Syrian refugees with disabilities in Jordan and Turkey

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Cover image: *Nizip 2 Refugee Camp, Turkey. All photographs by ©Mary Crock, University of Sydney, unless otherwise stated.*

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Acronyms and abbreviations

AFAD	Disaster and Emergency Management Presidency/Afet ve Acil Durum Yönetimi Başkanlığı (Turkey)
ARDD-LA	ARDD Legal Aid (Jordan)
ASAM	Association for Solidarity with Asylum-Seekers and Migrants/Sığınmacı ve Göçmenlerle Dayanışma Derneği (Turkey)
CRPD	UN Convention on the Rights of Persons with Disabilities
DPO	Disabled Persons Organisation
ECHO	European Union Humanitarian Aid and Civil Protection Department
ExCom	UNHCR Executive Committee
HelpAge	HelpAge International
HAYAD	Hatay Solidarity Association/Hatay Yardımlaşma Derneği
HI	Handicap International
HRIT	Heightened Risk Identification Tool
ICF	International Classification of Functioning, Disability and Health
ICMC	International Catholic Migration Commission
IFRC	International Federation of Red Cross and Red Crescent (Jordan)
İGAM	Research Centre on Asylum and Migration/İltica ve Göç Araştırmaları Merkezi (Turkey)
IMC	International Medical Corps
IOM	International Organization for Migration
IRC	International Rescue Committee (Jordan)
IRD	International Relief and Development (Jordan)
MoE Jordan	Ministry of Education (Jordan)
MoH Jordan	Ministry of Health (Jordan)
NHF	Noor Al Hussein Foundation (Jordan)
NRC	Norwegian Refugee Council (Jordan)
OPM	Operation Mercy (Jordan)
ProGres	UNHCR's Profile Global Registration System
PWD	Person/People with a disability
RAIS	Refugee Assistance Information System
RSD	Refugee Status Determination
SGBV	Sexual and Gender-Based Violence
SNC	Specific Needs Code
UNESCO	United Nations Educational, Scientific and Cultural Organization (Jordan)
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nation Children's Fund
VAF	Vulnerability Assessment Framework
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organisation
WRC	Women's Refugee Commission
Zenid/Johud	The Queen Zein Al Sharaf Institute for Development/Jordan Hashemite Fund for Human Development (Jordan)

1. Executive summary and recommendations

According to the United Nations High Commission for Refugees (UNHCR), the agency charged with caring for the world's refugees, by the end of 2013 there were over 51 million displaced persons 'of concern' across the globe.[1] This report shares findings from a project which seeks to shed light on the experiences of an often-overlooked subsection of this group: refugees who have disabilities.[2] The project evaluates the protection and assistance given to persons with disabilities in displacement situations in six different host countries. To assist us in this task we have developed and tested a tool for identifying persons with disabilities within displaced populations. Adopting the functionality approach mandated by the UN Convention on the Rights of Persons with Disabilities (CRPD), our tool draws heavily from the *International Classification of Functioning, Disability and Health* (ICF).[3] The project began in 2012 with fieldwork in Malaysia and Indonesia. In 2013, our team undertook research in Pakistan and Uganda. Finally in 2014, we travelled to Jordan and Turkey to complete the project fieldwork.[4]

This report presents the project's findings in relation to Syrian refugees with disabilities living in Jordan and Turkey. It outlines the displacement experiences of both 'urban refugees' living in various cities and towns in Jordan and Turkey, and those in refugee camps. It includes an exploration of the types of disabilities affecting refugees and how and when these disabilities were acquired. We map existing mechanisms for protecting and assisting refugees with disabilities and review data on file with the United Nations High Commissioner for Refugees (UNHCR) and its partners.

In this section we provide a brief overview of our findings and recommendations relating to the situation of Syrian refugees with disabilities in Jordan and Turkey. Jordan is not a States Party to the UN *Convention Relating to the Status of Refugees* (Refugee Convention) and its related Protocol. While Turkey has ratified the Refugee Convention and acceded to its Protocol, it made a geographical reservation, meaning that the Convention does not apply to their treatment of refugees from non-European countries.[5] Despite the lack of a clear legal obligation, both Jordan and Turkey have received and continue to receive many thousands of Syrian refugees, along with refugees from other countries. Both states provide health and other services to these persons and at this point have allowed those coming from Syria to remain indefinitely. The Syria operation is currently transitioning out of an emergency response phase, with government and non-government organisations shifting to a long-term development focus.

1.1 Key findings

1.1.1 Overview

It is essential to recognise the extraordinary generosity that both Jordan and Turkey have demonstrated towards refugees from Syria, especially regarding the provision of free health care. Both states are under great strain as a result of the ongoing influx of refugees – most particularly Jordan, where the local population is now almost outnumbered by Syrian refugees and other 'guests'. The impact on budgets, housing, scarce resources such as water and food and on workforce participation for Jordanians is extreme. Although a much bigger

[1] UNHCR (2014d), p 2.

[2] For our previous discussions on refugees with disabilities see: Mary Crock, Christine Ernst & Ron McCallum, 'Where disability and displacement intersect: Asylum seekers and refugees with disabilities' (2012) 24(4) *International Journal of Refugee Law* 735; Mary Crock, Naomi Hart, Ron McCallum & Ben Saul, 'Making every life count: Ensuring equality for persons with disabilities in emergency situations' (2014) 40(1) *Monash University Law Review* 148.

[3] WHO (2011), p 5.

[4] A complete collection of our publications is available at: http://blogs.usyd.edu.au/refugees-disabilities/.

[5] Turkey signed the Convention on 24 August 1951, and ratified on 30 March 1962. It acceded to the Protocol on 31 July 1968. Details of the reservations and declarations can be found at: http://www.unhcr.org/3d9abe177.html and http://www.unhcr.org/4dac37d79.html .

country, Turkey now also has areas where refugees and displaced persons reportedly outnumber citizens. We found that in both countries refugees with disabilities face great challenges against virtually every human rights indicator.

The majority of Syrian refugees in Jordan and Turkey live in urban settings, which presents significant challenges for the organisations supporting them. In Jordan, preliminary identification occurs on the border and in camps. However, significant investment has been made into identifying and assessing vulnerable persons (which may include persons with disabilities) in both camps and urban areas. An emphasis on coordination and communication amongst partner organisations facilitates not only identification, but also service provision. In Turkey, the government is the main actor monitoring and assisting refugees. UNHCR and other international organisations play a much more limited role. As in Jordan, the first point of contact is at the border. For urban refugees, lower-level government representatives (village 'muhtars') keep records of all the families (local and refugee) living in their area, and are already an important source of identification and referrals.

1.1.2 Jordan

- Jordan is a poor country facing huge demands, with the latest refugee crisis building on waves of refugees from conflicts in the region over many decades. Accommodating the needs of all persons with disabilities in this context is a great challenge. With sections of the Jordanian community living in extreme poverty, the government has been faced with real challenges in balancing the needs of its own people with those of the new arrivals. Although the country has allowed foreign NGOs to enter to help with the refugee crisis, the pervasive complaint from local authorities was that promises of support from foreign governments have generally not been honoured. A disproportionate burden is falling on the Jordanian government and on the Jordanian people.
- In this context the camps built to house the fugitives from Syria make interesting case studies. Our visit occurred during a period of transition. The original camps were built in a crisis environment when the expectation was that the conflict in Syria could be capable of speedy resolution. It is now clear that this is not the case and that the refugees may yet remain for years rather than months. While we acknowledge security concerns, we question the wisdom of building camps that in some cases have the features of detention facilities. The costs incurred in constructing and servicing such enterprises are alarming when resources are as stretched as they are in Jordan.
- Za'atari is a vast, sprawling camp that is transitioning from an emergency response measure into a more orderly and controlled settlement. Until very recently it was an over-crowded and chaotic jumble of tents and demountable buildings where refugees lived uncomfortably with partisans from the conflict in Syria. Some refugees interviewed by the researchers claimed that they had been encouraged to seek shelter anywhere but in the camps as their security could not be assured. By the time of our visit management of this camp appeared to be more ordered. The various NGOs have a very visible presence and are running some excellent programs. These seem to favour mobility impairments, although there are also programs for psychosocial disabilities. Children with disabilities in the camps have access to education. Still, enrolment numbers are lower than desired (amongst children in general).
- The second camp visited, Azraq, is a much smaller and more controlled camp that offers more solid accommodation. The problem here is that the camp is located in a remote area that can only be described as extremely harsh – a desert plain strewn with flint that is completely devoid of vegetation or natural water source. The security situation with Azraq appeared vastly superior to the situation in Za'atari, but refugees encountered in Azraq were universally unhappy about their living conditions. The camp is very difficult for persons with physical disabilities affecting mobility because it is so inaccessible. Still, effort had been made to accommodate refugees with physical disabilities, by allocating them shelters closer to services, and constructing ramped toilet cubicles. The new well-equipped camp hospital will provide excellent medical services.

- In urban settings, there is some NGO activity and a remarkable amount of good will in a community that is struggling to cope with unreasonable burdens. The refugees with disabilities here are much less visible and in many cases are struggling to survive. They all seem to receive some support from government and UNHCR, but often this is barely sufficient to survive and there is no way to supplement the meagre income. For persons suffering impairments affecting mobility, the problems are made worse by the ancient streets and buildings that are naturally very inaccessible. Cheaper housing is generally on higher levels of buildings, exacerbating the inaccessibility.
- As in other countries, persons with less visible impairments such as deafness and psycho-social disabilities appear to receive least attention and so least accommodations.

1.1.3 Turkey

- Turkey is also a country that has shown extraordinary generosity towards the Syrians who have flooded into the country since the start of the conflict in that country.
- A striking feature of the situation in Turkey is that very few foreign NGOs are permitted to operate in the country. Out of all the countries in our research, it is in Turkey that UNHCR has the most limited role. This is surprising as it is readily apparent that assistance is needed. The explanations provided for the government reluctance seem to be out-dated or at least ripe for re-consideration. While Turkey's contribution has been immense, and the officials we met demonstrated good will and determination, the country could greatly benefit from the expertise of international organisations that are highly experienced in responding to this type of humanitarian crisis.
- In Turkey, it appears difficult for non-government actors, including researchers, to gain access to any of the refugee camps. At the last minute we were admitted into Nizip 2 camp near the border at Birecik dam. This is best described as a show camp, with fully paved roads and well organised tents and containers in a very secure structure. A 'town hall' style meeting was held bringing together the refugees who were registered as having a disability. This was the only location where children with disabilities reported or were reported as attending school. The care and assistance given to persons with disabilities in this camp were extraordinary. We would go so far as to say 'world class'. We say this even though the assembled refugees complained that ours was the first occasion on which they had been assembled and given the opportunity to talk about their needs and experiences. A number complained that they had not been provided with electric wheelchairs, requests which illustrate the level of expectation raised by the treatment afforded by the authorities. Conversely camp management complained that there was a tendency amongst the refugees to abuse the generosity of their hosts, for example by selling (or sending to Syria) equipment distributed to refugees with disability for their personal use.
- Within the communities, we were struck by the strong governance networks within the Turkish towns and villages, with elected district registration officers or 'muhtars' having responsibility for particular areas or streets. The controlled nature of these communities holds considerable potential to improve identification, knowledge and to develop programs for the assistance of persons with disabilities.
- Within the communities of urban refugees, the Syrians are often living in extreme poverty, with little more than the clothes they wear. The tendency for the families to be very large – often with up to 14 children – heightens the challenge for Turkey. Persons with disabilities in these communities are not very visible. This was illustrated by the fact that leaders sometimes denied the existence of such people in communities where we were then invited into individual homes to meet individuals who were very much disabled.
- Turkey's generosity towards its Syrian 'guests' is apparent most strongly in its policy of free health care for these people. At community meetings local residents complained loudly about the stresses being placed on health care services. The problems experienced by communities close to the border in accessing medical care reflect the pressures generated by the mass influx from Syria and Iraq. Turkey is

not just caring for the many thousands of displaced persons. It is also providing medical care to the war wounded coming out of Syria, including rebel soldiers.

- The support and shelter that Turkey is providing to these players in the Syrian conflict may explain why virtually all the refugees we interviewed or encountered in the border areas were Sunni Arabs. Refugees from the many minority groups from Syria and Iraq who have been assisted by Turkey – Alawite, Christian, Kurdish and Yezidi among others – do not appear to be staying near the border if they can relocate elsewhere. The local minority communities on the border expressed strong views about the deteriorating security environment for them.

1.2 Main recommendations: moving forward

1.2.1 For UNHCR Headquarters

- UNHCR Headquarters should support the empowerment of refugees with disabilities by providing ear-marked funding. This should not only be directed at assistance, but also at improving the accessibility of existing procedures and services, in line with UNHCR (2011) guidance recommendations.

- UNHCR should reconsider the way it categorises refugees with disabilities to better align with the approach adopted by the CRPD.

1.2.2 For UNHCR and its partners in Jordan and Turkey

- In Jordan, UNHCR and its partners should continue to improve mechanisms for identifying refugees with disabilities, particularly emphasising the inclusion of systematic disability-related questions. Special attention should be paid to persons with disabilities who are apparently less visible: those with intellectual disabilities, mental illness, and hearing and vision impairments. In Turkey, UNHCR should offer support to the Turkish government to improve its identification mechanisms. In both locations, identification mechanisms should include the promotion of strong community networks, involving both the Syrian and local host communities.

- We believe that UNHCR and its partners should continue to engage with local organisations, including Jordanian and Turkish DPOs, in the design and implementation of programs to assist and empower refugees with disabilities. The development of associations of refugees with disabilities should be promoted and supported. Groups of refugees with disabilities should be an important partner in consultations for program design.

- Special attention should be given to staff sensitisation to ensure that refugees with various disabilities are appropriately accommodated and are therefore able to access services and procedures.

- In Jordan, UNHCR should consider developing a disability card for persons who need prioritised access to certain services. In both locations, the card could potentially be developed in cooperation with the government, to enable broader recognition.

1.2.3 For the Governments of Jordan and Turkey

- The Jordanian and Turkish governments should emphasise efforts to expand and support health services, especially in areas hosting large refugee populations.

- More should be done to improve access to mainstream and specialised education. Both governments should investigate the possibility of funding access to education for refugee children with disabilities.

- The experience of disability is closely linked with poverty. Both governments should investigate regulating working rights for refugees to promote empowerment and reduce dependence amongst refugees with disabilities and their families.
- Both governments should continue to consult and support, as well as seek support from, international and domestic NGOs, which have resources and expertise essential to the effective inclusion and assistance of refugees with disabilities.
- Governments should offer more support to local-level representatives (in Turkey, the muhtars and municipal governments), to enable the identification and timely assistance of vulnerable refugees.

1.2.4 For Jordanian and Turkish DPOs

- Disabled Persons' Organisations should consider the inclusion of associations of refugees with disabilities in their activities and umbrella bodies. DPOs could provide a valuable model, and source of information and mentorship for these associations, as well as becoming powerful advocates for the rights of refugees with disabilities.

1.2.5 For Donors

- Donors should support government and NGO programs that seek to *empower* refugees with disabilities, rather than provide charity or encourage dependence. They should create standards that demand disability inclusiveness. All funding proposals should be required to address the issue of how programs will ensure the inclusion of persons with disabilities.

1.3 Report Outline

The report begins with a brief explanation of key terms and approaches that are central to the revolution the CRPD promotes in attitude and approach to persons with disabilities. This section includes a discussion on how different approaches to disability impact on the identification and assistance of people with disabilities. It also covers other key international legal standards relevant to the study. Part 3 outlines the methodology used in the fieldwork on which this report is based. Part 4 then gives a brief overview of the situation in Jordan and Turkey. It discusses key initiatives introduced by UNHCR and its partners at a global level, and considers the way these have been implemented in Jordan and Turkey.

Part 5 explores the issue of the identification of refugees with disabilities: a particular topic of interest in the Project. Part 6 shares fieldwork findings relating to the particular types of functional difficulties, pain, affect and fatigue experienced by refugees with disabilities in Jordan and Turkey. It also considers disability acquisition. In Part 7, we consider protection and durable solutions for refugees with disabilities, followed in Part 8 by an exploration of humanitarian assistance. Both these sections focus on accessibility and accommodation. Part 9 considers participation for refugees with disabilities in employment, education, and community and family life. The report finishes with a conclusion and reiteration of the main recommendations emerging from this research.

