



# Islamic Relief Worldwide

Tigray Refugees with Disabilities  
in Eastern Sudan Camps

OCTOBER 2021

*'Too often invisible, too often forgotten, and too often overlooked, refugees with disabilities are among the most isolated, socially excluded and marginalized of all displaced populations',*

**Antonio Guterres**

United Nations High Commissioner for Refugees.

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# List of Abbreviations

<b>COR</b>	<b>Commissioner of Refugees</b>
<b>CRPD</b>	<b>UN Convention on the Rights of Persons with Disabilities</b>
<b>GBV</b>	<b>Gender-based Violence</b>
<b>IASC</b>	<b>Inter-Agency Standing Committee</b>
<b>IHH</b>	<b>Humanitarian Relief Foundation</b>
<b>IOM</b>	<b>International Organization of Migration</b>
<b>IRS</b>	<b>Islamic Relief Sudan</b>
<b>IRWS</b>	<b>Islamic Relief Worldwide Sudan</b>
<b>ICRC</b>	<b>International Committee of the Red Cross</b>
<b>MC</b>	<b>Mercy Corps</b>
<b>MSF</b>	<b>Doctors without Borders</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>NRC</b>	<b>Norwegian Refugee Council</b>
<b>OPD</b>	<b>Organisations of Persons with Disabilities</b>
<b>RCF</b>	<b>Refugee Consultation Forum</b>
<b>SDG</b>	<b>Sustainable Development Goals</b>
<b>SCCW</b>	<b>State Council for Child Welfare</b>
<b>SGBV</b>	<b>Sexual and Gender Based Violence</b>
<b>SRCS</b>	<b>Sudanese Red Crescent Society</b>
<b>UASC</b>	<b>Unaccompanied and separated children</b>
<b>UNFPA</b>	<b>United Nations Population Fund</b>
<b>UNHCR</b>	<b>United Nations Refugee Agency</b>
<b>UNICEF</b>	<b>United Nations Children’s Emergency Fund</b>
<b>WASH</b>	<b>Water, Sanitation and Hygiene</b>
<b>WFP</b>	<b>World Food Programme</b>
<b>ZOA</b>	<b>An international relief and recovery organization</b>

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<b>Author</b>	Rahma Mustafa and Imed Quertani
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# Islamic Relief Worldwide

Islamic Relief Worldwide (IRW) is a faith-inspired humanitarian aid and development agency working to save and transform the lives of some of the world's most vulnerable people. Established in the UK in 1984, IRW works in over 40 countries to assist people of all faiths according to need, and does not discriminate in any way.



IRW helps communities to better protect themselves against recurrent challenges such as drought and floods, and delivers lifesaving emergency aid when disaster strikes. The organisation provides vulnerable communities vital services such as healthcare, water and the provision of sanitation facilities, food, NFIs/ Shelter, Food Security, and Protection. Islamic Relief Worldwide Sudan started operating in Tigray in November 2020. Islamic Relief Sudan (IRS) initially targeted 30,000 Ethiopian Refugees in Gedarif state, and later also included 25,000 Ethiopian refugees from Blue Nile state. IRWS aims to reach 59,180 beneficiaries in total by the end of 2021. As of 3rd June 2021, reached to 73,799,125% of the total target.

IRWS's response focused on the below areas:

- Construction of household latrines Um Rakuba and Tunaydbah camps.
- Construction of TLSs in Um Rakuba and Tunaydbah camps
- 360 students will be served in two shifts: 180 students in each shift with each TLS accommodating 30 students
- Installation of water tanks
- Distribution of food packs
- The construction of bathing and washing facilities in all the Tigray Camps
- Regular participation of the Emergency Response Team in the scheduled Refugee Consultation Forum (RCF), Refugee Information Management Working Group (RIMWG), Refugees Working Group (RWG), and Shelter & NFIs working group, meeting at the field and Country office levels.

# Executive Summary

The World Health Organization (WHO) estimates that 15% of the world's population are living with some form of disability. Persons with disabilities are among the most marginalised in any crisis-affected community.<sup>1</sup> It is estimated that 9.3 million persons with disabilities are forcibly displaced as the result of persecution, conflict, violence and human rights violations.<sup>2</sup> Lack of disaggregated data, and persistent of the exclusion of persons with disabilities from the humanitarian response further exacerbate the situation of refugees with disabilities, contributing to the violation of their rights.

This report is commissioned by IRW in coordination with International Disability Alliance (IDA) to document the experiences of persons with disabilities affected by Tigray conflict, with a particular focus on women and children. It is based upon field research in two refugee camps in Eastern Sudan, as well as ten individual interviews conducted with organisations of persons with disabilities, humanitarian actors and international organisations in March 2021. In addition to this research, the report provides an overview of the situation of refugees living with disabilities, identifies barriers to accessing support and makes practical recommendations to the government, UN agencies and NGOs.

The research indicates that refugees with disabilities face many challenges, including non-identification during the refugee registration process, and a lack of access to mainstream assistance programs due to institutional, attitudinal, physical and information and communication barriers. For example, negative attitudes towards refugees with disabilities, result in stigmatisation and discrimination. This creates a disabling environment across all sectors, and multiple and intersectional discrimination that intensify attitudinal barriers. Physical barriers in the camps affected the opportunities of refugees with disabilities to be able to participate on an equal basis with others. Inaccessible communication systems prevent access to information about the available service in the refugees setting. Institutional barriers include many laws, policies, strategies or practices that discriminate against refugees with disabilities. The lack of enforcement and political support for policies also limited the inclusion of refugees with disabilities in the humanitarian response. For example, many humanitarian organisations have disability inclusion policy documents, but these may not always be

sufficiently implemented, or disability still needs to be further prioritised by government. This has resulted in ineffective mainstreaming and a lack of coordination.

These barriers mean that persons with disabilities are less likely to be included in decision-making processes or in the appointment of camp leadership and management committees. There is little recognition of persons with disabilities' potential to participate on an equal basis with others and they are considered as a recipient of aid rather than equal agents of change. Moreover, for those who fled Tigray alone without family members, the loss of family support and caregivers expose them to protection risks and exploitation.

