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# A review of disability inclusion for refugees in Ethiopia and recommendations for future practice

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## List of abbreviations and acronyms

ARRA	Administration for Refugee and Returnee Affairs (Ethiopia)
CRPD	Committee on the Rights of People with Disabilities
CRRF	Comprehensive Refugee Response Framework
ECDD	Ethiopian Centre for Disability and Development
EHRC	Ethiopian Human Rights Commission
ENAD	Ethiopian National Association of the Deaf
ENADB	Ethiopian National Association of the Deaf-Blind
ENAID	Ethiopian National Association on Intellectual Disability
ENAPAL	Ethiopian National Association of Persons Affected by Leprosy
ENDAPPD	Ethiopian National Development Association of Persons with Physical Disabilities
EUTF	European Union Trust Fund for Africa
EWDNA	Ethiopian Women with Disability National Association
FEAPD	Federation of Ethiopian Associations of Persons with Disabilities
HI	Humanity and Inclusion
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IRC	International Rescue Committee
JRS	Jesuit Refugee Services
LFW	Light for the World
OPD	Organisation of Persons with Disabilities
PWD	Person with Disability
SDGs	Sustainable Development Goals
SOAS	School of Oriental and African Studies, University of London
UDHR	Universal Declaration of Human Rights
UNCRPD	United Nations Convention on the Rights of People with Disabilities
UNHCR	United Nations High Commissioner for Refugees

# Executive summary

Humanitarian and displacement policy, programming and scholarship have paid insufficient attention to displaced persons with disabilities, often resulting in their exclusion from communities and inadequate protection and services. At the same time, there have been several promising commitments and increasing recognition of the need to fill these gaps, for example through the second Global Disability Summit held in February 2022. In this context, this rapid review synthesises information on the experiences, protection needs, barriers to and opportunities for providing protection for refugees living with disabilities in Ethiopia, the second largest refugee hosting country in Africa, and identifies key gaps and future priorities for policy and programming.

In line with evolving scholarship, policy and practice on disability inclusion in displacement contexts, the review takes an intersectional approach, recognising that persons with disabilities are not a homogeneous group. Disabilities are diverse, may be more or less ‘visible’, and are experienced differently by different people. A range of factors (such as refugee status, camp or urban setting, gender, age, ethnicity, religion) and barriers (such as attitudinal, individual, institutional and environmental) overlap to shape experiences and particular protection needs. This approach is also necessary to understand what enablers exist in a particular context and how these may be supported and adapted as needed. Based on this approach, the following key findings have emerged:

- Individual, institutional, attitudinal and environmental barriers shape diverse experiences for displaced persons with disabilities in Ethiopia. **In terms of individual barriers, this study has revealed a hierarchy in service provision for refugees with disabilities**, with persons with physical disabilities benefiting more readily than those with other, less visible types of disability. Age and gender also shape different experiences, with children and older women facing particular challenges.
- **Limited funding and human resources are the major institutional barriers to providing satisfactory services for refugees with disabilities.** Most organisations interviewed did not include allocations for disability mainstreaming in their line budgets, so, while regional, country and organisational-level policies and frameworks may exist, they are not fully implemented.
- **Most respondents stated that there are negative attitudes and social stigma towards persons with disabilities;** these attitudinal barriers also intersect with other attitudes about age and gender roles. Attitudinal barriers were identified among community members and staff.
- **Environmental barriers differ in camp and urban contexts; however, in both, refugees with disabilities in Ethiopia are constrained from participating fully in their communities.**

Despite the significant barriers identified in this report, there are also several key opportunities for greater inclusion of refugees with disabilities within displacement-affected communities in Ethiopia. The Constitution of the Federal Democratic Republic of Ethiopia, the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the Comprehensive Refugee Response Framework are all opportunities to improve inclusion of refugees with disabilities in Ethiopia. To this end, the following

recommendations are made:

1. Policies and legislation are only as effective as their implementation, and much more needs to be done to address the rights of people living with disabilities in social policy, including refugee and humanitarian support policy. Adequate budgeting and training are needed to ensure that assistance on the ground is as inclusive as possible.
2. Training in capacity building is needed for humanitarian staff and management on how best to include refugees with disabilities in mainstream programmes and in existing international and national policies and legal frameworks such as UNCRPD and the Sustainable Development Goals (SDGs).
3. Capacity-building training on their rights and existing policy frameworks is needed for refugees with disabilities and their representative organisations (OPDs).
4. Advocacy to increase awareness and understanding within humanitarian organisations, government departments, civil society and the population at large about the needs and capabilities of persons living with disabilities and the needs of refugees with disabilities should be promoted.
5. Persons with disabilities must be involved in designing, delivering and evaluating programmes aimed at supporting them. This must be adopted by policy makers to engage refugees with disabilities and their representatives in the planning, implementation and evaluation of programmes.
6. The international community needs to provide aid specifically for refugees with disabilities in order to build more accessible camps (where camps are unavoidable) and to help refugees move into community settings where feasible, with adequate support. As part of this support, it is advisable to strengthen the out-of-camp programme (OCP) for refugees currently being piloted in Ethiopia.
7. Persons with disabilities should be involved in the planning and execution of all humanitarian interventions. Disability budgeting should be introduced in humanitarian programmes to ensure that all assistance is accessible to people living with disabilities.
8. There is a significant lack of empirical information about internally displaced persons living with disabilities in Ethiopia. Thus, it is strongly recommended that a comprehensive study on the lived experiences of internally displaced persons (IDPs) with disabilities in the country be undertaken by specialist researchers as soon as possible. Moreover, rigorous studies should be specifically conducted on refugee women with disabilities, as this segment of the refugee community is more susceptible to triple discrimination on the basis of being women, persons with disabilities and among the poorest of the poor.



# 1 Introduction and background

In February 2022, the Global Disability Summit convened for the second time, aiming to amplify and support organisations of persons with disabilities from the Global South to mobilise and monitor commitments to disability-inclusive development, and to engage with evidence on best practice (Global Disability Summit, 2022a). Commitments were made to strengthen disability inclusion in crisis and humanitarian contexts (Global Disability Summit, 2022b). Against this background of new and reaffirmed commitments, there is a need to reflect on the empirical evidence on disability inclusion in humanitarian and displacement contexts, to ensure lessons are learned and key gaps are filled in future research, policy and practice.

This rapid review aims to contribute to this agenda by synthesising the experiences, protection needs, barriers to and opportunities for providing protection for refugees with disabilities in Ethiopia. It identifies key knowledge gaps and future priorities to ensure that policy and programming is more inclusive of refugees living with disabilities. The review considers existing empirical studies as well as interviews with staff from humanitarian organisations, government employees and disability-focused civil society organisations working in Ethiopia. Primary data were collected from employees of the United Nations High Commissioner for Refugees (UNHCR), the Administration for Refugee and Returnee Affairs (ARRA), Jesuit Refugees Services (JRS), Rehabilitation and Development Organisation (RADO), Humanity and Inclusion (HI), Ethiopian Centre for Disability and Development (ECDD) and Ethiopian Human Rights Commission (EHRC), all based in refugee-hosting areas and camps in Gambella and Benishangul-Gumuz regions, and Addis Ababa. In addition, three refugees with disabilities, one from Gambella and two from Benishangul-Gumuz refugee camps were interviewed. The identities of the interviewees have been anonymised.

