



# disability inclusion annual report

2020



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disability inclusion  
annual report  
2020

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## About UNRWA

UNRWA is a United Nations agency established by the General Assembly in 1949 and mandated to provide assistance and protection to some 5.7 million registered Palestine refugees. Its mission is to help Palestine refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip achieve their full human development potential, pending a just and lasting solution to their plight. UNRWA services encompass education, health care, relief and social services, camp infrastructure and improvement, and microfinance.

**Cover photo:** Students play basketball during the 11<sup>th</sup> Palestiniadi Games, held at the UNRWA Sibliin Training Centre in Lebanon.  
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# chapter 1: introduction

## 1.1 Background

The number of Palestine refugees registered by UNRWA recently grew to 5.7 million (from 5.5 million in 2019) in all its five field of operations in Jordan, Lebanon, Syria, Gaza and the West Bank. Among them are Palestine refugees with disabilities, who have long-term impairments, which in interactions with attitudinal, institutional, and environmental barriers prevent their full and effective participation on an equal basis with others in society. Persons with disabilities constitute an estimated 15 per cent of the global population<sup>1</sup>, and may constitute a higher percentage in humanitarian contexts, such as Syria, the West Bank and Gaza, in particular, which are UNRWA fields of operations.

The findings of the [Summer 2020 Report Series: Disability Overview \(Humanitarian Needs Assessment Programme, Syria\)](#) indicated that 25 per cent (23 per cent of females; 27 per cent of males) of persons above the age of 12 in Syria has a disability. Among them are Palestine refugees. The higher prevalence is connected with the ongoing armed conflict. While 31 per cent of households have a family member with a disability, only 43 per cent of persons with disabilities compared with 50 per cent of individuals without a disability reported a paid employment in the past 3 months in Syria.

Persons with disabilities experience barriers which make it difficult to participate in their societies daily. They are, therefore, often excluded from basic services such as, education, health, employment, water, sanitation and hygiene. Disability, a social disadvantage, also operates in a vicious cycle with respect to poverty. When people are poor, they may be prone to acquiring permanent impairments due to inadequate access to healthcare services, malnutrition, high-risk jobs, and unwholesome living conditions. And when they acquire long-term impairments, they face barriers to basic services and livelihood. These points are true for Palestine refugees with disabilities.

When crises happen, the associated insecurity, disruption of services, breakdown of infrastructure and loss of social networks impacts negatively on everyone. However, for individuals with disabilities, this may be exacerbated by the attitudinal, environmental and institutional barriers that they face. They are most likely to be left behind, to lose their assistive devices and essential medications and to be denied access to their

regular environment which they had adapted to over the years. They are also likely to feel the impact of losing their support networks and access to critical services.

The current COVID-19 crisis has further worsened the situations of Palestine refugees with disabilities. The pandemic has further exposed the structural barriers that prevent persons with disabilities from accessing basic services. For example, many children with disabilities are unable to access remote learning on an equal basis with their peers with disabilities. Due to closure of services, the distribution and maintenance of assistive devices became difficult, and access was rationed at times due to limited supplies. For example, findings of the socioeconomic impact assessment conducted in Syria Field Office revealed that Palestine refugees with disabilities in the surveyed households experienced tension and fear; lack of medical supplies and lack of medical services. Head of households with disabilities were also less likely (35%) to have a job than heads of households without disabilities (57%). Besides the limited access to services, persons with disabilities may be more prone to contracting the COVID-19 virus due to their dependence on others for caregiving and support, as well as the need to touch surfaces more than usual due to the nature of their impairments. Although official data is scarce, there are anecdotal reported cases of COVID-19 infection among Palestine refugees with disabilities. This stresses the importance of inclusive humanitarian assistance and enhanced protection to Palestine refugees with disabilities.

This report, therefore, provides a summary of UNRWA activities toward inclusion of Palestine refugees with disabilities from 2020 quarters one to three.