Almost all interviewed refugees with disabilities highlighted barriers which arise from the physical layout and infrastructure of camps and settlements. They noted the physical inaccessibility of shelters, food distribution points, water points, latrines, schools, health centers, and other camp facilities. These physical barriers affected all aspects of their daily lives, especially those with physical and visual impairments. Unable to leave their homes or move around easily, many refugees with disabilities faced greater levels of isolation than before they were displaced. Women, children, unaccompanied minors and older persons with disabilities face an even higher risk of being discriminated or excluded from receiving appropriate support

Many refugees with disabilities reported that food and non-food distribution points were far from their shelters, and they have to wait in long crowded queues to receive their items. Some also pointed to insufficient food portions and not being prioritised in food distribution systems. Others have identified the lack of adequate food for persons with disabilities, including children with disabilities and the lack of consideration of special food and nutrition needs. "We are provided the same hot meals of porridge and lentils every day. The portions are insufficient, and we supposed to receive it twice daily, but often the food runs out before all the people have received their portion" says Ahmed, a refugee with disabilities in Um Rakuba camp.

Another challenge is the lack of specialised health care for refugees with disabilities, and inaccessible medical centers. Refugees with disabilities are rarely referred for specialised services outside the camps and if they are, they face unaffordable transportation and treatment costs. While the research background shows provision of reproductive health services by Sudan Family Planning Association (SFPA), interviewed women with disabilities reported that they had no access to reproductive healthcare. This could be explained by accessibility barriers.

Access to education for children with disabilities was one of the most challenging areas for all household surveyed. Most participants reported that children with disabilities had no access to schools due to the lack of accessibility into school buildings. Though there are some initiatives but it's not systematised

In general, as this research reveals, refugees with disabilities are among the most excluded of all displaced populations. Today, the UN Convention on the Rights of Persons with Disabilities (CRPD) together with the International Humanitarian Law and other legal frameworks applicable to humanitarian settings, require all humanitarian assistance and protection efforts to be inclusive of persons with disabilities. The willingness to include persons with disabilities in humanitarian policies and frameworks should be accelerated. Several commitments regarding disability-inclusive humanitarian action were recently adopted, including initiatives around the Covid-19 pandemic. Despite these initiatives, implementation has been slow. Many humanitarian organisations have strengthened their policy framework to include and protect refugees with disabilities. However, facts and figures show that on the ground, not much has actually changed.



*Second focus group with refugees with disabilities in the school set by Save the Children organisation in Um Rakouba Camp ( March 29, 2021)*



# Introduction



Key interview with  
Cof GEDARIF Refugee  
Settlement Administration  
(March 28, 2021)

Since November 2020 more than 63,000 people who fled violence in Tigray region, Ethiopia, crossed the border to Sudan. Since then, many have been relocated from Hamdayet and Abderafi border points to Um Rakuba and Tunaydbah, which are permanent refugee camps in Gedarif state. It is evident from the Tigray situation reports that persons with disabilities are more prevalent among groups escaping conflict and are among the most excluded, and neglected groups of refugees. Although humanitarian organisations are increasingly recognising persons with disabilities in policies and guidelines, there are still significant gaps in operationalising this at the field level. For instance, multiple organisations recognised the need to provide information in an accessible format for refugees with disabilities. However, at the field level there are no measures taken to reach this goal such as easy read material, sign language interpreters or large print documents and braille.

This report provides a situation overview of persons with disabilities affected by Tigray conflict currently residing in two refugee camps: Um Rakuba and Tunaydbah in Eastern Sudan. The goal is to identify the challenges they faced in accessing the humanitarian response and identify practical recommendations to overcome these challenges, and to promote greater inclusion and participation of persons with disabilities in humanitarian action.

# Methodology

The findings presented in this report were identified through qualitative methods including a desk review, interviews and focus group discussion. The comprehensive desk review included a review of existing international legal and policy frameworks around the inclusion of persons with disabilities in humanitarian action and review of publicly available reports<sup>3</sup> on Ethiopian emergency situation in Tigray region published by United Nations Refugee Agency (UNHCR) and other INGOs.<sup>4</sup> This review aimed to understand the context of the conflict, gathering rough data about the situation of refugees in general and refugees with disabilities and to identify the different humanitarian actors that are intervening in this crisis. Based on data from the desk review, the key informant interviews were planned including three target groups: refugees with disabilities (including women, girls, children and older persons with disabilities), humanitarian actors including governmental authorities and the National Council of Persons with Disabilities, as well as other organizations working with Persons with Disabilities.

Field visits to Eastern Sudan refugees' camps were conducted from March 21, 2021 to April 3, 2021. During field visits, the researcher conducted interviews, focus-groups discussions, and observed practices directly wherever possible. He conducted focus group discussion with refugees with disabilities around their situation, needs and the challenges and good practices they identified in accessing available mainstream and specialised services. He interviewed field staff from humanitarian agencies regarding consultation, participation and inclusion of persons with disabilities in their programmes. He also interviewed the national disability council, Gedarif State disability council and the Sudanese National Union of Persons with Physical Disability regarding their engagement in the coordination of the humanitarian response. The interviews and focus group discussions paid significant attention to capturing the lived experiences and perspectives of persons with disabilities. The data is analysed according to the general principles of the Convention on the Rights of Persons with Disabilities (CRPD), and humanitarian principles and standards.

Due to the limited number of interviews conducted with humanitarian actors, the team has decided to share an online survey to reach actors that were not part of the field visit. The survey focused mostly on aspects such as access to information and communication, food, and health. This approach was adopted in order to be able to include the maximum number of responses from humanitarian actors. Unfortunately, despite reaching many actors, the survey system was not successful.

Camps	Number of refugees with disabilities that took part to the focus groups
Tunaydbah	+ 60
Um Rakuba	+ 70
Total	+ 130

In addition to those focus groups, a number of individual key interviews have been conducted with refugees with disabilities who were not able to attend the focus groups due to mobility challenges.

For security and privacy concerns all names used in the report are pseudonyms unless stated otherwise.



# Limitations

Although the adopted methodology contributed to the collection of relevant information about the situation of refugees with disabilities, it is also important to highlight the limitations of the study and explain the reason behind these limitations.



