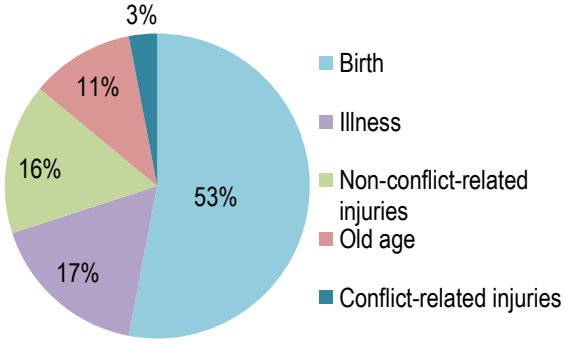
nature, ranged from 44% in Basirma to 57% in Qushtapa. The proportion of individuals with disabilities that reported these to be of mental nature ranged from 21% in Darashakran to 36% in Gawilan. Correspondingly, 14% of the refugee population with disabilities in Kawergosk and Qushtapa was reported to have a visual-related disability, a proportion which was only 4% in Basirma. Similarly, in Basirma, 15% of individuals with disabilities were reported to have an auditory-related disability, a proportion that dropped to 4% in Gawilan and Qushtapa respectively. Few individuals reported that they had a speech-related disability, ranging from 5% in Darashakran to 1% in Qushtapa. The range found across the camps thus demonstrates the necessity of providing targeted assistance.

Figure 5: Proportion of persons with disabilities – by type of disability and camp



The present assessment also aimed to identify primary causes of disabilities. Again, several causes may apply but the scope of the assessment was limited to recording the primary cause. The main reported reason for disability was birth (53%), followed by illness (17%), injuries (16%) and age (11%). In addition, 3% of all disabilities were reported to be due to injuries sustained in the Syrian conflict.

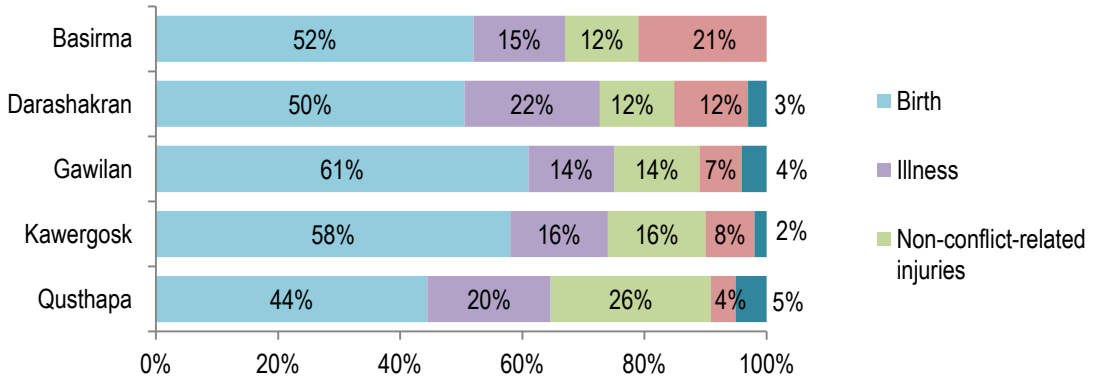
Figure 6: Proportion of persons with disabilities – by reason for disability



The proportion of reported causes varied across the camps, as illustrated in Figure 7. Birth was reported as a primary cause of 61% of disabilities in Gawilan, followed by 58% in Kawergosk, 52% in Basirma, 50% in Darashakran and 44% in Qushtapa. Illness ranged from 14% in Gawilan to 22% in Darashakran. Moreover, in Qushtapa, a relatively high proportion of refugees with disabilities was reported to be disabled due to an non-conflict-related injury (26%) compared to 16% in Kawergosk, 14% in Gawilan and 12% in Basirma and Darashakran respectively.

Old age was named as the main reason for disability in 21% of instances in Basirma, followed by 12% in Darashakran, 8% in Kawergosk, 7% in Gawilan and 4% in Qushtapa. In addition, in Basirma, no responses indicated that the reason for the disability was related to conflict-related injuries, while this was reported by 5% of households with a person with a disability in Qushtapa.