## 1.1 Research questions

The core objective of this report is to examine the ways in which experiences of living with disability interact with the challenges of being a refugee in Ethiopia, with a view to informing more inclusive policy and programming.<sup>1</sup> The following research questions guided the research.

1. What are the different lived experiences of refugees with disabilities in Ethiopia? What gaps remain in our understanding around current refugee protection, response and inclusion of persons with disabilities?
  - a. What are the barriers (individual, institutional, attitudinal, environmental) preventing a favourable protection environment and access to services for refugees with disabilities in Ethiopia?

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<sup>1</sup> Originally it was intended to gather information on disability inclusion within internally displaced populations as well as among refugees. However, the research team found that there is virtually no literature available on IDPs living with disabilities, and, given the current political situation in Ethiopia, it was difficult to access displaced populations. Therefore, the focus of this paper is on refugees. There is, as noted in the recommendations, an urgent need to develop inclusive support programmes for IDPs living with disabilities.

- b. How does disability status, and type of disability, intersect with other factors (for example, refugee status, camp or urban setting, gender, age, education, ethnicity) to shape people's experiences of displacement?
    - c. What are the key enablers that already exist and/or may be better supported to lead to a more favourable protection environment and access to services for refugees with disabilities?
  2. What is the current state of play regarding policy and programmes focused on the protection of refugees with disabilities in Ethiopia?
    - a. Are refugees with disabilities able to access the same services dedicated to other persons with disabilities? Are disability-dedicated services integrated? Is the quality of these services sufficient?
    - b. Are refugees with disabilities able to access the same services as other refugees? Are these of sufficient quality?
    - c. To what extent have persons with disabilities and organisations representing them been involved in the planning and implementation of programmes that support them?
    - d. How effective has the revision of the 2019 Refugee Proclamation been for improving the lives of refugees living with disabilities? What are the factors impeding its full implementation for the benefit of such persons (lack of resources, capacity, coordination, other)?
  3. In the context of the Comprehensive Refugee Response Framework's (CRRF) commitment to a 'whole of society' approach, how can disability inclusion be mainstreamed to support displacement-affected communities more widely?
    - a. Which actors will be key to achieving a joined-up approach (including community-based mechanisms or groups and private sector actors)?
    - b. What can be learned from the wider region, and globally, to better support refugees with disabilities in Ethiopia?
    - c. What barriers exist to collecting data about refugees with disabilities and on availability/accessibility of services among refugees in Ethiopia, and what can be done to overcome these barriers?
    - d. How are persons with disabilities defined and identified in the humanitarian response in Ethiopia? How does this map onto (i) how persons with disabilities are defined and identified in the country more widely; and (ii) definitions and identification processes in the humanitarian sector elsewhere in the Horn of Africa?

## 1.2 Country context: Ethiopia

Ethiopia is the second largest refugee-hosting country in Africa after Uganda, with over 830,000 registered refugees and asylum-seekers as of January 2022 (UNHCR, 2022). The significant and long-lasting presence of refugees from South Sudan (47%), Somalia (27%), Eritrea (19%), Sudan (6%) and



other countries (1%) is the result of recurring episodes of conflict, political unrest, human rights violations, drought and famine in the Horn of Africa region (UNHCR, 2022). Some 71% of the refugee population is male and 29% female. Refugees are spread across the country, in Gambella (43%), Somali Region (27%), Benishangul-Gumuz (9%), Addis Ababa (9%), Afar (7%), Tigray (4%), and other regional states (1%) (UNHCR, 2022).

Protection for refugees in Ethiopia is led by the ARRA, with partners including UNHCR, donors and NGOs. Ethiopia's 2019 Refugee Proclamation (Federal Negarit Gazettee, 2019) signalled a more progressive approach to refugees, allowing many to obtain work permits, access primary education, obtain driving licences, legally register life events and access national financial services. Ethiopia has also signed up to the CRRF. Yet challenges remain with respect to its implementation. Furthermore, data on disability prevalence and accessibility of services are not readily available (Baart et al, 2019). UNHCR's population profile data do not include disaggregation on the basis of disability; such data are also not available from ARRA or from the International Organization for Migration. A lack of reliable and up-to-date data is also a challenge for disability inclusion in Ethiopia more generally (both displaced and non-displaced populations). However, 2015–16 data suggest that nearly 7.8 million people in Ethiopia, equivalent to 9.3% of the population, are living with a disability (UNICEF, 2019, p 2). This lack of data extends beyond prevalence: there is a lack of information on access to services and quality of life for persons with disabilities in Ethiopia, as well as on how experiences differ by gender, age, education, ethnicity and displacement settings (Baart et al, 2019).

### 1.3 Background on disability inclusion during displacement

Disability is an evolving and contested concept, variously explained using medical models focused on biological impairment; social models focused on how socio-political barriers create different constraints; human rights models and approaches focused on decolonising conceptualisations of disability so that they better reflect diverse knowledge and practices (Meekosha, 2011). In this context it is tempting, if difficult, to come up with a single definition that can fully capture the concept of disability. Attempts by different scholars and entities to find a universally acceptable definition include the 2006 UNCRPD, which states that “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”. Similarly, DFID (2000) and Rockhold (2010) explain that disability is the outcome of complex interactions between the functional limitations arising from a person's physical, intellectual, or mental condition and the social and physical environment. It has multiple dimensions and is far more than an individual health or medical condition.

These definitions highlight the importance of differentiating between impairment and disability. A person living with impairment is not disabled when barriers are removed, for example through the use of assistive devices and rehabilitation services specific to their impairment and environment. Most persons living with disabilities do not consider their impairment to be their main problem; rather, the attitudes of others are what cause difficulties for them, posing barriers to full inclusion in society. These barriers may be individual, institutional, environmental or attitudinal (DFID, 2018):

- Individual factors include age, gender, or type of disability; for example, those with psychosocial disabilities may be excluded in different ways from those with physical disabilities.
- Institutional barriers may include lack of data, expertise or disability mainstreaming in service delivery.
- Environmental barriers may include inaccessible information, or service delivery points that cannot be physically reached.
- Attitudinal barriers may include stigma and negative attitudes devaluing persons with disabilities, for example from family or community members, humanitarian staff or service providers.