*First focus group discussion in Um Rakouba camp (March 29, 2021) on the discussion about different barriers that refugees with disabilities face.*

- Lack of representative responses from humanitarian actors:** Due to time and logistics constraints, it was extremely difficult to reach humanitarian actors. Further interviews or responses from humanitarian actors would have been relevant to capture the full spectrum of humanitarian responses. To achieve this goal, an online survey has been developed and shared widely with different actors. However, there were few responses to the survey.
- Large number of participants in focus groups:** Due to time constrain, the focus groups were organised with a large number of refugees with disabilities (minimum of 30 persons for each group). Hence, due to limited time and logistic challenges the focus groups were conducted in a less structured way than traditional focus groups. As such, while the focus groups were adequate in terms of representation of persons with disabilities with different age and gender, less number of participants would have allowed for more in-depth discussions.

# Background to Tigray refugees situation in Sudan

In early November 2020, military confrontations between federal and regional forces in Ethiopia's Tigray region, which borders both Sudan and Eritrea, led the Government to declare a State of Emergency. Since then, and despite the announcement of an official end to military operations at the end of November, Ethiopia's Tigray region has continued to be affected by armed clashes and insecurity.<sup>5</sup>

The violence has led to immediate and large-scale forced displacement across the border into east Sudan in search of safety and life-saving assistance. The Ethiopian refugee influx to east Sudan started on 9 November 2020 with some 7,000 people crossing the border in a 24-hour period after taking longer journeys to arrive to Sudan.<sup>6</sup>

A few days later, the movement dramatically increased with thousands of refugees crossing into Sudan through Hamdayet in Kassala State, and Lugdi and Abderafi in Gedarif State. These entry points are located in extremely remote locations that take at least a six-hour drive to reach from the nearest towns, they have very little infrastructure, only accessible via sand tracks and other non-paved roads making it difficult to quickly deliver food and supplies.<sup>7</sup> Since 15 November 2020, some Ethiopians have come across the border to Sudan further South in the country's Wad Al Mahi region of Blue Nile State.<sup>8</sup>

As of 1st August 2021, Sudan has received 55,493 new Ethiopian refugees. 1,699 individuals registered are persons with disability and 47,959 have been relocated to east Sudan camps/settlements in Kassala and Gedarif. Many are women and children. Most have been left with few belongings and arrived exhausted from walking long distances over harsh terrain. The remote border areas are still heavily congested with overall poor living conditions despite the arrival of more assistance. Gaps remain across all sectors including shelter, food, health and WASH.<sup>9</sup> Below are some Statistics of Ethiopian refugees in East Sudan as of August 1, 2021:<sup>10</sup>

Hamdayet	5,762 refugees
Village 8	3,077 refugees
Lugdi	-
Abderafi	-
Basundah	-
Um Rakuba Camp	18,660 refugees- out of this number 571 are persons with disabilities
Tunaydbah Settlement	19,560 refugees- out of this number 1128 are persons with disabilities

The disaggregation based on age and gender shows that 33 % are children (those between 0-17 years), with 10 % below the age of five. 63% are adults (18-59 years), 4% are elderly persons (+60 years), 61% are male and 39 % are female.<sup>11</sup>

Since 13 November 2020 and as of 1st August, 2021, 18,660 refugees have relocated from Hamdayet, Village 8 and Abderafi border points to Um Rakuba camp -70kms away from the Ethiopian border, which was the first refugee settlement site identified by the Sudanese government to facilitate their access to assistance and services. It takes at least one day to arrive to Um Rakuba from all reception centers. As of 2 May 2021, the camp has 3,949 shelters, 28 water points, two water sources, 770 latrines, 348 showers, nine health facilities, one registration centre, three primary education centre and two early childhood development centres.<sup>12</sup>

Um Rakuba site has reached its maximum capacity. The Sudanese government has identified the Tunaydbah site as a new settlement -136kms away from Gedarif town. On 3 January 2021, UNHCR and partners began relocations to the new settlement, Tunaydbah.<sup>13</sup> As of 1st August, 2021, 19,560 refugees had been relocated. Relocation from Village 8 to the Tunaydbah settlement is being prioritised due to the tense security situation along the border with Ethiopia.<sup>14</sup> As of 31 May 2021, the settlement has 5,400 emergency shelters, 83 water points, two food distribution centre, 552 latrines, five primary health facilities, one registration centre and 591 showers. All of these facilities didn't meet IASC minimum standards for camps, as far as the researcher could verify, which include a lack of access to insufficient water, sanitation, hygiene and low quality WASH in camps settings.<sup>15</sup>

# Coordination of response

The humanitarian action response for Ethiopian Refugees in Sudan is co-led by UNHCR and Commissioner of Refugees (COR). It also involves close coordination with other humanitarian and development partners (including national and international NGOs and UN agencies) under the Refugee Consultation Forum (RCF). This is in addition to working groups within different sectors such as WASH and education. The RCF is the main refugee coordination mechanism in Sudan, with more than 45 UN, INGOs, NGOs and government partners actively participating in the RCF. The response is also supported by the UN Country Team and other humanitarian and development partners.<sup>16</sup> Sudan Inter-Agency Refugee Emergency Response Plan for the Ethiopian refugee influx was finalized on 25 November, 2020 and publicly announced on 29 November 2020 in Khartoum.<sup>17</sup>



# Legal and policy framework

Several International Human Rights Law and Humanitarian Law instruments state that all humanitarian assistance and protection efforts must be inclusive of persons with disabilities. The convention on the Rights of Persons with Disabilities<sup>18</sup> followed by the Charter on Inclusion of Persons with Disabilities in Humanitarian Action marked a turning point for the humanitarian community and for affected persons with disabilities.

The CRPD includes several principles and articles that are applicable to humanitarian action. More specifically, the principles include non-discrimination, participation and inclusion in society, equality between men and women and accessibility. If these principles are implemented alongside humanitarian principles of humanity, neutrality, impartiality and independence and with humanitarian standards, including the Humanitarian Charter and the Code of Conduct, they guarantee that persons with disabilities will be included in all phases of humanitarian preparedness and response.