Figure 7: Proportion of persons with disabilities – by reason for disability and camp



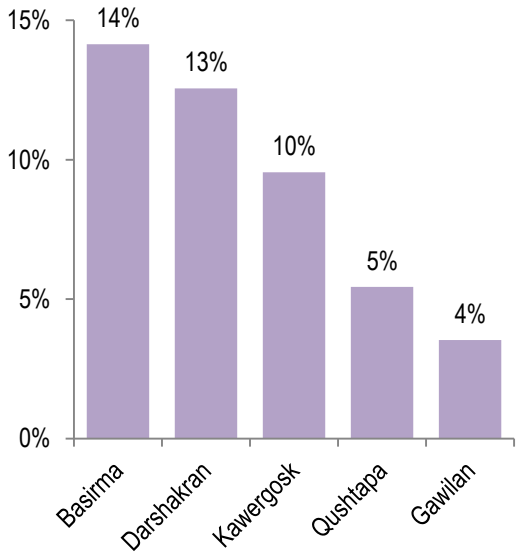
3.1.3 Household Environment and Caregivers

Across the camps, 9% of Syrian refugee households were reported to include at least one member with a disability, ranging from 14% in Basirma to 4% in Gawilan (see Figure 8).[13]

9%

of all households included a member with a disability

Figure 8: Proportion of households with at least one member with a disability

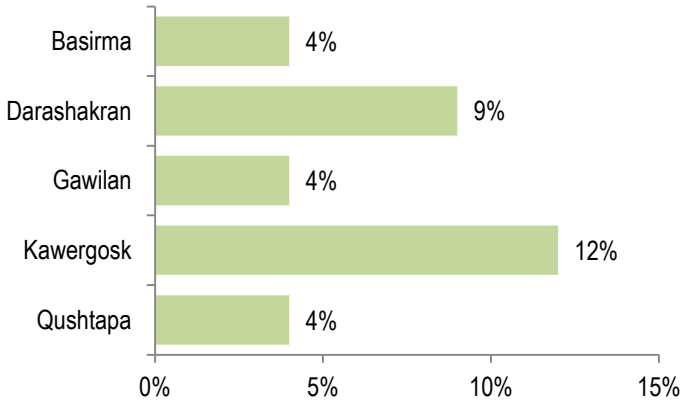


In October 2013, the KRI government identified households meeting specific vulnerability criteria (including a high number of children per household – or person(s) with disabilities) in Kawergosk, Bekhme and Baharka camps, which were offered relocation to Darashakran camp.[14] Darashakran is a planned camp with individual latrines, kitchens and concrete shelter foundations provided for each household. This strategic relocation explains the relatively high proportion of households including a member with a disability in Darashakran (13%). The high proportion of households with a member with a disability in Basirma may be due to the availability of caravans in this camp, which may have been considered as suitable for households with a member with a disability. No potential explanation for the relatively high proportion of households with a member with a disability in Kawergosk camp could be identified during the assessment.

[13] During the assessment, the number of households was identified, and not the number of members per households. Therefore no conclusive data can be extracted on the camp population size.
[14] Bekhme and Baharka camps were subsequently closed after families were moved to Darashakran and Basirma camps.

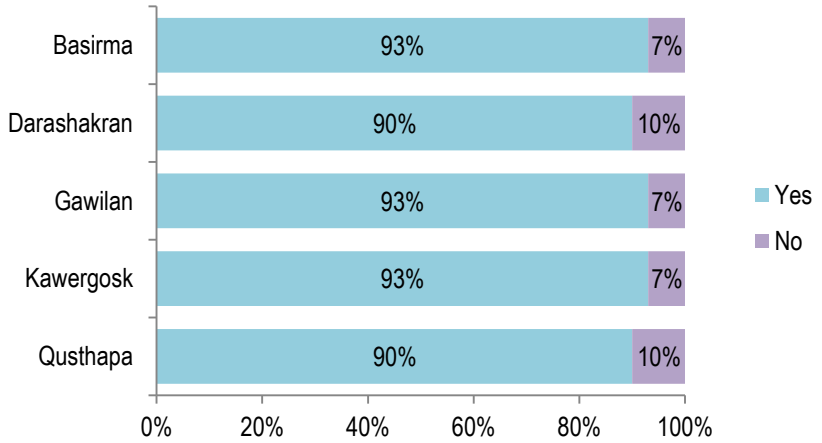
Across the assessed camps, 6% of households were reported to include more than one household member with a disability, with some households reporting up to three members with disabilities. In Kawergosk, 12% of households reported that they had more than one household member with a disability, followed by 9% in Darashakran and 4% in Basirma, Qushtapa and Gawilan camps.