2. Terms and approaches

In this section we outline what we mean when we speak about refugees and about disability.

2.1 Rights-based approach to disability

Our approach to disability aligns with the approach adopted in the UN Convention on the Rights of Persons with Disabilities (CRPD), which, in article 1, states that:

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

As such, our research does not limit its focus to impairments. Rather, our aim is to better understand how persons with disabilities are affected in displacement situations in terms of the barriers that exist to participation, protection and assistance. Jordan and Turkey have both ratified the CRPD.[6] As an agency of the UN, UNHCR is bound by the CRPD and has officially undertaken to uphold the rights and responsibilities enshrined therein.[7]

The *International Classification of Functioning, Disability and Health* (ICF), developed and promoted by the World Health Organisation (WHO), focuses on person's ability to function (functionality). It places the emphasis on whether or not persons with disabilities are able to participate in daily activities, rather than limiting disability to only certain causes or impairments. This means that chronic illness or injury may also be considered a disability.[8] The existence of barriers to participation is of high importance in this approach, reflecting the CRPD approach to disability.[9] Put in concrete terms, a person with poor eyesight may not be considered 'disabled' if their impairment is corrected with glasses. Denied an assistive device, such a person becomes a person with a disability. Regardless of assistive devices, the experience of disability is still greatly dependent on context. If information sources are in accessible formats and built environments accommodate the needs of people with low vision, for example, these people are likely to face fewer barriers. Similarly, people who experience significant pain or fatigue, or depression or anxiety and have insufficient means to obtain relief from their symptoms also face barriers to being able to function normally in their daily lives.

> *'Reasonable accommodation' means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms…*[10]

The concept of reasonable accommodation within the CRPD recognises the practical and financial limitations of States parties. However, it emphasizes the State's obligation to do whatever is reasonable within its capacity to ensure that all persons are able to enjoy their human rights. This may involve the provision of accessible forms of communication, assistive devices, assistants, rehabilitation, or the modification of buildings or machinery to minimise barriers for persons with disabilities. This is also an important consideration for all organisations which aim to uphold human rights.

2.2 Refugees

While some of the services and some of the issues described in this report are available to or relevant to a larger group, we have limited the focus of our research to refugees. Pursuant to the Refugee Convention, a refugee is defined as anyone who:

[6] Jordan ratified the CRPD on 31 March 2008 and Turkey ratified on 28 September 2009.
[7] See UNHCR ExCom (2010).
[8] UNHCR (2011a), p 3.
[9] WHO (2011), p 4.
[10] CRPD art 2.

Owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [or her] nationality [or usual residence] and is unable or, owing to such fear, is unwilling to avail himself [or herself] of the protection of that country.[11]

Unless otherwise specified, this means that when we refer to refugees we include both those who have been granted refugee status by a host government, and persons seeking refugee status who, *prima facie,* fit the above definition. When referring to displacement or displaced persons, we mean people displaced outside their country of nationality (ie refugees), rather than internally displaced persons, unless the latter are explicitly mentioned.

2.3 Relevant actors and their roles

UNHCR

UNHCR has a mandate to protect and assist persons experiencing forced displacement.[12] Where the capacity or willingness of a receiving state is limited, this may include processing asylum claims and granting refugee status, providing material assistance to ensure well-being in a country of asylum, and assisting with access to durable solutions. Solutions may include voluntary repatriation to a person's country of origin, permanent integration in their country of asylum, or resettlement to a third country, according to what is appropriate for the individual in question.

UNHCR's specific role within a country depends on the host country's government, any special mandate from the UN General Assembly, and the situation on the ground. For example, in some locations, governments are responsible for refugee status determination, whereas in others, this task falls to UNHCR. In some places, displaced persons may be able to move freely amongst the local population, in others they are confined to camps.

In Jordan, UNHCR's mandate extends beyond basic protection, covering Refugee Status Determination and the assessment of durable solutions, including recommending refugees for resettlement in third countries, such as Australia and the United States. UNHCR also provides assistance to particularly vulnerable persons of concern, through allowances, or by supplementing the cost of specialised treatment or aids. It also operates in Jordan's refugee camps.

In Turkey, UNHCR's role under the 'Temporary Protection' system is quite limited. Its main role is to offer material humanitarian assistance to refugees via the government and local partners. It also provides 'technical advice' to relevant State institutions. Registration is exclusively done by the Government. UNHCR, which has long been undertaking refugee status determination for non-European asylum seekers, has recently been allowed to undertake an activity of identifying the most vulnerable Syrian refugees for submissions to resettlement countries.

Implementing Partners

UNHCR's implementing partners can be either government or non-government bodies with whom UNHCR has entered into formal agreement to 'implement a project for UNHCR beneficiaries and which in principle bring additional resources of their own to meet needs which would otherwise have to be met by UNHCR'.[13] In Jordan, UNHCR has formal agreements with several government bodies, as well as many international and local organisations. In Turkey, UNHCR has three local NGO implementing partners and has no formal agreement with any Turkish government body, although cooperation is ongoing.

Operational Partners

UNHCR's operational partners are organisations that have not entered into a formal agreement with UNHCR but nonetheless undertake work that is 'complementary to that of UNHCR and which may be assisting the

[11] See Refugee Convention article 1 (a)(2).
[12] UNHCR (2008-9).
[13] UNHCR (1997).

same beneficiaries or working towards the same goals'.[14] In both Jordan and Turkey, UNHCR has numerous government and non-government operational partners. The implementing and operational partners in Jordan and Turkey are identified in Annexures 1 and 2.

Welfare agencies and Disabled Persons' Organisations

Welfare agencies and Disabled Persons' Organisations (DPOs) are distinct entities. While both may work to support the welfare of persons with disabilities, DPOs also play a representative role because they are constituted by persons with disabilities. Handicap International is a good example of an international organisation that provides support for persons with disabilities. In contrast, DPOs are made up of and run by persons with disabilities. There are local and national-level DPOs in most countries, as well as international DPOs like Disabled Persons International, which brings together representatives from DPOs from different countries around the world.

2.4 Does the CRPD apply to refugees?

While the CRPD does not explicitly state that it applies to refugees (and other non-citizens), it is interpreted to apply to these people. Given that human rights are understood to be universal, it is generally accepted that human rights treaties apply to everyone, creating an obligation on States parties to uphold these rights for all persons regardless of their status in the country.[15] No provision in the CRPD excludes non-citizens from its protections.[16]

As ratifying states, the CRPD applies in both Jordan and Turkey. As an agency of the UN, UNHCR has a duty to conform to all treaties adopted under UN auspices. This is demonstrated in UNHCR's 2010 Executive Committee Conclusion on Persons with Disabilities, which acknowledges a number of obligations that UNHCR has to persons with disabilities under its care which reflect the rights and duties contained in the CRPD.[17]

2.5 Other disability rights standards

States also have obligations under the International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR) to assist persons with disabilities. The rights to health (article 12) and social security (article 9) require states to provide necessary assistance to all persons with disabilities, including refugees and non-citizens. While these obligations are subject to progressive realization in accordance with the resources available to the state, these rights must be provided on a non-discriminatory basis and a minimum core level of protection must always be available. Jordan became a party to the ICESCR in 1975 and Turkey in 2003.

The 1951 Refugee Convention is interpreted to require states to assist persons with disabilities. States must treat refugees as equal to their nationals in the provision of public relief and assistance and certain aspects of social security, which in turn ordinarily include disability assistance. While Jordan is not a party to the Convention, and Turkey does not recognise its obligations for non-European refugees, many of the Convention's standards are regarded as best practice in the treatment of refugees.

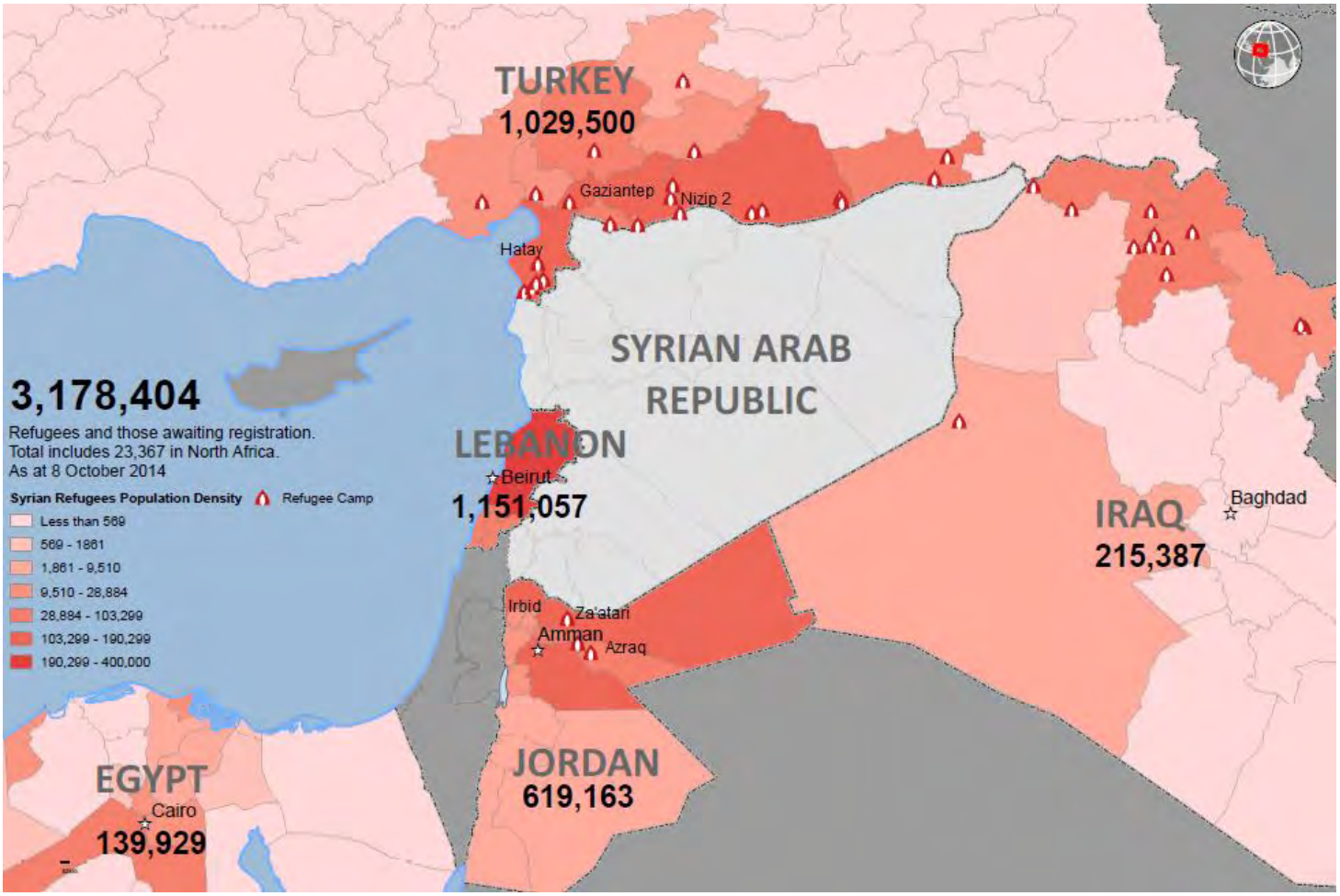
[14] UNHCR (1997).
[15] See Crock, Ernst & McCallum (2012) for discussion.
[16] The CRPD's Optional Protocol (art 1(1) requires only that a person be subject to the jurisdiction of a State party to be eligible to submit a complaint (communication) to the CRPD Committee: art 1(1).
[17] UNHCR ExCom (2010). See further, Crock, Ernst & McCallum (2012).

3. Methodology

3.1 The fieldwork

We undertook two weeks of fieldwork in Jordan, and three weeks in Turkey, in August and September 2014. Fieldwork in Jordan included Amman, Irbid, and Za'atari and Azraq refugee camps. Fieldwork in Turkey included Istanbul, Ankara, and Gaziantep and Hatay (near the Syrian border). We were given access to one Turkish camp – Nizip 2, in Gaziantep. The research involved individual and group interviews. Existing research and statistics were also collected and analysed.

Figure 1: UNHCR map showing populations of Syrians in neighbouring countries, December 2014.
Source: http://data.unhcr.org/syrianrefugees/download.php?id=7213. Fieldwork locations, including camps, have been added.



3.2 Interviews and discussion groups

Handwritten and typed notes were used to record data in the interviews and discussion groups. Questions were generally open-ended, and emerged as the research progressed and areas requiring clarification or elaboration were identified.

In both locations, we interviewed government officials, and local and international NGO staff. Group discussions with urban refugees were organised by NGO service providers, and included beneficiaries and care givers. Groups were kept as small as possible, to allow all participants the opportunity to speak.

We also conducted group discussions with refugees living in Nizip 2 camp in Turkey. In Jordan, we conducted a neighbourhood visit in Azraq camp, and visited service providers' facilities in Za'atari camp.

In Turkey, we interviewed local residents and urban refugees in areas near the Syrian border, either in central neighbourhood meeting places, or by making home visits. These meetings were organised by 'muhtars', the elected village heads, who had a thorough knowledge of the neighbourhoods. Some interviews and discussions took place in the homes of participants, while others involved meeting at a central neighbourhood point. Each neighbourhood meeting involved at least 15 to 20 persons. Numbers in some of the meetings with local residents were much larger. In one particular area, the muhtar had arranged a 'town hall' style gathering with at least 50 people. We adopted a qualitative questioning style, that had to remain flexible to these varying contexts.

Upon returning to Sydney, the audio and handwritten data were transcribed in Microsoft Word and imported into NVivo 10 qualitative research software for coding and analysis.

Image 1: Handicap International staff consults lists of participants, during data collection in Jordan

3.3 Questionnaires

A copy of the questionnaire used in Jordan is appended to this report. In Jordan, we decided to limit the administration of the questionnaire to a small number of participants. We did not use it in Turkey. We felt that our extensive use of the questionnaire in past trips had provided enough of an insight into its potential uses.

However, the questionnaire was useful as a guide for the more open-ended interviews and group discussions in both locations.

We administered our individual questionnaire with 11 Syrian urban refugees in Jordan. Most of the participants were Handicap International beneficiaries. However, some were family members who were not initially identified, but who - we discovered - had functional difficulties of their own. All the participants were over 18 years of age. Two were above 60. Three were women and eight were men.

4. UNHCR, its partners and the Syrian Refugee Response

Image 2: Signs displaying sponsors of a Women and Girls Center in Azraq Refugee Camp, Jordan

4.1 Syrian refugees in Jordan and Turkey

Since the beginning of the conflict in Syria in early 2011, Jordan and Turkey, along with other neighbouring countries, have witnessed continuing influxes of Syrian refugees. At the time of writing, UNHCR estimates indicate that Jordan is now hosting nearly 620,000 Syrians.[18] Government estimates are closer to 1.4 million, indicating a belief that many Syrians remain unregistered. Given that Jordan's population was estimated at 6.53 million in 2013[19], even conservative estimates indicate that Syrians now make up a considerable proportion of the country's population. The Turkish government have registered over 960,000 Syrians refugees, and estimate

[18] 618,615 as of 20 November 2014: http://data.unhcr.org/syrianrefugees/country.php?id=107.

[19] This figure excludes the Syrian refugee population. Department of Statistics, Jordan (2014), p 12.

that a further 134,200 await registration.[20] Both governments have established camps (three in Jordan and over 20 in Turkey), but these only host a minority of Syrian refugees, with most living in urban areas.