CRPD provisions of particular relevance to the rights of persons with disability in humanitarian contexts include: equality and non-discrimination (Article 5), accessibility to services, facilities and information (Article 9), protection and safety of persons with disabilities in situations of risk and humanitarian emergencies (Article 11), to “ensure equal access... to adequate food, ....to clean water services” (Article 28).

Article 11 of the CRPD reinforces and specifies states’ obligations under international humanitarian law to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and natural disasters. Article 11, together with Article 32 of the CRPD on International Cooperation, makes the human rights based approach to development and humanitarian aid a binding obligation under International Law, accordingly “states, non-state actors and humanitarian actors should reform their policies and practices in compliance with the Convention to ensure the protection and safety of persons with disabilities in humanitarian context”.

Article 11 is reinforced by other relevant international frameworks on inclusion of persons with disabilities during emergencies and sustainable development, such as the launch of the Charter on the Inclusion of Persons with Disabilities in Humanitarian Action in 2016.<sup>19</sup> The Charter is a useful tool for understanding of how inclusive humanitarian action can be achieved in line with the CRPD.

In addition to the above frameworks, in 2019, the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action has been developed with and by persons with disabilities and their representative organisations in collaboration with traditional humanitarian stakeholders.<sup>20</sup> The guideline set out essential actions that humanitarian actors must take to effectively identify and respond to the needs and rights of persons with disabilities in humanitarian settings, placing them at the centre of their response, both as actors and as members of affected populations. Moreover in 2019, for the first time, the UN Security Council adopted the landmark Resolution 2475, the first document from this UN body to specifically address persons with disabilities. It represents a clear political commitment towards mainstreaming disability across all UN pillars, including peace and security. It recognises persons with disability who are particularly at-risk during conflict and can be inadvertently excluded by humanitarian organisations and proposes actions to address the barriers they face. These include providing inclusive and accessible assistance, taking measures to ensure access to basic services provided in the context of armed conflict on an equal basis with others, and building capacity and knowledge of the rights and specific needs of persons with disabilities across UN peacekeeping and peacebuilding actors.<sup>21</sup>

The CRPD, along with other international frameworks on inclusion of persons with disabilities during emergencies should be incorporated in all humanitarian interventions. To do so, humanitarian actors should examine and evaluate current practices, processes, and outcomes to ensure that the human rights of persons with disabilities are protected and promoted as required by international law.

Sudan ratified the CRPD on April 2009 followed by the enactment of the National Disability Act 2009 abolished by National Persons with Disability Act 2017.<sup>22</sup> Nevertheless, the national legal and policy frameworks requires more improvement in order to adequately address the inclusion of persons with disability in Situations of risk and humanitarian emergencies measures. Both the Disability Act and the Humanitarian Act do not include the protection of persons with disabilities and the prohibition of discrimination against them. Also, it is clear that there is a need for a holistic approach to develop strategies to ensure appropriate humanitarian assistance. This approach will answer the identified challenges, such

as the lack of systems to collect information on the situation of persons with disabilities. These include the barriers that they face to exercise their rights. It also includes the lack of information and statistics around the type of protection and services (water, food, adequate medical care and shelter) that are provided to persons with disabilities who are displaced, or to refugees or in areas affected by conflicts and wars. The National Relief Protocol also does not include the prohibition of discrimination against persons with disabilities in humanitarian context.<sup>23</sup>



Women desk of « ALIGHT » organization in Um Rakouba camp that shows pictures of famous women advocates such as Malala Yousafzai and others

# Key Findings of the report

This part of the report summarises the main findings from extensive desk research and field studies conducted by IRW in both Um Rakuba and Tunaydbah camps in March 2021. The findings show the level of inclusion of Tigray refugees with disabilities in humanitarian assistance in Eastern Sudan refugees' camps. It captured the lived experiences and identified the challenges faced by refugees with disabilities in their journey from Ethiopia to Sudan and after they arrived in the camps in Sudan. The Key findings are below.

## Identification & Registration

Identifying and collecting data on persons with disabilities is one of the important elements for quality humanitarian programming. This requires identifying the population of persons with disabilities (number of individuals with disabilities, and households that include persons with disabilities) and the barriers that they face in accessing humanitarian assistance. This data will build an understanding of the requirements and priorities of persons with disabilities during the crisis.<sup>24</sup>

The Sudanese Commission of Refugees (COR) and UNHCR's teams at the border areas of the eastern Sudanese States of Kassala and Gedarif are jointly screening and registering Ethiopian refugees. The Registration has been facilitated by the newly established refugee committee. ICRC along with Sudanese Red Crescent Society (SRCS) volunteers have established family tracing and reunification desk at the site to meet the high demand of refugees searching for their missing family members. All the information collected is available to all partners and stakeholders through a regular publication produced by UNHCR providing up to date operational update on the humanitarian crisis in Tigray region.<sup>25</sup>

The field research showed that the current system for refugee registration does not collect information on refugees with disabilities.

**“There are many problems in data collection, the staff often lacked disability awareness and technical expertise and knowledge to include information on refugees with disabilities, even when registering, refugees with disabilities said that they have not been asked about their needs, they have been asked about their health problems but nothing on their needs,” says Aaron, a refugee with disabilities.**<sup>26</sup>

## Barriers around access to information

Access to information is a prerequisite to ensure all refugees have the information they need so they can benefit from existing services and provide their feedback or complaint about the issues they face.

Additional measures may be required to ensure refugees with disabilities access information on how to exercise their rights and access services on an equal basis with other refugees. Information must be provided in accessible formats using alternative means and modes of communication. Accessible formats include but are not limited to sign language interpretation, Braille, large prints or audio versions, and easy-read or plain language format. Refugees with disabilities should have access to information from the moment of their registration and during their stay. Humanitarian staff and volunteers should ensure that all information delivered to refugees is accessible. Therefore, it is essential to enquire about the preferred format of communication for each individual, rather than making assumptions.