## UNRWA programmes and service delivery in COVID-19 pandemic context

*In the year 2020, most UNRWA programmes and service delivery took place in the pandemic context. To continue to provide humanitarian assistance and protection to Palestine refugees, including those with disabilities, UNRWA had to adapt its services and programmes. Apart from releasing tips on how to ensure disability inclusion in the COVID-19 response, UNRWA programmes provided counseling, rehabilitation services and psychosocial support (PSS) remotely through telephones and/or audiovisuals. In other cases, the Agency adopted telemedicine and beneficiaries received medications for non-communicable diseases, hygiene/sanitary supplies food and cash assistance through*

*home delivery. Learners in UNRWA schools received lessons remotely while special education teachers provided support to parents and students with disabilities, as much as possible to continue self-learning at home. When necessary, UNRWA supported partners to deliver education, assistive devices and rehabilitation services to children and adults with disabilities remotely. Additionally, the Agency assessed the physical accessibility of its COVID-19 quarantine and isolation facilities in Lebanon, and it is currently exploring funding opportunities to address the identified gaps.*

### 1.2 Disability inclusion at UNRWA

Disability inclusion is part of the mandate of UNRWA. This commitment is exemplified in the UNRWA Disability Policy (2010), which is operationalized by the UNRWA Disability Inclusion Guidelines (2017). Over the years, the Agency has made gradual but consistent progress towards the inclusion of Palestine refugees with disabilities.

UNRWA addresses disability inclusion from the rights-based perspective, with a focus on four disability inclusion principles – accessibility, participation, awareness and non-discrimination. The Agency also adopts the twin-track approach, whereby UNRWA programmes mainstream disability into their activities. This is achieved by identifying and removing barriers that may exclude persons with disabilities from accessing UNRWA services and programmes, as well as by identifying and promoting enablers of disability inclusion. In addition, UNRWA makes provisions for addressing disability-specific needs, such as distribution of assistive devices and technology, as well as empowerment of persons with disabilities in its programmes and services.

To ensure coordination of the Agency's disability inclusion works, there is a Disability Task Force (DTF) made up of disability focal points for each headquarters (HQ) Amman programme, as well as the field offices. The Agency's DTF meets quarterly to provide updates, share challenges and achievements. The DTF also started in 2020 to discuss selected disability inclusion topics as a form of knowledge-sharing. The DTF has local convenings at the field level, which varies from field to field.

Staff capacity development in disability inclusion started in 2017. Tailored training sessions targeting

frontline staff started in 2019 with frontline health staff and engineers. Despite the COVID-19 pandemic, the Agency trained 530 (184 males; 346 females) frontline health staff in inclusive health practices in Jordan and Syria Field Offices, while 106 (28 males; 78 females) and 11 (1 male; 10 females) staff received training in disability inclusion in Syria and Lebanon Field Offices respectively, in 2020.

For the first time since its launch in June 2019, all UN entities, including UNRWA, submitted a 2019 report against the 15 indicators of the [UN Disability Inclusion Strategy \(UNDIS\)](#) in May 2020. Overall, the report indicated that UNRWA has made progress towards disability inclusion over the years. The Agency approached requirements in seven of the indicators assessed (leadership, strategic planning and management, disability-specific policy/strategy, institutional set-up, programmes and projects, joint initiatives and capacity development), indicating that the basics are in place towards the achievement of such indicators. Another seven indicators were rated as missing (consultation with persons with disabilities, accessibility, reasonable accommodation, procurement, evaluation, employment and communication), pointing to substantial gaps in those areas, while one indicator (country programmes) does not apply to UNRWA.

Following the submission of the UNDIS report, each field office had a review session with the Protection Division, whereby the field ratings were reviewed and consensus reached. Field offices have started to work on their reports to identify gaps and to draw up action plans to address such gaps.

As a result of the report, the HQ support departments (Human Resources Department; Department of Planning; Department of Legal Affairs; Information Management and Technology Department; Central

Support Services Division, Department of Internal Oversight Services), including the Executive Office, now have designated focal points in the DTF, for the first time. This will also strengthen the commitments of the operations department to disability inclusion, which was identified as a gap in the previous years. The following are some of the main disability inclusion initiatives undertaken by UNRWA support departments in 2020:

*Human Resources Department (HRD):* promulgated General Staff Circular 5/2020 on Disability Inclusion in Employment on 8 October 2020. This is a major development towards the disability inclusion efforts of the Agency. When implemented, it will improve the welfare of UNRWA staff with disabilities. The Department also launched INSPIRA on 14 September 2020 as a recruitment platform with accessibility features. The platform comprises seven predefined accessibility profiles, in both English and French, from which users can select – screen reader, keyboard navigation, colour contrast, monochromatic, text colour contrast, block blinking and help. The HRD Wellbeing Programme has drafted self-care messages throughout the year, including awareness-raising on Relief and Social Services and provided mental health licensed therapists in all Fields which support staff with stress and other diagnosed mental health conditions.