Both Jordan and Turkey have tried to regulate the presence and assistance of the Syrian refugees. In both locations, official registration is a prerequisite for accessing most services. In Jordan, camp residents must apply for and pay a substantial 'bail' and have a Jordanian sponsor willing to vouch for them to be allowed to officially leave the camps.[21] The Jordanian government has now requested UNHCR to not register anyone who has left the camps illegally. There have been reports recently that Jordan has closed the border to Syrian refugees, but these reports have been denied by government officials.[22] In Turkey, the government has established a Temporary Protection regime for Syrian refugees.[23] While this regime offers a number of rights or services, those who are unregistered (about 31%, according to government estimates[24]) are likely to find it difficult to access these. On 22 October 2014, the long-awaited 'Temporary Protection Regulation' was published in the Official Gazette to clarify how these rights and services would be accessible. The key issue is registration. At present, only those Syrians who entered with a valid passport (a minority) are able to obtain a foreigner's ID number, which affords working rights and enrolment to government schools. Recently, the registration process has been accelerated, mainly for refugees living outside camps, through mobile registration vehicles provided by UNHCR.

4.2 UNHCR and its partners

As mentioned above, a number of international and local non-governmental organisations are involved in the assistance of refugees in Jordan. In Turkey, the government is the major service provider. UNHCR and a small number of other organisations are limited to the provision of supplementary, humanitarian assistance. This means that UNHCR's (and other organisations') role in identifying and assisting refugees with disabilities is limited to those particular functions. UNHCR has no direct access to refugees in camps, or to the urban refugee populations.[25] This section presents the major initiatives – both global and local – which aim to better accommodate and assist refugees with disabilities.

4.3 UNHCR initiatives

Internationally, UNHCR has taken steps which demonstrate its commitment to the CRPD. Below, we will outline a number of relevant initiatives which either directly relate or are relevant to accommodating disability. We will also briefly explain how these initiatives have been incorporated in Jordan and Turkey. These initiatives will be relevant to the findings presented in later sections.

4.3.1 UN Executive Committee Conclusion

In its 2010 Conclusion[26], the Executive Committee of UNHCR acknowledged the CRPD and made a number of recommendations to promote the protection and assistance to refugees with disabilities. It recognises the barriers that may be faced by displaced persons with disabilities and lists a number of steps to be taken by UNHCR and States parties to overcome these. These include addressing discrimination and raising awareness; 'swift and systematic' identification and registration of refugees with disabilities, including needs assessment; inclusion in and access to both mainstream and specialised services (and involvement in their design and implementation); and making all communication accessible.

[20] 963,540 are registered as of 31 October 2014: http://data.unhcr.org/syrianrefugees/country.php?id=224
[21] ARDD-LA (2013), p 34.
[22] Sweis (2014).
[23] Boyacıoğlu (2014).
[24] AFAD (2014), p 20.
[25] Lists of the implementing and operational partners can be found in Annex 1.
[26] UNHCR ExCom (2010) Executive Committee.

More specifically, the Conclusion underlines the need to enable access to education, assistance and protection for young persons with disabilities, as well as allowing women and girls with disabilities access to protection programs. The Conclusion encourages States and UNHCR to improve the living conditions for refugees with disabilities by ensuring access to relevant programs. Finally, the document calls on States and UNHCR to provide refugees with disabilities equal access to Refugee Status Determination procedures and to durable solutions. It requests UNHCR to ensure that its policies, guidelines and operating standards are consistent with the terms of the Conclusion.

4.3.2 Need to Know Guidance

In 2011, UNHCR published *Working with Persons with Disabilities in Forced Displacement* ('*Need to Know Guidance*').[27] This aligns with the CRPD and the ExCom Conclusion, emphasising equal access to basic human rights and recognising the role environmental and social barriers can play in creating disability. Further, it lists action to be taken to ensure access to each of these rights. In explaining its objective, the guidance states that:

> *"[I]t is important for UNHCR to ensure that the rights of persons with disabilities who are of concern to the Office are met without discrimination. This places an onus on offices to develop a thorough understanding of the circumstances of persons with disabilities under their care."*[28]

The *Need to Know Guidance* specifies a number of goals that need to be met, including:

- making programming rights-based;
- ensuring identification and registration of persons with disabilities;
- establishing effective referral systems;
- raising awareness about disability rights and combatting discrimination;
- ensuring the physical security of persons with disabilities;
- making education inclusive;
- making information accessible;
- making food and non-food distribution accessible;
- ensuring reunification and durable solutions are inclusive;
- making buildings such as UNHCR offices and housing accessible; and
- ensuring that accessible transportation is available to persons with disabilities.

The *Need to Know Guidance* articulates measures that need to be taken in order to achieve these goals, emphasising that UNHCR is responsible for taking steps to ensure the rights of persons with disabilities. It acknowledges that discrimination is not always active or conscious: it can include a failure to take action to remove barriers that exclude certain persons.[29]

4.3.3 Age, Gender and Diversity Approach

When discussing the protection and assistance of persons with disabilities, UNHCR makes reference to its Age, Gender and Diversity Policy.[30] This policy recognises that '[t]he differences between peoples, whether actual or perceived, can be defining characteristics that play a central role in determining an individual's opportunities, capacities, needs and vulnerability.' It acknowledges that persons with diverse characteristics are likely to face diverse barriers to their equal participation and access to rights and makes a commitment to providing protection and assistance in such a way as to recognise this diversity and minimise these barriers. The policy mentions potential barriers faced by persons with disabilities and how these may be exacerbated during displacement. It requires the participation of persons with disabilities in 'identifying and developing appropriate solutions to disability challenges during and because of forced displacement.'[31]

[27] UNHCR (2011).
[28] UNHCR (2011), p 2.
[29] UNHCR (2011), p 4.
[30] UNHCR (2011b).
[31] UNHCR (2011b), p 5.

In Jordan, this approach is promoted by the Age and Disability Taskforce. The Taskforce is made up of representatives from UNHCR and its partner organisations, holds regular meetings and is consulted by the various UNHCR working groups.

4.3.4 Disability mainstreaming

Age, Gender and Diversity (including disability) is also mainstreamed across a range of UNHCR operational guidelines and strategy documents. These increasingly make explicit reference to disability inclusion. These include everything from guidelines surrounding the detention of asylum seekers[32], to strategies for addressing Sexual and Gender-Based Violence (SGBV).[33]

4.3.5 ProGres

A central, electronic database that allows uniform data recording across populations of concern, the ProGres system has been rolled out in at least 72 countries worldwide.[34]

Within this system, the way UNHCR categorises disability – when it is recorded – is narrower and focuses on impairment rather than barriers. Disability sub-categories include: physical disability – moderate and severe, mental disability – moderate and severe, visual impairment, hearing impairment and speech impairment. Staff indicated that multiple disability subcategories could be listed for one person.[35]

The table below[36] indicates the sub-categories included under UNHCR's 'Disability' category, along with their corresponding codes. It should be noted that mental illness is not included within the disability category, but rather within the 'Serious medical condition' category (hence the different coding). It is interesting to compare this table with a previous version provided in the WRC report, which suggests that UNHCR have taken on board some of the recommendations made there. For example, the WRC noted that the definitions for 'Mental disability' included the words 'mental illness', demonstrating confusion as to the delineation between the two, potentially leading to inconsistent coding. While it is an improvement to note that the definitions for 'Mental disability' no longer refer to mental illness, the difference between who would be categorised as the former and who the latter is still not clear.[37]

Another issue is that focusing on the impairment may misconstrue the severity level of disability. For example, in the 'Physical disability – moderate', the definition includes the example of 'persons who lost fingers or limbs, which may be corrected with a prosthetic device.' What this fails to recognise is the relevance of available assistance and accommodation: the lived experience of someone who has a suitable prosthetic device, accommodating employment options and an accessible built environment is likely to have a very different experience to someone who lacks these.

Table 1: UNHCR Categories and codes relating to disability

Subcategory	Description	Code
Visual impairment (including blindness)	Person who has a visual limitation from birth or resulting from illness, infection, injury or old age, which impacts daily life, may restrict independent movement, or require on-going treatment, special education or regular monitoring.	DS-BD
Hearing impairment (including deafness)	Person who has a hearing limitation from birth or resulting from illness, infection, injury or old age, which impacts daily life, and may require regular treatment, special education, monitoring or	DS-DF

[32] UNHCR (2012). See Guideline 9.5, p 38.
[33] UNHCR (2011c). See Action Point 6 (p 19), which deals specifically with the protection of persons with disabilities against SGBV.
[34] Microsoft (undated).
[35] Interview UNHCR, Amman, 13 August 2014.
[36] Table created using UNHCR (2009). The same document was in use and shared by UNHCR Jordan.
[37] WRC (2008), p 40.

	maintenance of artificial hearing device. The person may be able to communicate through sign language.	
Physical disability – moderate	Person who has a physical impairment from birth or resulting from illness, injury, trauma or old age, which does not significantly limit the ability to function independently. This category may include mine victims and persons who lost fingers or limbs, which may be corrected with a prosthetic device.	DS-PM
Physical disability – severe	Person who has a physical impairment from birth or resulting from illness, injury, trauma or old age, which severely restricts movement, significantly limits the ability to function independently or pursue an occupation, and/or requires assistance from a caregiver.	DS-PS
Mental disability - moderate	Person who has a mental or intellectual impairment from birth or resulting from illness, injury, trauma or old age, which does not significantly limit the ability to function independently and interact, but may require special education, some monitoring and modest medication.	DS-MM
Mental disability - severe	Person who has a mental or intellectual impairment from birth or resulting from illness, injury, trauma or old age, which significantly limits the ability to function independently or to pursue an occupation. It requires assistance from a caregiver, and may require medication and/or medical treatment.	DS-MS
Speech impairment / disability	Person who is unable to speak clearly from birth or resulting from illness, injury, trauma or old age, which restricts or limits the ability to function independently, and may require speech therapy or medical intervention. The person may be able to communicate through sign language.	DS-SD
Mental Illness	NB: Falls within the 'Serious medical condition' category (rather than the Disability category) and captures persons with a 'mental or psychological condition which impacts on daily functioning'… A mental impairment is defined as a "disability", when it is long-term and may hinder full and effective participation in society on an equal basis with others. When this is the case, the relevant disability codes (DS-MM and DS-MS) may also apply.	SM-MI

4.3.6 Heightened Risk Identification Tool

UNHCR's Heightened Risk Identification Tool (HRIT) (currently version 2) is a multi-purpose tool, which is designed to be used by UNHCR staff in a variety of areas, including community services and protection.[38] It can be used in survey form, targeting a sample of a community; or with particular individuals who are considered likely to be at risk in order to determine whether they are at 'heightened risk', in order to prioritise the provision of assistance and protection.[39] The HRIT's accompanying guide offers two alternative methodologies for implementing the tool. The first is a structured, one-on-one interview with an individual at risk, or the representative of a family group. The second is a checklist approach, which considers the same indicators, but relies on the interviewer's prior knowledge of the individual or family and their context.[40]

The tool commences with a bio-data section, and interview details. It then proceeds to explore a number of risk areas. These include:

- Older people
- Children and adolescents
- Women and girls at risk
- Legal and physical protection

[38] UNHCR (2010), p 2.
[39] UNHCR (2010), p 3.
[40] UNHCR (2010), p 11.

- Health and disability

For each area, there are between one and five specific questions. Interviewers are instructed to conduct the interviews in 'a relaxed manner, similar to a discussion rather than a formal interview.' [41] The 'Health and disability' section includes two questions:

> *"Do you / your family have any health problems, conditions or disabilities?"*
>
> *"What treatment or care do you / your family member(s) receive for these health problems? What support do you need to address these problems?"*

This is followed by 13 risk indicator categories, including equivalents each of UNHCR's disability subcategories (set out in Table 1 in the previous section), as well as some relating to serious medical conditions. Alongside each indicator are suggestions for how it may be coded in ProGres. Once again, the two indicators which relate to mental health and trauma present the greatest challenges. They read as follows:

> *3. 'Mental illness' (Person who has a mental illness of any cause, including depression, anxiety, disorder, psychosis, epilepsy and somatisation disorder). Code suggestions: SM-MI (Serious medical condition, mental illness), DS-MS (Mental disability – severe), DS-MM (Mental disability – moderate)….*
>
> *6. Bodily injury and / or psychological trauma caused by torture and / or violence, including sexual and gender-based violence). Code suggestions: TR-PI (Psych. and/physical injury due to torture), DS-MS, DS-MM."*

Here, mental illness and mental disability are once again conflated, creating confusion as to which would be the appropriate codes to use. However the HRIT Guide does caution that it is 'only a rudimentary tool' and that 'the SNC should preferably only be entered into ProGres after a full, follow-up assessment has been made'.[42]

The Guide explains that interviewers will identify risk indicators through observation or from the responses given. It specifically directs interviewers to rely on the open questions provided and not to use the risk indicators as questions.[43] While this avoids direct questioning on traumatic issues, there is a risk that unless more guidance is given to interviewers in terms of the kinds of probing follow-up questions they can or should ask to elicit information covering all risk indicators, some disabilities may be overlooked.

By addressing different areas which may lead to higher risk, the HRIT acknowledges that multiple variables may impact on a person's security and wellbeing. The HRIT also emphasises creating interview settings where participants feel safe and in control, giving particular guidance for interviews with children.

Still, relying on disability risk indicators that mainly focus on impairments limits our understanding of how social, physical and legal barriers may create disability. While this updated version has greatly expanded its inclusion of disability-related risk indicators, some of the WRC's criticisms of the original still ring true. In its 2008 report, the WRC highlighted the danger in limiting disability to special needs or heightened risk in profiling settings, arguing that:

> *This can result in ignoring the skills and potential of persons with disabilities. Moreover, the tendency, especially in the HRIT, to see disability as a special health need means that there may be an overemphasis on medical responses, while ignoring disabled persons' other rights and needs and the social, physical and environmental barriers they face to participating fully in society.*[44]

These are challenges which still remain and need to be addressed in order to work towards a more inclusive system that reflects the CRPD approach to disability.

[41] UNHCR (2010), p 6.
[42] UNHCR (2010), p 9.
[43] UNHCR (2010), p 9.
[44] WRC (2008), p 41.

4.3.7 Resettlement Assessment Tool

A recent development has been the creation of guidelines for disability inclusion in resettlement: the *Resettlement Assessment Tool: Refugees with Disabilities,*[45] which was published in 2013. This is a sensitisation tool designed specifically for UNHCR staff working in resettlement. In particular, it emphasises that persons with disabilities may be submitted under any resettlement category – not only the medical category. This marks a considerable shift from past resettlement guidance relating to refugees with disabilities. It urges early identification and needs assessment and states that resettlement procedures must be made accessible to persons with disabilities. In assessing suitability for resettlement, officers are advised to consider the barriers the person would face if they were to remain in the host country or be repatriated. Resettlement will be discussed in greater detail in section 7.3.

4.3.8 Disability inclusion initiatives in the Syrian Response

Compared with other fieldwork countries, we observed positive developments in disability inclusion in Jordan and Turkey. In Jordan, disability has been taken into account in the design of refugee camp facilities and (in the case of Azraq) camp layout, especially in terms of accommodating persons with mobility difficulties. It continues to be emphasised in the ongoing response, such as in this inter-sector strategic priority:

> *Strengthen interventions for women, girls, boys and men, with moderate to severe intellectual and physical impairments (including autism, Down Syndrome, cerebral palsy,) to ensure their physical, psychosocial, educational and health needs are met in a way that promotes dignity and inclusion.*[46]

In the Turkish camps, a similar approach has been taken: refugees with limited mobility are prioritised for allocation of a container, rather than tent shelter.

In Jordan, the Age and Disability Taskforce, and the development, testing and roll-out of sophisticated needs assessments and vulnerability assessments demonstrate a desire to ensure that the most vulnerable are included and supported. There are also a broad variety of partner organisations to offer support for people with different types of disabilities.

Still, many challenges remain. These will be covered in greater detail in subsequent sections of this report.

[45] UNHCR (2013).
[46] UNHCR (2014b), p 8.