Disabilities may be present from birth or may arise through accidents, events or illness occurring during one's lifetime. For displaced populations, disabilities may also be triggered by exposure to severe traumatic events before, during and after displacement, including post-traumatic stress disorder or physical disabilities caused by conflict. While "the protection challenges faced by the general population of displaced persons is intensified for disabled people", research has shown that they remain among the most invisible and excluded groups (Pisani & Grech, 2015, p 424). Humanitarian responses have paid insufficient attention to displaced persons with disabilities, often resulting in their exclusion from the community and inadequate protection and services. Similarly, within forced migration scholarship, refugees with disabilities remain an 'under-researched' group (Omata, 2019). A recent DFID review found "the evidence base on what works to include and deliver outcomes for people with disabilities in humanitarian response – both in terms of specialised services as well as mainstream programming – is extremely limited" (DFID, 2018, p 3, DFID, 2019).

The impact of forced migration on refugees with disabilities creates numerous effects, including secondary impairment for individuals with existing disabilities. Displacement routes may break up social networks, including families and caregivers. Moreover, crisis situations in some cases result in the abandonment of persons with disabilities at home. Assistive devices like crutches, wheelchairs and canes, as well as important medications, may be lost during displacement (Stein & Lord, 2011). In its 2020 Concluding Observations on the Initial Report of Portugal, the United Nations Committee on the Rights of Persons with Disabilities (CRPD) stated that it was "deeply concerned that migrants, refugees or asylum seekers with disabilities often live in poverty or extreme poverty" and that states should make "greater efforts to provide assistance to migrants, refugees or asylum seekers with disabilities in poverty or extreme poverty in its policies and programmes on migration, refuge and asylum" (CRPD, 2020, paras 26, 27).

There have been several key efforts in recent years to shift policy away from charitable and medical approaches to rights-based approaches, which seek to protect the full rights of the individual irrespective of their disability status. The UNCRPD commits countries "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity" (Article 1). It also compels "States Parties [to] take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict,

humanitarian emergencies and the occurrence of natural disasters” (Article 11).

The focus on leaving no one behind is contained in the UN’s (2015) 2030 Agenda for Sustainable Development; the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (Humanitarian Disability Charter, 2016); the UN Disability Inclusion Strategy (2019); and the UN Inter-Agency Standing Committee’s (IASC, 2019) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. All these instruments reaffirm Ethiopia’s commitments to improving inclusivity. The IASC guidelines on Inclusion of Persons with Disabilities in Humanitarian Action were drafted with the involvement of key humanitarian actors and key stakeholders in the sector. They present actions that need to be taken by humanitarian actors to identify and address the needs and rights of persons with disabilities in humanitarian action (IASC, 2019).

At the domestic level, aside from Ethiopia’s ratification of the UNCRPD, the key relevant policy is the National Plan of Action of Persons with Disabilities (2012–2021) (Government of Ethiopia, 2012). The Ethiopian government is currently drafting a comprehensive disability rights proclamation (referred to as the Disability Act) to extend the binding policy and legislative frameworks. Several national and international NGOs work on disability issues, including Christian Blind Mission, HI, Light for the World (LFW) and The Leprosy Mission. The Federation of Ethiopian Associations of Persons with Disabilities (FEAPD) was established in 1996, and comprises seven societies for people with disabilities: the Ethiopian National Association on Intellectual Disability (ENAID), Ethiopian National Association of Persons Affected by Leprosy (ENAPAL), Ethiopian National Association of the Deaf (ENAD), Ethiopian National Association of the Deaf-Blind (ENADB), Ethiopian Women with Disability National Association (EWDNA), Ethiopian National Development Association of Persons with Physical Disabilities (ENDAPPD) and Ethiopian National Association of the Blind. Other Ethiopian civil society organisations include the Ethiopian Centre for Disability and Development (ECDD), the Network of/for the Visually Impaired and the Blind (NOVIB), Birhan LeHitsanat, Cheshire Services, and the Ethiopian National Disability Action Network. While recent policy attention aimed at providing greater inclusion and protection of the rights of persons with disabilities has been welcomed, concerns remain about implementation, both in humanitarian contexts and in the country more widely. The federal government is currently drafting a comprehensive disability rights proclamation (Ethiopian Disability Act) which will aim to advance implementation of disability inclusion. Further details of the international, regional and national treaties, legislation and frameworks concerning persons with disabilities are provided in Annex 1.

## 2 Methodology and organisation of the report

As this is a rapid review, rather than a more extensive fieldwork-based study, the focus is on mapping and synthesising existing knowledge and identifying key gaps and recommendations for future research, policy and programmes. Existing academic and policy literature was analysed using thematic content analysis. Extensive primary data collection to fill these identified gaps is outside the scope of this review. However, key informant interviews were held with 10 staff members of humanitarian organisations and disability-focused civil society organisations. Interviews were held face-to-face at refugee camps based in Gambella and Benishangul-Gumuz regional states, and in Addis Ababa. In addition, three refugees with disabilities, one from Gambella and two from the Benishangul-Gumuz refugee camps were interviewed. The identities of the interviewees have been anonymised.

The report is set out as follows. In the next section, key individual, attitudinal, institutional and environmental barriers faced by refugees living with disabilities in Ethiopia are analysed. In section four, key enablers are presented, with a view to identifying opportunities to improve protection and inclusion for refugees living with disabilities in the Ethiopian context. In section five, the current state of play regarding policies and programmes is summarised. In the concluding section, recommendations are presented for further research, and for policy makers and practitioners working in this field.

### 3 Lack of data on prevalence of disabilities and on availability and accessibility of services among displaced persons in Ethiopia

Persons with disabilities are often programmatically ‘invisible’ in refugee assistance programmes. They are often not identified or counted in registration or data collection exercises. “Data is the major problem...little is known about number of IDP/refugees with disabilities. In this context, data is mainly collected for humanitarian intervention...They need to know the overall number of refugees. The data is not usually disaggregated in terms of disability”, said a human rights expert interviewed for this study.

The collection of reliable and accurate data on the number and profile of displaced persons with disabilities is poor. In many cases, data on the number of displaced persons with disabilities – not to mention disaggregation by gender, age, or type of disability – were simply not available from the government, UNHCR or its implementing partners.

Where information does exist, it is often inconsistent or inaccurate. One of the reasons for this is that different terminologies and categories are used to classify different types of disabilities and the reasons for them. In addition, concepts of ‘impairment’ and ‘disability’ differ enormously among different cultures and societies. Data collection staff also lack the technical expertise to identify and categorise different types of disabilities:

There is lack of standardised tools to collect data of refugees with disabilities. On top of that, there are shortages of skilled personnel to collect data of refugees with disabilities. (NGO project manager)

The Durable Solutions Initiative (DSI), which was launched in late 2019 by the Government of Ethiopia, the UN, NGOs and donors, recognises the need for better data and evidence on internal displacement in order to inform targeting and assist in measuring the impacts of interventions. Data disaggregated by sex, age, disabilities and other characteristics for assessing the situation of internally displaced persons (IDPs) and host communities are lacking but are essential for evaluating progress towards durable solutions (IDMC, 2021).