*Information Management and Technology Department (IMTD):* completed accessibility audit of UNRWA website in February 2020. Subsequently, the IMTD received support from the Protection Division to remediate the website for accessibility to users with vision impairments. The UNRWA website now has accessibility features such as screen reader, keyboard navigation, colour contrast and grayscale, which users can pre-select as needed. The remediated parts of the website are [www.unrwa.org](http://www.unrwa.org); [www.donate.unrwa.org](http://www.donate.unrwa.org); [www.dios.unrwa.org](http://www.dios.unrwa.org) and [www.ilp.unrwa.org](http://www.ilp.unrwa.org). The remediation was completed on 22 September 2020.

*Department of Legal Affairs (DLA):* engaged in the review of the revised draft General Staff Circular on 'Employment and Accessibility for Employees with Disabilities' in July 2020. DLA, in collaboration with the Protection Division, included persons with disabilities in its engagements with international human rights mechanisms in 2020, as mandated by UN General Assembly Resolution 74/85 of 26 December 2019, which encourages the Agency, in close cooperation with other relevant United Nations entities, to continue to make progress in addressing the needs, rights and protection of children, women and persons with disabilities in its operations.

*Department of Planning:* In 2020, the Department

of Planning coordinated the development, implementation and reporting of both Flash Appeals for the COVID-19 response. Under the Flash Appeals, indicators on health and sanitation, food and cash assistance, education and protection were disaggregated by disability. The Department of Planning also coordinated the development, implementation and reporting of the 2020 occupied Palestinian territories and Syria Regional Emergency Appeals (EAs). Disaggregated results reporting for persons with disabilities was provided for indicators on cash assistance, food assistance, protection and environmental health.

### Good practice

*In Syria Field Office, the Deputy Director (Programmes) chairs the Field Disability Task Force. By promoting disability inclusion at the leadership level, it is a great motivation and support to field disability focal points to work on disability inclusion. As a result, the Field held four Disability Task Force meetings for better coordination of disability inclusion works during 2020, developed a concrete terms of reference for the Field Disability Task Force, and was able to draft an action plan to address the gaps identified in the 2019 UN Disability Inclusion Strategy report.*



# chapter 2: main actions undertaken in 2020

Inclusion of Palestine refugees in UNRWA follows international standards of disability inclusion such as the twin-track approach. As such, UNRWA prioritizes the mainstreaming of disability inclusion in all its programmes and services to ensure that they are usable by all, including Palestine refugees with disabilities. Additionally, the Agency implements targeted actions to address the specific needs of Palestine refugees with disabilities through the Disability Programme domiciled in the Relief and Social Services Department. In 2020, UNRWA reached Palestine refugees with disabilities through the following targeted activities:

## 2.1. Targeted and disability-specific services for persons with disabilities

During 2020, the Relief and Social Services (RSS) Programme reached 88,256 Palestine refugees with disabilities through the provision of social safety net and emergency assistance. Additionally, in partnership with Community Based Rehabilitation Centres (CBRCs) and national and international non-governmental organizations (NGOs), 7,045 (3,229 males; 3,816 females) persons with disabilities benefited directly from various rehabilitation services such as provision of assistive services, and indirectly through RSS support to CBRCs services for the provision of education and speech and physical therapy to children with certain impairments (sensory, intellectual and cerebral palsy). Furthermore, community awareness-raising sessions took place to reduce disability stigma, thereby fostering inclusion of persons with disabilities at the community and household levels. To keep service delivery ongoing through the COVID-19 pandemic, RSS trained 176 (52 males; 124 females) social workers to provide PSS to persons with disabilities through established helplines.

As part of its social work reform, the RSS continued the rollout of the social work training programme which has a module on disability. In Lebanon and Gaza, 117 social workers had completed the training as of as of February 2020. The holistic family-based approach adopted by the reform is hoped to support the building of a focused, effective and consistent approach to address the needs of Palestine refugees with disabilities.