Figure 9: Proportion of households with more than one member with a disability



Almost all households with an individual with a disability (92%) indicated the presence of a caregiver, as illustrated in Figure 10, although an appraisal of the quantity and quality of care given was beyond the scope of the present assessment. It is critical to understand the specific challenges and needs of caregivers in order to ensure that targeted assistance to refugees with disabilities is adequate and appropriate. Therefore, follow-up specialist assessments are recommended to help collecting further information on the situation of caregivers for refugees with disabilities.

Figure 10: Proportion of households with a member with a disability – by presence of a care giver



In virtually all instances, the caregiver was reported to be a member of the household (99%), with just 1% of assessed households in Darashakran and Kawergosk respectively reporting that their caregiver was not a household member.

3.2 ACCESS TO ESSENTIAL SERVICES

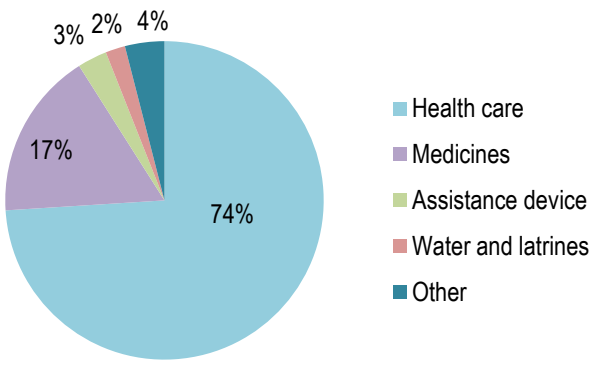
3.2.1 Access to Health for Syrian Refugees with Disabilities

Almost every household (99%) including a member with a disability reported that this member had difficulties accessing essential services. The majority of complaints regarding difficulties for individuals with disabilities in accessing services was for health care (74%). Furthermore, 17% of complaints referred to challenges accessing medicines. These findings correlate with the reported priority needs for health care (75% of households including a member with a disability) and medicines (14%) and are a reason for concern, as persons with disabilities may require specialized and ongoing health care and access to medicines.

In addition, 3% of complaints indicated difficulties accessing assistance devices (including wheelchairs, hearing aids or artificial limbs). This lack of devices may contribute to obstructing the mobility of persons with disabilities, especially given the often uneven terrain in the camps which may be compounded by rains that also damage the often unpaved roads. It may be the case, that in some instances persons with disabilities are unable to access healthcare without assistance from a care giver or mobility device. A small proportion of complaints referred to difficulties accessing Water, Sanitation and Hygiene (WASH) facilities (2%); and other services, including jobs (1%), psycho-social support (1%), recreational activities and spaces (1%), and Non-Food Items (NFI) (1%).

Figure 11: Example of a road affected due to rain falls in Kawergosk camp (21 November 2013)

Figure 12: Proportion of complaints concerning difficulties accessing essential services – by service



The proportion of complaints regarding difficulties for refugees with disabilities to access health care varied across the assessed camps. In Darashakran, 93% of complaints concerned difficulties accessing health care, followed by Kawergosk (82%), Qushtapa and Basirma (66% respectively) and Gawilan (63%). Similarly, reported difficulties in access to medicines varied across the camps, with the largest proportion of complaints found in

Basirma (29%), followed by Gawilan (26%), Qushtapa (17%), Kawergosk (10%) and Darashakran (5%). As noted above, a comparatively low percentage of complaints concerned difficulties accessing WASH facilities – including water points, latrines and showers – which amounted to 5% of complaints in Gawilan, followed by 4% and 2% of complaints in Qushtapa and Kawergosk respectively.

