disability inclusion guidelines
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In the beginning of March 2016, the UNRWA Rehabilitation Centre for Visually Impaired (RCVI) in Gaza City introduced computer tablets for students with low vision under the ‘Vision Project’.

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About UNRWA

UNRWA is a United Nations agency established by the General Assembly in 1949 and mandated to provide assistance and protection to some 5 million registered Palestine refugees. Its mission is to help Palestine refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip achieve their full human development potential, pending a just and lasting solution to their plight. UNRWA services encompass education, health care, relief and social services, camp infrastructure and improvement, protection and microfinance.

Cover Photo: In the beginning of March 2016, the UNRWA Rehabilitation Centre for Visually Impaired (RCVI) in Gaza City introduced computer tablets for students with low vision under the ‘Vision Project’. © 2016 UNRWA Photo by Tamer Hamam
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While many Palestine refugees face difficulties due to their protracted displacement, being a Palestine refugee with a disability compounds these difficulties. Although there is no comprehensive data on the number of persons with disabilities among the Palestine refugee population, based on global figures, approximately 15 per cent of the 5 million refugees registered with UNRWA are estimated to have a disability.\(^1\)

Palestine refugees with disabilities have the same basic needs as other refugees, including shelter, education, health care and livelihoods. They may also have additional or specific needs, such as the need to access assistive devices or rehabilitation, which if overlooked can result in their exclusion from services and isolation from society.

The United Nations General Assembly, in setting out the UNRWA mandate, has repeatedly encouraged the Agency to continue to make progress towards addressing the needs, rights and protection of persons with disabilities in its operations, in accordance with the UN Convention on the Rights of Persons with Disabilities (CRPD).\(^2\)

In recognition of the particular vulnerabilities experienced by persons with disabilities, UNRWA has committed to ensuring that all of its programming and services are inclusive and that persons with disabilities have equal opportunities to participate in and benefit from UNRWA assistance. In this regard, these Guidelines have been developed to inform the Agency’s disability inclusion efforts.

What is the purpose of these Guidelines?
The purpose of these Guidelines is to: create a consistent Agency-wide understanding of key disability inclusion principles and practices; provide advice on how to mainstream disability inclusion in UNRWA programmes and services; and help Agency staff to operationalize commitments under the UNRWA Disability Policy, the Convention on the Rights of Persons with Disabilities and the Agency’s Medium Term Strategy 2016-2021.

Who should use these Guidelines?
- All staff: To gain a better understand of disability and have clarity on the Agency’s principles and practices in this area.
- Front-line staff: To understand better how to identify, interact with and assist persons with disabilities.
- Staff involved in project planning, implementation, monitoring and evaluation: To identify entry points for disability mainstreaming at all stages of the project cycle.

How can these Guidelines be used?
These Guidelines provide information about the recommended approach to disability inclusion within UNRWA. While this document does not provide tools for identifying the particular service provision needs of persons with disabilities in a given sector or context, staff can apply the principles and recommendations in this document to develop specific project- and programme-level actions to further enhance the inclusion of persons with disabilities in UNRWA programmes and services.
1. why disability inclusion is important for UNRWA

There are a number of reasons why UNRWA needs to consider disability inclusion and give equal opportunities to Palestine refugees with disabilities.

**Persons with disabilities have the same rights as all others.**

The *UN Convention on the Rights of Persons with Disabilities* (CRPD) and the *UNRWA Disability Policy* both state clearly that persons with disabilities have the same rights as all other persons. For UNRWA, this means that Palestine refugees with disabilities have equal rights to access all Agency services, including education, health, relief and social services, microfinance, infrastructure and camp improvement, protection, and emergency response. To ensure persons with disabilities can claim their rights, services must be provided without discrimination, and necessary and appropriate modifications or adjustments (or ‘reasonable accommodations’; see Section 2.1) must be made.

**Persons with disabilities represent an estimated 15 per cent of the Palestine refugee population.**

Although there is no comprehensive data on the numbers of persons with disabilities among the Palestine refugee population, credible global estimates (based on World Health Organization and World Bank calculations) suggest that approximately 15 per cent of the 5 million refugees registered with UNRWA have a disability. This group of people cannot be left behind in the Agency’s efforts towards enhancing the human development of Palestine refugees.

**Disability inclusion is about effective development assistance and humanitarian action.**

Disability and poverty are linked. People living in poverty are at risk of acquiring a disability, because poverty and the associated lack of access to health care, clean water and safe living conditions may cause health issues and impairments. Persons with disabilities and their families are more likely to be poor, as they often face additional costs, such as paying for more frequent health care, rehabilitation, assistive devices and costlier transportation options. And in the emergency and humanitarian situations in which UNRWA works, persons with disabilities are disproportionately affected. When humanitarian response plans do not take persons with disabilities into account, they can be left behind; may lack appropriate accommodation in collective shelters or camps, lose and not have access to required assistive devices and communication tools, and be separated from caregivers and family members; may not be able to benefit from food and non-food item distribution; and may not be included in Education in Emergencies (EiE) services. For UNRWA operations to be effective in supporting all Palestine refugees, the inequalities between persons with disabilities and persons without disabilities need to be addressed.

**Persons with disabilities face specific risks and vulnerabilities.**

Persons with disabilities often experience heightened protection risks because of their disability, and being a woman or a child with disability further compounds these vulnerabilities. Girls and women with disabilities endure violence, abuse, neglect and exploitation twice as often, over a longer period of time, and suffer more serious injuries as a result of violence compared to women without disabilities. Women and girls with intellectual disabilities are at a particularly higher risk of violence, including sexual violence.

**Disability inclusion makes economic sense.**

Disability inclusion does not have to be expensive. Adopting universal design principles (see Section 3.1) to make new constructions accessible can cost as little as an extra 1 per cent, and 80-90 per cent of children with special educational needs may be educated in mainstream schools with minor, low-cost adaptations, such as adapted teaching strategies. Disability inclusion also creates economic benefits. The World Bank has estimated that the global GDP loss due to the exclusion of persons with disabilities is between US$ 1.71 trillion to US$ 2.23 trillion annually. Any initial costs associated with including persons with disabilities are far outweighed by the long-term financial benefits to individuals, families and society as a whole. Furthermore, early identification of impairment and ensuring persons with disabilities have timely access to quality rehabilitation services is cost-effective, as this can help maximize their potential and lessen their future demands on health and other services.
1.1 Disability Inclusion in the Global Agenda

Disability inclusion is an important global commitment for development and humanitarian actors, including UNRWA.

1.1.1 The Sustainable Development Goals

The Sustainable Development Goals (SDGs) for the post-2015 development agenda, set out in the 2030 Agenda for Sustainable Development, reinforce the global commitment to end all forms of poverty while ensuring that “no one is left behind”. Therefore, we can only meet the SDGs when persons with disabilities are included in all development and humanitarian efforts.

1.1.2 Charter on Disability Inclusion in Humanitarian Action

At the first World Humanitarian Summit held in May 2016 in Istanbul, the Charter on Disability Inclusion in Humanitarian Action was endorsed by UN agencies (including by UNRWA), civil society organizations and member states. By endorsing this Charter, UNRWA commits to providing humanitarian action inclusive of persons with disabilities. This means we must work to remove the barriers persons with disabilities are facing in accessing relief, protection and recovery support, and ensure their participation in the planning, implementation and monitoring of our humanitarian programmes.

1.1.3 The Convention on the Rights of Persons with Disabilities

Most importantly, the UN General Assembly has repeatedly encouraged UNRWA to make progress towards addressing the needs, rights and protection of persons with disabilities in its operations in accordance with the CRPD.

The CRPD and its Optional Protocol were adopted unanimously by the UN General Assembly on 13 December 2006 and entered into force on 3 May 2008. The CRPD is an international human rights treaty that aims to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities.”

The CRPD does not aim to create new rights for persons with disabilities; instead, it provides guidance for States that have ratified the Convention on how to protect, promote and uphold the human rights of persons with disabilities to which they are entitled to already on the basis of other applicable human rights treaties and international law. This means, for example, that the CRPD emphasises the importance of the right to inclusive education for all, which is a right contained in other instruments such as the Convention on the Rights of the Child and the Convention on Economic, Social and Cultural Rights. In this way, the CRPD recognizes that human rights apply equally to all human beings, but persons with disabilities face barriers to claiming their rights, meaning specific measures must be taken to uphold these rights.

The CRPD applies in all UNRWA host countries. Jordan and Syria ratified the CRPD in 2008 and 2009, respectively, and the State of Palestine acceded in 2014. Lebanon has signed the CRPD, although it is yet to ratify. It is also important to note that Israel has ratified the CRPD and has obligations under the CRPD as the occupying power regarding all persons with disabilities in the occupied Palestinian territories.

<table>
<thead>
<tr>
<th>STATUS OF THE CRPD IN UNRWA FIELDS OF OPERATIONS</th>
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<tbody>
<tr>
<td>Date signed</td>
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<tr>
<td>Jordan</td>
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While the primary responsibility to respect, protect and fulfil the rights of persons with disabilities under the CRPD lies with States that have ratified the Convention, UNRWA can also contribute to the protection of the rights of Palestine refugees with disabilities by ensuring that all Agency programmes and services are delivered in accordance with international human rights standards.

1.2 The Agency’s Commitment to Disability Inclusion

UNRWA has made clear commitments to disability inclusion in a number of organizational strategy documents, including the specific UNRWA Disability Policy.

1.2.1 Disability in the Agency’s Regulatory Framework

UNRWA is committed to fully respecting the human rights, dignity and worth of all persons. In line with this, all staff should make sure to act with understanding, tolerance, sensitivity, respect for diversity and without discrimination of any kind. It is particularly important to ensure that beneficiaries are treated consistently and without discrimination in terms of eligibility for services.