In **Jordan Field Office (JFO)**, 1,627 (824 males; 803 females) persons with disabilities benefited from rehabilitation services, while 8,300 received cash assist-

ance under the targeted social safety net programme (SSNP). During 2020, RSS established partnerships with the Higher Coordination Committee of 10 CBRCs and Humanity and Inclusion (4 CBRCs), to improve the quality of rehabilitation services provided by the CBRCs to UNRWA beneficiaries with disabilities. The service components include portage services, family training and counselling, friendly spaces, assistive devices, physical therapy, occupational therapy and speech therapy for children with disabilities, as well as provision of remote care and rehabilitation during COVID-19 pandemic (March-May 2020). The portage services, through home visits and family involvement, has enhanced child self-development through active family participation in the care plan.

Overall, 53,858 (33,035 males; 20,823 females) children and adult refugees with disabilities in **Gaza Field Office (GFO)** benefited from UNRWA assistance. Out of this, 52,655 (32,485 males; 20,170 females) had access to food and cash assistance in response to COVID-19 pandemic. Some of the activities were implemented through support to CBRCs that provide special education to refugee children with disabilities, running of the Rehabilitation Centre for Visually Impaired, vocational training in smartphones maintenance and psychosocial support. Among the beneficiaries were 678 (291 males; 387 females) students with disabilities, who accessed special education, speech therapy, hearing diagnoses, vision assessment and rehabilitation through UNRWA support for seven CBRCs. The lessons were modified for remote delivery through videos during the COVID-19 pandemic. An additional 525 (259 males; 266 females) children received support through the Agency's Rehabilitation Centre for the Visually Impaired, with remote support and home delivery of necessary materials. Another 760 children with disabilities received psychosocial first aid, as well as hygiene and toys kits through home delivery.

The **Syria Field Office (SFO)** reached 5,117 persons with disabilities during the reporting period. The beneficiaries accessed assistive devices, rehabilitation classes (through nine community-based organizations), physiotherapy, vocational training, cash and food assistance. Among the beneficiaries were 838 (421 males; 417 females) individuals benefited from assistive devices such as hearing aids, walkers, and wheelchairs; 173 (94 males; 79 females) children with intellectual

disabilities received speech therapy and intellectual development sessions; 118 (79 males; 39 females) adults received vocational training in sewing, mobile phone maintenance, photography, male and female hairdressing. Additionally, 13 (5 males; 8 females) Technical and Vocational Education and Training (TVET) staff received training in disability inclusion.

In **Lebanon Field Office (LFO)**, 326 (196 males; 131 females) Palestine refugees with disabilities benefitted from RSS services between January and September 2020. In partnership with the International Committee of the Red Cross and Mousawat Organization<sup>2</sup>, 153 (99 males; 54 females) persons with disabilities received assistive devices and 173 (96 males; 77 females) received special education services in form of covering the tuition of SSNP children with disabilities in contracted specialized institutions. In 2020, the Palestinian Disability Forum (PDF) developed a database of 7,560 of registered Palestinian persons with disabilities (including some UNRWA beneficiaries) in Lebanon, and available for sharing among the PDF members. The PDF comprises 14 local Palestinian NGOs, including the UNRWA Disability Programme in Lebanon.

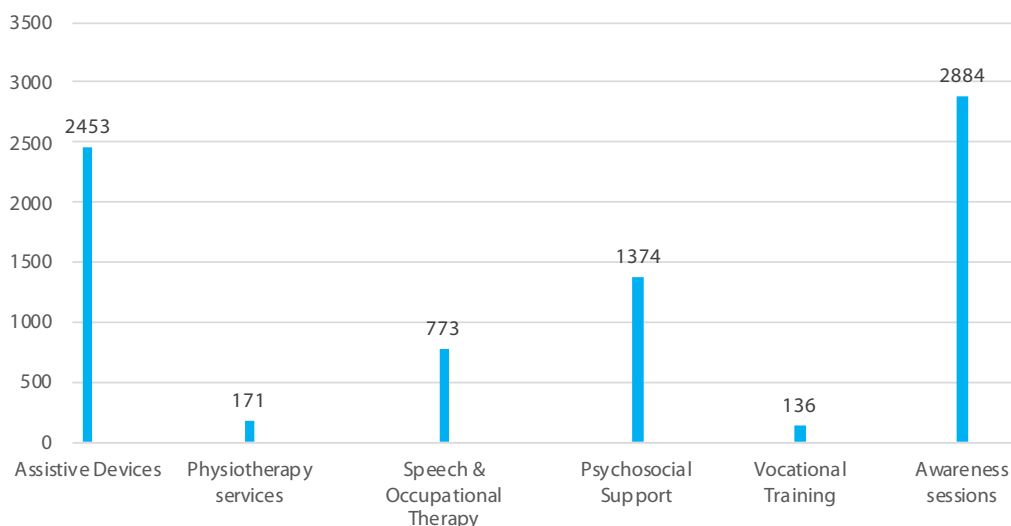
A total of 1,180 (636 males; 544 females) Palestine refugees with disabilities in **West Bank Field Office (WBFO)** benefitted from UNRWA services and programmes through rehabilitation services and provision of assistive devices. The Disability Programme established partnerships for provision of rehabilitation services to 430 students with disabilities during the COVID-19 pandemic service closures. The partnerships included occupational and speech therapy, special education and vocational training. Another 12 students