Meetings with humanitarian organisations revealed that although they are aware of the requirements of making information accessible, in practice there has been limited action taken to meet it. They highlighted the challenge of language barriers as Tigray interpreters are not always available. Furthermore, they are not always equipped to be able to provide accessible information through mediums such as braille materials and pictograms. Some staff members also recognized that although this standard practice, they do not always have the capacity to fit all the required standards when they are in the field, during day-to-day work.<sup>27</sup>

Focus groups with refugees living with disabilities and individual interviews revealed that information in the camp was not accessible to them. For example, many refugees said that they have no information on where and how to claim if they face any problems, and neither were they aware of the actors responsible of their protection. *“We don't have a way to claim. After registration, they don't come back to us to check and we don't know who to ask”.*<sup>28</sup> Indeed, most refugees shared that they do not have information on protection related issues such as complaints mechanisms. Some refugees did not know about education services available in camp.



# Shelter

The shelter and settlement sector aims to ensure the dignity, privacy, safety and security of the affected population while providing them with protection from the climate.<sup>29</sup> Multiple humanitarian actors continue to provide shelter to new arrivals at reception centers in Um Rakuba camp and Tunaydbah settlement. They are distributing core relief items, including blankets, sleeping mats, soap, plastic sheets and jerry cans to new arrivals.<sup>30</sup>

Tens of thousands of Tigray families who fled to Sudan remain in temporary shelters. The government has scaled up the emergency response to ensure adequate protection. However, the pre-existing fragile economic conditions have impacted the government's capacity to meet the needs of the affected people.<sup>31</sup> The field research showed that the majority of Tigray refugees are staying in collective sites which are overcrowded and lack privacy, and they have limited access to safe shelter. This is contributing to protection risks, including Gender-based violence (GBV) and increased exposure to exploitation.

For example, Women with physical disabilities who are isolated in their shelters might be subjected to sexual violence. Women and girls with intellectual and psychosocial disabilities are more vulnerable to sexual violence in humanitarian contexts, due to a lack of information about GBV or lack of awareness around personal safety and protective measures. Women and adolescent girls, who disproportionately assume caregiving roles in households of persons with disabilities, may be exposed to harassment and exploitation when seeking assistance. Certain zones of the camp have been reported as unsafe by women and girls with disabilities due to alcohol abuse among men.

For refugees with disabilities, overcrowding and congestion in camps remains a serious concern, as camps are currently hosting populations beyond their initial capacity. Many persons with disability raised the issue of physical inaccessibility to shelter which affects all aspects of their daily lives, particularly for those with physical and visual disabilities. Many are unable to leave their shelters or move around easily and this issue is exacerbated in shelters which are long distances from essential services and facilities such as water sources, latrines and bathing areas,

health centres, food and non-food distribution points and camp offices. They reported that tents are very hot during the day and night as they are built with straws and wood. Persons with disabilities were not provided with materials to build their own shelters.

Some did not receive tents, plastic sheeting, blankets and mattresses distributed in the camp. *"We arrived in Hamdayet in mid-November [2020] and were transferred to Um Rakuba camp where the situation was bad. We lived under the trees. We did not have tents or blankets. We slept on the ground and did not feel safe at that moment"*<sup>32</sup>

There is a lack of adequate lighting in refugee camps and settlement areas to support protection and physical safety of refugees with disability. Fatimah, a young refugee woman with physical disability said she consequently feels uncomfortable moving around the camp.

Inadequate shelter for newly relocated refugees in Um Rakuba and Tunaydbah camps also remains a concern. *"The existing emergency shelters will only be suitable for a short period and under the current dry conditions. With the beginning of the rainy season in the coming months, emergency shelters will not provide sufficient protection"*, says a refugee living with disabilities at the camp.

*"I crossed into Sudan alone, I have been placed in shelter with a family who were unknown to me. Then, the family asked me to find another place to live, now I sleep with a family from the local community who allow me to come at night and leave early in the morning"*, says Daniel, an unaccompanied minor with hearing disabilities. He travels around the camp and to the neighbourhood market each day looking for something to eat and drink. The lack of services could put him at risk of abuse, trafficking and child labour.

# Water, Sanitation and Hygiene (WASH)

Access to clean drinking water and sanitation is recognised as a human right and fundamental to the attainment of other rights. WASH plays a key role in ensuring people's wellbeing, including persons with disabilities and their families who need reliable access to water and sanitation infrastructures. Exclusion of persons with disabilities from WASH services may put them at higher health and water-related risks, which can be life-threatening for them and their families.<sup>33</sup> With respect to persons with disabilities, the WASH sector must consider various factors, such as whether the context is urban or rural, the crisis is due to conflict or natural hazard, and whether social and religious practices influence the uses of water.<sup>34</sup>

Tigray refugees fleeing the crisis have settled mostly in Kassala and Gedarf States which were already overwhelmed hosting over 900,000 refugees and migrants before the start of the Tigray crisis in November 2020.<sup>35</sup> Refugee camps are located in poor areas. As of April 17, 2021 there are 20,573 refugees in Um Rakuba Camp, 20 water points, four water sources and 346 Latrines (1 per 20 people). While Tunaydbah Settlement has 20,609 refugees, with 30 water points and 104 latrines.<sup>36</sup>

UNHCR, UNICEF, MSF, ICRC, ZOA and IRW are now engaging in the WASH response, trucking water for the different site, using water containers provided by UNICEF. In addition, clean drinking water is being delivered by Cooperazione Internazionale (COOPI) and MSF Netherlands to the Hamdayet transit centre, Um Rakuba and Tunaydbah camps.<sup>37</sup>



First focus group discussion in Um Rakouba camp (March 29, 2021); Refugees sharing their daily activities in order to identify challenging points.