As explicitly recognized in the Agency’s regulatory framework, the prohibition of discrimination applies to instances where persons with disability are being discriminated against on the basis of their disability. This means that when carrying out their work, UNRWA staff must not engage in any activity that is incompatible with the proper discharge of their duties with the Agency, including discrimination on the basis of disability.
1.2.2 Disability in the Agency’s Protection Framework

The Protection Policy (2012) explains that the Agency’s protection mandate means that UNRWA services must be delivered in a manner that promotes the rights and ensures the safety and dignity of all beneficiaries consistent with international human rights standards. UNRWA must also address the protection needs of at-risk groups, including refugees with disabilities, and work to prevent discrimination on the basis of disability.

1.2.3 Disability in the Agency’s Medium Term Strategy (2016-2021)

The current Medium Term Strategy reinforces the Agency’s commitment to promote inclusion, to assess and respond to the needs of persons with disabilities, and to address barriers to the full enjoyment of their human rights. Disability is specifically reflected throughout the Strategy: Strategic Outcome 1 on Protection references that UNRWA will address the protection challenges faced by Palestine refugees with disabilities, including through the Agency’s services, programming and advocacy; Strategic Outcome 2 on Health includes a commitment to ensuring physical accessibility of UNRWA health centres; Strategic Outcome 3 on Education requires providing targeted interventions to children with disabilities; and Strategic Outcomes 4 on Livelihoods and 5 on Basic Needs require that the needs of refugees with disabilities be addressed.

1.2.4 The UNRWA Disability Policy

The UNRWA Disability Policy, approved in 2010, recognizes the importance of addressing the specific needs of persons with disabilities, while also tackling the wider social issues of discrimination and exclusion. The Policy’s four objectives are to:

1) Promote the realization of the human rights of persons with disabilities in line with the CRPD – by empowering persons with disabilities to claim their rights on an equal basis with others and through advocacy efforts directed at changing attitudes and practices so as to eliminate discrimination and promote respect and understanding of the needs and capacities of persons with disabilities.

2) Promote equal opportunity for Palestine refugees with disabilities to access and benefit from UNRWA services – by adopting a ‘twin-track approach’ of strengthening targeted disability-specific initiatives, while also mainstreaming disability into the Agency’s broader work.

3) Promote the rights of persons with disabilities to work, on an equal basis with others – by ensuring that UNRWA is an employer that values persons with disabilities and develops an inclusive work environment.

4) Ensure persons with disabilities have opportunities to participate in an active and meaningful way and have a voice in any UNRWA activity or policy that affects them – by including persons with disabilities in the planning, implementation, management and review of UNRWA programmes.

KEY MESSAGES – WHY DISABILITY INCLUSION IS IMPORTANT FOR UNRWA

- Palestine refugees with disabilities, who are expected to represent an estimated 15 per cent of the total Palestine refugee population, have the same rights as all others, but face specific risks and vulnerabilities. Disability inclusion is therefore about effective humanitarian and development assistance for all, including persons with disabilities.

- Discrimination against beneficiaries on the basis of disability is contrary to the Agency’s commitments and staff obligations under the regulatory framework.

- UNRWA is mandated to address the needs, rights and protection of persons with disabilities in accordance with the Convention on the Rights of Persons with Disabilities (CRPD).

- The CRPD seeks to prevent discrimination on the basis of disability. It does not create new rights but reaffirms and further develops the existing civil, cultural, economic, political and social rights of persons with disabilities protected under international law, to ensure persons with disabilities enjoy those rights on an equal basis with others.

- Host authorities in UNRWA fields of operations have obligations under international law to ensure the realization of the rights of persons with disabilities.

- Addressing the needs and upholding the rights of persons with disabilities is reflected in all five strategic outcomes of the new UNRWA Medium Term Strategy (2016-2021). These outcomes cannot be achieved without ensuring the rights of the persons with disabilities.

- The UNRWA Disability Policy outlines the Agency’s commitment to promoting and protecting the rights of Palestine refugees with disabilities and ensuring equal and equitable access to our programmes and services.
2. understanding disability

Disability can be defined and understood very differently over time and between countries, cultures and persons. It is important that UNRWA staff who are managing and implementing services and programmes are aware of the definition of disability UNRWA uses, which is also the definition used in international law. This section provides clarity on the Agency’s definition of disability.

2.1 Defining Disability

UNRWA uses the understanding of disability that is provided in Article 1 of the CRPD:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers hinder their full participation in society on an equal basis with others.”

This definition applies across all Agency programmes and services, and should be used in processes of disability identification (i.e. determining whether or not someone is considered to be a person with disability).

While ‘disability’ is often equated to ‘impairment’, there is in fact a distinction between these concepts. The CRPD definition considers disability not simply as a health condition or impairment in isolation, but as the interaction of a person’s impairment along with the barriers in their environment that together leads to a situation in which their full and equal participation in society is hindered. The following sections provide more detail about these key elements of ‘impairment’ and ‘barriers’ and how they interact.

2.1.1 Impairment

An impairment is a problem with a body function or structure due to genetic factors, but also disease, illness or injury. Impairment may be present from birth (congenital) or acquired later in life. Factors that can lead to impairment in the contexts in which UNRWA operates include violence, conflict and poverty.

Impairment can cause a difference in the ability to undertake daily activities or functions, such as seeing, hearing, moving, remembering, concentrating, etc. Awareness of the different types of impairments shows the diversity of disability. Persons with disabilities are not a homogeneous group, but have different needs and capabilities based on their personal factors (including their age and gender). Understanding this diversity is helpful when thinking about how UNRWA programmes and services can be more inclusive, because inclusion must be holistic and facilitate the access of people with all impairment types. However, knowing the cause of an impairment of a particular person, in terms of health condition or medical diagnosis, is generally not important to responding to individual needs and supporting their inclusion.

Drawing on the CRPD definition, impairments can be categorized into four broad types based on the domain of functioning that is affected:

1) Physical impairment is often the most easily identifiable and presents difficulty in the performance of bodily functions involving: movement and mobility (such as walking, climbing stairs, standing, or maintaining or changing position); body movements (such as reaching, crouching or kneeling); and using upper limbs (including gripping or using fingers to grasp or handle objects). Persons with physical impairments may use assistive devices including walking sticks, crutches or wheelchairs.

2) Sensory impairment includes vision, hearing and communication impairments.
   - Vision impairment includes persons who are blind and also people with low vision.
   - Hearing impairment includes Deaf persons, as well as people with hearing loss with some residual hearing. Depending on their situation, persons with hearing impairment may communicate through spoken language or use sign language and/or lip-reading to communicate.
   - Communication impairment includes persons with difficulty in speaking or with speech impairments who may require adapted communication techniques.

3) Intellectual impairment includes persons with limited ability to understand new or complex information and to learn and apply new skills. This may impact three domains that determine how well an individual copes with everyday tasks: (1) the conceptual domain – skills in language, reading, writing, math, reasoning, knowledge and memory; (2) the social domain – empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities; and (3) the practical domain – self-management in areas such as personal care, job responsibilities, money management, recreation and organizing tasks.

4) Mental and psychosocial disability includes persons with impairments related to mental health conditions, including chronic severe mental disorders or psychosocial distress. These people
may experience difficulties in relating to others; distressed moods or confused thoughts; an inability to take care of themselves; and difficulties related to behaviour, language and intellectual activities. These difficulties in turn may impact their social skills and participation.

2.1.2 Barriers

Barriers that hinder participation of persons with disabilities are described in three categories – attitudinal, physical (including structural and communication) and institutional. UNRWA staff should understand these barriers in order to help reduce or remove them and help facilitate the inclusion of persons with disabilities.

1) Attitudinal barriers: One of the most significant barriers to effective participation and inclusion of persons with disabilities are negative attitudes and stereotypes. Society often sees persons with disabilities as incapable, dependent or weak; on the other hand, society may see them as inspirational, heroic or superhuman. This perpetuates their segregation and exclusion from society. Examples of attitudinal barriers in the Agency’s context include:

- A school director who believes that persons with intellectual impairments are disruptive and will be incapable of learning and thus makes these students feel unwelcome creates a barrier for persons with disabilities to enter school and learn.
- A health-care worker who thinks that women with disabilities are not or should not be sexually active and thus does not provide them with family planning services creates a barrier for women with disabilities to access health care.

2) Physical barriers: Physical barriers fall into two categories:

a) Structural barriers are obstacles in natural or man-made environments that prevent access or hinder persons with disabilities from moving around independently. Examples of structural barriers in the Agency’s context include:

- A health clinic with steps at the entrance, pathways without tactile guide markers, narrow doorways and squat-style toilets creates barriers for persons with physical impairment and persons with vision impairment.
- UNRWA premises without accessibility considerations create barriers for UNRWA staff members with disabilities to effectively undertake their work.

b) Communication barriers may be experienced by persons with difficulties in seeing, hearing, speaking, reading, writing and understanding. These persons often communicate in different ways to persons without disabilities, and if adaptations are not made, they may be unable to understand or convey information. Examples of communication barriers in the Agency’s context include:

- A distribution centre with signage in small, unclear font, without pictures or diagrams and without raised lettering or Braille, creates a barrier for persons with vision impairment.
- A workshop using spoken communications without providing for sign language interpretation creates a barrier for persons with hearing impairments and sign-language users.
- A health clinic with high service counters and patient information desks creates a barrier for persons with physical impairment who use wheelchairs.