with disabilities accessed vocational training during the same period. Furthermore, 45 staff (16 males; 29 females) received disability inclusion training.

## 2.2. Disability inclusion through programmes

**Health:** The Health Department (HD) adopted the use of the Washington Group Short Set (WGSS) questions for routine documentation of impairments among clients. As such, the piloting in the e-Health system is ongoing. The development of standard operating procedures to guide the use of the WGSS by the Health department is also ongoing. The use of the WGSS within the UNRWA health system will provide more insights into the experiences of Palestine refugees with disabilities in the utilization of UNRWA primary health care services. Such findings will help UNRWA to further explore strategies to improve the accessibility of its health care services to Palestine refugees with disabilities. On the other hand, UNRWA also addresses the prevention of long-term impairments among Palestine refugees through the provision of quality family planning services, antenatal, intra-natal, postnatal care, growth monitoring, immunization, disease prevention and control. The HD screens newborn and school children for early detection and intervention. This is also linked to provision of assistive devices, when necessary. Mental health and psychosocial support (MHPSS) services provided by the HD also address mental health impairments among clients. During the reporting period, the HD also collaborated with the Protection Division on improving access to information and communication for clients with hearing impairments.

### Number of beneficiaries in 2020 (Agency-wide)



During 2020, the GFO continued to facilitate the comprehensive accessibility of its services to clients with disabilities. This included the physical accessibility of its health centres, as well as provision of health information and communication in accessible formats to Palestine refugees with sensory impairments. The GFO health department also provided assistive devices and medical prostheses to its clients with disabilities. Furthermore, injured survivors of the Great March of Return (GMR) and others with various degrees of impairments benefited from 1,008 physiotherapy sessions. The GFO health programme provided 3,463 pairs of eyeglasses to children with vision impairments, as well as 656 artificial limbs and 1,794 orthopedic shoes to other clients. Up to 265 GMR-injured survivors and 26 clients with physical impairments also accessed MHPSS services provided by the health programme. In response to the COVID-19 pandemic, UNRWA health workers adopted home delivery of essential medicines to older patients and patients with disabilities and medical supplies to the GMR injured, including those who acquired permanent impairments as a result; provided home visits to clients; provided telemedicine (toll-free line) to clients; and made COVID-19 awareness-raising available to caregivers of children with disabilities and in sign language for Deaf beneficiaries.

### Accessible communication for the Deaf

*In its efforts to improve access to primary health care services for Palestine refugees with hearing impairments in 2020, the GFO Dair Al Balah Health Centre developed a sign language booklet and sign language videos. The videos featured Arabic sign languages that are useful to medical officers, and also in maternal and child health, well-baby clinic and non-communicable diseases. The booklet and videos were developed in close collaboration with the Head Health Centre and other stakeholders, including consultations with clients with hearing impairments.*

In **SFO**, the health programme provided out-patient referrals to disability-specific services, MHPSS, prosthetics outreaches, physiotherapy sessions and COVID-19 outreach to Palestine refugees with disabilities. Overall, 11 (4 males; 7 females) persons with disabilities accessed MHPSS for gender-based violence, 140 older persons and persons with disabilities received medications through home delivery, 16 (10 males; 6 females) clients received prosthetic limbs, while 27 (11 males; 16 females) UNRWA staff received training in

inclusive health services. Mobile teams operated across all refugee camps and were able to provide medications and services where people were of greatest need.

