UNRWA is committed to protecting and promoting human rights. While human rights apply universally, not all people may be able to enjoy them equally unless specific measures are taken to that effect. Building on the Universal Declaration of Human Rights and adopted in 2006, the UN Convention on the Rights of Persons with Disabilities sets the benchmark for such measures. The Convention represents a fundamental shift in approach to persons with disabilities. Rather than perceiving persons with disabilities as objects of charity, medical treatment and social protection, it recognizes them as “holders of rights,” able to claim these rights and to live their lives in dignity and autonomy as active members of society.

The UN General Assembly has mandated UNRWA to address the needs and rights of persons with disabilities in its operations in accordance with the Convention.

**Disability policy**

UNRWA’s Disability Policy incorporates and builds upon the principles of the UN Convention on the Rights of Persons with Disabilities and associated international standards. As requested by the General Assembly, the Agency aims to address the needs of persons with disabilities, in accordance with the Convention, in and through its programmes and activities.

The Disability Policy is a statement of intent and commitment, with specific objectives in relation to promoting and protecting the human rights of Palestine refugees with disabilities and their families.

The policy goal is to ensure that UNRWA is positioned to promote the rights of refugees with disabilities and their inclusion in Agency business and activities, and to take into account their experiences and priorities in the Agency’s programming and other operations.

**Disability strategy**

Promotion of rights and inclusion of disability in the work of the agency is being addressed on three fronts by:

- Incorporating consideration of the needs of persons with disability into the delivery of services
- Giving attention to disability in our work environment
- Promoting for the rights of Palestine refugees in line with the Agency’s protection approach

This approach is consistent with UNRWA’s commitment to mainstream protection in its programming and service delivery as described in the UNRWA Medium Term Strategy 2010-2015.
UNRWA is currently exploring ways to bring disability awareness into programming and to improve practices which touch on the lives of people with disability and their families. The agency has adopted a “twin track approach” by combining disability mainstreaming with disability-specific initiatives and targeted measures.

Disability mainstreaming is understood as a process of assessing and addressing the possible impact of any planned action on persons with disabilities. It is a way to promote inclusion and to address the barriers that exclude persons with disabilities from the equal enjoyment of their human rights.

At UNRWA, disability mainstreaming involves a process of supporting programmes to find structured ways of identifying and responding to the specific needs and circumstances of persons with disabilities. The Agency’s planning framework for 2012 and 2013 treats disability as a cross-cutting and protection issue in the implementation plans of field and headquarters. This will be continued in the 2014-2015 biennium.

All fields have incorporated disability as a cross-cutting issue in their respective field implementation plans to promote inclusion of persons with disabilities into programmatic delivery and to ensure their access to, as well as adapting services to, their specific needs.

**Disability defined and quantified**

Understanding disability, its prevalence and impact in a population, is assisted by determining a working definition. The current UNRWA definition is consistent with the UN Convention on the Rights of Persons with Disability:

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

This broad definition acknowledges the “social model” of disability, which holds that the attitudinal and environmental barriers in society pose obstacles to full inclusion of persons with disabilities, rather than impairments alone.

A disabling condition is a disease, disorder or event that causes a long-term impairment or restriction in a person’s ability to perform an activity.

At UNRWA, in an operational sense, a person is considered to have a ‘disability’ when:

- an impairment is present, and
- the impairment lasts for at least 6 months or more, and
- the person’s capacity to perform activities or participate on an equal basis with those of the same age is significantly limited. Social and environmental barriers may be limiting factors.

Overall, the number of Palestine refugees with disabilities is unknown, and generally estimates are problematic. The lack of an agreed, consistent definition of disability makes it difficult to compare survey results.