5. Identification

UNHCR recognises the CRPD and the fundamental importance of disability identification in ensuring the rights the Convention promotes. It has taken material steps, including the initiatives outlined above, to bring its operations in line with the CRPD. It is obvious that the identification of persons with disabilities is a prerequisite to being able to design and implement appropriate services and programs to ensure their rights. In their recent report on Syrians in Jordan and Lebanon, HelpAge International (HelpAge) and Handicap International (HI) argue:

> *There is an urgent need to build the capacity of UNHCR staff responsible for registration to identify those with impairments and to revise the current UNHCR registration format to ensure this information is accurately recorded and used in programme design. If people with impairments are not identified by service providers, they may be inadvertently excluded from assistance and support programmes.*[47]

5.1 Jordan

UNHCR recognises the link between effectively seeking asylum and accessing rights and the need for strong identification and referral mechanisms. In UNHCR's most recent planning for Jordan, Objective 1 for the Protection sector is ensuring that 'Refugees fleeing Syria are able to access the territory, to seek asylum and their rights are respected'. Output 1.5 for this objective is:

> *Identification and referral of persons with specific needs strengthened and access to services improved.* [48]

In Jordan, identification can occur at the first point of contact, at the border. There are medical services there to provide urgent interventions. Disabilities and other vulnerabilities identified at this point are communicated to camp authorities. UNHCR and its partners have taken other positive steps to facilitate the identification refugees with disabilities. These efforts go far beyond those observed in any of the other fieldwork locations.[49] This includes the development and implementation of the Refugee Assistance Information System (RAIS). As the name suggests, RAIS focuses on assistance needs. Previously, detailed home visits for needs assessments would occur only on a case-by-case basis, when a particular family or individual was brought to the attention of UNHCR. The RAIS database is populated using a systematic, home-by-home outreach carried out by implementing partner International Relief and Development (IRD), using a detailed form. All volunteer staff receive training from Handicap International on identifying disability before beginning work. From 2013, all of the approximately 500,000 urban refugees have been covered by this survey. Volunteers continue to carry out home visits with new arrivals, and the program has also been rolled out in Za'atari camp. RAIS allows IRD and UNHCR to identify individuals and families for referral to address their particular needs. It also allows information about the services or resources each family has received to be recorded, to avoid duplication. Other partner organisations also undertake outreach programs to identify different types of disability. For example, the Holy Land Institute carries out periodic outreach to the camps to assess for needs such as visual and hearing aids.

While data from ProGres is migrated into the RAIS database, the reverse has not yet happened, meaning that ProGres data is likely to be less detailed than RAIS. Another potential challenge is the fact that the questions covered by the survey (understandably) relate to the needs that can be assisted (ie for which funding exists). These focus mainly on health and therefore may not cover all types of disability. One research participant explained that given the limited and targeted nature of their funding, it would be difficult to ask questions about needs that could not be assisted, as this may raise expectations that could not be met. Still,

[47] HelpAge & HI (2014), p 19.
[48] UNHCR (2014b), p 18.
[49] For an overview of previous fieldwork findings on disability identification, see Smith-Khan et al (2014).

this could at least partly be dealt with through very clear communication with refugees about the reasons for asking the questions and what can and cannot be expected out of the visit in terms of support. Indeed, IRD volunteers receive training on how to effectively communicate with interviewees, including explaining the possible outcomes of the home visits (and their limitations).

UNHCR is now developing a Vulnerability Assessment Framework (VAF), which aims to determine and compare vulnerability. This involves a detailed questionnaire, currently being piloted, that covers a set of vulnerability indicators. It will be carried out house to house, and the data collected will be recorded into RAIS.[50] This system will have the capacity to be implemented periodically, to map changes in vulnerability and need over time. Data will also be collected at registration. The VAF is seen as an important tool to transition into the next stages of the Syrian refugee response. As funding decreases over time, humanitarian organisations need to carefully prioritise how and to whom they provide assistance. The development of the VAF is seen as a fair way of making these decisions. Moreover, it will be accompanied by a complaints mechanism to allow for transparency and accountability.[51]

Conceptually, this has great merit. This is because it seeks to consider the entirety of a family's situation to gain a more accurate and holistic picture of the barriers or challenges in their lives, as well as their strengths and advantages.

UNHCR shared with us three recent (English language) versions of the Vulnerability Home Visit Form used in data collection. The most recent of these demonstrates elements incorporated from/for the VAF. It also shows a change in the types of questions used to identify and categorise disability. Versions 1 and 2 ask whether any family members have kinetic, auditory, visual, mental or other disabilities. In contrast, version 4, from May 2014, aligns more closely with UNHCR's standard SNCs, asking:

Figure 2: Age and Disability question, Vulnerability Home Visit Form v 4, Jordan

Age & Disability				
Are your family members (in the same file) suffering from chronic diseases/impairments/disabilities? ☐ Yes ☐ No If yes:				
[VAF] How many of the following are part of your family (in the same file):		**0-17 years old**	**18-60 years old**	**Above 60 years**
1.	Pregnant females with complications			
2.	Visual/hearing impairment ☐ Partial ☐ Complete			
3.	Other physical impairment			
4.	Mental impairment			
5.	Intellectual impairment			
6.	Injury			
7.	Chronically ill or serious medical condition			
8.	Other people in need of support to do daily activities			
Total (1-7)				

[50] UNHCR Jordan (2014), p 6.
[51] UNHCR Jordan (2014), p 7.

It is interesting to note that visual and hearing impairments have been put together. Also, speech impairment is not explicitly mentioned (but could potentially fall within the 'other physical impairment' category. .HelpAge and HI found that sensory impairments are less likely to be identified than physical impairments. Further, analysing UNHCR data in Lebanon, it noted:

> *The survey process shows that in cases where impairments are not always visible but have consequences for people's ability to undertake daily activities, these often only become apparent when more specific and tailored questions are asked…The discrepancies in the findings indicate that those with debilitating but less severe conditions, such as visual impairments, are not being identified and are not receiving the support they need to access services.*[52]

Given this, it is promising to note that specific questions have been included, but it would be valuable to analyse rates at which these less visible impairments are identified, especially given the fact that that visual and hearing impairments have been combined. There is also no mention of different levels of severity. The HelpAge and HI study suggested that less severe (yet still debilitating) impairments were being under-identified. The accuracy of data collected using this tool would greatly depend on the training provided to enumerators – specific instructions regarding severity levels and the need to ensure questions are asked related to less visible impairments are very important.

A positive development is the inclusion of chronic illness and injury, recognising that these may have an impact on daily life. The final category ('other people in need of support to do daily activities') refers to the need for assistance in basic self-care tasks, such as showering and dressing. This reflects the WHO and ICF approach, with the focus more on functioning, than on condition.

While the data may be disaggregated by age, there is no mention of gender. At the end of the form, there is a section entitled 'Explanation of Specific Needs', allowing the addition of details related to each different SNC. This may provide an opportunity for more specific information to be recorded about the types and severity of disabilities and to which family members they apply. Once again, this would depend on the training and instructions provided. There have been repeated calls for disability data disaggregated by sex and age.[53] VAF questionnaires are the ideal platform for this, so it would be valuable to mark details about gender, as well as age for disability-related questions.

Other sections of the form are also relevant to disability. Questions are asked about the type and size of the family's accommodation and the location of sanitary facilities. It asks whether all family members are able to access a latrine. The section on education asks about the type of school children are enrolled in, and whether 'specific need/disability' or 'psychological condition' was a reason for selecting a private school. Similarly, in a long list of possible reasons for not attending school, 'disability/serious health condition' and 'psychological distress/difficulties concentrating' are included. This is followed by a question about possible solutions to improving access to school, which includes the relevant response 'Increase school capacity (building, teacher, infrastructure). None of these answers, though, appear to be included in the VAF.

It should be remembered that the VAF is still being tested and rolled out, and that this form is likely to change. Further, results of studies to date are likely to reflect earlier versions of such forms and approaches. It is yet to be seen how the full implementation of the VAF will improve on past experiences.

The development and implementation of these promising mechanisms must respond to significant challenges to identifying refugees with disabilities. The largely urban nature of the refugee population Jordan (as in Turkey) can undermine the spread of information and access to UNHCR and other groups. Misgivings about registering with UNHCR (or the government) may also undermine the likelihood of refugees coming forward to identify themselves.[54] This is one of the great strengths of the house-by-house approach for assessing vulnerability, along with the use of refugee volunteers, who have an opportunity to explain the benefits of registration with their peers.

[52] HelpAge & HI (2014), p 19.
[53] UNHCR (2011a), p 9; WRC (2014), p 3; HelpAge & HI (2014), p 42;
[54] HelpAge & HI (2014), p 16.

Another significant challenge is the number and diversity of organisations. Different organisations have different methods for identifying, classifying and recording disability. In part, this may be related to the particular type of services that each provides (or cannot provide). This can mean an inconsistency in the way disability is recorded or described, and whether certain types of difficulties are even recorded at all. UNHCR and its partners have identified this issue and are working to address it through the sharing and synchronisation of data. This endeavour remains a work in progress, given the challenges involved, including the need to protect privacy and thus only reveal as much information as appropriate to each different partner. To have a standard tool like those being developed for the VAF goes some way to addressing this, although it remains a matter of whether each partner organisation records all information, and whether the information is collected in a standard way. This makes training and sensitisation very important.

5.2 Turkey

In Turkey, the government is responsible for the registration of refugees, with technical assistance provided by UNHCR. Different authorities have been involved in registering camp and non-camp refugees, and there is no standard registration procedure.[55] However, this may change, as the Turkish government seeks to develop more specific guidelines for registration, as well as implementing a re-registration exercise.[56] Another is issue is the number of urban refugees who remain unregistered.

In a recent report, sharing the findings of a major survey on the Syrian refugee population, AFAD stated that 'an inquiry…into their disabilities shows very few disabled individuals. These indicate that the Syrian refugees are mostly working age and able bodied'.[57] However, the report goes on to offer data on the number of refugees who have family members who were injured in the conflict, and also has a section which mentions the high rates of refugees requiring psychological support, and those experiencing sleeping disorders and chronic disease.

Data shared with us from Nizip 2 container camp indicates that – in camp settings at least – the authorities have information on refugees with disabilities. Table 2 shows the number of persons with disabilities on record there at the time of our study.[58] Camp authorities also provided sex and age disaggregated data on the number of persons receiving treatment for various types of chronic illnesses, for example the number of insulin users, and persons on dialysis. Recipients of prosthetic devices were also listed, numbering 15 in total.

Table 2: Age breakdown of persons with disabilities, Nizip 2 Camp, Turkey (AFAD data)

	0-15 YRS	16-45 YRS	46 AND ABOVE	TOTAL
MALE	24	40	13	77
FEMALE	9	15	22	46
TOTAL	33	55	35	123

They provided also provided data on the number of persons with 'disabilities of hearing, seeing and speaking'.[59]

[55] UNHCR (2014c), p 11.
[56] UNHCR (2014c), p 11.
[57] AFAD (2014), p 24.
[58] It should be noted that the data that was shared showed a total of 122, rather than 123, but that this appears to be a miscalculation.
[59] Once again, the total of the 46 and above column was listed as 8, rather than 6, leading to a higher grand total of 26.

Table 3: Age breakdown of persons with disabilities of hearing, seeing and speaking, Nizip 2 Camp, Turkey (AFAD data)

	0-15 YRS	16-45 YRS	46 AND ABOVE	TOTAL
MALE	6	6	3	15
FEMALE	3	3	3	9
TOTAL	9	9	6	24

At the time of writing, the total population of Nizip 2 was approximately 9,500. Using the total from Table 2, this would equate to a disability prevalence of 1.29%. However, since separate figures were given on people with chronic illnesses and other conditions, such as schizophrenia and epilepsy, it is possible that the rate would be higher, if these were incorporated. What is unclear from this data is the severity of impairments included. Moreover, data on hearing, seeing and speaking impairments would provide a clearer picture if it were disaggregated.

Despite these shortcomings, what was clear from the visit to Nizip 2 was that the camp authorities were relatively well-informed and the camps were under close control: the staff were able to gather a large group of persons with disabilities to speak with us with under 24 hours' notice. This level of control would facilitate further data collection on disabilities.

The situation for refugees living outside the camps is more challenging. Information is collected at a local level, with the village muhtars keeping a file on every family in the neighbourhoods for which they are responsible. However, this does not appear to occur in a systematic or uniform way, and this information does not appear to be shared or collected at a national level. Even at a local level, the amount of information known to the muhtar will likely depend on the type of relationship that he has with particular families – whether there is trust, or whether the families believe there is any benefit in reporting a particular need. UNHCR notes that building awareness and knowledge regarding the registration process and its benefits remains a challenge.[60] We saw this in practice during our field work: all our meetings with urban refugees with disabilities were facilitated through muhtars, although some were unaware of refugees with disabilities amongst their neighbourhood, and rather simply introduced us to refugee groups more generally. Still, the role of the muhtar in identification is a valuable one. Were a uniform registration system or verification exercise rolled out, they would play a very important role in identifying refugees, and more specifically those with specific needs.

Section 6, below, will outline the types of disabilities that were identified during our research and add some discussion on how these have been or could be identified.

[60] UNHCR (2014c), p 11.

6. Syrian refugees with disabilities in Jordan and Turkey

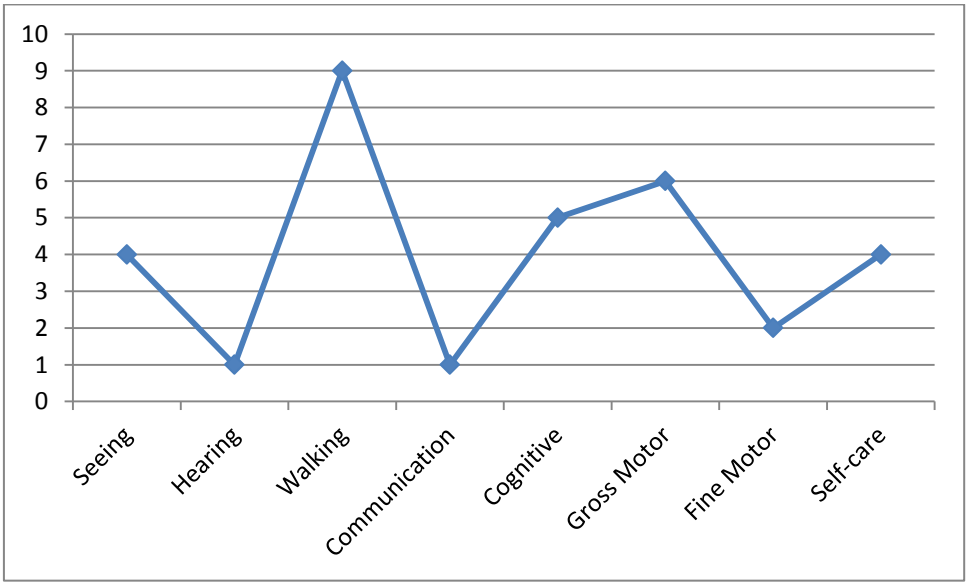
Recent research indicates that over a quarter (25.9%) of Syrians in Jordan have an impairment[61], and many have injuries and chronic diseases.[62] This research also found that there were significant overlaps of people experiencing impairment, injury and chronic disease[63], and that these disproportionately affected older people.[64] While similar data does not exist in Turkey, disability prevalence amongst Syrians there is presumably high, given the ongoing conflict in the regions near the Turkish border. This part of the report presents our findings on functional difficulty amongst Syrian refugees in Jordan and Turkey. Given the qualitative nature and limited scope of our approach, the HelpAge and HI report, and other quantitative data is referred to where appropriate.

6.1 Functional difficulties

In our questionnaire, we ask participants a series of questions about various functions to identify difficulty and assistance needs. For example, we ask 'Do you have difficulty seeing? How much?' and 'Do you have difficulty remembering or concentrating? How much?'. For each area of functioning, we ask 'Do you need assistance with this?' (asking them to specify the type of assistance) and 'Do you have assistance (and is it sufficient)?' For the small number of participants in Jordan with whom we administered the questionnaire, all but one reported having some functional difficulty. These are set out in the table below. We also asked similar questions of group discussion participants.

While statistics cannot be extrapolated from our research, the HelpAge and HI study provides a valuable source of data in this regard. Importantly, that study found that one in five Syrians with impairments was affected by more than one type of impairment (eg both a sensory and physical impairment).[65]

Figure 3: Reports of functional difficulties (n=11)



[61] HelpAge & HI (2014), p 21.
[62] HelpAge & HI (2014) pp 12-13.
[63] HelpAge & HI (2014), p 12.
[64] HelpAge & HI (2014), p 21.
[65] HelpAge & HI (2014), p 20.