However, almost all refugees with disabilities surveyed identified problems in accessing WASH. They reported that:

- Persons with disabilities living in the camp face many difficulties compared to other residents as water and sanitation facilities are far from their settlement.
- They lack facilities which enable safe, dignified, and independent access. This situation may negatively impact the mental health of the refugees and might be the cause of risk situation especially for women that might be subject to sexual harassment and violence. *"They feel safe only inside their homes and generally unsafe outside around their homes, in route to latrines inside the camp and especially on the way to collect water"*, says Mariam, a resident at the camp.<sup>38</sup>
- Sites are overcrowded and there is a lack of access to safe drinking water. Persons with disability have to bear the burden of collecting the water. Also, they reported concerns around the distance from water points to accommodation. *"My son often helps me to collect water and food and this is annoying, says man with physical disability in Um Rakuba camp."*<sup>39</sup>
- A specific concern regarding the inaccessibility and distance of latrines from household. Latrines has no handles, ropes or chairs that would enable persons with disabilities to use them, many persons with disabilities were not able to use latrines without assistance. Many people depend on their relatives to help them i.e. there are greater than 20 people per latrine. In all the sites visited by IRW there were no latrines allocated for persons with disabilities or private facilities for those with limited mobility.
- *"The hardest thing about living in the camp is lack of sanitation facilities. When I came here, as a person with disability and my mother is blind, the hardest thing to do was going to the latrines and I have no one to support me"*, says Aida.<sup>40</sup> Ali had not been able to shower, he can't access showers in the camp and sometimes tries to wash himself inside the tent. *"I can't even access a toilet, I just sit near the toilet and use my hands to support me"*, he says.<sup>41</sup>
- Persons with disabilities also mentioned that the camp was not paved and expected to become muddy during Autumn, making it difficult for them to move around the camp and reach water and sanitation points.
- Other refugees with disabilities complain about having to wait in line for all services including WASH without being prioritised.
- Parents of a woman with disabilities in Um Rakuba told IRW that conflict forced them to leave the village without their belongings. They could only bring their daughter and her wheelchair, along with other 4 children. It took them four days to reach Sudan, and for two days they had just small amount of flatbread and water. In the absence of any other support networks, they are struggling to look after a family member with disabilities, struggling to collect food, fetching water and dealing with inaccessible camp facilities. They also spoke about feelings of isolation and not being able to support their daughter to participate in the camp activities.
- Persons with disabilities reported that they did not receive individual, comprehensive assessments in order to identify their specific assistance and protection needs especially in regards to WASH.
- They reported a lack of knowledge, awareness and technical capacity among WASH actors and organisations on how to communicate with persons with disabilities and ensuring their inclusion in WASH. Many WASH organisations interviewed reported that "sector standards, guidelines and policies consider the requirements of persons with disabilities however, meaningful financial and other technical support are still needed to make those commitments a reality."<sup>42</sup>
- Latina, a woman with physical disability in Um Rakuba camp recommended that more efforts are needed to make the latrines more accessible for persons with disabilities. *"We need accessible latrines with support rails, pathways for persons with disabilities, and lighting. The latrines should be equipped with waste bins and water storage vessels to support personal hygiene needs. Daily monitoring, maintenance and restore of key items such as soap in the facilities should be made"*, she says.<sup>43</sup>

# Food

Everyone has the right to adequate food and to be free from hunger.<sup>44</sup> This right has been recognised in multiple international legal frameworks including international humanitarian law.<sup>45</sup> Hence, persons with disabilities should be granted this right on an equal basis with others.

As part of the response to the humanitarian crisis in Sudan, the World Food Programme (WFP) provides monthly food distributions at all sites. Muslim Aid provides ready meals to all new arrivals in Hamdayet, as well as persons with specific needs. Dry food rations, including supplementary super cereals for pregnant and lactating women and children under five were provided by WFP. SRCS and a team of volunteers continue to conduct nutritional screenings (MUAC) and have referred children with acute malnutrition to the community-based management of acute malnutrition (CMAM) centre, supported by UNICEF. Hot meals are provided by Muslim Aid with the support of WFP food and kitchen utensils.<sup>46</sup>

In all refugee camps, participants in the field research reported that they received insufficient food rations, food distribution points were far from tents and that they had to line up for long time to receive their food. A parent whose daughter is in a wheelchair has to bring her every day to receive her food. She must push her wheelchair through the difficult path daily because she is not given food if staff do not see her.

The same parents shared that they had to sell some of their items in order to buy vegetables and healthy food for their daughter, considering the existing food unsuitable for her and worrying that it may worsen her health condition.

Also, refugees with disabilities pointed out the lack of variety of food and the lack of consideration of individual needs for special food. *"We are provided the same hot meals of porridge and lentils every day. The portions are insufficient, and we supposed to receive it twice daily, but often the food runs out before all the people have received their portion"* says Ahmed, a refugee with disabilities in Um Rakuba camp.

The same food is provided for all refugees without taking into account their age or health status, in particular for children, older people and persons with health issues *"Children need sugar, cereals and other essentials we aren't receiving. We don't even have milk for them"*.<sup>47</sup>

# Cash assistance

Humanitarian assistance usually involves the analysis and adoption of several response options, including cash and voucher assistance. It has the potential to efficiently reach persons with disability faster and at lower cost than other forms of emergency assistance. This empowers persons with disability to make choices about assistance or services, in accordance with principles affirmed in the CRPD.<sup>48</sup>

In Tigray refugee camps, some organisations provide monthly cash support. However, the stipend is not enough to cover basic needs, especially for persons with disability who have extra cost of disability such as replacement of assistive devices (such as wheelchairs and hearing aids).<sup>49</sup> Extra costs include many expenses that are related to individual or households with those living with disabilities, due to a lack of access to support and essential services.

Some persons with disability reported that "we arrived four months ago, we received financial support only the first month but they did not provide this support during the next two months". Others didn't receive the cash support due to lack of information on cash registration processes and delivery mechanisms. "As persons with disabilities, we continue to face many difficulties. I did not receive financial support while some people did. Before fleeing to the camp, we had income and were able to feed our families. With the conflict, we lost our homes and left without anything#. Our life became dependent on aid distributions. Financial support need to be set up to enable people with disabilities to cover their basic needs", says Liya, a resident at the camp.<sup>50</sup>

Employment opportunities are often not available to refugees and particularly for those with disabilities. "Some international organisations hire refugees in some activities in the camp like building the clinics, but this will not be possible for us as persons with disability", says one resident.

# Health, rehabilitation and assistive devices

Access to healthcare is a right in a humanitarian context. Everyone should have access to excellent health services, regardless of disability<sup>51</sup>. Persons with disabilities have the right to access all mainstream health and rehabilitation services.