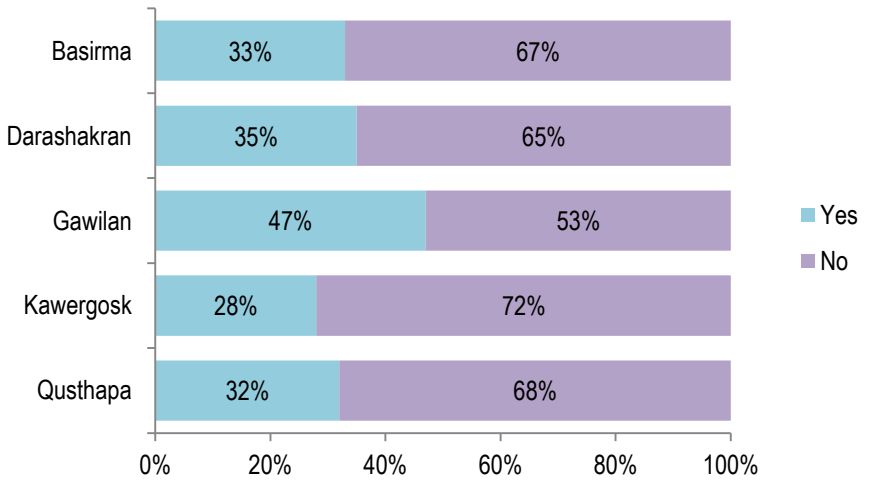
Table 1: Proportion of complaints concerning difficulties accessing essential services - by service and camp

	Health Care	Medicine	Assistance Device	WASH facilities	Employment	Psycho-Social Support	Recreation	NFI
Basirma	66%	29%	2%	0%	0%	1%	0%	0%
Darashakran	93%	5%	1%	0%	0%	0%	0%	0%
Gawilan	63%	26%	4%	5%	0%	0%	2%	0%
Kawergosk	82%	10%	4%	2%	1%	1%	0%	0%
Qushtapa	66%	17%	6%	4%	2%	0%	0%	3%

3.2.2 Access to Education for Syrian Refugees with Disabilities

Across the assessed camps, it was reported that the majority (65%) of the refugees with disabilities aged between 5 and 21 years old was attending school. This proportion ranged from 53% in Gawilan to 72% in Kawergosk. These findings were supported by key informant interviews conducted in November 2013 with school teachers and managers in the assessed camps. Although other factors may have an impact on school attendance, findings indicate that more efforts could be made in enabling children with disabilities to attend class. During the key informant interviews it was revealed that while there has been no active exclusion of children with disabilities from schools, there has neither been any particular emphasis on encouraging their attendance. One notable exception included Darashakran, where disabled-friendly toilets have been installed in one school.

Figure 13: Proportion of persons with a disability aged between 5 and 21 years – by education

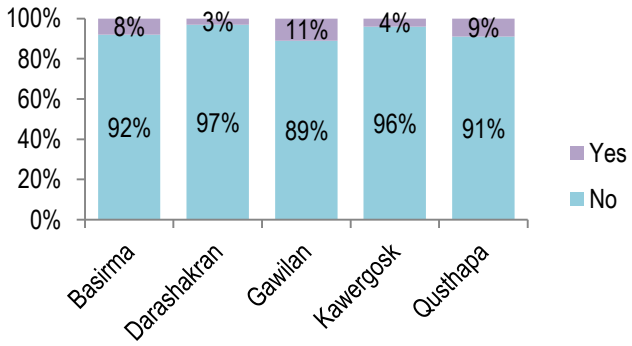


3.3 ASSISTANCE RECEIVED AND PRIORITY NEEDS

3.3.1 Assistance Received by Syrian Refugees with Disabilities

The household survey was preceded by key informant interviews with NGOs in the camps, to assess the types of assistance provided by organisations to support refugees with disabilities. Findings revealed an overall feeling that little or no assistance had been provided to refugees with disabilities. This sentiment was confirmed by the disability assessment findings, as an overwhelming majority (93%) of the assessed households reported receiving no assistance from any organisation, a proportion ranging from 89% in Gawilan to 97% in Darashakran. This apparent absence of assistance is concerning given the particular difficulties faced by refugees with disabilities and the unmet needs reported by refugees with disabilities, including access to health care and access to medicines.