In the sections that follow, we will identify and discuss specific issues in relation to the various functional difficulties.

All of our research participants attributed their disabilities or impairments to events occurring prior to their departure from Syria. While many had been able to access some health or rehabilitative services in Jordan or Turkey, for many, displacement presented added challenges to their functioning.

6.1.1 Vision

HelpAge and HI indicated that difficulties with sight were being under-identified by UNHCR.[66] We noted the absence of many people with identified vision impairments in our site visits in camp and urban centres. This may be in part a reflection of the particular services provided by the organisations we visited. This experience only ended in reinforcing the importance of asking systematic questions about less visible impairments.

In Jordan, a starting point for increased identification of vision impairments would be to draw on existing UNHCR data on eye infections and diabetes, as both can lead to permanent vision problems. Data on these conditions are compiled and published regularly. It should be noted that some vision testing is taking place – the Holy Land Institute carries out assessments in the camps.

Research participants explained that there was a general lack of assistance for people who experienced difficulties with their sight. This perhaps reflected a more general trend whereby 'severe' or urgent medical conditions were favoured by targeted donations.

Image 3: A young blind Syrian man holding a wooden stick is assisted by friends during a visit to an NGO in Turkey.

[66] HelpAge & HI (2014), p 19.

Service providers recognised this problem, and also the associated barriers. Unassisted vision problems can impact on mobility and undermine participation. In particular, service providers noted that people with vision impairments may be more marginalised and isolated than those with physical impairments, as wheelchairs and other devices were in some cases were more readily available than glasses or other assistance for people with vision impairments. Service providers noted that children who had difficulties with their sight found it more difficult to access an education. Moreover, in Jordan, participants mentioned that while there may be school facilities for blind children, there were no schools that accommodated children who also had other disabilities.

Finally, a participant in Jordan had issues registering, as his damaged irises were unsuitable for an iris scan. Iris scan technology allows beneficiaries to access secure cash assistance at participating ATMs without the need for a bankcard. UNHCR notes that alternative arrangements are made for those for whom the technology is inappropriate. However, in this particular case, there seems to have been some confusion over the appropriate procedures to take. Alternatively, it may have been that the staff did not succeed in explaining to the beneficiary the different approach they were taking, and reassuring him that he would still be registered and receive assistance.

6.1.2 Hearing

We came across a number of people who were deaf or hard of hearing. These included some who had impaired hearing as a result of conflict-related injuries.

The situation for refugees who are deaf or hard of hearing varies greatly between Jordan and Turkey. The first significant difference is in relation to language barriers. In Jordan, those who are literate have a common written language – Arabic. Similarly, those who learnt Syrian Sign Language are likely to be able to effectively communicate with those who use Jordanian Sign Language, as the two are considered dialects of one another. In contrast, those Syrians in Turkey are confronted with both a completely different written and spoken language, as well as a very different Sign Language.[67] This makes communication options much more limited, and creates a strong reliance on family members to communicate on behalf of those who are deaf. Understandably, this can greatly undermine participation, and could also create protection risks.

Perhaps unsurprisingly, there was some variation in the availability of Sign Language (SL) interpreters across the two countries. While we did not systematically ask about the presence of SL interpreters, we made note that in Jordan, in the UNHCR resettlement office, not only did the staff have a list of SL interpreters they could call in on a needs-basis, but one of the staff themselves was able to communicate in SL. Similarly, another of the implementing partners we visited explained that SL interpreters were available to them on demand. In contrast, staff at Nizip 2 camp in Turkey noted that although there were several residents with hearing impairments, the officials relied on communication through their relatives.

In both countries there were some avenues for the provision of hearing aids. As mentioned previously, the Holy Land Institute operates in the Jordanian camps to assess needs and provide aids. In Turkey, there is some scope for obtaining hearing aids, with the government covering part of the cost. For example, ASAM has agreements in place with hearing aid providers whereby the provider will bill the government 1500 Turkish Lira (TL), requiring the beneficiary to pay the remaining 600TL (around US$300). This is a substantial figure, meaning that most families would depend upon support from an NGO like ASAM to find the funds to cover this cost. Urban refugee participants in Jordan also identified hearing aids as one of the gaps in the assistance available to them.

Finally, one research participant shared his communication strategies, highlighted in the case study below. While this demonstrates the facilitative role that technology and literacy can play, it also highlights the added challenges for refugees who have a language other than the one spoken in the host country.

[67] Hendriks (2008), p 37.

Sami is nineteen and lives in a refugee camp in Turkey. He recently lost his hearing after being shot in the head in Syria. While there are other deaf people in the camp, Sami does not know any official sign language. In any case, there are no sign language interpreters in the camp. To communicate with others, Sami types on his mobile phone. However, since he doesn't speak Turkish, he must rely on other refugees to read out what he types to be able to communicate with camp officials.

6.1.3 Mobility

Issues with mobility were identified as a major problem in both countries. Many of these difficulties related to war injuries. Other areas of concern were conditions like cerebral palsy. Surgery for conflict-related injuries is being provided in both countries and indeed in some cases was one of the main reasons for people to flee. Once again there appears a division between immediate, urgent medical needs and long-term care, with a lack of convalescent facilities. In both countries, unofficial Syrian-run groups have been formed to respond to the needs for more long-term recovery. However, especially in Jordan, these are often closed down by the government, as there are fears of links with Syrian militant groups. Service providers also explained that there are other concerns with such organisations: unregistered or unqualified doctors may be practicing, and the quality of assistive aids provided (such as prosthetic limbs) cannot be guaranteed.

Image 4: A mother and daughter leave a physical therapy session in Za'atari camp.

In both locations, those living in camps are being provided with wheelchairs and other mobility aids. Physical therapy is also available and in Jordan, is provided by multiple organisations. Concerted efforts have also been made in Jordan to improve information sharing across organisations, to minimise service duplication. It is also promising to note that wheelchairs provided in the camps in Jordan are types that are especially designed to handle the rough terrain. In Turkey, officials noted that while camp residents were provided with wheelchairs, there were often complaints or requests for electric versions, for greater independence. Another concern in Turkey was that people were selling or sending their wheelchairs and other goods, like medicines, to relatives in Syria, and requesting replacements. This may be one of the factors influencing the service providers in Jordan improving their information sharing.

While aid provision is important to many people with mobility difficulties, the living environment also plays a significant role in determining how mobile someone will be. In both countries, the home and neighbourhood environments are challenging. Poverty also plays a role. Cheaper housing is often located on higher levels of buildings and the ancient streets of the (often hilly) Jordanian and Turkish cities and towns can

present challenges. Refugees with disabilities also face physical difficulty, as well as discrimination when taking public transport.

Image 5: Two Syrian men sit in a group meeting in Turkey.

A number of initiatives can help address or minimise these issues. The need to travel far from the home can be removed wherever possible. For example, in both debit cards are being rolled out for food purchases to replace paper vouchers. They can be electronically replenished, doing away with the need for individuals to travel and queue at distribution points. ATMs with iris detection technology can similarly allow beneficiaries to securely access cash payments without unnecessary travel. The use of outreach, in both camp and urban settings, means that service providers can travel to refugees, rather than the converse. To enable participation in group activities, some organisations provide minibuses, or alternatively compensate refugees for their travel expenses. Finally, we observed several settings in which organisations had taken steps to remove environmental barriers. In Jordan, we observed accessible toilets and accessible buildings in some of the partners' centres in Za'atari. In Azraq, allocation of shelters and design of facilities incorporated a consideration of those with mobility difficulties. In Nizip 2 in Turkey, officials noted that people with disabilities were given priority to be allocated to a container home with a self-contained bathroom – rather than being sent to live in a tent camp.

6.1.4 Communication

Communication is an issue for those with hearing impairments, as discussed in 6.1.2, above. However, other people may also face issues with communication. This includes those who have physical impairments affecting their mouth or throat, as well as those with some types of mental disabilities. NGO workers in Jordan mentioned the differential treatment of people in need of physical therapy and those in need of speech therapy, noting

beneficiaries were able to access a greater number of sessions for the former, but only a few for the latter. Once again, environment can play a significant role into the experience and participation of those who are unable to communicate verbally. The case study below provides an example of this.

Kareem is ten years old. He has autism. While he understands everything that is said to him, he has limited ability to speak and cannot write or draw. In Syria, he was able to communicate, learn and entertain himself using his computer. The family does not have a computer in Turkey and Kareem often gets bored and frustrated.

Putting aside physiological or psychological impairments, in Turkey, many refugees complained of the inability to effectively communicate due to language barriers. This sentiment was echoed by the host communities. Regardless of their causes, communication barriers can restrict access to important services and participation. Language barriers were cited as an explanation for low attendance in local schools and universities.

At times language also became a source or symbol of conflict. Language differences were given as a reason for tension and misunderstanding between the host and refugee communities in border areas. More than one Turkish participant complained about Syrian shops displaying Arabic signs. Others complained about the volume of the spoken Arabic language. This was despite the fact that many of these Turkish locals were Arabic speakers themselves.

6.1.5 Remembering and concentrating

HelpAge and HI note that:

..of all types of impairment, people with an intellectual impairment and their families face particularly extreme challenges in coping in their new environment due to the limited availability of specialised services and lack of advice and support.[68]

Officials we interviewed supported this, noting that severe and urgent conditions were more likely to get funding support than the long-term, non-life-threatening needs of those with an intellectual disability. A related issue is that while both the Jordanian and Turkish governments are generous with free health care, which may include the provision, for example, of mobility aids or corrective operations, the rehabilitation or assistance needs of those who have cognitive difficulties or intellectual disabilities is more likely to fall within the area of education and therefore not within the government health directives.

Khaled was coming home from university one day when he was shot in the head by a sniper, leaving him in a coma. His parents sold the family's home to pay for their journey out of Syria and seek medical assistance for Khaled. They have been living off their savings to support themselves in Jordan. Khaled has difficulty remembering words and takes time to respond when spoken to. He also has chronic pain in his leg and has some trouble walking. Khaled feels particularly depressed when he thinks about his student life in Syria. He misses his friends. In Jordan, he rarely leaves the family's small apartment.

Difficulties with remembering and concentrating are common among groups affected by trauma and those facing ongoing stress.[69] This has serious implications for the conduct of refugee status determination and resettlement interviews.[70] Mental health will be discussed in the section on affect, below.

6.1.6 Gross and fine motor

Issues with gross and fine motor were also present amongst research participants. These were the result of a variety of causes, including conflict-related injury. Once again, physical rehabilitation services are available, and were particularly observable in Jordan. Still, issues with gross and fine motor were particularly problematic in these displacement settings. For example, in Jordan, severe water shortages make it common for people to

[68] HelpAge & HI (2014), p 20.
[69] George (2010); Marin et al (2011).
[70] Crock, Ernst & McCallum (2012), pp 756-7.

have to buy and collect water from places other than their home. Understandably, this may present a challenge for people with gross motor issues. In both countries, income generation options are limited, due to the unregulated nature of refugee employment. This means that many of the jobs available to refugees are in industries that require manual labour, which is often inappropriate for people experiencing difficulties with gross or fine motor functioning.

6.1.7 Self-care

Refugees with a variety of different types of impairments or illnesses may require assistance with self-care. We have already touched on the existence of unofficial convalescence centres which assist some of these people. Those living with their families are likely to rely heavily on their support. The below case study is an example of how the situation for families dealing with the challenges of life in displacement can be complex. They may require a range of support to overcome these. These can exacerbate existing conditions, and also pose potential protection risks, if left unaddressed.

Mohammed is in his late thirties. In 2011, he was arrested by Syrian government forces and disappeared for a month. He was returned to his family with injuries consistent with torture. Since then he has had brain damage and is unable to physically control his body.

In Jordan, Mohammed is living with his parents and three sisters. As the only other male in the family, his elderly father, Ahmed, bathes him and helps him in the toilet. The bathroom is small, so Mohammed is washed in the kitchen, something which undermines his dignity and privacy. Ahmed finds this challenging, as he is nearly completely blind in one eye. He finds it difficult to control his frustration and anxiety, and at times becomes aggressive.

Mohammed's mother, Ayesha, has hearing loss. She experiences pain and has trouble walking due to a broken leg for which she had no medical treatment. This makes it difficult to assist with Mohammed, or carry out household chores. Mohammed's three sisters are left to run the house.

With no income, the family sells their food vouchers to cover the cost of the rent. They spend the little money left over on food and water. Mohammed's sisters skip meals so that their parents and Mohammed have enough to eat.

Mohammed can communicate and his cognition is fine. He suffers from ongoing depression. He is afraid to leave the family's third floor apartment. An NGO is organizing some sessions to help Mohammed feel comfortable outside the home.

Age is also a significant determinant of issues with self-care. The HelpAge and HI study found that 60% of older people had difficulties with daily living activities.[71]

6.2 Pain, fatigue and affect

The questionnaire also covers pain, fatigue and affect (nervousness, anxiety and depression). It explores causes, as well as asking whether participants had resources to overcome these issues.

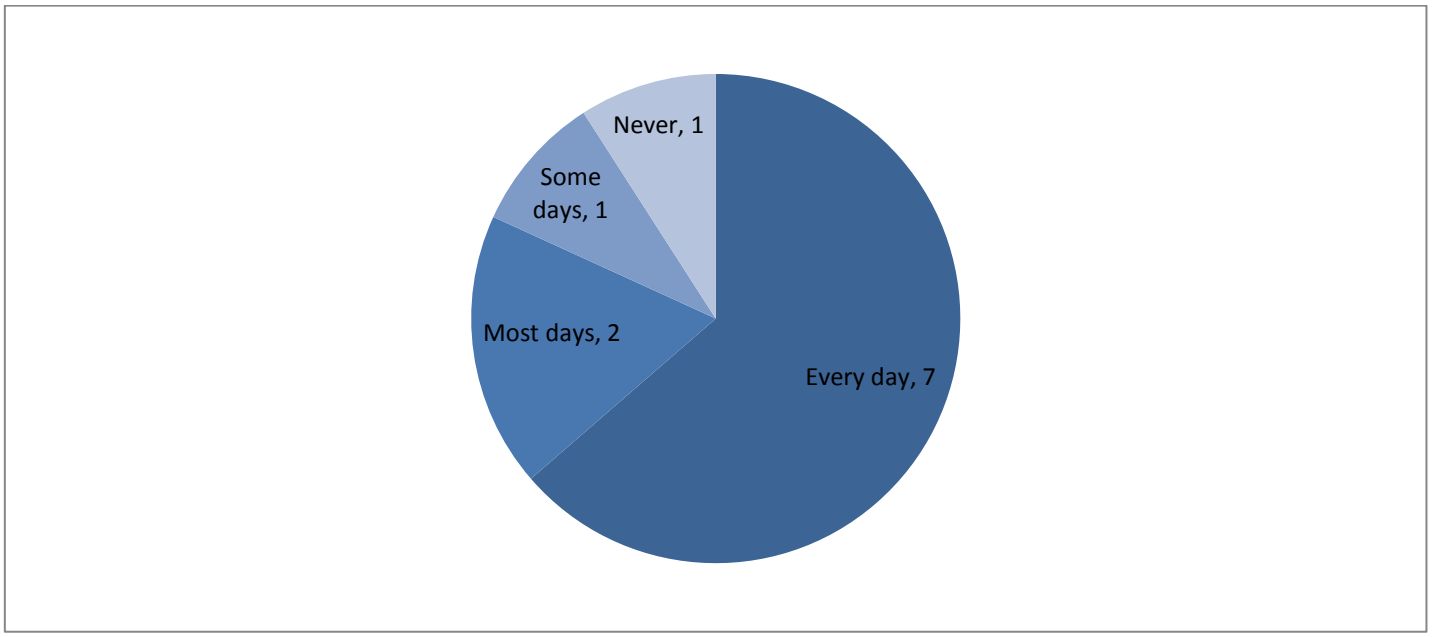
6.2.1 Pain

Of the eleven questionnaire participants in Jordan, all but one reported experiencing pain. Seven of these reported experiencing pain every day. Pain was often linked to an injury, impairment or medical condition. It should go without saying that pain, when left unaddressed, can have a negative impact on functionality and undermine a person's ability to undertake daily activities.