## 4 Barriers to the protection of refugees with disabilities in Ethiopia

Persons with disabilities face unique challenges and are disproportionately affected by displacement as a result of a range of factors. Tailored assistance, such as specialised health care, accessible housing and education facilities for refugees with disabilities are typically limited; precise information on their availability and coverage is unavailable. A report by LFW about refugee camps based in Somalia regional state in Ethiopia found that persons with disabilities are often missed out in the distribution of aid and services in refugee camps and settlements. They receive less food and fewer non-food items; and health, education and sanitary facilities are often inaccessible (LFW, 2014). From a programmes and policy perspective, refugees with disabilities are among the most hidden, excluded and neglected of all displaced persons. Their potential to contribute to and participate in displacement-affected communities is seldom recognised (Couldrey & Herson, 2010; Women's Refugee Commission, 2014).

The perceptions of interviewees consulted for this study supported the claim that refugees with disabilities are among the most vulnerable segments among refugees in Ethiopia. A psychosocial support officer in Gambella refugee camp observed:

In our refugee camps, refugees with disabilities often face hardships, ethnic conflict, socio economic problems and hunger.

Similarly, a project manager for an NGO working in the camps in Benishangul-Gumuz region commented:

In a country like Ethiopia, where there are limited accessible environments and access to services for persons with disabilities, it's obvious that the condition would be even worse for refugees with disabilities.

A refugee in the Sherkole camp in Benishangul-Gumuz lamented:

It is difficult to express in words the misery of persons with disabilities in this refugee camp. I am poor...there is no appropriate school...there is poor medical facilities...there is no place for recreation... Most humanitarian workers do not pay attention to the special needs of refugees with disabilities...we are ignored and isolated.

Although there are many humanitarian organisations providing services to refugees, only a few of them, including RADO and HI, provide disability-focused services. Humanitarian organisations are expected to mainstream services to refugees with disabilities, yet in practice little is done to include them in service provision in either camp or urban settings. The fact that there are no available data on the number of refugees living with disabilities makes it even more difficult to evaluate any progress on inclusion in services. Assessments tend to be very general in their descriptions and not to refer to



quantitative demographic data. A study conducted by UNICEF et al (2019), for instance, indicated that most refugees with disabilities were unable to access services such as rehabilitation, support and assistance.

Similarly, in the 2019 Participatory Assessments conducted by UNHCR Ethiopia (2019) and partners in the refugee locations of Jijiga, Assosa, Melkadida, Gambella, Shire, Afar and Addis Ababa, refugees with disabilities were identified as being disproportionately affected (although no specific statistics were given) in areas such as protection, education, shelter, livelihood, food and nutrition, and community participation and representation. The report also found that the participation of refugee children with disabilities in various activities such as education, leisure and social activities was curtailed. Refugees consulted recommended that more advocacy needs to be done for the meaningful inclusion, representation and participation of children with disabilities. In education, participants indicated that school infrastructures were not inclusive of and accessible to children with disabilities. Moreover, it was recommended that ARRA, the Ministry of Education, UNHCR and partners should continue “strengthening access to quality education by constructing and equipping key school facilities, developing the capacity of teachers, encouraging girls and boys with disabilities to attend school”.

Regarding shelter, refugees expressed their worries about the poor state of shelters and recommended that persons with disabilities and those with specific needs should be given priority in the allocation of shelters (UNHCR Ethiopia, 2019).

There are typically limited livelihood options – mainly job and skills training opportunities – for refugees with disabilities in refugee camps. Furthermore, participant refugees recommended improving job and skill training opportunities in camps, mainly targeting women and men with disabilities. Similarly, several gaps were identified in the areas of water, sanitation and hygiene (WASH), food and nutrition, and community participation and representation themes within the realm of refugee camps in Ethiopia (UNHCR Ethiopia, 2019).

In general, the interviews and desk review conducted for this report confirmed that refugees with disabilities in Ethiopia have difficulty accessing humanitarian assistance in the face of a variety of individual, institutional, environmental and attitudinal barriers. This increases their protection risks, including discrimination and denial of rights to services. They are less likely to access critical services in the Ethiopian displacement context because of these barriers, which affect people differently based on intersecting factors such as age and gender. Here we elaborate the findings on each of the barriers, taking an intersectional approach throughout.

## 4.1 Individual barriers

The UNCRPD states that persons with disabilities do not constitute a homogeneous group. They come from all ages, ethnicities, genders, religious and economic classes. The intersection of these multiple identities influences the attitudes and biases of the public and creates additional systems of disadvantage (Bešić et al, 2018). Mirza (2011) reports discriminatory practices that view refugees as less desirable immigrants, thereby restricting their mobility in pursuit of safer, more sustainable living conditions. Characteristics of individuals intersect with other variables to shape different outcomes for different individuals.

### *Type of disability*

Type of disability has a significant impact in contributing to vulnerability in the displacement context. This study revealed that there was a hierarchy in service provision for refugees with disabilities in Ethiopia. Participants felt that persons with physical disabilities benefited more readily than those with other less visible types of disability.

This echoes findings from a study conducted by UNICEF, the Ethiopian Ministry of Labour and Social Affairs, and Development Pathways, which found that the services for refugees with disabilities that do exist are largely run by NGOs and often focus on people with physical impairments. Less attention is paid to those experiencing other forms of disability, such as intellectual impairments (UNICEF et al, 2019).

Interviewees also said that less information and fewer services were available for people with intellectual disabilities than for those with physical and sensory disabilities. Refugees with intellectual disabilities tended to be more 'invisible' and 'hidden' from public view than those with physical disabilities. Some humanitarian workers considered intellectual impairment to be a mental problem, labelling people as 'mad' rather than as belonging to a category of persons with disabilities. Refugees with intellectual disabilities were less likely to be identified as such in registration and data collection exercises, and tended to be more excluded from both mainstream and targeted assistance programmes. They were less likely to be included in decision-making processes or in leadership and programme management structures.

Persons with total hearing loss are much less likely to receive information crucial to their lives because of an absence of sign language interpreters and consequent difficulties in communication. Similarly, a recent assessment commissioned by Deutsche Welle (DW) in the refugee communities in Pugnido, Pugnido 2, Jewi, Nguenyiel, Kule and Tierkidi Camps and the host community in Gambella region, as part of its 'The Refugee and Migration Africa Project', found that outreach activities in the camps did not share information in languages accessible to all refugees. The same report underscored the importance of using sign language in community camp activities, as some refugee community members were deaf (DW, 2021).

### *Gender and age*

Globally, 46% of the population over the age of 60 have some form of disability (UNDESA, 2017). Women with disabilities are particularly vulnerable to discrimination, exploitation and violence, and they may have additional difficulty accessing support and services to reduce their level of risk and vulnerability as a result of the structural marginalisation of women and girls that exists within their societies. The authors identified a distinct lack of research on the conditions of women and girl refugees living with disabilities. This extends to a lack of information about the potential differential in prevalence of disabilities among women and girls, the extent to which they benefit from services (or are excluded from them) and the ways in which they manage the challenges of living with disabilities. Women with impairments thus become even more invisible within a population that already suffers from low visibility. Children with disabilities are also often excluded from education and are not provided with support to help them develop to their full capacity, such as physical rehabilitation, specialised education and social integration.