Figure 14: Proportion of households including a member with a disability – by reported assistance



During key informant interviews, the REACH team found that wheelchairs had been distributed to persons with disabilities in Gawilan by the International Rescue Committee. This could potentially explain why assistance devices were not reported as a need by households including members with disabilities in Gawilan. Furthermore, it was reported that Barzani Foundation provided cash assistance in Gawilan and three-wheeled scooters in Darashakran. In Qushtapa, Barzani Foundation reportedly provided a range of support including wheelchairs, cash donations, walking sticks and beds. It should be noted that the REACH key informant interviews do not serve as a comprehensive review of all assistance provided to date. A comprehensive 3W matrix should be created to accurately record what kind of assistance has been provided, where and by whom to the refugee population with disabilities.

93%

of households including a person with a disability reported receiving no assistance

3.3.2 Priority Needs of Syrian Refugees with Disabilities

The most commonly reported priority need for households with a member with a disability across the camps was health care (75%), followed by medicines (14%), cash (8%) and assistance/mobility devices (3%) – see Figure 10. The type of health care was not specified within the scope of the present study and hence further research is recommended to identify which types are needed. In addition, in a small number of instances employment and psycho-social support were specified as priority needs (by less than1% of households including a member with a disability).

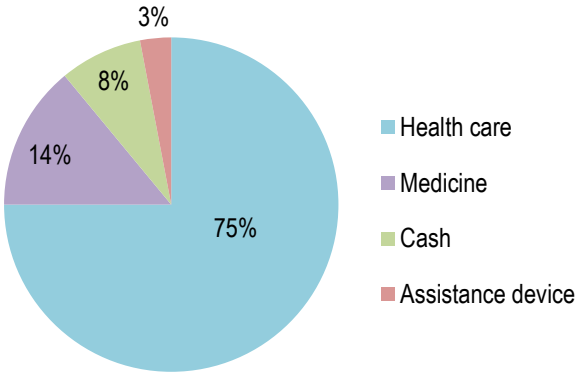
Health care was the most commonly reported priority need

75%

followed by medicines

14%

Figure 15: Proportion of households including a member with a disability – by priority need



A very high proportion of respondents reported health care as the main need in Gawilan (89%), Kawergosk (85%) and Darashakran (83%), while the figure was lower in Basirma (63%) and Qushtapa (55%). Anecdotal evidence indicates that refugees in Qushtapa are free to leave the camp for employment and other purposes, while movement is restricted in the other assessed camps. This could result in persons with disabilities accessing health facilities outside the camp – further research is recommended to establish whether this is the case. In Basirma 26% and in Qushtapa 23% of respondents stated that there was a need for medicines, followed by 10% in Darashakran, 9% in Kawergosk and 5% in Gawilan.

Key informant interviews with staff in camp clinics and health centres revealed that these are equipped to provide only very basic health services; in most cases they focus on carrying out emergency first aid, in addition to providing medicines for blood pressure, diarrhea and sunstroke. Any serious cases are referred to the closest hospital. Specialized services that could cater to persons with disabilities were not available in any of the assessed camps at the time of data collection.

Further key informant interviews conducted by REACH teams in the Helena Hospital for Disabilities in Erbil revealed that services provided by the hospital for persons with disabilities include surgery; rehabilitation; counselling and support for mental and intellectual disabilities. Additionally, the hospital provides assistance devices such as wheelchairs, walking sticks and hearing aids. On average, assistance is provided to approximately 150 patients per day at the hospital. Patients aged between 1 and 14 years of age are treated for free, while all other patients have to pay for treatment. One doctor from the Helena Hospital indicated that in November 2013, approximately 70 patients from refugee camps, primarily from Kawergosk, had been treated.