Researchers have documented some positive measures by humanitarian actors in collaboration with the government to ensure access to healthcare for refugees. However, our research indicates that most of these measures are not inclusive of and accessible for refugees with disabilities. The Ministry of Health (MoH) with the support of UNICEF, conduct nutritional screenings for children under five years and provide polio vaccines at Hamdayet, Village 8 and Um Rakuba camp. Sudan Family Planning Association (SFPA) is providing reproductive health services to the refugees and providing HIV treatment.<sup>52</sup>

UNFPA established two temporary clinics in Hamdayet and village 8. With the support of ZOA International Sudan and Global Aid Hand, UNFPA also distributed dignity kits, including sanitary pads, underwear, toothpaste and soap.<sup>53</sup>

Mercy Corps (MC) are supporting the government Primary Health Care clinic near the camps with staff, medicines, medical supplies and basic equipment. Another emergency clinic run by a group of refugee health staff from Ethiopia is being supported by the Ministry of Health, with UNHCR providing medicine and medical equipment. MSF is also running a health facility and has provided medicines and medical supplies to the sites while referring urgent cases to the government clinic. The Sudanese Organisation for Research and Development (SORD) mobile clinic with the support of UNFPA provides medical consultations on neo-maternal, family planning and distributes clean deliver kits.<sup>54</sup>

Covid-19 prevention is streamlined across all activities. Temperature screening is in place at the entry point in Hamdayet for new arrivals. UNHCR is distributing soaps and masks to new arrivals at Hamdayet and Village 8 transit centres. UNHCR, SRCS and Sudan Vision conduct awareness sessions on Covid-19 and distribute informative leaflets. COVID-19 prevention measures, including wearing masks, and social distancing, are being observed during the relocation of refugees to Um Rakuba and Tunaydbah camps.<sup>55</sup>

During the meetings with refugees with disabilities, many issues related to access to health were raised and it was pointed out that most of the services described above are not fully accessible and inclusive of persons with disabilities. Health services in camps are delivered at the minimum level. Specialised doctors and medicines are not available. Many persons said that they had to go to the hospital in order to get the care they need and this was not done without difficulties as they face a lot of barriers to go to hospitals such as inaccessible and unaffordable transportation. They had to sell blankets and other items in order to receive money and use it for things they really need.

All refugees interviewed said that there are no rehabilitation services nor assistive devices. Rehabilitation services are essential for some persons with disabilities who may face a deterioration of their health without the rehabilitation. Some persons with disabilities lost their assistive devices when they fled, others state theirs are damaged and that they can no longer use them.

Zala is 22 years old and uses a wheelchair. It's an old wheelchair that she has been using through her journey to Sudan with the help of her parents. They are supporting her to move around the camp but the path is not suitable for the wheelchair. The wheelchair is now very damaged. It has no cushion and is unhygienic due to the lack of accessible toilets. This has caused problems to Zala's skin. Her parents have been asking for a new wheelchair cushion, but that they haven't receive anything. Zala's story highlights the plight that those in her situation face.

# Protection mainstreaming

Protection mainstreaming comprises of all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of relevant bodies of law.<sup>56</sup> Protection in humanitarian response has many principles including enhancing the safety, dignity and rights of people and avoid exposing them to harm, ensuring people have access to assistance according to their requirements, without discrimination and assisting people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation; help people claim their rights.<sup>57</sup>

In eastern Sudan Tigray refugees camps, UNHCR protection help desks have been established in all locations to provide information on legal issues including GBV and SGBV issues, rights and obligations of refugees in country of asylum, and to facilitate the registration process. UNHCR protection teams are on the ground at the reception centre, providing new arrivals with a safe space to raise their protection concerns. They also continue to identify persons with specific needs including pregnant women, persons with disabilities, unaccompanied children and other vulnerable people, to immediately be registered and provided with food and core relief items. UNHCR child protection desks with the support of the State Council for Child Welfare (SCCW), UNICEF and Plan International continue to screen and identify unaccompanied and separated children (UASC) and other vulnerable children and provide them with support and counselling.<sup>58</sup>

An inter-agency team conducted a rapid protection assessment and facilitated group discussions with girls, boys, women and men including persons with disabilities and older persons to understand their protection needs at Hamdayet transit centre. The main findings include:

- A lack of information around available service
- Girls and women not feeling safe due to rumours of GBV incidents,
- The urgent request for soap and face masks to mitigate exposure to Covid-19.<sup>59</sup>

In field research, humanitarian actors revealed that their protection programs and activities are inclusive and that refugees with disabilities are part of this, as mentioned in the global standards and organisational policies. However, no specific mechanisms are put in place to target refugees with disabilities as they explained during the field survey. They reported that they didn't receive information about protection reporting and response system nor the responsible organisation.

This lack of clear procedure has been confirmed in the meetings with the refugees who unanimously said that they do not know which procedure to follow if they have any claim, even more they are not informed about the existence of an organisation in charge of "protection". *"No one helps us. It would have been good if there was someone to help us"*, says one refugee.<sup>60</sup>

Many violation cases have been reported in both camps during the interviews, particularly with relation to the distributions of kits consisting of food and other items. Persons with disabilities have to do the queues like everyone else. However, queues are not respected and people with disabilities are scared of being pushed in crowds, which make them among the last people to receive aid. Sometimes they do not succeed in receiving it.

There is also an issue of trust in humanitarian staff. We repeatedly heard accounts of humanitarian staff not giving them their due, such as blankets and clothes, as well as items they ask for from outside the camps. Some interviewed refugees believed that humanitarian organisations provide the goods they need, but services are not managed well and are misused.

However, in the Tunaydbah camp, women in the focus group shared that before the establishment of local committees, there was a lot of abuse and issues with intoxicated men during the night. This changed when local committees were elected. They are responsible for the security in the camp which make residents feel safe.

# Camp management

Persons with disabilities in camps are also entitled to exercise their right to participate in camp life and in decisions that concern them. This means that humanitarian actors must ensure they can meaningfully participate in site governance and representative structures, give them effective access to information and feedback and complaint mechanisms, and ensure they can participate in social events and economic activities.<sup>61</sup> Although refugees with disabilities represent a significant portion of the affected population in Tigray Camps, they have not been included in the elected committees or participated in their selection. “We are only classified as merely recipients of aid and this exclude us from participation in coordination

of service provision”, says Fatimah, a resident at the camp.<sup>62</sup> This highlights the importance of humanitarian and development actors engaging with and consulting persons with disability as part of inclusive humanitarian action and emergency response, to enhance collaboration and trust.