[71] HelpAge & HI (2014), p 37.

Image 6: A steep street in a refugee neighbourhood, Hatay, Turkey

Figure 4: Reports of pain, questionnaire participants, Jordan



Experiences of pain depend to a certain extent on the availability and appropriateness of treatment or assistance. For example, if a prosthetic limb does not fit correctly, it is likely to cause pain. The availability and cost of medicine was also an issue. Some participants experienced pain to such an extent that it affected their ability to sleep, and had a detrimental impact on their emotional wellbeing.

6.2.2 Affect

Affect was identified as a major issue amongst research participants in both countries. This echoed the HelpAge and HI findings. These found that psychological distress was common amongst Syrian refugees generally; and highest amongst those with disability and older refugees.[72] Similarly, the Turkish government's report found that over half of Syrian refugees believed that they or a family member needed psychological support.[73]

Danyal left Syria to seek medical assistance after he was shot in the ankle while fetching bread for his family. He lives in an apartment with other injured Syrians. His parents send him money to help cover his expenses. The young man has been unable to have an operation to completely fix his ankle, but has received some physiotherapy and a mobility aid. He has frequent nightmares. While he is able to chat and joke with his housemates, he cannot talk to them about his trauma, as they are facing similar challenges.

In both locations, humanitarian actors explained how experiences of torture and trauma had an impact on the lives of refugees, their ability to function as individuals and as families, and to access services and procedures. Syrian children were reported to have night terrors, and widespread secondary nocturnal enuresis (bedwetting).

Service providers were also concerned about self-medication and misdiagnosis of psychiatric conditions. The availability of prescription-free medication for those facing depression or anxiety was a particular concern, and an issue that was hard to monitor or control. Similar was the over-diagnosis of epilepsy in Syria that led to incorrect medication being administered, sometimes causing significant harm.

Displacement situations can have a particularly negative impact on persons with disabilities, as they may feel helpless and vulnerable in situations where they are unable to access work and their family is

[72] HelpAge & HI (2014), p 34.
[73] AFAD (2014), p 40.

struggling. However, persons with disabilities can also provide valuable support, including to the mental wellbeing of those around them.

> *Mariam and Waleed are in their thirties. They live in Turkey with their mother and two younger siblings. Mariam had polio as a child and walks with the help of a leg brace. Waleed has Down Syndrome. Their mother has diabetes and high blood pressure. Their 20 year-old brother works in a carpet factory to support the rest of the family. Mariam has some trouble walking because her leg brace is damaged and they cannot afford the repairs. She is very close with Waleed, and he is an important source of emotional and practical support for her and her mother.*

6.2.3 Fatigue

As mentioned above fatigue is often linked with pain and/or affect. Participants gave a variety of reasons for their fatigue. These included pain, mobility issues which made walking tiring, caring duties, nightmares and depression. AFAD found that nearly a quarter of Syrian refugees living in Turkish camps experienced sleeping disorders. This number was slightly lower amongst urban refugees.[74]

6.3 Acquisition

The questionnaire explored disability acquisition, asking participants to identify the cause of their impairment, and their location and age when they acquired it. All questionnaire participants had acquired their disability or impairment before leaving Syria. Many were conflict-related. Some were acquired through accidents, and disease. Other research participants presented with disabilities that were congenital or birth-related.

Beyond the initial acquisition of an impairment, the environment, including the availability of suitable treatment and rehabilitation (if required) are important determinants of whether something becomes or remains a disability. Access to health and rehabilitation are explored in other parts of this report.

6.3.1 Conflict

The ongoing conflict in Syria has caused both physical injuries and psychological harm to many refugees. The HelpAge and HI survey found that 8% of Syrian refugees in Jordan have an injury. 90% of these injuries are conflict-related.[75] Further, they explained:

> *Feedback from the survey teams suggested a large percentage of those affected by injury lacked adequate care, including access to physical rehabilitation support to avoid the worsening of an injury-related health condition, and to mitigate the possible development of permanent disabilities. This finding echoes the fact that 52 per cent of families reported access to healthcare as a serious problem.[76] Men outnumber women significantly amongst the injured. Especially between the ages of 30 and 50 – prevalence is 1 in 10.[77]*

They found that injury rates amongst Syrians in Jordan and Lebanon were higher than amongst those inside Syria. This suggests that those who have been injured are more likely to leave the country, so they can access medical assistance. [78] Injury was also commonly reported in Turkey. AFAD found that between 23 and 32% of Syrian refugees had a family member who had been injured in the conflict.[79]

[74] AFAD (2014), p 40.
[75] HelpAge & HI (2014), p 22.
[76] HelpAge & HI (2014), p 23.
[77] HelpAge & HI (2014), p 23.
[78] HelpAge & HI (2014), p 24.
[79] AFAD (2014), p 32. 32% of refugees in camps, and 23% of those in urban areas.

6.3.2 Chronic disease

Chronic disease is another significant issue amongst Syrian refugees. Those experiencing chronic disease may find it difficult to undertake daily activities. Moreover, without appropriate treatment, their conditions may also lead to permanent impairment. For example, diabetes may lead to vision impairment, and hypertension can lead to stroke. HelpAge and HI estimate that 15.6% of Syrian refugees are affected by some kind of chronic illness. This figure jumps to 54% amongst older refugees.[80] A UNHCR and JHAS study estimated a prevalence of 39.8% amongst adults in urban areas.[81] In Turkey, AFAD reported much lower levels of chronic disease – 7% of those in camps and 8% of those living outside. This is rationalised given the young age of the refugee population there.[82]

6.3.3 Communicable disease

Communicable diseases were also identified as a cause of disability. Multiple research participants had mobility issues related to having had polio as children. In both countries, there was concern over the reappearance of serious communicable diseases, like polio and TB. This is particularly relevant for young children who are less likely to have been immunized, due to the breakdown of health provision in Syria. AFAD reported that a quarter of children under five living in camps and nearly half of those living outside camps had not been vaccinated against polio. The rates of children under 10 years of age vaccinated against measles were even lower. Vaccination rates were slightly higher amongst male children than female children. AFAD noted particular concern over the large numbers of unvaccinated Syrian children living outside camps, and the risk this posed for the host population. [83]

[80] HelpAge & HI (2014), p 26.
[81] UNHCR (2014b), p 52.
[82] AFAD (2014), p 40.
[83] AFAD (2014), p 42.

7. Protection and durable solutions

In this section, we discuss protection issues for refugees in Jordan and Turkey. We then consider each of UNHCR's possible durable solutions – local integration, return to Syria, and permanent resettlement to a third country. As will be seen, each of these presents significant challenges.

7.1 Protection issues and local integration in Jordan and Turkey

Our fieldwork uncovered a number of protection-related concerns for refugees with disabilities. Many of these are common to most displacement situations. For example, we met people who had increased vulnerability in displacement, due to increased isolation and the inability to generate an income. Families experience conflict-related trauma and stress related to their displacement conditions which may impact negatively on their coping abilities. It is widely accepted that people with disabilities are more likely to become the victims of abuse, and situations in which families and individuals are more vulnerable, and facing increased challenges only exacerbate this risk.

The fact that, in some cases, refugees with disabilities may fall between the gaps is best illustrated by a case of extreme abuse we observed towards the very end of our mission in Turkey. The case involved a Syrian family living in private rental accommodation. The family must have had some resources, as they were renting a house that had a yard with chickens. (This contrasted with the many refugees we encountered living in high rise tenements with many people sharing rooms devoid of anything but rudimentary mattresses.) Walking through the garden to the house we encountered a boy who we were told was 14 years old. He appeared much younger. He was naked but for a thin blanket which he had pulled around himself and over his head. He was crouched on the ground, rocking back and forwards, biting his knee and screaming. He was tethered to a tree by a rope tied to his ankle, covered in mud and excrement. Neighbours informed us that the boy's father sometimes tied the rope around his neck. Another child identified as the boy's brother appeared to have a broken nose and contusions on his cheek. We referred this case to UNHCR and (we are told) they responded almost immediately by removing the child from the family in question.

Protection issues relating more specifically to Jordan and Turkey included ever-increasing feelings of resentment amongst local host communities in both locations. In some cases, this has even led to violence and death. Negative coping strategies include begging and prostitution, as well as marriages between Syrian women and local men (sometimes taking Syrians and second wives, and sometimes marrying underage).

Legal professionals in Jordan noted that refugees who are particularly vulnerable may be more isolated and therefore have less access to information on procedures relating to registration, bail and resettlement. They may also face higher chances of being exploited by employers and landlords. Free legal assistance is available in Jordan to help assist such people who may pay for services from those who claim to be working for UNHCR or other groups, and who may offer accelerated processing. Psychosocial services are offered in association with legal aid, to help address issues more holistically.[84]

There has been ambiguity in both countries over long-term solutions for the Syrian refugees. Both Jordan and Turkey regard refugees as 'guests', and – especially initially – the response was geared towards short term reception of those fleeing the conflict. However, as the conflict extends, there has yet to be any definitive commitment to accept Syrians on a permanent basis, through the creation of pathways to permanent residency or citizenship. The possibility of permanent local integration therefore remains nebulous at best. In Turkey, the new Temporary Protection Regulation, made under article 91 of the *Foreigners and International protection Law* was issues on 22 October. The Regulation does not set a duration for the Temporary Protection regime, leaving it open to the Cabinet to announce beginning and end dates. Avenues to citizenship are very narrow. The Regulation does not have provisions for complete integration. There is public debate surrounding the acceptance and integration of Syrians in Turkey. However, the traditional asylum system is of a temporary character, due to the geographical limitation Turkey has placed on its ratification of the Refugee Convention.

[84] ARDD (2014).

7.2 Repatriation

Returning refugees to their country of origin is one of the potential responses to a displacement situation. However, this obviously depends on the conditions in the home country, and on the particular vulnerability of the individuals in question. As the situation stands, Syria is not safe for many of the refugees in Jordan and Turkey. Nonetheless, officials and Syrian participants in both countries reported that some people moved in and out of the country for a variety of reasons. Some, as we witnessed in Turkey, were fighters, actively engaged in the conflict in Syria, who came to Turkey to seek medical treatment or recover from injury, before returning to fight. Other people made return trips to sell or check up on property or businesses, or provide aid to family or friends. Finally, some of the participants in Jordan suggested that those refugees who left the camps without permission were at some risk of being deported.

Even if some individuals choose to return to Syria, this would seem less practical for many people with disabilities. With the closing down of medical facilities, and a lack of important supplies, including prosthetic devices and medicines, conditions in Syria are particularly challenging for those with certain disabilities or health conditions.

7.3 Resettlement

When neither local integration nor repatriation are suitable long-term options, resettlement becomes the appropriate durable solution. Given the shortcomings of local integration and repatriation, resettlement becomes imperative, especially for those who are particularly vulnerable in displacement. As the conflict in Syria continues, UNHCR and other stakeholders are placing emphasis on the expansion of the resettlement program to include Syrian refugees. Since 2013, over 22,500 Syrian refugees have been submitted to resettling states for consideration. The monthly submission rate has more than tripled between March and October 2014 and there have been nearly 7,000 resettlement departures.[85] Submissions are currently being made for urban refugees only, although resettlement may be opened up for residents of Za'atari camp in the future. Resettlement quotas for Turkey are reportedly much lower than those for Jordan.

In Jordan and Turkey, we met with officials working in the area of resettlement. All demonstrated an awareness of disability and the importance of accommodating refugees with disabilities procedurally and practically, as well as ensuring that refugees with disabilities are included in those submitted and accepted for resettlement. Despite the fact that the specialised Resettlement Assessment Tool was not being actively implemented, there were a number of positive accommodations. This included the availability of Sign Language interpreters, and great efforts that one particular organisation had made to make their building physically accessible, including the installation of a stair lift. Still, good will towards resettling Syrians is very high. The acceptance rate for those resettlement cases submitted by UNHCR is around 99 per cent.[86]

Officials noted the challenge of meeting the resettling states parameters and preferences, while still prioritising those most in need of resettlement and ensuring that the resettling state would be a suitable environment for the individual's needs. For example, the US, by far the largest resettling state, includes in its 'Priority One' category refugees who are 'physically or mentally disabled'.[87] However, the specific medical or rehabilitative needs may be better met elsewhere, such as in a Scandinavian country, where both short-term and long-term assistance needs may be better met, given the welfare system in place there. UNHCR has recently published examples of the latter: cases where Syrian refugees with disabilities have been resettled to European countries to receive specialised assistance.[88] The main difficulty here is that while European countries have pledged to increase the numbers of persons they resettle, these numbers are still well below the large intakes in countries like the US.

Finally, Australia – another main resettling state - continues to have exclusionary policies for those deemed to pose 'undue costs' or 'prejudice access' to medical or support services. However, policy changes

[85] UNHCR (2014e), p 11.
[86] UNHCR (2014e), p 11.
[87] See US Country Chapter (2013 update), UNHCR (2011d).
[88] UNHCR (2014f).

have decreased the likelihood of this bar applying, and have also increased the recourse to a waiver. Particularly, when deciding whether to apply the waiver, significant weight must be given to (*inter alia)* the fact the case was referred by UNHCR, and whether the applicant is particularly vulnerable (eg be a survivor of torture and trauma). Decision makers must also consider 'whether the applicant is likely to be able to mitigate the prejudice to access'.[89] This recognises the importance of considering each person as an individual, and look not only at disability, but also take into account a person's strengths and capabilities. This greater flexibility, along with an increased commitment from European states may help explain the high success rate of submissions, and is reassuring in terms of the inclusion of refugees with disabilities.

[89] See Australia Country Chapter (2014 update), UNHCR (2011d).

8. Humanitarian assistance

"Supporting refugees with specific needs demands a change in the type of humanitarian assistance available, and the way in which it is delivered"[90]

8.1 Food and nutrition

Access to food and nutrition is one area of concern in both Jordan and Turkey. A variety of approaches are being taken, some of which have the potential to greatly improve accessibility for persons with disabilities.

Image 7: Supermarket and WFP storage facility in Al Azraq Refugee Camp, Jordan

While in some camps, pre-prepared meals or food rations are distributed, in general there has been a move away from this, towards the provision of food vouchers. This enables greater independence, as families are able to determine how and on what they spend their money. Refugee families are issued vouchers (a certain amount per individual, per month) which they can then use to buy goods at participating stores inside or outside the camps. A promising development at the time of our fieldwork was the transition away from paper vouchers that would need to be collected each month from central points. These are being replaced by electronic debit cards that are automatically topped up each month. This removes the need for refugees to travel and queue to collect paper vouchers (or food rations). While this is beneficial for *all* refugees, it is obviously particularly useful for those refugees who have particular difficulties with mobility.

Still, our interviews revealed particular challenges for urban refugees. For example, refugees with certain disabilities explained that they had difficulty going out to buy food and bring it home, and also had issues preparing meals. They therefore depended on other family members to do these things. Another major general barrier was the very fundamental issue of poverty. Limited employment opportunities meant that many people had very limited incomes, especially as savings became exhausted over time. Some participants explained that

[90] HelpAge & HI (2014), p 5.

the high cost of rent meant that they would sometimes have to sell their food vouchers. Similarly, those who needed to spend income on medicine or other specific assistance would also have less ready income to cover rent and food. This underlines the importance of the VAF for identifying and prioritising persons most in need of extra financial assistance.

A very concerning development was the announcement on December 1 that the World Food Program lacked the funding needed to continue providing food vouchers to the Syrian refugees across the region and would therefore have to suspend its program.[91] Less than two weeks later, an online campaign had attracted enough donations to recommence the program.[92] However, such donor fatigue bodes poorly for the coming months (and years), making it more important than ever to focus on long-term responses, such as promoting Syrians' inclusion in the workforce.