3) Institutional barriers: Institutional barriers are often created when there is no legal framework for disability inclusion or when existing laws and regulations, such as those that require programmes and activities to be inclusive and accessible to persons with disabilities and make ‘reasonable accommodation’ (see box below) for their specific needs, are poorly enforced. Institutional barriers are difficult to identify because they are often entrenched within social and cultural norms. Examples of institutional barriers in the Agency’s context include:

- A school that does not adhere to the Agency’s policy of identifying and responding to children’s diverse needs by, for instance, developing individual education plans and providing classroom assistants or other supports creates barriers for children with disabilities to attend school and learn.
- A microfinance programme requiring potential recipients to meet a minimum high school education level in order to be eligible for a loan creates barriers for persons with disabilities who have been unable to attend mainstream schools and sit for completion exams to participate in the programme.
REASONABLE ACCOMMODATION IN UNRWA

‘Reasonable accommodation’ means making necessary and appropriate modifications or adjustments that are reasonable and do not impose undue burden to ensure that a person with disability is able to exercise a certain right on an equal basis with others.26 Implementing reasonable accommodations is a requirement set out in the CRPD.

Examples of reasonable accommodation in UNRWA services could include:

• Using the Agency’s Curriculum Framework and the Toolkit for Identifying and Responding to Student’s Diverse Needs to enrich host country curricula and make teaching adaptations to meet the specific needs of students with disabilities.27

• Providing sign-language interpretation for meetings and workshops.

• Making health information and messages available in alternative formats (e.g. texts in Braille, large print, easy-to-read, audio, etc.).

• Providing screen-reading software for persons with vision impairments in a school or workplace setting.

• Taking the needs of persons with disabilities into consideration when designing, building or rehabilitating a shelter, in order to ensure the rooms, kitchen and toilet are accessible.

2.1.3 The Interaction between Impairment and Barriers

When a person with impairment faces barriers, this results in a lack of participation. It is therefore society that creates a disabling situation for persons with disabilities. When barriers in a person’s community are removed, that person with disability is able to participate on an equal basis with others. This means that people with the same type of impairment may have completely different lives depending on the barriers they face, where they live, what access they have to services, and how their communities perceive and accommodate them.

EXAMPLES OF HOW IMPAIRMENT AND BARRIERS INTERACT TO CREATE A LACK OF PARTICIPATION

The following examples further illustrate the interaction of impairment, functioning, barriers, participation and disability.

• Ten-year-old Yasin’s optic nerves are completely damaged (impairment) due to an eye disease, and he develops difficulties in seeing (difficulties in function). His school refuses to take him back as they don’t have the resources to support a child with vision impairment (attitude of the school staff – barrier). There are no other schools in his community and therefore Yasin cannot go to school (disability/disabling situation).

• Due to a road traffic accident, Razia suffered a spinal cord injury (impairment), which resulted in her being unable to walk like before (difficulties in function) and she starts using a wheelchair. She wants to continue her vocational training course after the accident, but the vocational training centre is on the first floor of a public building with no ramp and only stairs (built environment – barrier). She therefore is unable to complete her vocational education (disability/disabling situation).

• Ibrahim was born with Down’s syndrome (impairment), which affected his ability to understand, learn and remember (difficulties in function). He also had difficulties in walking (difficulties in function), as his balance is affected. His parents never enrolled him in school (disability/disabling situation), as they didn’t think there was any point in educating him, and they also feared he would be bullied (parents’ attitude – barrier).
2.2 Disability, Age and Gender

It is important to recognize that a person’s gender and age can also impact upon the types of barriers they face and their experience of disability. If a person with impairment faces barriers that prevent them from fulfilling the gendered roles that society expects of them, this can lead to social exclusion and a lack of participation. In Palestine refugee communities, men are often seen as the household head, with their primary role being to support the family financially and carry forward the family name; however, a man with a physical impairment unable to perform physical labour may be seen as unable to provide for his family and may therefore be marginalized from community life and positions of responsibility. Typically, women’s roles centre on raising children and performing home-based chores, but a woman with a disability may be seen as unfit to get married and have children and therefore may face stigma and discrimination. The role of children revolves around acquiring skills and knowledge by making friends, playing and having hobbies, but children with disabilities may be seen as unable to learn and therefore may not be allowed to play with children without disabilities or attend mainstream schools.

Women and children with disabilities also face multiple layers of discrimination and vulnerability. Globally, the prevalence of disability among women and girls is higher than among men and boys. Women are at increased risk of acquiring a disability due to health risks during pregnancy and childbirth, neglect in health care, poor workforce conditions, and/or gender-based violence. Women and girls with disabilities face double discrimination because they are female and have a disability.

Children with disabilities are almost four times more likely to experience violence than children without disabilities. Globally, only 10 per cent of all children with disabilities are in school, which impacts upon their future exclusion from the workforce. Identifying children with disabilities at an early stage can therefore make a huge difference in their future life. Early identification and assessment of a child’s impairment is crucial as it helps the child’s guardians, as well as health workers and teachers, to better understand and support the child’s individual needs and can enable the child to develop to their full potential.

2.3 Approaches to Disability

How disability is perceived by society – including by service provider staff, family and community members – and by persons with disabilities themselves impacts on how persons with disabilities are treated. Historically, persons with disabilities were viewed solely as objects of charity, passive recipients of welfare or patients in need of medical treatment. This approach, known as the ‘individual model’ (including the ‘medical’ and ‘charity’ approaches), considered a person with a disability as a problem to be fixed or segregated from society and provided with separate and specialist services. The ‘individual model’ places the responsibility for problems faced by a person with disability on the person themselves. UNRWA does not use this approach.

In contrast, the ‘social model’ focuses on the barriers that prevent persons with disabilities from being accepted and included. This model recognizes that impairment is part of human diversity. Under the ‘social model’, the need for medical intervention is not disregarded, but the main focus is the removal of barriers created by society and provided with separate and specialist services. This approach means that persons with disabilities are seen as citizens with equal rights to be included in and benefit from development initiatives and humanitarian action. The ‘social model’ of disability is one of the principles of the UNRWA Disability Policy and the CRPD.

UNRWA staff should be aware of these models to ensure that Agency (and implementing partner) services and programmes are upholding the ‘social model’ approach and supporting persons with disabilities to claim their rights and be fully included. If a service provider sees disability only as a charity or medical issue, their response will be limited, as it will not ensure inclusion in mainstream service provision, but may perpetuate segregation and discrimination (see table below).
### KEY MESSAGES – UNDERSTANDING DISABILITY

- UNRWA adopts the understanding of disability provided in Article 1 of the CRPD as its definition of disability: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers hinder their full participation in society on an equal basis with others.”
- Impairments are health-related problems with body structure or body function. Four key impairment types – physical, sensory (including vision, hearing or communication), intellectual and mental/psychosocial – can be identified based on the domains of functioning affected.
- Disability is the result of the barriers imposed on persons with impairments by society, restricting their participation in everyday life. Reducing or eliminating the barriers faced by persons with disabilities is therefore vital.
- Three main types of barriers impact on the equal participation of persons with disabilities: (1) attitudinal barriers, which include the negative perceptions and assumptions made about persons with disabilities; (2) physical barriers, which include structural and communication elements; and (3) institutional barriers, which include obstacles at the level of policy or programming that directly or indirectly discriminate against persons with disabilities.
- A person’s gender and age can impact upon their experience of disability. Women and girls with disabilities face double discrimination – discrimination based on gender plus discrimination based on disability.
- The CRPD and the UNRWA Disability Policy adopt the ‘social model’ approach to disability, which focuses on the fulfilment of the right to equal opportunities and participation in society for persons with disabilities.
- Adopting the ‘social model’ approach does not mean that medical and rehabilitation interventions are not necessary, but emphasises the removal of barriers to participation.
3. disability inclusion in practice in UNRWA

Persons with disabilities are often excluded (either directly or indirectly) from development processes and humanitarian action because of physical, attitudinal and institutional barriers. The effects of this exclusion are increased inequality, discrimination and marginalization. To change this, a disability inclusion approach must be implemented. UNRWA utilizes a twin-track approach to do this. The twin-track approach involves: (1) ensuring all mainstream programmes and services are inclusive and accessible to persons with disabilities, while at the same time (2) providing targeted disability-specific support to persons with disabilities.

The twin-track approach involves:

- **Track 1:** Mainstreaming disability as a cross-cutting issue within all key programmes and services (education, health, relief and social services, microfinance, infrastructure and camp improvement, protection, and emergency response) to ensure these programmes and services are inclusive, equitable, non-discriminatory, and do not create or reinforce barriers.
  - This is done by: gathering information on the diverse needs of persons with disabilities during the assessment stage; considering disability inclusion during the planning stage; making adaptations in the implementation stage; and gathering the perspectives of persons with disabilities in the reporting and evaluation stage (see section 3.4 for more detail).

- **Track 2:** Supporting the specific needs of refugees with disabilities to ensure they have equal opportunities to participate in society.
  - This is done by strengthening referral to both internal and external pathways and ensuring that Agency programmes to provide rehabilitation, assistive devices and other disability-specific services (e.g. the Disability Programme, the Learning Support Programme, the Hope Initiative and rehabilitation centre services – see box below) are accessible to Palestine refugees with disabilities and adhere to protection standards and inclusion principles.

The Agency’s organizational structures and human resources on disability inclusion aim to reflect this twin-track approach. In particular, the Agency has Disability Programme Officers in all fields working to implement disability-specific support activities under RSS programmes, while a Disability Advisor in the Protection Division at Agency Headquarters in Amman currently provides support to mainstream disability considerations within all programmes.

The two tracks reinforce each other. When mainstream programmes and services, such as health and education services, are disability-inclusive and aware, this can help facilitate both prevention of impairments, as well as early identification of children and persons with disabilities who can then be referred to disability-specific services. And the provision of disability-specific supports, such as assistive devices, can help facilitate more effective inclusion of persons with disabilities in mainstream services.

Implementing the twin-track approach in the Agency’s context involves:

- Track 1: Mainstreaming disability as a cross-cutting issue within all key programmes and services (education, health, relief and social services, microfinance, infrastructure and camp improvement, protection, and emergency response) to ensure these programmes and services are inclusive, equitable, non-discriminatory, and do not create or reinforce barriers.