Estimates have been attempted in some areas, for example, in the West Bank there are an estimated 4,300 people with a disability in or around camps. In Lebanon, a joint UNRWA-American University of Beirut survey found that
one-third of the Palestine refugee population is estimated to have chronic illness and 4% a functional disability.¹ This represents 10,400 out of the entire refugee population residing in Lebanon. By comparison, the prevalence of disability in the Lebanese population was estimated at 2 per cent. The study confirmed the strong link between disability and poverty, with female headed households and households having a member with a disability or chronic disease particularly vulnerable to food insecurity.²

The Palestine Central Bureau of Statistics has estimated prevalence rates by age and sex in West Bank and Gaza. Using a widely accepted, function-based definition of disability, it is estimated that among children (aged under 18 years), the prevalence of severe or profound disability for females is 1.3 per cent compared to 1.8 per cent among males. Among the adult Palestinian population, the prevalence of severe or profound disability is 3.7 per cent for females compared to 3.9 per cent for males.³

As of January 2012, there were 5,115,755 registered persons entitled to receive UNRWA assistance. Assuming that one in ten persons has some level of disability, there are potentially half a million persons with disability across UNRWA’s five fields of operation. Even if a more conservative estimate is made, say one in 20, this still accounts for many hundreds of thousands of individuals, from children to the aged, who require service assistance or at least mainstream services which accommodate their needs.

**Education**

An important part of UNRWA’s education reform agenda is ensuring equal access for all children to quality education regardless of gender, abilities, disabilities, health conditions and socio-economic status. This underpins the Inclusive Education component of the *UNRWA Education Reform (2011-2015)*.

Currently, fields have different initiatives and practices in place that aim to support students with disabilities. In Lebanon, an Inclusive Education Support Unit is operating to link families of children with disabilities with schools and non-government organizations providing specialist disability services.

In Gaza, the “Special Needs Special Children initiative” aims to improve educational opportunities for children with special needs, through assessment and support in learning support centres and through an interactive learning programme. In connection to the Relief and Social Services programme, 500 children receive educational support provided by the Rehabilitation Centre for the

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¹ Chaaban, J., Ghattas, H., Habib, R., Hanafi, S., Sahyoun, N., Salti, N., Seyfert, K., Naamani, N. (2010), Socio-Economic Survey of Palestinian Refugees in Lebanon, American University of Beirut (AUB) & UNRWA.
² Ibid, p. 51
Visually Impaired and its school.

The dyslexia programme in the West Bank Field provides screening, assessment and learning support to school children and training for teachers on support strategies. Since 2010, more than 6,000 children have been assessed, and a half of those children received learning support provided through the programme.

Jordan and Syria fields as well have a number of learning support centres in which children with difficulties in learning receive additional support. Also, a number of dedicated schools and teachers across the five fields are finding ways to overcome barriers and supporting students with disabilities in regular classrooms.

An inclusive education policy has been endorsed to promote a unified understanding of a rights-based approach to education that appreciates the diversity of all children, and guide the development of more inclusive practices in all fields of operations. The policy addresses the cross-cutting issues of gender, youth, disability, and protection. It stresses the importance of addressing the needs of all children through child-centred and child-friendly schools and classroom practices. In all classrooms, strengthened school based support for children with additional needs ensures that support systems benefit children with the most extensive needs.

By introducing an inclusive approach, UNRWA aims to develop its education system to become more responsive to the needs of all students, whether they are children who are highly able or additional learning needs or disabilities. This requires changing attitudes and practices to remove barriers to access, learning and participation.

Health

UNRWA provides medical services, and in some areas mental health services, for persons with disability who require support of that nature, as well as addressing, to some extent, the incidence of disability in Palestine refugee communities.