For the camps, an issue was identified by UNHCR in Za'atari. They had recently introduced a system of assigning an 'alternative collector' for those with mobility difficulties. This involves UNHCR staff identifying and assigning (or suggesting) a suitable person to collect and deliver non-food items for individuals who had mobility problems. This would overcome the need for those persons to have to travel to collection points. However they had encountered resistance from some of the beneficiaries, who appeared unhappy with their choice of collector, or who thought it was fine to send their children or grandchildren instead. Understandably, the latter suggestion brought up child protection issues (children getting lost, or missing school). During our discussion, the UNHCR staff expressed their uncertainty over the best way to respond to this, but came to the conclusion that more actively engaging the refugees affected to help in the decision-making process may overcome the lack of enthusiasm for the system and lead to a more successful outcome.

Image 8: E-Voucher Card for purchasing food, Turkey.

[91] Miles (2014); UNHCR (2014h), p 1.
[92] WFP (2014).

8.2 Water, Sanitation and Hygiene

Access to water for drinking, cooking and washing varies greatly depending on location. Access to water is a big issue in Jordan, which is one of the driest countries in the world. The great increase in demand created by the influx of Syrian refugees contributes to growing strain amongst the host community. The shortages also mean that families regularly need to source their water from outside the home, making it a significant household expense. This can present issues for those who have trouble with mobility, or carrying heavy loads. Participants explained how they either needed to rely on other family members to go to collect water, or would need to pay extra to have the water delivered to their home. As one participant in Jordan explained, 'because I'm a PWD, I need to pay more. It costs more because of home delivery.'

Image 9: A water point in Azraq camp.

Access to appropriate bathroom facilities also differed from place to place. Efforts have been taken in camps in both Jordan and Turkey to make (some) toilet and shower facilities accessible. For example, in Azraq, refugees who had problems with mobility were housed in blocks that had ramped amenities. Still, these designs are not always accepted by the refugee community. In Azraq, the commode-style toilets had been ripped out from some cubicles, as these were not the preferred style. Officials reflected that this was an example of the importance of consulting with beneficiaries in the design of facilities.

In Za'atari, efforts had been made to make some buildings, including some toilet facilities, physically accessible. These were observable in Handicap International's buildings, along with educational posters outlining the minimum and ideal design for accessible structures.

In Nizip camp in Turkey, authorities prioritised the allocation of container homes (rather than tents) to those refugees who they had identified as having a disability. The containers have internal bathroom facilities, negating the need to use central, communal facilities.

Image 10: Commode-style toilet, removed from accessible (ramped) cubicle, Al Azraq Camp, Jordan

In contrast, urban refugees once again face greater challenges. In both countries, participants explained how small bathrooms could be difficult, especially for people who required assistance with bathing. Other issues related to the unsuitable nature of housing. For example, in Turkey, some refugee families live in buildings which were previously shops, and therefore may have no bathroom at all, or only a simple basin and tap. Understandably, this can create significant challenges.

Image 11: Handicap International poster outlining the requirements for accessible WASH facilities, Za'atari Camp, Jordan

8.3 Housing

While housing differs by location, there are plenty of challenges. In both Jordan and Turkey, finding and paying for suitable accommodation is a major issue for many urban refugees.[93] In some cases, difficulties paying the rent have even led to protection concerns for households, and sometimes serious (and violent) disputes with landlords. In Jordan in particular, housing shortages have been exacerbated by the arrival of the Syrian refugees, and forced rental prices up. This has contributed to the growing tensions with the local community, as well as presenting financial challenges.

In Turkey, AFAD estimates that over a quarter of urban refugees are effectively homeless, living in either ruins or makeshift homes. Conditions are also more crowded for urban refugees, with an average of 8.6 people per dwelling. [94] In Jordan, many complained of their inability to afford apartments on the ground floor or lower levels of buildings. The non-existence of lifts meant that those with mobility issues had significant problems simply leaving their homes. This led to increasing isolation and dependence on others, as in the example below.

Bassam lives with his wife and children in a small rented apartment in Jordan. He sent his family out of Syria for their safety, before joining them several months later, after being injured when his house was bombed. Although he has had three operations, he still has serious mobility problems and experiences chronic pain. He uses crutches to get around and buys his own pain killers. It takes Bassam around 30 minutes to get downstairs, but the family cannot afford to rent an apartment on a lower level, as they are much more expensive. The family receives some cash and food assistance from NGOs. Bassam is dependent on his wife for his basic needs. He also relies on her to collect food and water, due to his limited mobility, and because he cannot carry large loads while using crutches.

Camp settings presented some different challenges. The sheer size of the camps makes it difficult to move around. This is countered in some circumstances through the provision of buses or by using outreach programs rather than central meeting places. In Azraq and in the Turkish camps, persons with identified disabilities are allocated housing that is closer to public facilities, such as schools and shops.

Weather conditions in the camps – especially in Jordan – are extremely harsh. Summer is very hot and winter very cold. Added to this, the isolated location of the camps (especially Azraq) and limited transport options, means that it may be very difficult for refugees with disabilities to travel to cities or towns to access services not available in the camps, or to work or sell goods.

Image 12: Shelters in Azraq Camp, Jordan.

[93] UNHCR (2014b), p78.
[94] AFAD (2014), p 34.

Image 13: A refugee neighbourhood in Hatay, Turkey

8.4 Health and rehabilitation services

In both Jordan and Turkey, the medical services available to refugees are far beyond anything we have witnessed in other fieldwork locations. Both states offer free access to primary and secondary health care in public hospitals. Some specialist treatment is also subsidised, or sometimes covered by UNHCR and its partners. In Jordan, UNHCR partners run clinics on the border, to accommodate urgent surgery cases immediately after arrival, as well as hospitals in the camps. This includes a new, state-of-the-art IFRC facility in Azraq. Similarly in Turkey, hospitals in border areas report being inundated with conflict-related surgery needs. Turkey also operates primary health centres in refugee camps. Both countries have felt the strain of taking on such a large number of new beneficiaries in such a short period of time. This has put pressure on the health systems in terms of being able to provide adequate beds, medicine and care.

> *We're treating double number with the same staff as before. I think 50% patients are Syrian. We help them too much, but no one supports us. We need international support here. We can't solve this problem alone. - Turkish doctor, Hatay*

This is another area which has caused feelings of resentment amongst host communities. Locals we spoke with in Turkey often complained of the preferential treatment given to Syrians, feeling that their government was prioritising their needs over the needs of Turkish citizens.

Still, urban refugees faced a number of potential barriers to accessing health services. These included a lack of knowledge about available services. For example, some refugees in Jordan pay for services using cash assistance as they are unaware that free services are available. [95] Another issue is lack of registration. Those who do not have valid UNHCR registration (Jordan) or a government-issued identity number (Turkey) are unable to access services.[96] This is particularly problematic in Jordan, where the government requires UNHCR not to re-register persons who have left a refugee camp without following the necessary bail procedures. Urban refugees in Turkey also faced language barriers.[97]

A secondary issue identified by some participants in Jordan was that if they moved from one rental address to another (something which is reasonably common) and the new one was in an area different to the one listed on their registration document, they may be directed to seek assistance from the centre closest to their official address, and not given treatment close to their home. This obviously presents issues in terms of transport costs, but could also effectively exclude those with mobility issues, who may face additional barriers accessing transport. Refugees with disabilities may also be reluctant to access health and other services where they feel that these are not accommodating. As one participant explained:

> *We feel comfortable with HI because they are specialists and understand what we need. But we don't feel this with other organisations.*

While mental health services for refugees in Jordan are comparatively good, the sheer scale of those facing issues of trauma undoubtedly presents a challenge. This was acknowledged by officials we met. Planning for Jordan also notes the significant emphasis placed on the provision of these services, which reached 161,184 individuals in the first five months of 2014 alone. Still, it was also noted that more needed to be done to respond to long-term mental health issues, in a way that promoted community-based coping strategies, as well as doing more to include children.[98]

As well as the existence of organisations whose main mandate is to address mental health and the effects of torture, many of the other organisations we met also incorporate some type of psychosocial support into their services. This includes group or individual counselling. A representative from one organisation in Jordan explained 'they aren't interested in counselling because they are more concerned with immediate needs like food, money and education'. Some organisations respond to this by encouraging beneficiaries and

[95] UNHCR (2014b), pp 54,79.
[96]
[97] For more discussion, see Part 6.3.
[98] UNHCR (2014b), pp 14-5.

explaining the value of counselling. Other organisations offer 'community programs' that have the aim of providing such support, without explicitly labelling it as such. This included social programs for the elderly to address the effects of isolation. In Turkey, psychosocial support for urban refugees is provided by only a couple of NGOs. There is no or very limited social programs for the elderly. Given that there are fewer service providers, and that the urban refugees in Turkey are spread across the vast expanse of many cities and towns all around the country, it is likely that these services only reach a very limited number of people. Government-employed social workers work in the refugee camps. NGO actors are advocating for an increase in psychosocial services both inside and outside the camps to try to address this serious gap.[99]

Image 14: Prosthetics legs in a Handicap International centre, Irbid, Jordan

Rehabilitation and disability-related services are available in both camp and urban areas in Jordan. Handicap International is the main provider, with centres in Za'atari, as well as in a number of governorates. Other partners also operate in both camp and urban settings. There does seem to be some disparity between the availability of some types of rehabilitation and assistance. For instance, more physical therapy sessions are offered for each beneficiary than speech therapy sessions. While there is generally capacity to treat urgent surgery needs for those who have been wounded in the conflict, longer term care is lacking.[100] Turkey's Temporary Protection Regulation includes a requirement that people with special needs be prioritised for rehabilitation and psychosocial services. It is yet to be seen how this is implemented in practice.[101]

[99] For more discussion, see Parts 6.1.5 and 6.2.2

[100] UNHCR (2014b), p 53. Further discussion on rehabilitation and disability services can be found in Parts 6.1 and 6.3.

[101] UNHCR (2014g), p 2.

9. Participation

We need to go beyond specific needs, we also need to look at accessibility and inclusion.[102]

This section of the report focuses on the participation of refugees with disabilities in various aspects of life. It begins by providing an overview of employment and income generation, considering the obstacles for those with disabilities. It then continues with a description of education provision and ends with a discussion on participation in family and community.

9.1 Employment and income generation

In both Jordan and Turkey, Syrian refugees do not officially have the right to work. The exceptions are those who entered the country with a valid passport, making it easier to obtain work permission. Still, refugees, especially those in urban areas, engage in unauthorised work to support themselves. Being unregulated, this employment may entail exploitative and dangerous working conditions. These may lead to disability acquisition.

Refugees with disabilities reported that their work situation had changed since leaving Syria. Some participants had run successful businesses, but had to sell or abandon them when they fled:

Hamid is in his mid-forties. He had an illness that led to muscle wasting in his arms, limiting his ability to carry out heavy work. In Syria he owned his own home and ran a successful business. In Turkey, he is unable to find suitable work to support his wife and five children. His wife sometimes works as a dishwasher to make some money, but finds it difficult, as she is recovering from a wrist injury. Hamid struggles to look after the children, two of whom are still quite young.

Those who have injuries or physical impairments then find it difficult to earn an income when the job market centres around labour-based activities. Others are capable of working, but find it harder to be employed due to stigma related to their disability, as in the example below.

Ishaq is in his late forties. He lost his leg in an explosion in Syria and has a prosthesis that was sent to him from someone overseas. He gets around on crutches, but faces some difficulty, due to the steep, hilly neighbourhood where he is living in Turkey. He works as a mechanic, earning around 100 Turkish Lira ($50) a week, to support his wife and five children. Because of his disability, he finds it hard to get work.

Some officially permitted quasi-employment already exists. In both countries, some Syrian professionals work as volunteers in high-demand sectors, such as doctors providing medical services in camps, and teachers working in refugee education centres. They are offered 'incentives' or allowances to work, rather than having official work status.[103] Especially for the doctors, their ability to practice is limited, often given a lack of (documentation of) recognized qualifications, as well as lacking travel documents (and therefore the right to work).

In both countries, various participants recognized the need to regulate working conditions for Syrians, creating some level of working rights. This appears to be moving towards fruition in Turkey in particular, with an announcement that certain types of employment in certain locations will be allowed under the Temporary Protection Directive, which came into force on 22 October 2014. However, details are not yet clear. Depending on the industries included, this may be a way to facilitate the inclusion of refugees with disabilities.

At least they're working to support themselves. We should legalise their work – of course protect Turkish workers too. While they're here, they have needs, they need to work to support themselves. Otherwise the government would have to support them -Turkish government official

[102] HI staff member, Jordan.
[103] UNHCR (2014h), p 4.

9.2 Education and vocational training

Both Jordan and Turkey officially allow Syrian refugee children to attend school. However, enrolment levels vary and once again, schools are struggling to meet the demand. Access to tertiary education remains very limited, except where families can afford to pay, or for those few who receive scholarships.

Of the neighbouring countries hosting Syrian refugees, Jordan has the highest enrolment rates for Syrian children. UNHCR's planning for Jordan includes specific reference to accessible education. Education Sector Objective 1 – 'Children and youth have sustained access to appropriate education opportunities', includes output 1.4: 'Boys and girls with specific needs access educational and psychosocial services'. The total targeted number of children is 2,000 for 2014. US$7.285 million is envisaged to address this goal.[104]

UNHCR provides funding to the Jordanian Ministry of Education to help cover the extra costs associated with accommodating Syrian students. In urban areas, there are also non-formal education centres for children who have missed more than one year of formal schooling. In April 2014, about 51% of Syrian school-age children were enrolled in schools inside camps and in urban areas. We were unable to find specific data on the enrolment rate for children with disabilities. Most Syrians who attend Jordanian public schools do so in the afternoon teaching shifts, specifically catering for them (Jordanian students attend in the morning). Unfortunately, some of the services and classes are not available during the afternoon classes – eg libraries and computer labs and physical education and art. This obviously affects the quality and nature of the education received. In the camps, overcrowding is a serious issue. In both environments, non-attendance is significant. [105] Finally, youth between the age of 15 and 24 years are most likely to face problems accessing education, as they are frequently expected to assist the family at home, or by working. Very few young Syrians are able to access university-level education, although some UNHCR scholarships are available to urban refugees.[106]

Image 15: Children at a refugee camp school in Gaziantep, Turkey

[104] UNHCR (2014b), p 40.
[105] UNHCR (2014b), pp 40-2.
[106] UNHCR (2014g), p 3; (2014b), p 42.

In Turkey, enrolment levels are much lower, as schools struggle to accommodate such large numbers of extra children. In the Turkish context, there is the added issue of language barriers. Officially, students need a foreign ID number, which is only available to those refugees who entered Turkey with a passport. This will hopefully change with the development of more detailed regulations under the Temporary Protection regime. Still some urban Syrian children attend formal schooling. Others attend education centres which are run in Arabic, often using Syrian teachers. Financial barriers (fees, transport, and educational material costs) were common in both countries.

In both locations, school is more readily accessible to those living in the camps. The Turkish government estimates that 83% of Syrian children in camps (aged between 6 and 11), and only 14% of those living outside camps attend school.[107] Data was not provided on the gender ratio of those attending, nor the extent to which children with disabilities were included. The percentages provided are of course limited to persons known to the government, meaning that the proportion could be even smaller if unregistered children were included.

There appears to be limited means to support students with disabilities who require specialised education or assistance. In Jordan, some services are provided to assist students with learning difficulties before their entry into mainstream schooling. Partners are able to source and cover the funding of private specialised schools for a limited number of students. Places (funding) are very limited and there is a waiting list. Parents are sometimes hesitant or unwilling to allow their children to attend a 'special' school, and insist upon them attending a mainstream school. While mainstream schooling may be preferable, this is not possible where appropriate accommodations and teaching assistance is unavailable. Service provider participants noted that this was unfortunately the case: public schools are often either inaccessible, poorly equipped or have extremely long waiting lists.

In Turkey, funding is a considerable barrier to specialised education. While the government directive provides for free access to health, special education is not covered by this, falling within the ambit of the Education Ministry. This means that access to private schools needs to be funded by non-government partners.

Image 16: A Turkish language classroom for refugees, run by a Turkish NGO.

[107] AFAD (2014), p 50.

9.3 Community and family inclusion

Refugees with disabilities face many potential barriers to inclusion in community and family life. The physical inaccessibility of buildings and neighbourhoods is an obvious obstacle in terms of accessing life outside the home. Communication barriers are another challenge for those with hearing or speech impairments, and sometimes those with mental disabilities.