As noted above, children with disabilities are often excluded from activities directed at children, such as playgroups, pre-school activities and cultural activities (ACPF, 2014). Some people think that children with disabilities do not understand or are not able to enjoy leisure activities. Therefore, traditional music, dance, arts work, etc are not made accessible in refuges for such children and girls and boys with disabilities are often not included in such participatory work (ACPF, 2014). In this case, programmes and policies fail to understand the needs and feelings of children with disabilities. This study found that some humanitarian organisations have developed child protection policies which have improved their access to services.

A needs assessment conducted in 2020 by HelpAge in Kule refugee camp, Gambella pinpoints the intersectionality of gender, age and disability among refugees with disabilities who have fled civil war in South Sudan. The assessment indicated that 52% of the refugees had some form of disability, while 29% of older people experienced considerable difficulty leaving their home and 51% had great difficulty walking. It also further noted that 97% of older people in the camp were living with multiple disabilities, such as difficulty seeing, hearing, communicating, remembering and/or being able to care for themselves. Among this group of older people, 56% did not have access to appropriate assistive devices. Where access to camp support services was concerned, 57% of older persons with disabilities reported that they were not able to reach distribution points without assistance. In the realm of consultations with and participation of older persons in refugee camps, 59% of older persons with disabilities said that they were not consulted by any humanitarian agencies concerning services being provided to them (HelpAge International, 2020).

The same report found that older women with disabilities were much more excluded than older women who did not have disabilities. Fifty per cent of older women with disabilities said that they were not consulted in the camps at all and did not know how to make a complaint or provide feedback on services. The report notes that “this highlights the need for gender-specific considerations in engaging with older people, and in complaint and feedback mechanisms” (HelpAge, 2020, p 19).

## 4.2 Institutional barriers

One of the major institutional barriers preventing a favourable protection environment and access to services for refugees with disabilities in Ethiopia is related to the weakness of disability-specific policies and legal frameworks. While there are several national and international disability-specific policies and legal frameworks, evidence suggests that these largely exist only on paper and are not fully implemented for a number of reasons (Mirza, 2011). For example, the majority of humanitarian workers interviewed for this study reported that they were unaware of disability-focused policies and legal frameworks such as the UNCRPD or UNHCR’s (2019) ‘Working with Persons with Disabilities in Forced Displacement’ guidelines. The CRPD (2016) has expressed concern that Ethiopia’s legislation and policies continue to employ derogatory terms such as ‘insane’, ‘infirm’ and ‘deaf-mute’ to refer to persons with disabilities. Policy makers and programme managers have limited understanding of modern, critical approaches to disability and, as a result, programme design does not sufficiently take into account the needs of persons with disabilities (UNICEF et al, 2019). Interviews conducted for this study confirmed the same findings. For instance, an NGO country director remarked that, the “absence of clear policies and guidelines at organisational level to [facilitate the] mainstream[ing of] refugees with disabilities is one of the major institutional barriers”.

The majority of the study participants emphasised that limited funding and human resources were also major institutional barriers to providing satisfactory services for refugees with disabilities. Most organisations did not include allocations for disability mainstreaming in their line budgets. Disability budgeting is not familiar to most organisations. Moreover, there has been an increased influx of refugees in Ethiopia over the past two years as a result of conflicts in the Horn of Africa region. As recently reported by the World Food Programme and UNHCR (WFP, 2021), there are serious budgetary constraints to addressing the urgent needs of all refugees in Ethiopia. These constraints have prevented the launching of initiatives by some organisations to address the situation of refugees with disabilities in the country. Some interviewees indicated that some donors and international funding organisations (they did not say which ones) failed to keep their pledges to support the Ethiopian government in fully implementing the revised 2019 Refugee Proclamation. The Proclamation does not, however, make special mention of refugees with disabilities.

The study further revealed that humanitarian workers have not understood well the importance of including refugees with disabilities in activities. Most humanitarian workers lack relevant knowledge and skills to mainstream refugees with disabilities in their services. There is a shortage of technical personnel like special needs education teachers and sign language interpreters in most refugee settings in Ethiopia. Persons with disabilities lack access to assistive devices and technology. One exception to this is the work of RADO, which has tried to provide some such devices in Gambella and Benishangul-Gumuz refugee camps. Our review of the literature was not able to identify much detail on positive examples – case studies that explain in detail the strengths and weaknesses of such initiatives would be a welcome contribution.

### 4.3 Attitudinal barriers

Some refugee families and caregivers hide family members with disabilities during identification and registration exercises, because of sociocultural stereotypes and lack of awareness about the capabilities of people living with disabilities or about how to help their relatives adapt to their impairment. A lack of trained personnel during identification and registration was another gap observed, especially in identifying less visible disabilities. Most organisations have not developed standardised tools to identify disability status and needs during registration and assessment.

Most respondents stated that there were negative attitudes and social stigma towards persons with disabilities among some refugee communities. There are community members who strongly believe that disability is a punishment from God or a curse. Because of this stigma, most refugees with disabilities choose to stay, or are kept, at home. There is a serious lack of awareness about the capabilities of persons with disabilities among their families and the community. These attitudinal barriers intersect with age, as illustrated by the following quote from a 2015 study that included refugee participants from a camp near Jijiga, Somali Region:

Other children tease them in the school. Children with intellectual impairments get the most problems from other children – they get demoralized. When they take the child to school, he is discriminated and starts hating the children, teachers and then mother because she keeps sending him to school. The mother even gets demoralized. (Participant in group discussion with female caregivers in Ethiopia, cited in Pearce,

2015, p 467)

Attitudinal barriers also intersect with gendered expectations and responsibilities. The following quotes, from the same study cited above, illustrate specific expectations for girls and for husbands in this context. As previously mentioned, it is important to emphasise that it is not disability in itself that 'causes' these lines of exclusion from the community, but attitudinal barriers, alongside a lack of access to appropriate education, services and supplies (for example, being separated at school in the first case, and inaccessible water provision in the second):

We're not the same as other girls – they wander around, wear beautiful clothes and go to the market. We don't feel like girls, we are different...In the school we are separated from other girls – they talk ill of us. (Adolescent girl with disabilities in Ethiopia, cited in Pearce, 2015, p 467)

Most of these men here [in the group discussion], even their wives have left them because of disability...The wife will say they are suffering because you can't get water and carry things – things the family needs. When we discuss with the woman's father, he says you deceived her by becoming disabled. (Man with disabilities from Shedder camp, Ethiopia, cited in Pearce, 2015, p 468)

A study conducted by Kett and van Ommeren (2009) also indicated that staff working in humanitarian agencies hold common misperceptions about persons with disabilities, including assumptions that their needs will be met through general aid distributions; that they are unable to help others; or that they are unable or unwilling to participate in programmes, activities, or education. An NGO psychosocial expert interviewed for this study confirmed this finding:

Persons with disabilities are discriminated from service provisions with the assumption that spending on persons with disabilities is waste of resources. Some humanitarian organisation[s] do not ensure the inclusion of persons with disabilities into their services.