Refugees living with disabilities described that they were also facing attitudinal barriers. “Supervisors and managers of the camp hold negative attitudes towards persons with disabilities; when we tried to raise our concerns and voice our needs we face ignorance and neglect and sometimes they were not willing to hear us”.<sup>63</sup>



Focus group with refugees with disabilities in the school set by Save the Children organisation in Um Rakouba Camp ( March 29, 2021)

# Conclusion and recommendations

## Conclusion

The situation of refugees with disabilities affected by the Tigray conflict in the camps is critical and requires urgent intervention from humanitarian actors. Indeed, the assessment has identified multiple challenges and barriers that put refugees with disabilities at greater risk than others. Barriers such as limited access to information, non-access to rehabilitation services and assistive devices should be considered as priorities that needs to be addressed by humanitarian actors. While humanitarian actors have been making their effort to respond to the different needs of refugees, it is important to recognise that the inclusiveness of those interventions remain limited. It appears clear that better involvement and coordination with organisations working with persons with disabilities as well as with the national disability council will help humanitarian actors identify and mobilise local resource for better inclusion of their response, and ultimately this will have a positive impact on the situation of refugees with disabilities.

## Recommendations

In order To ensure persons with disabilities have equal rights and opportunities to access humanitarian assistance, and to promote comprehensive inclusion and effective participation, based on internationally adopted norms and standards including the United Nations Convention on the Rights of Persons with Disabilities and IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, the report recommends the below actions to different stakeholders:

## Recommendations to Humanitarian Actors

### Urgent Actions

1. Urgently provide accessible informative materials and accessible channels of communications including sign-language interpretation and easy read materials, to allow refugees with disabilities to access timely information about available services, and to report their issues to humanitarian staff.
2. Urgently provide assistive devices materials especially mobility aids for refugees with disabilities.
3. Put in place rehabilitation services within the health centres that can be mobilised for persons with disabilities in their shelters.
4. Provide financial support in form of cash transfer that take into consideration the extra-cost of disability.
5. Provide a diversity of food, especially foods rich in fibre for persons with disabilities with high support needs.



## Mid-term recommendations

1. Establish an inclusive registration and data collection system to help identify refugees and IDPs with disabilities and enhance their protection and assistance. To this regard, we recommend the adoption of the short set of questions of the Washington group.
2. Review sectoral policies, guidelines and tools to ensure that they are in line with disability-inclusion and accessibility including the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.
3. Ensure the meaningful participation and effective involvement of organisations of persons with disabilities at national and local levels including the Sudanese Council of Persons with Disabilities in humanitarian planning, implementation and monitoring. Prioritise establishing equal partnerships with national and local organisations of persons with disabilities.
4. Take all measures to enhance trustful relationship between refugees and humanitarian staff, in particular with regards to protection-related issues.
5. Mainstream protection and safeguarding measures across all interventions and programmes. Inform persons with disabilities about these measures and the procedures for accessing them. Recognise the gendered dimension of some protection and safeguarding risks.
6. Build the capacity of humanitarian staff. Provide training on the rights of persons with disabilities, including the interactions between disability and age, gender, migration status religion and sexuality.
7. Set up appropriate reporting mechanisms for persons with disabilities and their families to report protection problems. Train protection officers on the specific protection risks faced by persons with disabilities and how to address them in compliance with humanitarian principles and rights based approach.
8. Identify and monitor barriers and risks that persons with disabilities face, as well as enablers that support their inclusion.
9. Take all appropriate measures to ensure that camp infrastructure and all facilities, services (shelter, food and non-food items, WASH, health and education) and information are accessible to displaced persons with disabilities.
10. Promote inclusion of persons with disabilities with different impairments, gender and age identities in camp leadership and camp management activities.
11. Implement strategies to reduce disability-related stigma. Take steps to make the community aware of the rights and potentials of persons with disabilities. Establish peer-support groups that include self-advocates with psychosocial and intellectual disabilities.

## Recommendations to the government:

1. Review policies and reform legal frameworks to enhance the inclusion of displaced persons with disabilities in humanitarian protection and assistance programmes.
2. Improve the level of coordination with humanitarian actors to maximise the efficiency of humanitarian responses.
3. The needs of persons with disabilities should be addressed at the start of the emergency during the site selection, planning and design of camp infrastructure and services. Minimum accessibility standards should be established at the start of the emergency. At minimum, strive to ensure that at least 15 %of facilities are fully accessible.
4. Encourage or require all service providers to implement universal design principles when they plan or build facilities and services (WASH, shelters and settlements, food and water points etc.).
5. Build the capacity of OPDs to work on emergency response. Facilitate their meaningful participation in designing, implementing and monitoring services.

## Recommendations to the United Nations

1. Raise awareness among UN and other humanitarian organisation staff about the national framework and services available for persons with disabilities in the country of displacement.
2. Develop partnerships with OPDs and other organisations working in humanitarian action. Work with them to support persons with disabilities and advocate for and promote inclusive services.

## Recommendations for Organizations of Persons with Disabilities (OPDs)

1. Include advocating for inclusion of displaced persons with disabilities in advocacy plans and priorities.
2. Include displaced persons and refugees with disabilities in activities and invite them to coordinate with humanitarian stakeholders and share information.
3. Work to establish collaboration and partnership with humanitarian actors to support inclusion of displaced persons with disabilities in a humanitarian response.
4. Take appropriate measures to support mobilising displaced persons with disabilities as informal networks, and if possible as new OPDs.
5. As far as available resources permit, contribute to building the capacity of local humanitarian actors and government officials. Also, raise public awareness about the rights and needs of displaced persons with disabilities, particularly for under-represented groups.

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**Islamic Relief Worldwide**

19 Rea Street South  
Birmingham  
B5 6LB  
United Kingdom

Tel: +44 121 605 5555  
Fax: +44 121 622 5003

[irw@irworldwide.org](mailto:irw@irworldwide.org)  
[www.islamic-relief.org](http://www.islamic-relief.org)

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