- Track 2: Supporting the specific needs of refugees with disabilities to ensure they have equal opportunities to participate in society.

This is done by strengthening referral to both internal and external pathways and ensuring that Agency programmes to provide rehabilitation, assistive devices and other disability-specific services (e.g. the Disability Programme, the Learning Support Programme, the Hope Initiative and rehabilitation centre services – see box below) are accessible to Palestine refugees with disabilities and adhere to protection standards and inclusion principles.

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THE AGENCY’S DISABILITY-SPECIFIC INITIATIVES

Examples of the Agency’s disability-specific initiatives include:

- **Disability Programme (all fields).** This programme, implemented under the Department of Relief and Social Services, aims to equalize opportunities and facilitate social inclusion for persons with disabilities. Local partner organizations provide services such as physiotherapy, occupational therapy, speech therapy, vocational training, special education and assistive device provision, along with community-awareness activities.

- **Learning Support Programmes (Jordan, Lebanon and Gaza).** This programme helps students requiring additional learning support to achieve a desired level of academic achievement by using adapted teaching materials and techniques.

- **The Hope Initiative (West Bank).** This initiative assists students with disabilities to be effectively included in schools by addressing their specific educational needs in the school environment and their needs at home, including home modifications and disability sensitization of parents.

- **Rehabilitation Centre for the Visually Impaired (Gaza).** This Centre provides rehabilitation, educational and recreational activities for children and adults with vision impairment. It also helps prepare and support children for integration into mainstream schools.

3.1 UNRWA Principles of Disability Inclusion

The following principles will help guide the work of UNRWA staff in addressing both the specific needs of persons with disabilities and including them in UNRWA programmes and services, consistent with the twin-track approach to disability inclusion.

1) **Non-discrimination**

Non-discrimination means ensuring that all persons with disabilities (including men and women; girls and boys; and persons with physical, sensory, intellectual, mental and/or psychosocial disabilities) have equal opportunities to access and benefit from UNRWA services and programmes and that no action by UNRWA contributes to creating or reinforcing barriers.

In practice, for UNRWA staff this means:

- Condemning and eliminating all forms of discrimination against persons with disabilities, including by guaranteeing equal access to UNRWA services for all persons with disabilities.

- Ensuring all programmes and services are fully accessible to persons with disabilities and that persons with disabilities have the opportunity to participate in the planning, design, implementation, and monitoring of the programmes and services.

- Implementing reasonable accommodation measures to make necessary and appropriate modifications or adjustments to ensure that a person with disability is able to access UNRWA services on an equal basis with others.

2) **Awareness**

Raising awareness of disability and its implications among UNRWA staff and Palestine refugee communities is the first step in enabling progress towards disability inclusion. For example, creating awareness about disability in a school can help to increase the acceptance of children with disabilities and improve the interaction between children with and without disabilities. A teacher who knows about disability is more likely to identify the additional learning needs of a child in his/her classroom and to help facilitate simple changes and adaptations that can make a great difference in the accessibility of the school to persons with disabilities.

In practice, for UNRWA staff this means:

- Raising awareness of and ensuring the adoption by UNRWA staff and partners of a social model understanding of disability. This can help to make clear that it is the barriers created by society (including attitudinal barriers) that exclude persons with disabilities and hinders their access to services and that identifying strategies to remove these barriers is a crucial element of non-discriminatory service provision.

- Facilitating increased awareness on disability rights among UNRWA staff, as well as beneficiaries (including persons with disabilities), their families, the wider community and partner organizations. This can be done through both formal (e.g. trainings, workshops) and informal (e.g. home visits, project steering committees, staff meetings) opportunities.
3) Participation

Participation by persons with disabilities is essential to ensure UNRWA programmes and services will be relevant and effective and will meet the needs of all refugees. Persons with disabilities are the ones who best understand the barriers they face and the possible solutions. “Nothing about us without us” has been the slogan of persons with disabilities and their representative organizations, known as ‘Disabled Person’s Organizations’ and should also be a guiding principle for the Agency, in accordance with the CRPD, as well as the UNRWA Framework for Accountability to Affected Populations.

Participation can also empower and build the confidence of persons with disabilities and raise broader community awareness of the abilities and contributions persons without disabilities can make.

In practice, for UNRWA staff this means:

• Facilitating the meaningful and active involvement of persons with disabilities (and their representative organizations) in the needs assessment, design, implementation, coordination, monitoring, and evaluation of programmes and services.

• Based on the expected prevalence of disability as per international estimates, ensure at least 15 per cent of the total sample for consultation processes undertaken within mainstream programmes are persons with disabilities and/or their representatives. Ensure that the persons with disabilities included represent diversity of age, gender and range of impairments as far as possible.

4) Accessibility

Accessibility involves removing the physical, communication, attitudinal and institutional barriers that persons with disabilities face in accessing and participating in UNRWA programmes and services. Accessibility does not apply only to buildings or external environments. The CRPD defines comprehensive accessibility as including accessibility of services, roads, transport, and information and communication. Comprehensive accessibility also includes an economic accessibility element, in terms of ensuring the affordability of services.

The principles of universal design need to be applied to enable all individuals to access built and urban environment on an equal basis with others. Good accessibility is built around the principle of an unbroken chain of movement, highlighted by the 'RECU' (Reach, Enter, Circulate, Use) concept:

Reach – being able to move around the community to get to the service you wish to use (requires accessibility of roads, transportation, signage, etc.).

Enter – being able to get inside the facility you wish to use (requires steps, ramps, handrails, wide doorways, appropriate door handles, etc.).

Circulate – being able to move about inside the entire facility, including from one building to another or one floor to another (requires wide corridors and doors, absence of high steps and thresholds, resting places, adequate light, clear and adapted signage, etc.).

Use – being able to use all services and facilities within the building (requires appropriate dimensions and design of internal furniture, equipment, information and communications, etc.)

In practice, for UNRWA staff this means:

• Applying the principles of universal design and the RECU concept to all new construction. This can be achieved by referring to and applying the ICIP Plan to Implement Measures to Ensure Alignment of UNRWA Premises with UNRWA Disability Policy and the accompanying Technical Standards and Guidelines to Ensure Physically Accessible Environments at UNRWA Premises, which set out requirements to ensure accessibility for persons with physical, sensory, intellectual or mental/psychosocial impairments.

• Undertaking accessibility audits (in partnership with persons with disabilities) to identify the physical, communication, policy and attitudinal barriers that may prevent persons with disabilities from effectively and safely using UNRWA services and participating in UNRWA programmes and deciding on priority adaptations required to ensure accessibility.

3.2 Disability Identification – Key Issues for All Staff to Consider

There are a number of important reasons why UNRWA programmes and services need to be able to identify who is a person with disability, including to:

• Inform programme/service design: Gathering data on the number of Palestinian refugees with disabilities present in the Agency’s fields of operations can help make sure UNRWA programmes and services are targeted to the population and can strengthen advocacy on disability rights.

• Facilitate early identification and access to services: Health staff, teachers and social workers can play a key role in the early identification of children and persons with disabilities, which can facilitate timely access to services. UNRWA registration and socioeconomic assessment processes are also important opportunities to identify persons with disabilities, because understanding the socioeconomic situation...
and the possible service and/or protection needs of persons with disabilities can help ensure appropriate referrals are made and case management processes are implemented effectively.

- Monitor the reach of programmes/services: To help monitor whether UNRWA services or programs are reaching persons with disabilities, disaggregation of beneficiary data is an important step. To do this, the Agency needs to include disability identification questions in client registration, beneficiary identification and other regular service-level data collection processes (e.g. school enrolment, health information management system etc.).

However, accurate determination of the number of persons with disabilities within a target group or community is often difficult to determine. Specifically, the prevalence of disability may be underestimated as it is difficult to easily identify who is a person with disabilities because of:

- Stigma – if you ask someone if they have a disability, they may not answer “Yes” because they are ashamed or scared to publicly identify as having a disability.

- Different understandings of disability and lack of definitional clarity – different cultures or age groups sometimes hold different standards or beliefs regarding what is disability or what is ‘normal’ functioning. For example, older people often think of limitations in functioning as something that is appropriate or expected for their age group, and they are therefore less likely to say “Yes” when asked if they have a disability, even if they have a lot of difficulty performing basic activities.

- Invisible impairments – if you request data collectors to identify persons with disabilities based only on their observations, this may overlook people with ‘invisible’ impairments such as hearing or psychosocial impairments.

Therefore, using methods that ask “Do you have a disability?”/“Is there anyone in this household with a disability?” or relying on data collectors to observe when a person has a disability is inappropriate and likely inaccurate. Indeed, using these methods is known to generate very low prevalence rates, identifying only 1-3 per cent of the population as having a disability, compared to the international estimate of 15 per cent.

### 3.2.1 The Recommended Approach to Disability Identification

The Agency’s recommended approach to disability identification draws on the approach and tools developed by the **UN Washington Group on Disability Statistics**. Specifically, use of the ‘Washington Group Short Set of Questions on Functioning’ (WGSS) is recommended to facilitate the collection of internationally comparable disability data based on the social model of disability. Incorporating the WGSS will ensure that the data on disability being generated across UNRWA will be consistent and comparable between fields of operations.

The WGSS method uses a functional approach that asks questions about the level of difficulty people have doing various daily activities. This method provides an accurate approximation (proxy) to identify most people with disabilities – because people who cannot do certain activities like ‘walking’ or ‘hearing’ are experiencing impairment and may face barriers participating on an equal basis with other people and are therefore considered as having or being at risk of disability. A functional approach also avoids the word ‘disability’ and therefore mitigates under-identification due to stigma.