## 4.4 Environmental barriers

In addition to the individual, attitudinal and institutional barriers identified above, environmental factors may also create barriers for refugees with disabilities in Ethiopia. The way camps are designed and constructed may impede access to vital services. The way food is distributed without taking different needs into account affects health and safety. Exclusion from vocational training and income generation programmes promotes the view that these refugees are helpless and dependent. When participation in refugee leadership structures is not actively encouraged, refugees with disabilities are framed as less able.

Yet refugees with disabilities possess valuable skills, knowledge and experience, and they wish and deserve to be given equal opportunities to use them, and equal access. They need to be socially included and to participate fully. They want to contribute to their communities and have meaningful lives (Women's Refugee Commission, 2014).

The physical environment of most refugee camps in Ethiopia is not accessible to people living with

disabilities. Most of the camps are established in peripheral areas where weather conditions are either hot, dry and dusty (as in Somali region for much of the year) or hot and humid (as in Gambella). As one refugee at the Jewi camp in Gambella explained:

The refugee camp is located in rural area with harsh weather condition...It is extremely humid....sitting on wheelchair for long time burned my back. It is very difficult to move around using wheelchair. In addition, the physical environment is not straight and flat to easily move round using wheelchair. I am sometimes trapped in ditches.

Moreover, a study conducted by The Women's Refugee Commission (2014) identified problems with the physical layout and infrastructure of camps and settlements, and lack of physical access for persons with disabilities. Refugees with disabilities noted the physical inaccessibility of shelters, food distribution points, water points, latrines and bathing areas, schools, health centres, camp offices and other community facilities. The buildings of most humanitarian organisations based in refugee camps and urban settings do not fulfil the needs of people living with disabilities. There is an absence of ramps, or inappropriate building of ramps and many door handles are not reachable by wheelchair users. In addition, as noted above the absence of sign language interpreters for persons with hearing impairment were another major barrier identified. An interviewed refugee with a disability in Benishangul-Gumuz refugee camp explained their desire to move to an urban area because of poor infrastructure in the refugee camps.

However, the problem of inaccessibility can in some cases be even more pronounced in urban settings than in camps. As Stein and Lord (2011) observed, urban sites where refugees take shelter may be less welcoming for persons with disabilities because of highly inaccessible environments.

Problems of physical accessibility are thus often worse for refugees living in urban areas, where the opportunities to adapt or modify physical infrastructure are much more limited than in camps. Difficulty with physical access affects all aspects of the daily life of refugees with disabilities, especially those with physical and visual impairments. Unable to leave their homes, or move around easily, many such refugees face greater levels of isolation than before their displacement (Women's Refugee Commission, 2014). Several participants in this research echoed these findings.

The research found that services and opportunities for refugees with disabilities were better in camps than in urban settings, especially in areas where there are ethnic and sociocultural similarities between refugees and the host community, which provides better opportunities for local integration. In addition, thanks to the more geographically cohesive nature of refugee camps, it is easier to identify refugees with disabilities, adapt programmes to be more inclusive and set up specialised services. It may also be easier to effect attitudinal and programmatic change in refugee camps, given the presence of NGOs and other humanitarian organisations. Despite these positive factors and opportunities, some research participants believed that most refugees with disabilities preferred to settle in urban settings rather than camps because of the harsh weather conditions and poor facilities at the latter.

These research participants explained that urban refugee communities are more dispersed and less physically cohesive. This makes it much harder to identify persons with disabilities or to integrate them into mainstream or specialised services. According to Ethiopia's 2019 Refugee Proclamation, to settle



in an urban setting, refugees with disabilities should have somebody such as a relative, host organisation, friend or family member to stay with. Some respondents explained that such a supported out-of-camp programme (OCP) is better for refugees with disabilities as it helps them to easily access specialised services and assistive devices. An OCP has been tried in Ethiopia with Eritrean refugees. Although there are no rigorous evaluations of this programme, some of this study's participants explained that the approach had been successful in integrating refugees.

## 5 Key enablers of a favourable protection environment and access to services for refugees with disabilities in Ethiopia

Despite the significant barriers identified in this report, there are also several key opportunities for improved inclusion of refugees with disabilities within displacement-affected communities in Ethiopia. Several study participants said that a key such enabler is the existence of international and national policies to create a favourable protection environment and access to services. However, such policies are only as effective as their implementation and enforcement. There are several international and national policies which require mainstreaming refugees with disabilities in all programme interventions and services. Article 14 of the UN Universal Declaration of Human Rights (1948) proclaims, “Everyone has the right to seek and to enjoy in other countries asylum from persecution”, which includes persons with disabilities. Ethiopia has also ratified international treaties related to refugees. For example, it has signed and ratified the 1969 Organisation of African Unity (OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa. Furthermore, Ethiopia’s revised 2019 Refugee Proclamation considers refugees with disabilities as one of the most vulnerable groups requiring special attention. In general, there is policy-level recognition of refugees with disabilities as persons with agency and the right to protection and access to services.

Theoretically, there is a consensus among most humanitarian organisations to mainstream refugees with disabilities in all their interventions. There are numerous international organisations, NGOs and government entities working collaboratively with UNHCR for the protection and support of refugees and displaced populations in Ethiopia.

There are also disability-focused CSOs and international NGOs such as RADO, HI and LFW, which have operations based in the refugee camps and provide disability-specific services such as rehabilitation, assistive device provision and capacity-building training. International development partners such as the Finnish Refugee Council have already started building their staff capacity, constructing accessible service provision halls, assigning disability focal persons, and including many refugees with disabilities in their existing projects and programmes at Gambella refugee camps. This is a good example of successful programmes for refugees with disabilities, particularly in vocational and skills training. RADO has also provided prosthetics and physical rehabilitation services in both Gambella and Asossa refugee camps. A refugee living in Jewi refugee camp in Gambella explained the difference that support from RADO had made to his quality of life:

RADO provided me this wheelchair...before getting this wheelchair; I used to crawl by knee and hand like a baby...the hot floor burned my body...RADO relieved me from this problem...I might not go to school if I could not get this wheelchair. I am always

thankful for RADO.

Most interviewees remarked that institutions, the environment and social attitudes and practices can either be key enablers or can hinder the participation and inclusion of persons with disabilities. In this regard, one of the major steps Ethiopia has taken is the signing in 2007 and ratification in 2010 of the Convention on the Rights of Persons with Disabilities. This has served as a platform for the development of national legislation to recognise and protect the rights, needs and priorities of persons with disabilities. As noted above, Ethiopia has also established a Federation of Ethiopian Associations of Persons with Disabilities (FEAPD) at the national level, which coordinates other umbrella agencies at regional level down to kebele level (the smallest administrative unit in Ethiopia). The country has also developed a National Action Plan for Persons with Disabilities (2012–2021) that encourages participation of persons with disabilities in economic, social and political affairs (MoLSA, 2012). Different local and international organisations are collaborating to remove the common barriers that persons with disabilities are facing through awareness/advocacy, advice and support on rights, inclusion and mainstreaming of people with disabilities, creating accessible physical environments and providing them with specific assistance for their needs. Work done by RADO, HI and the Finnish Refugee Council can be taken as good examples. However, much more needs to be done.