Table 2: Proportion of households with a member with a disability – by priority need and camp

	Health Care	Assistance Device	Cash	Medicines	Employment
Basirma	63%	26%	9%	1%	0%
Darashakran	83%	10%	5%	2%	0%
Gawilan	89%	5%	7%	0%	0%
Kawergosk	85%	9%	3%	3%	0%
Qushtapa	55%	23%	14%	8%	1%

4. CONCLUSIONS AND RECOMMENDATIONS

This assessment provides a crucial first step towards identifying persons with disabilities and understanding both needs and challenges faced by them and their households. Almost a tenth (9%) of refugee households in the assessed camps was found to include at least one member living with a disability.[15]

Several key guidance documents outline principles and opportunities to tailor services to the needs of refugees with disabilities. The Women's Refugee Commission (2008) has concluded that services and opportunities are generally better for refugees with disabilities in camp contexts than in host communities. This is due to the more favourable environment provided by the camp context for identifying refugees with disabilities; for altering attitudes; and for adapting programmes. Steps can be taken to include persons with disabilities in mainstream refugee assistance programmes. These include disability awareness raising at a community level in the camps and the encouragement of inclusion of refugees with disabilities in camp leadership and management structures.[16]

Core principles outlined by the Sphere Handbook and the United Nations Convention on the Rights of Persons with Disabilities include 'Equality and Non-Discrimination'; 'Accessibility'; 'Participation and Dignity'; and 'Resourcefulness and Capacity'. These principles should be used to guide and design implementation of disability-inclusive emergency risk management measures.[17]

In addition, the dual strategy outlined in Guidance Note on Disability in Emergency Risk Management for Health (WHO, 2013) highlights a two-fold approach of both mainstreamed and specific support to help ensure that the long-term needs of persons with disabilities are met. The Guidance Note recommends the conduction of needs assessments, to gather disaggregated data on disabilities in addition to data on the provision of services including specific medication; assistive devices; non-food items; transport; and referral to health facilities. It also encourages innovative shelter and health facility designs to increase accessibility and reduce discomfort.

Protection concerns must also be considered, given that refugees with disabilities may be particularly at risk of discrimination, harassment, neglect and domestic abuse. Older persons with disabilities may be particularly at risk of neglect and abandonment when they are perceived as a burden to their families.[18] Children and youth with disabilities, in particular girls, may have reduced access to services and may be particularly at risk of sexual assault. Specialized support needs to be in place to ensure that refugees with disabilities and their families have access to services including transportation to recreational activities. Essential services such as child friendly spaces, youth friendly spaces, child protection units, schools, health clinics and distribution points must be inclusive and accessible.

The present disability assessment findings indicate that refugees with disabilities face considerable challenges accessing services in the assessed camps across the KRI. A staggering 75% of households in this assessment indicated that healthcare is the priority need across all the camps. The Helena Hospital for Disabilities in Erbil is within reasonable distance from Qushtapa (25 km), Darashakran (41 km) and Kawergosk (33 km) camps. The hospital could help meet unmet healthcare needs of persons with disabilities. Assisting the hospital in building capacity and arranging transportation for refugees with disabilities from the camps to the hospital could give refugees with disabilities the opportunity to avail more specialized services. Further assessments would have to be conducted to determine whether this approach is suitable for, and wanted by, refugees with disabilities.

[15] Assessed camps included Basirma, Darashakran, Gawilan, Kawergosk and Qushtapa camps.
[16] "Disabilities among Refugees and Conflict-Affected Populations", Women's Commission for Refugee Women and Children, 2008.
[17] "Guidance Note on Disability and Emergency Risk Management for Health", WHO, 2013.
[18] "World Report on Disability", WHO, 2011.

Furthermore, while acknowledging that the scope for modifications may be limited in camps where facilities have already been established, improvements should be possible to implement in permanent camps under construction in the KRI, including Gawilan and Arbat. An accessibility assessment could be conducted to determine the mobility issues in the camps and how infrastructure can be adapted to better accommodate for persons with disabilities.[19]

Based on the assessment findings, the following **key recommendations** have been developed:[20]