The WGSS asks questions about six domains: vision, hearing, mobility, remembering and concentrating, self-care, and communication. The WGSS avoids asking restrictive “yes/no” questions by utilizing four response categories that are designed to capture the degree or severity of difficulty experienced, including: no difficulty, some difficulty, a lot of difficulty, and cannot do at all.

The WGSS is shown in the table below, comprising three elements: (1) the introductory statement; (2) the six questions; and (3) the four response categories for each of the six questions.

<table>
<thead>
<tr>
<th>The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you have difficulty seeing, even if wearing glasses?</strong></td>
</tr>
<tr>
<td>☐ No – no difficulty □ Yes – some difficulty □ Yes – a lot of difficulty □ Yes – cannot do at all</td>
</tr>
<tr>
<td><strong>Do you have difficulty hearing, even if using a hearing aid?</strong></td>
</tr>
<tr>
<td>☐ No – no difficulty □ Yes – some difficulty □ Yes – a lot of difficulty □ Yes – cannot do at all</td>
</tr>
<tr>
<td><strong>Do you have difficulty walking or climbing steps?</strong></td>
</tr>
<tr>
<td>☐ No – no difficulty □ Yes – some difficulty □ Yes – a lot of difficulty □ Yes – cannot do at all</td>
</tr>
<tr>
<td><strong>Do you have difficulty remembering or concentrating?</strong></td>
</tr>
<tr>
<td>☐ No – no difficulty □ Yes – some difficulty □ Yes – a lot of difficulty □ Yes – cannot do at all</td>
</tr>
<tr>
<td><strong>Do you have difficulty (with self-care such as) washing all over or dressing</strong></td>
</tr>
<tr>
<td>☐ No – no difficulty □ Yes – some difficulty □ Yes – a lot of difficulty □ Yes – cannot do at all</td>
</tr>
<tr>
<td><strong>Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood by others?</strong></td>
</tr>
<tr>
<td>☐ No – no difficulty □ Yes – some difficulty □ Yes – a lot of difficulty □ Yes – cannot do at all</td>
</tr>
</tbody>
</table>
Once these six questions have been asked, a respondent is considered to be a person with disability if they meet the recommended ‘cut-off’ by answering “Yes – a lot of difficulty” OR “Yes – cannot do at all” to at least one of the six questions.

### 3.2.2 Where Should UNRWA Incorporate the WGSS?

The WGSS can be incorporated in a range of UNRWA data collection processes and tools and used at all stages of the project management cycle. Examples of how the WGSS can be incorporated include:

- **In project/programme baseline and end-line surveys and other population surveys**: To know who and how many among the targeted population are persons with disabilities in order to identify disability inclusion strategies and to identify the impact of the project for persons with and without disabilities.
  - For example: The periodic surveys on the socioeconomic status of Palestine refugees in Lebanon undertaken by the American University of Beirut.

- **In registration and service eligibility surveys and assessments**: To know who and how many among the targeted population are persons with disabilities in order to determine project eligibility and need.
  - For example: RSS poverty assessment surveys or other socioeconomic surveys.

- **In regular service-level information collection processes**: To know whether the service is reaching persons with disabilities and to implement targeted responses to address their specific needs and remove barriers.
  - For example: The UNRWA education programme is currently working to ensure that the Education Management Information System (EMIS) will collect data on disability prevalence in the student population. Other opportunities include: school health records, health screening forms, the e-Health system and protection case management tools.

### 3.3 Interacting with Persons with Disabilities – Key Issues for Front-Line Staff to Consider

Many of the Agency’s front-line staff interact with Palestine refugees with disabilities on a daily basis. Refugees with disabilities have the right to be included in and benefit from all UNRWA services and programmes on an equal basis with others, but they can face specific barriers and have specific needs. Front-line staff have a unique opportunity to facilitate inclusion and ensure appropriate interaction by:

- Helping to create a disability-friendly environment and protecting the dignity of persons with disabilities by using appropriate language and behaviour (see sections 3.3.1 and 3.3.2).
- Helping to inform persons with disabilities, their families and their communities about their rights, including their right to access UNRWA services on an equal basis with others, including through reasonable accommodation.
- Helping to facilitate the participation of persons with disabilities by asking them directly about their needs, if they are currently accessing UNRWA or external services for which they might be eligible, if they are facing barriers, and how UNRWA can help facilitate access to services and programmes.
- Helping to refer persons with disabilities to disability-specific services as required.
- Asking for more help from colleagues working on disability inclusion, such as Disability Programme Officers in RSS and the Disability Advisor in the Protection Division at UNRWA Headquarters in Amman.

### 3.3.1 Language – How to Refer to Persons with Disabilities

The use of outdated language and words to describe persons with disabilities reinforces stereotypes and the attitudinal barriers faced by persons with disabilities and impedes inclusion. Therefore, it is important for UNRWA staff to know what is appropriate language and terminology to use.

When referring to persons with disabilities, use person-first language and choose words that reflect dignity and respect. UNRWA uses the terminology ‘a person with a disability’ or the plural “persons with disabilities”. When referring to persons with disabilities in writing, this phrase should always be written in full (acronyms should not be used). The table below provides the appropriate terms to be used.
<table>
<thead>
<tr>
<th>SAY</th>
<th>DO NOT SAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person with a disability/a person with disability</td>
<td>‘PWD’/‘PWDs’</td>
</tr>
<tr>
<td>Plural: Persons with disabilities</td>
<td>‘Handicapped’</td>
</tr>
<tr>
<td></td>
<td>‘The disabled’</td>
</tr>
<tr>
<td>A person without a disability/a person without disability</td>
<td>‘Normal people’</td>
</tr>
<tr>
<td></td>
<td>‘People living normal lives’</td>
</tr>
<tr>
<td></td>
<td>‘Able-bodied’</td>
</tr>
<tr>
<td></td>
<td>‘Healthy’</td>
</tr>
<tr>
<td>A person with a physical/sensory/intellectual/mental/</td>
<td>‘Handicapped’</td>
</tr>
<tr>
<td>psychosocial disability</td>
<td>‘Crippled’</td>
</tr>
<tr>
<td></td>
<td>‘Physically challenged’</td>
</tr>
<tr>
<td></td>
<td>‘The physically disabled’</td>
</tr>
<tr>
<td></td>
<td>‘Cripple’</td>
</tr>
<tr>
<td></td>
<td>‘Mentally retarded’</td>
</tr>
<tr>
<td></td>
<td>‘Mentally handicapped’</td>
</tr>
<tr>
<td></td>
<td>‘Mentally challenged’</td>
</tr>
<tr>
<td></td>
<td>‘Mentally deficient’</td>
</tr>
<tr>
<td></td>
<td>‘Intellectually challenged’</td>
</tr>
<tr>
<td></td>
<td>‘Retard’</td>
</tr>
<tr>
<td></td>
<td>‘Crazy’</td>
</tr>
<tr>
<td></td>
<td>‘Mad’</td>
</tr>
<tr>
<td></td>
<td>‘Insane’</td>
</tr>
<tr>
<td>A person who uses a wheelchair</td>
<td>‘Confined to a wheelchair’</td>
</tr>
<tr>
<td>A person who is deafblind</td>
<td>‘The blind’</td>
</tr>
<tr>
<td></td>
<td>‘Person with problems with sight’</td>
</tr>
<tr>
<td>A person with low vision</td>
<td>‘The blind’</td>
</tr>
<tr>
<td>A person who is blind</td>
<td>‘The hard of hearing’</td>
</tr>
<tr>
<td></td>
<td>‘Deaf and dumb’</td>
</tr>
<tr>
<td>A person who is hard of hearing</td>
<td>‘The deaf’</td>
</tr>
<tr>
<td></td>
<td>‘The hard of hearing’</td>
</tr>
<tr>
<td>A Deaf person/Deaf people</td>
<td>‘Deaf and dumb’</td>
</tr>
<tr>
<td>A person with a speech disability/a person with speech disability</td>
<td>‘Dumb’</td>
</tr>
<tr>
<td></td>
<td>‘Dumb person/people’</td>
</tr>
<tr>
<td></td>
<td>‘Mute’</td>
</tr>
<tr>
<td></td>
<td>‘Speech-impaired person’</td>
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<tr>
<td></td>
<td>‘Problems with talking’</td>
</tr>
<tr>
<td></td>
<td>‘The speech impaired’</td>
</tr>
<tr>
<td>A person with a mental health problem</td>
<td>‘Insanity’</td>
</tr>
<tr>
<td></td>
<td>‘Insane’</td>
</tr>
<tr>
<td></td>
<td>‘Lunatic’</td>
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<tr>
<td></td>
<td>‘Mentally sick’</td>
</tr>
<tr>
<td></td>
<td>‘Mentally imbalanced’</td>
</tr>
<tr>
<td></td>
<td>‘Mad person’</td>
</tr>
<tr>
<td></td>
<td>‘Mentally ill person’</td>
</tr>
<tr>
<td></td>
<td>‘Psycho’</td>
</tr>
<tr>
<td></td>
<td>‘Crazy people’</td>
</tr>
<tr>
<td>A person with a disabling illness</td>
<td>‘The sick’</td>
</tr>
<tr>
<td>A person living with HIV</td>
<td>‘AIDS-infected’</td>
</tr>
<tr>
<td></td>
<td>‘People living with HIV and AIDS’</td>
</tr>
<tr>
<td></td>
<td>‘PLWHA’ (as an acronym)</td>
</tr>
</tbody>
</table>
3.3.2 Behaviour – How to Engage with Persons with Disabilities

The manners and etiquette you should extend to a person with disability should be the same as those you would convey to a person without disability. However, specific issues may arise in working with persons with disabilities where the best and most appropriate way to interact may be less obvious. The following 10 tips can help UNRWA staff in such interactions.46

1) **Ask before you help.** Don't assume that a person with disability always needs to be helped. If the person appears like s/he needs help, ask them if they would like your help and then follow their instructions on how you should help them.