## 6 Current state of play with regard to policy and programmes focussed on the protection of refugees with disabilities in Ethiopia

The Constitution of the Federal Democratic Republic of Ethiopia clearly stipulates the rights of every citizen to equal access to publicly funded social services and that support shall be given to accommodate the needs of persons with disabilities (Article 41). The Constitution also states that all international agreements ratified by Ethiopia are an integral part of the law of the land (Article 9 (4)). Ethiopia has ratified the 2006 UNCCRPD, which recognises the right of refugees with disabilities. Thus, this right has become part and parcel of the Constitution of the country.

As a project manager for an NGO observed, “In the area I am working there is a promising beginning but it is far from the level required to be addressed. The common barriers are still not yet addressed to create an enabling environment and access to service for persons with disabilities. To some extent the services are integrated but not enough. And also, the quality of these services is far from sufficient.”

There are promising practices in involving associations of persons with disabilities in planning, implementation and evaluation of programmes in both Gambella and Benishangul-Gumuz region refugee camps. In urban settings, however, there is no organisation of refugees with disabilities. As a consequence, there is no participation of a representative organisation of displaced persons with disabilities in urban refugee settings.

The top management of most development organisations and their policies recognise the need to follow a human rights-based approach. There are efforts to include persons with disabilities and their representative organisations – commonly called Organisations of Persons with Disabilities (OPDs) – in the planning and implementation of programmes. Nevertheless, this intention is not necessarily shared by more junior staff directly involved in the day-to-day implementation of programmes, either because of attitudinal barriers or because they lack adequate resources to put the high-level commitments into practice (including budget, time and available workloads, and availability of specialised equipment or training). As stated by an NGO staff member interviewed for this study: “Organisations of refugees with disabilities are involved in planning and implementation and even in monitoring. However, this initiative is at its infant stage.” The following quote, from a 2015 study, aptly summarises the barriers to inclusion in decision making faced by refugees with disabilities, even where they have self-organised:

You are the first person to talk to us. Even for us who formed an association, they don't talk to us, ask us what we need. (Participant in group discussion with men with disabilities and male care-givers in Ethiopia, cited in Pearce, 2015, p 466)

Evidently, despite promising policy commitments, there are many gaps in current refugee protection,

response and inclusion of persons with disabilities in Ethiopia. These gaps have emanated from donors, government and service providers. One of the major gaps is linked to a lack of knowledge and skills among humanitarian workers about refugees with disabilities and about how to respond to, protect and include them. The other is limited resources. As the numbers of refugees increase in Ethiopia, there has been a reduction of services, including ration provision. There are many stakeholders providing services to refugees with disabilities, but these efforts remain fragmented. A lack of coordination makes delivery of high-quality care difficult and costly. Communication lapses result in deletions or duplications of services. The respondents in this study indicated that there is poor collaboration between government structures at lower levels and humanitarian organisations.

## 7 Effectiveness of the revised Refugee Proclamation for improving the lives of displaced persons with disabilities

One of the original signatories to the 1951 Refugee Convention and the 1969 OAU Convention, in 2019 Ethiopia adopted a new Refugee Proclamation (Proclamation No.1110/2019) to provide protection to refugees, and to promote a more comprehensive search for durable solutions. The UN has hailed this proclamation as one of the most progressive refugee laws on the continent (UNHCR, 2019). It replaces the country's 2004 Refugee Proclamation, and grants much of the country's refugee population access to local socioeconomic integration and a wide range of services. The country maintains an open-door policy for new arrivals and allows humanitarian access and protection to those seeking asylum on its territory. The move away from a traditional camp-based approach to assistance not only seeks to further the dignity of care for those in need but will ensure an investment in essential services that benefit both refugees and Ethiopian nationals. To make the law truly inclusive of refugees with disabilities, the expansion of services to refugee and host populations must include accessibility support for all. The following legal provisions are now afforded to refugees under the new refugee law: freedom of movement, the right to work, access to social services and local integration.

Most of the respondents said that it was too early to talk about the effectiveness of the revised refugee proclamation. An NGO project manager working with persons with disabilities said that, although it was approved in 2019, its implementation only started around mid-2020:

Even though I am not in position to evaluate the effectiveness of the proclamation, it is somewhat effective since it creates integration of refugees with hosting communities. So, in this case refugees with disabilities have benefited from the revised proclamation

However, there are obstacles to refugees taking full advantage of some of the freedoms outlined in the Proclamation. For instance, a human rights expert interviewed for this study noted: "The revised refugees proclamation is not compatible with other local policies and legal arrangement in Ethiopia. For instance, the investment policy of Ethiopia asks for a minimum amount of savings for foreigners. As most refugees with disabilities are poor, it is impossible for most of them to engage in investment."



## 8 Conclusion

Disability inclusion mainstreaming in Ethiopia can be achieved through continued advocacy, education, training and awareness-raising in order to remove barriers and provide specific assistance to persons with disabilities. These must not be the responsibility of a single organisation but rather should be a collective responsibility to achieve a holistic result. The key actors who bear responsibility for taking disability inclusion for refugees forward are the Ministry of Women, Children and Youth, NGOs, UNHCR, the Ministry of Education, the Ministry of Health and the Ministry of Labour and Social Affairs.

To date, some actors have made a greater contribution to achieve a joined-up approach than others. These have tended to be institutions with their own clear duties and responsibilities who have been working with people with disabilities for many years. Community-based groups like OPDs, self-help groups and peer-to-peer groups have made key contributions to achieving community-based rehabilitation.

## 9 Recommendations

Based on an intersectional approach to understanding the various barriers to and enablers of improved protection and inclusion of refugees with disabilities in Ethiopia, this rapid review proposes the following recommendations for further research, policy and programme design and steering.