The **JFO** provided preventive and rehabilitative health services to Palestine refugees, including persons with disabilities. Between May and September 2020, the JFO rolled out 48 sessions of inclusive health services training to 504 (175 males; 329 females) frontline health staff.

As part of its efforts to prevent new impairments and existing impairments from getting worse, the **WBFO** provided 770 pairs of eyeglasses to students with vision impairments identified through screening. Also, 17 clients received partial reimbursement for hearing aids and 25 clients received partial reimbursements for prosthetics. During the 2020 reporting period, 2 of the 22 clients with disabilities that were screened for MHPSS conditions received necessary interventions. Additionally, around 300 clients with mental disorders received necessary medications during the pandemic. Frontline health workers made 279 home visits to older persons with disabilities on non-communicable disease treatments during the COVID-19 lockdown.

In **LFO**, frontline health staff identified barriers in accessing UNRWA primary health care services, in order to remove and replace them with enablers. One of the identified barriers is the non-availability of adjustable examination tables in UNRWA health centres, which makes it difficult for clients with physical impairments to be examined by health workers. The Health Programme then collaborated with the Protection Unit for the provision of adjustable examination tables.

**Education:** The Education Programme (EP) sought to ensure the inclusion of children with disabilities across all aspects of the EP and as part of the 2020 UNRWA COVID-19 Education in Emergencies (EiE) Response. The COVID-19 EiE included five focus areas – UNRWA self-learning programme; PSS; health, safety and hygiene; monitoring and evaluation; and TVET. The EP also undertook two studies – students' access to technology and self-learning materials and a review of tools used to support students' learning. Under its PSS strand, the EP developed a resource guide 'Supporting students during COVID-19: a guide to learning, health, safety and psychosocial resources', which empowers school counsellors and educators to choose from a variety of existing, credible global resources on how to respond to PSS, health and protection needs during COVID-19. The guide includes resources specifically for children with disabilities. Additionally, the HQ Education in collaboration with the Agency-wide PSS subgroup, Education Specialist for Inclusive Education in Jordan



A Palestine refugee beneficiary participates in a photography training programme in Alliance Camp, Syria. © 2020 UNRWA photo by JMohammad Mowaed

Field and HQ Protection Division, developed an activity and games booklet – ‘Activities and games for children’s well-being in times of lockdown and school closure’ – to support all students and their parents to engage and release stress during this time. The booklet provides guidance on how to adapt the games for students with different types of disabilities. Furthermore, some of the PSS and health messages developed by the HQ Education for integration into the self-learning materials at the field level consist of messages on awareness-raising on disability inclusion during COVID-19. The review of the self-learning tools used for remote learning across UNRWA field offices (in collaboration with the IMTD) had accessibility to children with disabilities as one of its parameters. The recommended platform is Microsoft for Education, with Office 365 accounts, for all students and teachers. Microsoft has several accessibility features such as read-aloud functions and a picture dictionary. In the 2019-2020 school year, UNRWA identified and supported 11,475 (5,555 males; 5,920 females) students with disabilities (excluding one quarter affected by the lockdown).

In LFO, 2,561 (1,206 males; 1,355 females) special education needs (SEN) students received support in the self-learning programme during the COVID-19 pandemic through the learning support programme, school counsellors and special education specialists. Six specialized learning support teachers supported 42 (26 males; 16 females) students with sensory and physical disabilities. In addition, three SEN specialists assessed

and referred 164 SEN students (69 males; 95 females) to five external institutions for face-to-face and online therapeutic sessions. Also, 101 students (71 males; 30 females) whose educational needs cannot be accommodated at UNRWA schools (students with severe intellectual disabilities, autism, learning difficulties, Down syndrome) were supported with subsidies to study in specialized institutions. Furthermore, in order to establish more referral pathways for disability-specific needs such as, therapeutic consultations, assistive devices, special education, occupational and speech therapy, the Lebanon field office EP mapped relevant institutions working in these areas, as well as working with Palestinian children in Lebanon. Another 76 (39 males; 37 females) students got external referrals to legal services and specialized mental health services. At the UNRWA level, the education staff working with SEN students are making efforts to improve the coordination between the SEN specialists, school counsellors and the learning support programme to find a mechanism for identification, diagnosis, referral and follow up of SEN students.