2) **Speak directly to the person.** Even if a person is using a sign language interpreter or a personal assistant, direct your conversation to the person and not the interpreter or the assistant.

3) **Be conscious of physical contact.** Avoid leaning on a person’s wheelchair, crutches or cane as these devices are part of his/her personal space and it is considered similar to leaning or hanging on to a person. If a person with vision impairment needs to be guided, don’t grab his/her hand; instead offer your arm indicating where they can hold you.

4) If you are meeting a person with vision impairment, **always identify yourself and others who may be with you** and remember to identify the person by name when conversing in a group. Don't be afraid to shake hands with people who have difficulties using their hands or those who use artificial limbs if culturally appropriate.

5) **To get the attention of a person who is Deaf,** tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly and slowly if the person can read your lips. Not all people who are Deaf can read lips. For those who do lip-read, be sensitive to their needs by placing yourself so that you face the light source and keep hands, cigarettes and food away from your mouth when speaking.

6) **Listen patiently and attentively** when you’re talking with a person who has difficulty speaking. Avoid correcting or speaking for the person; wait for him/her to finish. If you haven’t understood something, don’t pretend that you have; instead you could repeat what you have understood and allow the person to respond.

7) **Be specific when giving directions** to a person with vision impairment. Say “in front of you”, “behind you”, “to your left/right”, instead of “over there”, “here”, or using hand or facial gestures to indicate where to go.

8) When speaking to someone with intellectual impairment, **use plain language and speak with shorter sentences.** Do not talk down to the person or treat an adult as a child when communicating.

9) **Don't be embarrassed if you happen to use common expressions** such as “See you later,” “I’ve got to run” or “Did you hear about that?” that seem to relate to a person’s disability.

10) **Please ask the person** when you’re unsure of what to do.

3.4 Disability Inclusion in the Project/Programme Cycle – Key Issues for Programme Staff to Consider

As a direct service provider concerned with realizing and protecting human rights, all UNRWA programmes, projects and services must be disability-inclusive.

The Agency’s operations are largely framed within broad programmes, making it very important to ensure that disability inclusion is reflected in programme strategies and design documents. This in turn will help to subsequently ensure disability is also incorporated into the projects that are designed to contribute to the overall programme objectives.

However, persons with disabilities are often not considered in crucial stages of the UNRWA programme and project cycle because staff are unsure of how to implement disability inclusion in practice. To help overcome this, this section provide tips and key considerations for including persons with disabilities in all programme and project cycle management stages of Assessment, Planning, Implementation and Monitoring, and Reporting/Evaluation, as outlined in the UNRWA Project Cycle Management Handbook47 and in line with the new Organizational Directive No. 21: Programme and Project Cycle Management.48

This section does not provide tools for identifying the particular service provision needs of persons with disabilities in a particular sector or context; however, staff can apply the key disability inclusion considerations across all UNRWA programmes and projects, including:

- **Education and vocational training** – the UNRWA Inclusive Education Policy commits the Agency to realizing the universal right to education for all, meaning all mainstream education services need to be supporting children and persons with disabilities.49
- **Health** – refugees with disabilities have the same health-care needs as all other refugees, and UNRWA health services can also play an important prevention and early identification role to ensure children and persons with impairments have timely access to health services and referral rehabilitation support.
• **Relief and social services** – the two-way link between poverty and disability means that refugees with disabilities and their families need to be able to access relief support.

• **Infrastructure and camp improvement, shelter, water and sanitation and environmental health** – universal design and RECUC concepts must be considered in all infrastructure and construction programmes and projects, in line with the ICIP Plan to Implement Measures to Ensure Alignment of UNRWA Premises with the UNRWA Disability Policy.

• **Livelihoods, employment and microfinance** – refugees with disabilities face numerous barriers to achieving an independent livelihood, making it crucial that UNRWA livelihood programmes and projects are accessible to all refugees.

• **Protection** – refugees with disabilities may face risks and vulnerabilities to experiencing violence, exploitation, abuse, neglect and violation of rights and therefore need to be specifically considered and included in protection programmes and projects.

• **Humanitarian and emergency response** – the disproportionate effect of emergency and humanitarian situations on refugees with disabilities should be reflected in the design and implementation of the Agency’s humanitarian projects, in line with the Agency’s endorsement of the Charter on Disability Inclusion in Humanitarian Action.

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**Figure 1: Key considerations for disability inclusion in different stages of project cycle management**

<table>
<thead>
<tr>
<th>Key Inclusion Principle #1: NON-DISCRIMINATION.</th>
<th>Key Inclusion Principle #2: AWARENESS.</th>
<th>Key Inclusion Principle #3: PARTICIPATION.</th>
<th>Key Inclusion Principle #4: ACCESSIBILITY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement reasonable accommodation measures (which means making necessary and appropriate modifications or adjustments that are reasonable and do not impose undue burden) to ensure that a person with disability is able to exercise a certain right on an equal basis with others.</td>
<td>Raise awareness among staff and stakeholders (including persons with disabilities themselves) of disability rights and disability inclusion principles and practices.</td>
<td>Consult persons with disabilities and their families and involve them in all stages of the project cycle (including at the assessment stage to ensure their needs are communicated). Partner and consult with Disabled Person’s Organizations, local authorities, disability-specific organizations and service providers in all stages of the project.</td>
<td>Identify and remove the physical, communication, policy and attitudinal barriers that may prevent persons with disabilities from effectively and safely using services and participating in projects.</td>
</tr>
</tbody>
</table>

**The Goal:**

UNRWA programmes and services are available and accessible to Palestine refugees with disabilities, recognizing that they are approximately 15 per cent of the Palestine refugee population.

**Assessment**

- Include persons with disabilities in the assessment to gather information on barriers, needs and priorities.

**Planning**

- Design a twin-track project strategy and allocate budget for disability inclusion.
- Ensure project indicators are disaggregated by disability and include disability-specific outcomes and targets where appropriate.

**Implementation and Monitoring**

- Ensure the baseline survey is disability-inclusive.
- Ensure project plans and data collection tools are disability-inclusive.
- Proactively include persons with disabilities in the project (through varied outreach strategies).
- Adapt service delivery mechanisms to help remove barriers.
- Apply design standards to ensure accessibility of UNRWA premises.
- Refer persons with disabilities to disability-specific services as needed.

**Reporting/Evaluation**

- Report on the outcomes and impact for persons with disabilities compared to people without disabilities.
- Ensure regular monitoring processes reporting on disability inclusion.
**Stage 1: Assessment**

To ensure a new project or activity will be disability-inclusive, information on the needs, barriers and priorities of Palestine refugees with disabilities should be gathered during the assessment stage. The best approach is to collaboratively consult directly with persons with disabilities, their families and their representative organizations (including Disabled Person’s Organizations).

**Disability Inclusion Considerations at the Assessment Stage**

1.1 *Include persons with disabilities in the assessment*

- Include disability-specific questions in the assessment tools to ask about the situation of persons with disabilities, including barriers they face and their needs and priorities in relation to the project.
- Consult with persons with disabilities, their families and their carers as key stakeholders in the assessment. Based on the expected prevalence of disability as per international estimates, 15 per cent of the total sample should be persons with disabilities and/or their representatives.
- Ensure the persons with disabilities participating in the assessment represent diversity of age, gender and range of impairment types as far as possible.
- Utilize local Disabled Person’s Organization networks or other sources to help find persons with disabilities and invite them to participate in the assessment.
- Conduct accessible workshops, meetings, focus groups discussions, consultations, etc., as part of the assessment.
- Provide information in accessible formats. Ask participants in advance about their communication needs (e.g., the need for sign-language interpretation; materials in alternate formats, such as Braille, large print or easy-to-read; etc.) and provide the necessary support.
- Ensure physical accessibility of the consultations. Make reasonable adjustments such as: having the meeting/training on the ground floor; meeting the cost of a personal assistant to accompany a person with vision impairment; having a sign-language interpreter at the meeting; and facilitating the provision of accessible transport if required.
- Organize separate focus group discussions/key informant interviews with persons with disabilities. Preferably, focus group discussions will be separated by gender, with one for women with disabilities and one for men with disabilities.
- Ensure the assessment report outlines the situation of persons with disabilities, provides recommendations for strategies for disability inclusion in the project and disaggregates data by disability.

**CHECKLIST FOR ASSESSMENT STAGE**

<table>
<thead>
<tr>
<th>Does the assessment methodology include disability-specific questions and disaggregate information by persons with disabilities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do persons with disabilities and/or their representatives make up at least 15 per cent of the total sample size of participants being consulted and these persons represent different age groups, genders and types of impairments?</td>
</tr>
<tr>
<td>Are workshops, meetings, focus groups and consultations accessible to persons with disabilities?</td>
</tr>
<tr>
<td>Have separate focus group discussions (separated by gender) and key informant interviews been held with persons with disabilities and/or their representatives?</td>
</tr>
<tr>
<td>Does the assessment report analyse the specific situation of persons with disabilities and provide recommendations for strategies for disability inclusion in the project?</td>
</tr>
</tbody>
</table>

**Stage 2: Planning**

Planning for disability inclusion from the outset will save time and finances during implementation of the project. At the planning stage, the project design team should consider how to ensure that disability-related needs (ideally identified during the assessment stage) are reflected in the project design. In particular, strategies should be identified on how to ensure persons with disabilities can actually participate in the project, rather than simply passively benefiting from it.

**Disability Inclusion Considerations at Planning Stage**

2.1 *Design a twin-track project strategy, including allocation of budget for disability inclusion*

- Track 1: Ensure all project services and activities will be accessible and inclusive. This can be achieved by:
- Planning for adaptation of service-provision processes to improve accessibility (e.g., priority queues, outreach services, etc.).
Considering how the needs and requirements of persons with disabilities differ based on age, gender and type of impairment (e.g. a ramp may not be helpful for persons with hearing or communication impairments).