1. There are almost no disaggregated data on refugees with disabilities in Ethiopia. Thus all humanitarian organisations should train their staff about Washington Group data collection tools, and collect and analyse data on the number of refugees with disabilities in their respective refugee settings, using disaggregation according to gender, age, ethnicity and disability type.
2. Ethiopia's commitments to protecting the needs of persons living with disabilities, as reflected in its international commitments through the Convention on the Rights of Persons with Disabilities and its national legislation are to be commended. However, policies and legislation are only as effective as their implementation, and much more needs to be done to address the rights of people living with disabilities in the area of social policy, including refugee and humanitarian support policy, with adequate budgeting and training to ensure that assistance on the ground is as inclusive as possible. There should be a partnership triangle between government, humanitarian organisations and organisations of persons with disabilities on a continual basis.
3. Training in capacity building for humanitarian staff and management is needed on how to include refugees with disabilities in mainstream programmes, and on existing international and national policies and legal frameworks such as UNCRPD and the SDGs. Such training should be organised during project design and implementation on a regular basis.
4. Capacity-building training is also needed for refugees with disabilities and their representative OPDs about their rights and existing policy frameworks such as UNCRPD and the 2019 Refugee Proclamation. It is important to help empower persons with disabilities and their representative organisations, as these groups have been excluded from educational opportunities. Most refugees with disabilities have had few or no education opportunities. Similarly, most OPDs lack the organisational and technical capacity to support the disability-inclusion efforts of humanitarian organisations.
5. Advocacy to increase awareness and understanding within humanitarian organisations, government departments, civil society and the population at large about the needs and capabilities of persons living with disabilities and the needs of refugees with disabilities should be promoted.
6. Current policies and practices often overlook the unique needs of refugees with disabilities; lack of resources or inadequate distribution of resources contributes to the continued marginalisation and oppression of this group. In order to effect change in policy and practice we need to hear the narratives and lived experiences of those people directly affected. A common phrase used by the international disability movement is the idea of '*Nothing about*

*us without us*, meaning that people with disabilities must be involved in designing, delivering and evaluating programmes aimed at supporting them. This must be adopted by policy makers to engage refugees with disabilities and their representatives in the planning, implementation and evaluation of programmes.

7. The international community needs to provide aid specifically for refugees with disabilities to build more accessible camps (where camps are unavoidable) and to help refugees move into community settings where feasible, with adequate support. Such support should include assistive devices and access arrangements.
8. Persons with disabilities should be involved in the planning and execution of all humanitarian interventions. Disability budgeting should be introduced in humanitarian programmes to ensure that all assistance is accessible to people living with disabilities.
9. There is a significant lack of empirical information about internally displaced persons living with disabilities in Ethiopia. Thus, it is strongly recommended that a comprehensive study on the lived experiences of IDPs with disabilities in the country be undertaken by specialist researchers as soon as possible. There should also be further studies on the specific needs of women, men, boys and girls with disabilities in displaced settings.

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# Annex 1: International, regional and national treaties, legislation, policies and frameworks concerning persons with disabilities

## A. International and regional frameworks

### i. The UN Convention on the Rights of Persons with Disabilities (UNCRPD)

The UNCRPD is the most widely ratified UN treaty, with 183 state parties to date; this is second only to the Convention on the Rights of the Child. It was adopted in December 2006 and entered into force in March 2008. It is the most advanced international disability rights tool, both in scope and depth, in terms of ensuring the rights of persons with disabilities through the state's duty to respect, protect and fulfil those rights. The UNCRPD provides standards of protection for civil, political, economic, social and cultural rights of persons with disabilities. As such, it supersedes previous international and regional standards and instruments. In addition to reiterating the fundamental human rights protections, the UNCRPD further details additional layers of protection for persons with disabilities, based on the following six fundamental pillars:

- dignity
- autonomy
- non-discrimination and equality
- participation, inclusion and accessibility
- respect for difference
- respect for the evolving capacities of children with disabilities and their right to preserve their identities (Art. 7). Article 11 looks into situations of risk and humanitarian emergencies

### ii. The Sustainable Development Goals (SDGs)

The SDGs, otherwise known as Agenda 2030, were adopted on 25 September 2015 by UN General Assembly Resolution 70/1 entitled 'Transforming our World: the 2030 Agenda for Sustainable Development'. The SDGs – though not legally binding, as the UNCRPD and the Africa Disability Protocol (ADP) are – are a unanimous commitment of member states of the UN to 17 specific 'Global Goals' guiding the direction of international and national policies of sustainable development until 2030 and aimed, among other objectives, at:

Promoting peaceful and inclusive societies for sustainable development, providing access to justice for all, and building effective, accountable and inclusive institutions at all levels, leaving no one behind.



### iii. The Africa Disability Protocol (ADP)

Following a decade-long consultation on its several drafts under the auspices of the African Commission on Human and Peoples' Rights, the ADP was finally adopted on 29 January 2018 at the 30th African Union (AU) Summit of Heads of State and Government in Addis Ababa. Also known as the Addis Ababa Protocol for the place of its adoption, this new African first-ever, disability-specific, binding treaty was necessitated by a number of factors, such as:

- The inadequacy and failure of existing regional/sub-regional legal and normative frameworks to comprehensively address disability rights violations across the continent
- The fact that major regional instruments, including the African Charter on Human and Peoples' Rights (ACHPR) of 1981, despite mentioning disability, were rooted in misconceptions, falling short of the human rights-based approach to disability

#### B. National frameworks

Disability was not much of a matter of law and policy in Ethiopia before 1991. However, this should not imply a complete absence of disability intervention before then. The first law on disability was passed as far back as the early 1970s, via Imperial Order No. 70/1971, establishing the Rehabilitation Agency of the Disabled and the Elderly.

Nevertheless, it is only in the past three decades, following the enactment of the 1995 Constitution, that disability-inclusive legislation and policies have begun to emerge in Ethiopia. These include, but are not limited to:

#### Legislative measures

- Article 41(5) of the Constitution of the Federal Democratic Republic of Ethiopia, adopted in 1995
- Proclamation concerning the Rights to Employment for Persons with Disabilities, No 568/2008
- The Federal Civil Servants Proclamation No 1064/2018
- Proclamation on Definition of Powers of Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia, No 1097/2018, which provides for conditions of equal opportunity and full participation of persons with disabilities and those living with HIV/AIDS in all sector ministries
- Building Proclamation, No 624/2009, recognising the accessibility rights and needs of persons with disabilities
- Proclamation No 676/2010 on the Ratification of the UNCRPD by Ethiopia

#### Key policies, strategies and programmes

- The Growth and Transformation Plan (GTP) 2010–2015 which, for the first time in the Ethiopian Poverty Reduction Strategy Papers process, acknowledges disability as a cross-cutting sector.

- The Ten-Year Perspective Development Plan (2021–2030)
- The National Plan of Action of Persons with Disabilities (2012–2021)
- The National Social Protection Policy Framework

There are several additional plans and strategies.

Core to this shifting policy landscape – as well as to the academic literature, NGO and civil society work and service provision focused on disability inclusion in displacement contexts – is *increasing recognition that persons with disabilities are not a homogeneous group*. Disabilities are diverse, may be more or less ‘visible’ and may be experienced differently by different people. Research requires *attention to intersectional factors to understand these nuances*.

This rapid review has therefore taken an intersectional approach, enabling a better understanding of how a range of factors (such as refugee status, camp or urban setting, gender, age, ethnicity, religion) and barriers (such as attitudinal, individual, institutional or environmental) overlap to shape people’s experiences and particular protection needs. This approach is also necessary to understand what enablers exist in a particular context and how these may be supported and adapted as needed.