Preventative health care is delivered through mainstream health services out of UNRWA clinics and the school health programme. Early identification of health conditions associated with the onset of disability is obtained through screening. The main efforts involve:

- Maternal and child health care from pre-conception through pregnancy and the post-natal period, when the newborn is first examined within 10 days. Folic acid supplements are prescribed for mothers in the pre-conception period
- Screening of infant and school children, for example, screening for deafness and visual impairment. Child health growth monitoring continues until five years of age, particularly tracking developmental milestones
- Trials of early detection of genetic and congenital disorders such as hypothyroidism amongst newborns
- An immunization programme for ten diseases: tetanus, diphtheria, pertussis, tuberculosis, measles, rubella, mumps, polio, Hib and hepatitis

Provision of assistive devices, therapies and medical procedures, such as

- Eye glasses for school children
- Hearing aids
- Surgeries to improve functions such as cataract removal
- Physiotherapy services, primarily in the West Bank and Gaza

The Community Mental Health Programme promotes and delivers a range of integrated community interventions aimed at improving the psychological and social well-being of Palestinian refugees in Gaza and the West Bank. It addresses the mental health issues of refugees suffering from the trauma of displacement and the
present experience of conflict and violence through IDF operations, internal conflict, and community or household tensions. School counsellors screen students to determine those in most urgent need of mental health support.

Relief and Social Services
The disability sub-programme of the Relief and Social Services Programme provides assistance to men, women and children with disabilities. Among the services most used are: provision of assistive devices, referral, awareness-raising, skills training, special education services, and rehabilitation services. The latter three services are usually provided by community or non-government providers and the government sector, rather than by UNRWA.

The disability sub-programme is implemented through community-based rehabilitation centres (CBRCs) to provide rehabilitation services, and in some locations, special education interventions. In 2010, 45,000 instances of rehabilitation service were provided to persons with disabilities. Through other activities such as awareness-raising, summer camps and training of volunteers, the benefits are spread more broadly to the families of persons with disabilities and communities in which they live. The overall aim is to enhance inclusion and create an enabling environment for persons with disabilities.

The work of UNRWA social services professionals has a direct impact on the quality of life of refugees with disabilities. Social workers make home visits, perform assessments, coordinate referrals for assistive devices and home modifications, and facilitate cross-programme mainstreaming efforts such as transfer of children with disabilities from rehabilitation settings to mainstream schools.

It is known that worldwide, most people with disabilities live in developing countries, and that the majority of those persons with disabilities live in conditions of poverty. In this regard, it is clear that we need to address the link between poverty and disability. The Relief programme’s Social Safety Net attempts to do this by directly targeting the abject poor. Disability is one element of a screening mechanism used in some fields to target families for assistance through the social safety net.

Infrastructure and Camp Improvement
For the construction of new facilities and installations, such as schools and health clinics, international disability standards have been adopted by UNRWA (ICID Procedure No. 17).

Shelter guidelines for domestic structures, including adaptations or modifications to existing shelters, include space and design provisions to accommodate families, which have members with disabilities.

As part of the Infrastructure and Camp Improvement initiative, a consultative, participatory approach is being implemented. This directly involves the community in the planning stage of projects for shelter rehabilitation.
Persons with disabilities are welcomed to join these community consultations.

**Protection**

UNRWA’s protection work aims to ensure that its beneficiaries enjoy human rights to the fullest. At UNRWA, a human rights approach to addressing disability concerns is observed. This emphasizes participation and the enjoyment of all human rights on an equal basis.

By advancing disability mainstreaming, UNRWA will make headway towards addressing protection concerns of some of the most vulnerable refugees.

In that disability is a rights issue, it is connected to the protection work of UNRWA. The protection needs of refugees with disability are significant. They are more likely to be victims of violence, exploitation and neglect, especially women and children with disabilities. Mothers with disabilities may have their children forcibly removed from their care, and children with disabilities may be denied their right to education. They are less likely to attend school, let alone complete schooling.

The link between disability and poverty is evident, increasing the economic vulnerability of persons with disabilities and their families. In its humanitarian operations associated with emergency and conflict situations, for example in Syria in 2012, UNRWA attempts to respond to the needs of persons with disability.

At an international level, UNRWA has participated in the Inter-Agency support group for the UN Convention on the Rights of Persons with Disabilities to develop a strategy and action plan to mainstream the human rights of persons with disabilities throughout the UN system. This is being undertaken to assist agencies to promote the purpose and objectives of the Convention.