- Track 2: Ensure the project will meet the specific needs of persons with disabilities. This can be achieved by:
  - Planning for the establishment of safe and clear referral mechanisms to enable project staff to refer persons with disabilities to disability-specific services as required.
  - Planning ways to have persons with disabilities involved not only as project beneficiaries, but also as project staff, in project governance structures, and in the monitoring and evaluation of the project (e.g. persons with disabilities and/ or their representatives should be included in project steering committees).

- Ensure the costs of disability inclusion are reflected in the budget as a specific line item (this is crucial as in most cases disability inclusion is only prioritized during the implementation phase if there is budget for it). Potential costs include:
  - Disability awareness sessions for project staff and project beneficiaries/stakeholders.
  - Workplace adaptations permitting the recruitment of persons with disabilities as part of the project team.
  - Accessibility considerations including: making low-cost physical adaptations where needed, such as wooden/metal ramps; wooden seats over squat-style toilets; making project materials available in alternate formats such as audio, Braille or large print; having sign language interpreters in project meetings; etc.
  - Transportation costs for referral to disability-specific services (for the person with disability as well as a caregiver if required).
  - Fees for accessing certain services and for the purchase and maintenance of assistive devices and technologies.

2.2 Ensure the project logical framework or theory of change reflects disability

- Design project monitoring and evaluation indicators that are disaggregated by disability (as well as by sex and age) in order to track the involvement and impact of the project on men, women, girls and boys with disabilities.
- Consider including specific outcomes or targets (and associated indicators) on disability inclusion. For example, an inclusive education project could set specific targets for including children with disabilities, or a poverty alleviation project could have a specific target for including households with persons with disabilities.

**CHECKLIST FOR PLANNING STAGE**

| Have disability-related findings and recommendations from the assessment stage been carried through into the project design? |
| Have adaptations to ensure accessibility and inclusiveness of project services and activities (including service-provision processes) been planned for? |
| Have the needs and requirements of the diversity of persons with disabilities (age, gender, type of impairment) been planned for? |
| Have safe and clear referral mechanisms to quality disability-specific services been planned? |
| Have strategies to strengthen the capabilities of persons with disabilities been planned, and will persons with disabilities be included in the project activities, not just as beneficiaries, but as project staff and project steering committee members? |
| Are the costs of disability inclusion and disability-specific activities included as budget items? |
| Are indicators in the project logical framework disaggregated by disability (and by sex and age)? |
| Have specific outcomes or targets on disability inclusion been included? |
Stage 3: Implementation and Monitoring

The implementation stage, as the stage during which actions are delivered, is also the stage where barriers to inclusion should be removed to ensure inclusion of persons with disabilities. Monitoring, which occurs throughout the implementation stage, should also track the progress of disability inclusion.

Disability Inclusion Considerations at the Implementation and Monitoring Stage

3.1 Ensure the project baseline survey is disability-inclusive

- Ensure the baseline survey methodology uses the WGSS to enable disaggregation of information by persons with disabilities (as well as by sex and age).
- As part of the baseline, map the existing disability-specific services available in the project area(s) to facilitate appropriate referral for project beneficiaries to access disability-specific services (as per action 3.5 below).

3.2 Ensure project plans and tools are disability-inclusive

- Make sure that project implementation plans and tools (such as registration processes, assessment forms and data collection forms) disaggregate beneficiary data by disability (including by age and sex).
- Ensure that beneficiary feedback mechanisms seek input and feedback from persons with disabilities and/or their representatives and are accessible.

3.3 Proactively include persons with disabilities in the project

- Raise awareness on disability among project staff and beneficiaries (including persons with disabilities, their families, the wider community and partner organizations) through formal means (e.g. through disability awareness sessions), and informal means (e.g. through discussions during project steering committee meetings and workshops).
- Use varied outreach strategies and communication methods to ensure that information about the project reaches persons with disabilities and that they have the opportunity to participate and benefit from the project.
- If a project implementation steering committee is being established, make sure persons with disabilities are represented.

3.4 Adapt service delivery mechanisms to remove barriers and ensure inclusion

- Ensure that design standards to ensure accessibility are applied in all new UNRWA premises being constructed or in existing premises undergoing rehabilitation or modification.

◊ Align with the ICIP Plan to Implement Measures to Ensure Alignment of UNRWA Premises with the UNRWA Disability Policy and the accompanying Technical Standards and Guidelines to Ensure Physically Accessible Environment at UNRWA Premises.

- As it may be difficult for all UNRWA service mechanisms to be fully accessible, make reasonable adjustments to ensure that persons with disabilities have equal opportunities to participate. Examples of reasonable adjustments include:
  ◊ Adopting alternate service delivery strategies where possible (e.g. providing mobile units or community-based services instead of centre-based services).
  ◊ Moving services to the ground floor to accommodate persons with physical impairments.
  ◊ Ensuring that appointments/referrals for a person with disability are made at health centres that is accessible to his/her needs.
  ◊ Ensuring that awareness-raising, promotional, teaching and learning materials provided through the project are made available in alternative formats (e.g. Braille, large print, audio, etc.).

3.5 Refer persons with disabilities who engage with the project to disability-specific services as needed

- Ensure project staff, particularly front-line workers, are aware of where to refer for appropriate disability-specific services. This could be achieved through compiling a directory of referral organizations that are in line with context-appropriate quality standards.
- Follow-up referrals to confirm that project beneficiaries who have been referred have accessed the service and received appropriate care.

3.6 Ensure regular monitoring processes reporting on disability inclusion

- Include explicit questions in monitoring tools, along the lines of “Were persons with disabilities included in and able to benefit from this programme? How? To what extent?”
- Facilitate the involvement of persons with disabilities and/or their representative organizations in regular monitoring processes.
- Ensure data to report on project indicators is disaggregated by disability.

3.7 Seek additional advice for disability inclusion strategies as needed

- Engage with local Disabled Person’s Organizations and UNRWA colleagues already working on disability inclusion in your field (e.g. Disability Programme Officers in RSS) and at Headquarters (e.g. the UNRWA Disability Advisor in the Protection Division).
**CHECKLIST FOR IMPLEMENTATION AND MONITORING STAGE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If a baseline survey is conducted, has the methodology enabled collection of disability-disaggregated data?</td>
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<tr>
<td>If a baseline survey is conducted, has it mapped existing disability-specific services to facilitate referrals for project beneficiaries?</td>
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<tr>
<td>Do project implementation plans and tools (such as registration processes, assessment forms and data collection forms) disaggregate beneficiary data by disability (as well as by sex and age)?</td>
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<tr>
<td>Are project feedback mechanisms accessible and do they actively seek input and feedback from persons with disabilities and/or their representatives?</td>
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<tr>
<td>Have awareness-raising sessions on disability been held with staff and beneficiaries?</td>
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<tr>
<td>Are varied outreach and communication methods used to ensure persons with disabilities receive information about the project?</td>
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<td>Are persons with disabilities and/or their representatives represented on project steering committees?</td>
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<tr>
<td>Have strategies for removing barriers to accessibility been identified and implemented?</td>
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<tr>
<td>Have service delivery mechanisms been adapted to improve access for persons with disabilities?</td>
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<tr>
<td>Have reasonable adjustments been made to service delivery processes?</td>
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<tr>
<td>Are front-line staff aware of referral pathways and are referrals followed up on?</td>
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<tr>
<td>Do regular monitoring processes include questions on disability inclusion and collect disability-disaggregated data?</td>
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**Stage 4: Reporting and Evaluation**

Even if a disability perspective has not been included in a project's assessment, planning and implementation stages, it is still important to report on whether persons with disabilities were included (or not) in the project and on any disability inclusion achievements and challenges. Reporting on disability will also help identify how disability inclusion can be better achieved in subsequent phases of the project or in future projects.13

**Disability Inclusion Considerations at the Reporting and Evaluation Stage**

1. **Report on the outcomes and impact on persons with disabilities compared to people without disabilities**
   - Include relevant disability-specific questions in reporting and evaluation processes to: determine the outcomes and impact of the project on persons with disabilities compared to persons without disabilities; gather information on the barriers persons with disabilities may have faced in participating in the project; and gather information on good practices and lessons learned from disability inclusion in practice to apply in subsequent phases of the project or in future projects.
   - Ensure reporting data is disaggregated by disability (as well as by sex and age).
   - Consult with persons with disabilities, their families and their carers as key stakeholders in project evaluations. Based on the expected prevalence of disability as per international estimates, ensure that at least 15 per cent of the total sample are persons with disabilities and/or their representatives.
   - Also ensure the persons with disabilities participating in the assessment represent the diversity of age, gender and range of impairment types as far as possible.

**CHECKLIST FOR REPORTING/EVALUATION STAGE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do reporting and evaluation processes include disability-specific questions to gather information on the impact of the project for persons with disabilities?</td>
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<tr>
<td>Are reporting indicators disaggregated by disability (as well as by sex and age)?</td>
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<tr>
<td>Have persons with disabilities and/or their representatives been consulted in the evaluation? Do they make up at least 15 per cent of the total sample size of participants being consulted as part of the evaluation and represent different age groups, genders and types of impairments?</td>
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<tr>
<td>Do narrative reporting and evaluations analyse the outcomes of the project for persons with disabilities (both achievements and challenges), and provide recommendations for strategies for disability inclusion in subsequent phases of the project or in future projects?</td>
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</table>
KEY MESSAGES – DISABILITY INCLUSION IN PRACTICE AT UNRWA

• UNRWA takes a twin-track approach to disability inclusion, involving the provision of targeted disability-specific support to persons with disabilities, while at the same time ensuring all mainstream programmes and services are inclusive and accessible.

• Four key principles guide the Agency’s efforts towards disability inclusion: (1) non-discrimination; (2) awareness; (3) participation; and (4) accessibility.