A particularly significant issue is the stigma surrounding disability. Participants throughout the fieldwork expressed concern of cultural issues resulting in people with certain types of disabilities being hidden away.

> *One father said 'if my kid dies I will bring you food because I will be happy' – Service Provider, Za'atari*

Another is the sometimes complex relationship between persons with disabilities and their families, especially in challenging displacement settings. While families were a big source of emotional and practical support, participants expressed feelings of guilt and frustration at their dependence on family members for their care.

As noted earlier, depression and other mental health issues have been found to be much more common amongst those with disabilities. Participants experiencing depression expressed the desire to stay home, and not go out or interact with others. Understandably, when unaddressed, this greatly undermines their social inclusion. When asked about discrimination, a number of questionnaire participants stated that they were not discriminated against, but qualified it by explaining that they never really have the opportunity to interact with others (outside their immediate family).

A lack of support or facilities for people with disabilities can have an impact on families as a whole. One example is presented in the case study below.

> *Jamal and Rabia arrived in Turkey six months ago with their nine year-old daughter, Samaa, and six year-old son, Omar. Samaa and Omar have a rare degenerative nervous condition. Samaa has lost her ability to communicate verbally, and has problems with her motor function. Omar's speech is becoming increasingly limited. In Syria, Jamal and Rabia were both employed professionals, and Samaa and Omar attended a school for children with disabilities. In Turkey, Jamal and Rabia are not able to work, and their children cannot attend school. Rabia explains that she does not like taking the children to the park, because the other children respond badly to them and run away. The family now spends every day at home in their small apartment.*

A number of initiatives are helping to address social exclusion, and promote participation. For example, in Za'atari, UNHCR and partners have started 'Arab Gatherings'. These are informal consultation meetings to engage refugees in decision making around program design and delivery. Organisers have made a point of ensuring the inclusion and participation of people with disabilities in these gatherings.

Also in Za'atari, FPSC, a partner organisation, has developed and piloted an inclusive theatre project. This includes young refugees with disabilities, as well as other refugee youth. Facilitators include teenage refugees, some with disabilities.

An area which currently lacks development is the organisation of refugees with disabilities into groups which can advocate and make decisions for themselves. When suggested, this idea met with much interest. It should be noted that HI in Jordan had plans underway to implement such a project. When questioned, group participants in Nizip 2 camp in Turkey noted that they had never gathered together to discuss their issues before. Participants noted that group formation must have persons with disabilities at its foundation:

> *Diana has post-graduate qualifications. In Syria she worked and was interested in politics. Although she had polio as a child, and still wears calipers on one leg, she explains "I don't have a disability. I have an impairment only." She is physically active and mobile, and handles the back pain she experiences without complaint. She is interested in the idea of setting up a Disabled Persons' Organisation for refugees in Jordan, and is adamant that such a group would only be successful if it was run and controlled by refugees with disabilities themselves.*

10. Conclusion

The ongoing conflict in Syria has created enormous challenges for the international community. With the number of refugees now surpassing 3 million[108], Syria's neighbours are under increasing pressure. As the conflict reaches the end of its fourth year, host states and international organisations are faced with the prospect of prolonged displacement situation and the planning and resource difficulties that this entails. As discussed in this report, refugees with disabilities may face a heightened risk of exclusion while living in Jordan and Turkey. While positive steps have been taken to ensure that refugees with disabilities are assisted and accommodated, some significant challenges remain. This will require the support and involvement of host communities, host governments, donors and international and local organisations.

One particular challenge - both in the Syrian refugee context and elsewhere – is the collection of accurate data which is disaggregated by gender, age and disability type. Efforts in Jordan to improve vulnerability assessments and information sharing have the potential to produce rich disaggregated data. Similar efforts are needed in Turkey, and will hopefully be a point of focus in the roll-out of the Temporary Protection regime there. Greater cooperation between government, specialist international organisations and local DPOs would help ensure that disability was appropriately identified and recorded.

Most importantly, to uphold the spirit of the CRPD and best promote the rights of Syrian refugees with disabilities, they themselves need to play an active role in decision making and planning. Future research and resource investment should focus on empowering and facilitating group formation for refugees with disabilities. This would respect the right to self-determination and participation. It would also act as recognition that people with disabilities have much to contribute to their families, communities and society as a whole.

[108] UNHCR (2014a).

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12. Annexures

12.1 UNHCR Partners – Jordan

Government implementing partners

Ministry of the Interior, Planning and International Cooperation, Education, Health and Social Development; Public Works and Housing; Public Security Directorate.

Non-government partners (underlined organisations are UNHCR implementing partners. Others are operating partners. UNHCR is listed in areas where it has direct responsibility.

Camp Management:	UNHCR
Cash Assistance:	ACTED, AVSI, CARE, DRC, IFRC, IRC, Mercy Corps, Medair, OXFAM, PU-AMI, UNHCR
Child Protection:	FCA, IFH/NHF, IMC, IRC, IRD, Mercy Corps, NHF, TdH – Lausanne, UNFPA, UNHCR, UNICEF
Community Services:	NHF, UNHCR
Coordination:	UNFPA, UNHCR, UNICEF
Core Relief Items:	ACTED, AVSI, CARE, DRC, ICMC, IOCC, IRD, IRW, JEN, JHAS, LWF, Mercy Corps, Medair, NRC, OPM, Shelter Box, UNHCR
Education:	CARITAS, Children without borders – KnK, FCA, IFH/NHF, IRD, Madrasati, Mercy Corps, NHF, NRC, Questscope, RI, SC, UNESCO, UNHCR, UNICEF
Food Security:	ACTED, IRW, LWF, Medair, SC, UNHCR, WFP
Gender-Based Violence:	IFH/NHF, IMC, IRC, IRD, JRF, NHF, UNFPA, UNHCR, UNICEF
Health:	HI, IFH/NHF, IMC, IOM, IRC, IRD, IRW, JHAS, NHF, SC, UNFPA, UNHCR, UNICEF
Livelihood:	ADRA, NHF
Mental Health & Psychosocial Support:	CVT, IMC, JRS, NHF
Nutrition :	ACTED, UNHCR
Protection :	ACTED, ARDD-LA, CARE, DRC, IFH/NHF, IMC, IRC, IRD, JHAS, JRF, LWF, Mercy Corps, NRC, TdH – Lausanne, UNFPA, UNHCR, UNICEF, UNWOMEN
Registration:	IOM, UNHCR

Reproductive Health: IFH/NHF, IRC, UNFPA

Shelter: ACTED, ADRA, DRC, INTERSOS, IRW, JHAS, LWF, Mercy Corps, Medair, NRC, PU-AMI, Shelter Box, UNHCR, UNOPS

Water & Sanitation: ACF, ACTED, IRD, JEN, OXFAM, RI, THW, UNHCR, UNICEF, WVI

Taken from: http://data.unhcr.org/syrianrefugees/country.php?id=107 (5 November 2014).

12.2 UNHCR Partners - Turkey

Core Relief Items: IOM, UNHCR

Food Security: WFP

Health: WHO

Livelihood: IOM

Shelter: UNHCR

Taken from: http://data.unhcr.org/syrianrefugees/country.php?id=224 (5 November 2014)

Implementing partners

Association for Solidarity with Asylum-Seekers and Migrants, Human Resources Development Foundation, Turkish Red Crescent Society

Operational partners

Government

Coast Guards Command, Disaster and Emergency Management Agency (AFAD), Gendarmerie General Command, Ministry of Family and Social Policies, Ministry of Foreign Affairs, Ministry of Justice, Ministry of the Interior, General Directorate for Migration Management, Ministry of Interior, General Directorate for Security, National Human Rights Institution, Ombudsman Office, Presidency of Religious Affairs, Secretariat General for EU Affairs, Turkish International Cooperation and Development Agency

Non-government

Amnesty International, Ankara Refugee Lunch Support Group, Association for Solidarity with Refugees (*Multeci-Der*), Bar Associations Caritas - Caritas International, Danish Refugee Council, Foundation for Human Rights and Freedoms and Humanitarian Relief, Helsinki Citizens Assembly, Human Rights Association, Human Rights Foundation of Turkey, International Blue Crescent, International Catholic Migration Commission, International Medical Corps, International Middle East Peace Research Center, International Rescue Committee, KADER - JRS: Chaldean-Assyrian Solidarity Association - Jesuit Refugee Service, KAMER - Center for Women, KAOS Gay and Lesbian Cultural Research and Solidarity Association, *Kimse Yok Mu*, MOZAIK - Mozaik Human Resources Development, Relief International, Support to Life, The Association of Human Rights and Solidarity for Turkish Education, The Organization of Human Rights and Solidarity for Oppressed People (*Mazlumder*)

Taken from: http://www.unhcr.org/pages/49e48e0fa7f.html (19 November 2014)

12.3 Questionnaire

INDIVIDUAL DISABILITY IDENTIFICATION INTERVIEW – 2014 (Jordan)[109]

Where response options are given, clearly circle or tick correct response. Where blank space, write in response. All questions are addressed to the research participant. If a parent or guardian is responding, please answer questions about the participant. Eg. If a parent is answering on behalf of their child, write the child's name, gender, age etc.

<table>
<tr><td colspan="6">A: DEMOGRAPHICS</td></tr>
<tr><td>Participant No.:</td><td colspan="2">Name:</td><td>Gender: M / F / Other</td><td>Age:</td><td>Marital Status:</td></tr>
<tr><td colspan="2">Country of origin:</td><td>Ethnicity:</td><td colspan="2">Languages:</td><td>Religion:</td></tr>
<tr><td>Literacy: Y / N /Some</td><td colspan="3">Employed?: Y / N / Odd jobs
Other income source:
Describe job/other income:</td><td colspan="2">Family income per month (personal and household) (write amount):</td></tr>
<tr><td colspan="6">Current status in Jordan -----→

UNHCR Reg. No.:_____

a) No official status
b) Registered Asylum seeker/person of concern
c) Government recognised refugee (via individual status determination)
d) Government recognised refugee (prima facie/group recognition)
e) UNHCR refugee status
f) Have been interviewed by UNHCR for resettlement
g) Have been interviewed by resettling state for resettlement
h) Have been accepted by state and awaiting resettlement
i) Don't know/Refused</td></tr>
<tr><td colspan="3">How long have you been in Jordan? (no. of months)?
Have you travelled to Jordan in the past?
Describe travel history:</td><td colspan="3">Where are you living? (Name of the camp or city)</td></tr>
<tr><td colspan="6">Who are you living with in Jordan? [Elaborate links (financial, emotional, other between persons sharing home (whether family or not)] Where is your family?</td></tr>
<tr><td colspan="6">Do you have any disabilities? Describe.</td></tr>
<tr><td colspan="6">How was this person located/selected for the research?

Participant (ie. Answering questions about self, another family member etc – give details):</td></tr>
</table>

[109] Note: While it was not used, an identical questionnaire was developed for Turkey (with references to Jordan changed).

B: FUNCTIONALITY (*For children: do they have more difficulty with functions than other children of the same age) Assistance needs can include human care assistance, devices, treatment etc.*		
FUNCTIONALITY	**ASSISTANCE NEEDED?**	**DO YOU HAVE ASSISTANCE?**
1.1 Do you have difficulty <u>seeing</u>? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**1.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**1.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/I don't need any assistance with this
2.1 Do you have difficulty <u>hearing</u>? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**2.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**2.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/ I don't need any assistance with this
3.1 Do you have difficulty <u>walking</u> or climbing steps? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**3.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**3.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/I don't need assistance with this
4. 1 Do you have difficulty <u>communicating</u> in the spoken language of your family/ethnic group? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**4.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**4.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/I don't need assistance with this
5.1 Do you have difficulty <u>remembering</u> or <u>concentrating</u>? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**5.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**5.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/I don't need assistance with this
6.1 Do you have difficulty raising a 2L bottle of water from waist to eye level? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**6.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**6.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/I don't need assistance with this

7.1 Do you have difficulty using your fingers? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**7.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**7.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/ I don't need assistance with this
8.1 Do you have difficulty with <u>self-care,</u> such as washing yourself or dressing? How much? a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all e) Refused/Don't know	**8.2 Do you need assistance with this?** a) Yes → What assistance? b) No c) Refused/Don't know	**8.3 Do you have enough assistance?** a) Yes, I have enough b) Yes , I have, but not enough c) No, I don't have d) Refused/ I don't need assistance with this
9.1 How often do you experience <u>pain</u>? a) Every day b) Most days c) Some days d) Never e) Refused/Don't know	**9.2 What is the cause of your pain/where does it hurt?**	**9.3 Do you have pain killers/other pain relief (do you have enough/ are they strong enough?)** a) Yes, and they are enough b) Yes , but not enough/not strong enough c) No, I don't have any d) Refused/Don't know
10.1 How often do you feel <u>nervous, anxious or depressed</u>? a) Every day b) Most days c) Some days d) Never e) Refused/Don't know	**10.2 What causes these feelings?**	**10.3 Does anything/anybody help you cope with these feelings? What or who helps?**
11.1 How often do you feel <u>very tired</u>? a) Every day b) Most days c) Some days d) Never e) Refused/Don't know	**11.2 What causes the tiredness?**	**11.3 Does anything/anybody help you cope with this tiredness? What or who helps?**

C: DISABILITY ACQUISITION

12.1 How did you acquire your disability? (*Select all relevant responses and provide details – eg type of accident or type of disease, circumstances of violence etc)*	a) Congenital/inherited b) Disease/illness c) Accident d) Attack/violence or war e) Other f) Refused/Don't know	**12.2 Details:**

13. At what stage of life did [you acquire your disability] *OR* [your disability start developing]?	a) At birth b) Young child (1-8 years old) c) Child – adolescent (9-17 years old) d) Adult (18-59 years) e) Elderly (60+)

	f) Refused/Don't know
14.In relation to fleeing your home country, when [was your disability acquired] OR [did your disability start developing]?	a) Before leaving home b) During the journey/In another host country c) In Jordan d) Refused/Don't know
D: ASSISTANCE AND PROTECTION	
15.1 Describe your home in Jordan, rental costs (if any) and any barriers in your accommodation.	
15.2 How many meals do you usually have per day?	**15.3 Are there any obstacles that prevent you accessing food? Describe:**
15.4 Do you have enough water to drink, wash and cook?	a) Yes always, b) Most of the time, c) Sometimes, d) Never, e) Don't know/refused
15.6 Are there any obstacles that prevent you accessing water to drink, wash or cook? Describe:	
16 Do you currently attend any classes? a) Yes b) No c) Don't know/refused **16.1 If yes, what type of classes?** **16.2 If yes, please describe any difficulties you face with the classes** **16.3 If you don't attend classes, why not?**	
17. Do you need access to medical or rehabilitation services? a)Yes b) No c) Don't know/refused	
17.1 If yes, have you been able to access the medical or rehabilitation services you need?	a) Yes – able to access all services I need, b) I have had some access but need more, c) Have not been able to access any services I need, d) Don't know/refused
17.2 What medical or rehabilitation services/products do you currently need but do not have? **17.3 What are the barriers, if any, to accessing the services you need?**	

18. Have you received assistance from <u>UNHCR</u> for…? (*select all that apply)*: a) Medical costs/care b) Financial assistance c) Referral to other groups for assistance d) Procedural assistance (eg accelerated RSD/resettlement) e) Other (specify) f) No assistance g) Don't know/refused	**19. Have you received assistance from any group or association of refugees for..? (*select all that apply)*:** a) Medical costs/care? b) Financial assistance? c) Referral to other groups for assistance d) Procedural assistance (eg recommendation letter to UNHCR e) Other (specify) f) No assistance g) Don't know/refused **19.1 Name(s) of organisation(s):**

20. Have you received assistance from an <u>NGO or Government body</u> for…? (*select all that apply):*	**21. Have you been discriminated against?**
a) Medical costs/care? b) Financial assistance? c) Referral to other groups for assistance d) Procedural assistance (eg recommendation letter to UNHCR) e) Other (specify) f) No assistance g) Don't know/refused **20.1 Name(s) of organisation(s):**	a) Yes b) No c) Don't know/refused **Describe discrimination:**
22. Have you had any difficulty accessing information or communicating with organisations or officials? Please describe	