**Gender**

It is important to reflect on how gender intersects with disability. Women and girls with disability are often doubly disadvantaged, in that they are discriminated against on the basis of their gender as well as because of their disability. Serious ongoing consequences and the violation human rights may flow on. This spans a spectrum from living in dire poverty, becoming victims of sexual violence and crime, having limited opportunities to get an education, to suffering from poor health and damaged minds.

UNRWA is committed to working towards achievement of the outcomes of the UN Framework for Action on the elimination of violence against women and has adopted a multi-sectoral approach to end gender-based violence. The cornerstone of this approach is a referral system to allow victims of gender-based violence to access appropriate services. The Agency is working with the different stakeholders, including the public institutions and non-government organizations, to end gender-based violence.

The type and level of impact of acquiring a disability in adulthood may be linked to gender expectations. For example, for men acquiring a disability later in life, there may be a perception, both publicly and privately, of their...
masculinity being denied. A mother acquiring a disability may have her children removed from her care, rather than become the recipient of support needed for her to fulfill her mothering role. These are the sort of things which a careful gender analysis of need and resulting impact would reveal.

Data is collected on access to UNRWA social services provided via community-based organizations. The Relief and Social Services programme addresses the needs of the most vulnerable. Data broken down by gender is available on access to services under the disability sub-programme. In 2010 across the entire UNRWA region, almost 10,000 women with disabilities were assisted. Women represent 47 per cent of refugees assisted under the disability sub-programme.

An example of current work being undertaken is Gaza Field’s active engagement of women with disabilities in its Gender Initiative. In 2012, this involved a Social and Recreation Spaces project with 26 community-based organizations across Gaza supporting women through the provision of sports and IT centres and educational forums. The aim is to identify and target more specifically women with physical disabilities so that they can benefit from better access to the activities provided.

Youth
In policymaking at UNRWA, we are conscious of the cross-cutting nature of youth and disability, and how the themes intersect.

For young people, important life transitions are marked by completing schooling, accessing training, getting a job, developing personal relationships and becoming independent. Without adequate social supports and rehabilitation services in place for young people with a disability between the ages of 15 and 20 in particular, but extending to young adults up to the age of 29 years, approaching and negotiating these milestones is likely to be accompanied by social and economic exclusion.

In addition, there are instances of outright violation of human rights against young people with disabilities, as documented in a recent study of the human rights and needs of Palestinian children. The report referred to forced hysterectomies performed on young women with intellectual impairment.

The late teen and early adult years are indeed a period of increased vulnerability, when disabilities may arise due to injuries related to car accidents, risk-taking behaviour such as dangerous drug use, and hazardous working conditions or conflict-related injury. Also, some conditions which have been previously latent begin to manifest at this time of life, for example mental illness such as schizophrenia.


Disability snapshot

- An estimated half million Palestine refugees have some level of disability, based on a prevalence of one in ten persons.
- An estimated 255,000 refugees have significant level of disability, based on a prevalence of one in 20 persons, including severe and profound disability, but excluding moderate and mild levels.
- in the order of 20,000 refugees with disabilities benefited from the services and activities provided by community-based rehabilitation centres (CBRCs) in 2010.
- Almost 45,000 instances of rehabilitation service were provided by CBRCs and the UNRWA social services programme in 2010.
- 6,208 assistive devices were provided in 2010.
- 39 per cent of refugees receiving disability services were located in Gaza. This is disproportionately high compared to 24 per cent of total refugee population located in Gaza in 2010.
- 35 community-based rehabilitation centres (CBRCs) provide direct services throughout the fields of operation in 2012.
- 500 children receive educational support provided by the Rehabilitation Centre for the Visually Impaired and its school in Gaza.
- 6,280 children were assessed through a dyslexia programme in the West Bank field since 2010, and 3,260 received interventions through the programme.
- About 2,500 boys and 1,600 girls in UNRWA schools in the West Bank were identified as having a disability or health condition of some type in 2011-12.