• Key to enabling disability inclusion is being able to identify who is a person with disability. In order to identify persons with disabilities, UNRWA should utilize the recommended Washington Group Short Set of Questions in processes such as: project baseline surveys, poverty assessments, registration processes, emergency response rapid assessment tools, school enrolment forms, health records, etc.

• When referring to persons with disabilities, it is important to use the correct terminology, including person-first language, and choose words that reflect dignity and respect. Negative and derogatory language on disability reinforces attitudinal barriers.

• UNRWA uses the terminology ‘a person with a disability’ or the plural ‘persons with disabilities’. When referring to persons with disabilities in writing, this phrase should always be written in full (rather than using an acronym).

• When interacting with persons with disabilities, extend the same courtesies, considerations and respect to persons with disabilities as you would to persons without disability.

• Strategies and activities for including persons with disabilities should be planned and considered at each stage of the project management cycle with persons with disabilities actively included at every stage.

4. conclusion

It can be daunting to identify how to start when confronted with the range of barriers impeding the full participation of persons with disabilities in Agency programmes and services. It is imperative, however, that UNRWA protects and promotes the rights of persons with disabilities, and adopts a disability inclusion approach throughout its operations. Disability inclusion is a gradual process, and how we work is just as important as the outcomes we achieve. It is hoped that these Guidelines can help bridge the gap between the Agency’s policy commitments and practical implementation by offering clarity on how to appropriately identify, interact with and assist persons with disabilities and ensure that approaches to disability inclusion are incorporated in the project/programme cycle. Gathering information, raising awareness, implementing reasonable accommodations within the scope of available resources and piloting inclusion approaches to learn what works are important steps forward. Taking these steps will help ensure the Agency’s operations are as inclusive and as effective as possible.
annex: glossary of key terms

**Disability** is the result of the interaction between impairment and barriers in attitudes and surrounding environments, which hinders a person’s effective participation in society on an equal basis with others.

**Discrimination** is prohibited conduct from any person employed by the Agency in a work-related situation and may constitute misconduct. Disability-related discrimination includes treating a person less favourably because of disability in comparison to another person without disability in the same situation. Denial of reasonable accommodation constitutes discrimination on the basis of disability.

**Persons with disabilities** include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers hinder their full participation in society on an equal basis with others.

**Impairment** is a problem with body function or body structure due to disease, illness, injury or genetic factors. An impairment can cause a loss or difference in functioning. Impairments can be from birth (congenital) or acquired later in life. Impairments can be categorized as physical, sensory (visual, hearing, communication), intellectual and mental/psychosocial.

**Barriers** are obstacles that hinder the participation of persons with disabilities on an equal basis with others. Barriers can be attitudinal, physical (including structural and communication) and institutional.

**Accessibility** involves removing the physical, communication, attitudinal and institutional barriers that persons with disabilities face in accessing and participating in society. An accessible environment is an environment which allows for the freedom of movement and use in total safety, regardless of age, gender or impairments, of a space or product that can be used by all, with no obstacles, with dignity and with the highest possible levels of independence.

**Universal design** refers to the design of a product, procedure, service, information, building, space or environment so that it can be readily accessed, understood and used by all people, regardless of age, size, ability or disability. Universal design has equity as its goal and uses an inclusive approach, aiming to allow everyone to participate independently in activities and to achieve equivalent results.

**RECU concept of accessibility** includes four steps in a chain of movement: (1) Reach – being able to move around the community and get to the service/facility; (2) Enter – being able to get inside the facility; (3) Circulate – being able to move about inside the entire facility including from one building to another or one floor to another; and (4) Use – being able to use all services and facilities within the building.

**Twin-track approach** is an approach to ensuring disability inclusion which combines: (1) providing targeted disability-specific support to persons with disabilities, and (2) ensuring all mainstream programmes and services are inclusive and accessible.

**Reasonable accommodation** means making necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, that are reasonable and needed in a particular case, to ensure that persons with disabilities are able to exercise, on an equal basis with others, all human rights and fundamental freedoms.

**Assistive devices (and assistive technology)** are devices and technologies such as wheelchairs, artificial limbs, mobility aids, hearing aids, spectacles and other visual aids, and specialized computer software and hardware that increase mobility, hearing, vision and communication capacities. With the aid of these technologies, people with a loss in functioning are better able to live independently and participate in society. For examples of assistive devices and technologies, see the WHO ‘Priority Assistive Products List’.

**Disabled Person’s Organizations (DPOs)** are organizations run and controlled by persons with disabilities, with a majority of staff, membership, and representatives of the governing body being persons with disabilities.
endnotes

2. UN General Assembly Resolution 71/93 (6 December 2016) on 'Operations of UNRWA' (paragraph 18).
3. Ibid.
5. See for example Women's Refugee Commission (2014), 'Disability inclusion: Translating policy into practice in humanitarian action'; Women's Refugee Commission and International Rescue Committee (2015), 'I see that it is possible': Building capacity for disability inclusion in gender-based violence programming in humanitarian settings'; Human Rights Watch (2010), 'As if we weren't human': Discrimination and violence against women with disabilities in Northern Uganda.'
6. Handicap International (2014), 'Making it Work – Brief.'
7. See for example: Scottish Consortium for Learning Disability (2011), 'Learning Disabilities and Gender-Based Violence: Literature Review Summary.'
8. EC/ECHO (2005), 'Review of Core Cross-Cutting Issues and Key Objectives affecting Persons in Humanitarian Crises.'
11. WHO (2012), 'Early childhood and disability: A discussion paper.'
12. For more information on the Charter on Disability Inclusion in Humanitarian Action, visit http://humanitariandisabilitycharter.org/
13. This was re-affirmed in the latest UN General Assembly Resolution 71/93 (6 December 2016) on 'Operations of UNRWA' (paragraph 18).
15. These specific measures include: making appropriate modifications or adjustments or 'reasonable accommodations' to ensure non-discrimination in provision of services (Article 5); ensuring the physical environment and information is accessible (Article 9); and facilitating access to mobility aids and assistive technologies (Article 20) to ensure persons with disabilities can be included in the community (Article 19).
16. International Court of Justice (2004), 'Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory, Advisory Opinion of the International Court of Justice (9 July 2004).'
19. GSC 6/2010 prohibits discrimination and defines it as "any unfair treatment or arbitrary distinction based on a person's race, gender, religion, nationality, ethnic origin, disability, age, language, social origin, health, or other personal characteristics."
22. This information is adapted from Handicap International (2012), 'Disability and Development,' and UNRWA (2013), 'UNRWA Disability Toolkit, Disability Series Number 4.'
24. It is important to note that mental and psychosocial disability are not the same. Mental disabilities are related to chronic severe mental disorders (schizophrenia, manic depression, depression) that usually occur in adolescence or early adulthood. Post-traumatic stress disorder is also considered as a serious mental disorder. Psychosocial disabilities are related to psychological distress, whatever the cause (migration, conflict, natural disaster, poverty, homelessness, loss of family or social ties and job loss).
25. This information is adapted from WHO (2015), 'Common Barriers to Participation Experienced by People with Disabilities' and World Vision UK (2010), 'Travelling Together: How to Include Disabled People on the Main Road to Development.'
27. Teachers can refer in particular to Tool No 1 (Inclusive classroom practices), Tool No 3 (Teacher's record of students with additional needs), Tool No 4 (Individual Education Plan), Tool No 6 (Psychosocial needs), Tool No 8 (Pre-educational skills), Tool No 9 (Reading difficulties), Tool No 10 (Writing difficulties), Tool No 14 (Chronic Health Needs), Tool No 15 (Visual impairment), Tool No 16 (Hearing impairment), Tool No 17 (Physical impairment), Tool No 18 (Intellectual impairment), Tool No 19 (Speech, language and communication impairment).
30. UNFPA (2005), 'Promoting Gender Equality.'
31. World Health Organization (2012), 'Violence against adults and children with disabilities.'
32. UNESCO (2007), 'Education For All global monitoring report: Strong foundations: Early childhood care and education.'
33. UNICEF (2013), 'Children and young people with disabilities: Fact sheet.'
34. Handicap International (2012), 'Disability and Development.'
35. Ibid.
36. CBM, 'Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC.'
37. Adapted from CBM International (2012), 'Inclusion Made Easy: a quick programme guide to disability in development'.
39. Disabled Person’s Organizations are organizations run and controlled by persons with disabilities, with a majority of staff, membership, and representatives of the governing body being persons with disabilities.

40. UN Convention on the Rights of Persons with Disabilities, Article 3(c) ‘General Principles’.

41. UNRWA (2017), UNRWA Framework for Accountability to Affected Populations.


43. The UN Washington Group on Disability Statistics promotes and coordinates international cooperation in the area of health statistics by focusing on disability measures suitable for censuses and national surveys.

44. Washington Group on Disability Statistics (2009), ‘Understanding and Interpreting Disability as Measured using the WG Short Set of Questions’.

45. This information is adapted from: Handicap International (2015), ‘Middle East Terminology Guidelines’.


47. UNRWA (2008), ‘UNRWA Programme/ Project Cycle Management Handbook’.


49. UNRWA (2013), Inclusive Education Policy.


51. For more information on the Charter on Disability Inclusion in Humanitarian Action, visit http://humanitariandisabilitycharter.org/


53. GSC 6/2010, paragraph 5. The same standard of conduct which applies to staff members is also expected of complementary personnel with non-staff status (consultants, contractors, interns, and any other person engaged or contracted by the Agency).


55. For more information see http://universaldesign.ie/What-is-Universal-Design/Definition-and-Overview/

56. CBM, ‘Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC’.

57. UN Convention on the Rights of Persons with Disabilities, Article 2.

58. Available at: http://www.who.int/phi/implementation/assistive_technology/EMP PHI_2016.01/en/