- All the assistance and the services provided in camps must be designed to enable access by refugees with disabilities – in particular in the health sector.
- The situation of caregivers for refugees with disabilities should be carefully considered and targeted support should be provided to ensure they can continue in this care-giving role, as appropriate.
- Assistance and services targeting the specific needs of refugees with disabilities should aim to strengthen, as appropriate, care-giving strategies usually in practice at the household/community levels
- Availability and access to existing health care services and psycho-social support should be improved through capacity building of service providers' staff and through the provision of transport to health care facilities that have been identified as suitable by persons with disabilities.
- Voluntary relocation could be offered to refugee households including members with disabilities, to camp or areas within camps that have the most adequate set-up and facilities.
- Ramps or other access solutions suitable for refugees with wheelchairs should be provided at key service points, including registration centres, health facilities, schools and distribution sites.
- Seating or other appropriate assistance should be provided for refugees with physical disabilities at distribution points or alternatively, water, food, Non-Food Items (NFI) and other types of assistance distributed in camps should be delivered directly to refugees with disabilities where they reside.
- Education facilities and services should be made inclusive and accessible to children with disabilities, including adapted schooling when required.
- Targeted assistance in the form of mobility devices, hearing and vision aids and/or cash to access specialized equipment and services should be provided to refugees with disabilities.
- Accessibility assessments should be conducted to identify potential mobility issues and ways in which camp infrastructures and facilities can be adapted to cater for the needs of refugees with disabilities, particularly when establishing new camp sites and sites of service delivery.
- Training should be provided to all relevant camp actors to increase their awareness of the rights of refugees with disabilities.

[19] See for example "Accessibility Assessment in Za'atari Refugee Camp – Jordan", Handicap International – Henri Bonnin, November 2012.
[20] Taking into account the UNHCR guidance on Working with Persons with disabilities in Forced Displacement (2011) http://www.refworld.org/pdfid/4e6072b22.pdf

- Adequate and appropriate means of communication within the camps should be used to ensure that refugees with disabilities are well informed and understand the disseminated messages.

- A matrix of who is doing what where ('3W'), in terms of targeted support for refugees with disabilities, should be developed, regularly updated and used as a basis to set-up efficient and appropriate referral pathways that meets the specific needs of persons with disabilities.

- As not all persons with disabilities may have been covered during this assessment due to social stigmas, the rights of persons with disabilities should be highlighted in all information activities.

- Further research by technical experts on disability in humanitarian action is needed to design tailored support services to persons with disabilities, particularly with regards to their health needs.

ANNEX I - QUESTIONNAIRE

Disability Assessment																	
Date: [DD/MM/YY] **Completed by:**															**Reviewed**		
A.1	**GENERAL**																
A.1.1	What is the name of the camp?																
		Kawergosk		Darashakran		Basirma		Gawilan		Qushtapa							
A.1.2	Tent number																
A.1.3	UNHCR registration number																
A.1.4	Name of household head																
A.1.5	Telephone number																
B.1	**DISABILITY PROFILE**																
B.1.1	Is there a person with a disability in your household?						Yes		No								
B.1.2	What is the name of the person with a disability?																
B.1.3	What is the age of the person with a disability?																
B.1.4	Is the person with a disability going to school? (>5<21)																
B.1.5	What is the gender of the person with a disability?						Male		Female								
B.1.6	What is the type of disability?		Phsyical		Psychosocial		Visual		Hearing								
B.1.7	What is the reason for the disability?		Birth		Old age		Illness/Disease										
			Injury/Accident				Injury/Conflict										
B.2	**ACCESS**																
B.2.1	Does the person with a disability face any of the following challenges, or have difficulty accessing the following services?																
		Health care		Psycho-social assistance													
		Medicines		Transport													
		Assistance Device		Key community activities and spaces													
		Water and latrine		Education													
		Food		Employment													
		Non-Food Items		Other													
B.3	**ASSISTANCE**																
B.3.1	Do you receive assistance from an orgainsation?				Yes		No										
B.3.2	Which organisation?																
B.4	**NEEDS**																
B.4.1	What are the needs of the person with a disability?																
		Health care		Transportation													
		Medicines		Education													
		Assistance deivice		Employment													
		Cash assistance		Psycho-social assistance													
B.5	**CARE GIVER**																
B.5.1	Does the person with the disability have a care giver?			Yes		No											
B.5.2	Is the care giver part of the household?			Yes		No											