In 2020, the JFO reached 1,249 (390 males; 859 females); 1,677 (358 males; 1319 females); 1,333 (602 males; 731 females) and 1,062 (291 males; 771 females) students with disabilities in its North Amman; South Amman; Zarqa and Irbid Area offices respectively. Activities included the design and implementation of training material for teachers on health protocol for students with disabilities, as well as teaching children with



### Good Practice

*A short animated video using animation characters that UNRWA students are familiar with – in the Human Rights Conflict Resolution and Tolerance (HRCRT) Toolkit and through the existing HRCRT videos – was developed to further raise the awareness of UNRWA students on the COVID-19 virus and ways to prevent its transmission in a child-friendly way. The characters in the video clip are representative of all students, including children with disabilities.*

with different types of impairments on social distancing, handwashing, nose cleaning, and maintaining a clean school environment using play, visual images, videos, modelling, acting and discussions. Additionally, as part of the self-learning programme, UNRWA special education teachers formed their own educational channels on YouTube and provided students with videos, according to the goals included in the individual educational plans for each student. Special education teachers also provided remote training to mothers of students with autism disorders on helping such students achieve their educational goals through play and visual aids at home.

Overall, the EP in **GFO** identified 5,151 (2,989 males; 2,162 females) students with disabilities during the 2019-2020 school year. Of these, 2,660 (1,474 males; 1,186 females) students received support through schools and SEN support teams. Also, 26 (10 males; 16 females) Education Specialists received training in inclusive education, while the SEN teams supported 479 (67 males; 412 females) teachers with training on how to deal with students with disabilities. Furthermore, the EP launched a Telegram platform to reach students with disabilities through schools. The SEN teams were able to reach 200 students with disabilities, 182 parents and 33 teachers with necessary support during the COVID-19 lockdown. In addition, through the telephone counselling initiative, 282 students with disabilities received individual counselling, 36 parents of students with disabilities and 60 students with disabilities benefited from consultations. The EP also provided assistive devices (77 manual wheelchairs, 4 electric wheelchairs, 3 walkers), sanitary supplies (384 packs of diapers for 96 students) and transportation support to students with disabilities in Gaza. Further supplies of 20 wheelchairs, 100 crutches, 20 walkers, 20 tablets and diapers for 100 students with disabilities are awaiting distribution when schools reopen. UNRWA has also contracted through HP agents to provide hearing aids and batteries to 100 students with disabilities and 500 pairs of eyeglasses to students with vision impairments.

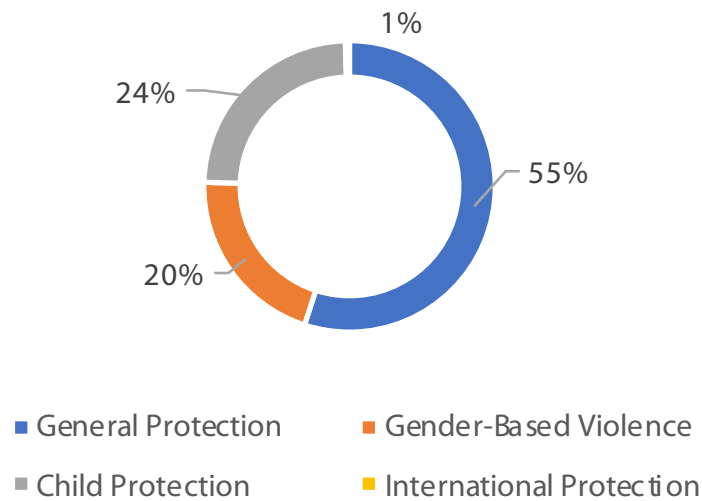
The **SFO** reached 130 (57 males; 73 females) students with in-person and remote self-learning, individual counselling and PSS. Also, 116 teachers (53 males; 63 females) received training in inclusive education, while 97 PSS staff (16 males; 81 females) were trained in inclusive health and disability inclusion. Teachers received guidance and evidence-based resources on how to deliver lessons in online settings in special education, using alternatives to print (e.g., audio, pictures), flexible scheduling, as well as the use of assistive technology.

**Infrastructure and Camp Improvement:** The Infrastructure and Camp Improvement Programme (ICIP) continued to contribute to UNRWA's mandate in respect of Palestine refugees with disabilities through the implementation of the 'Technical Standards and Guidelines for Physically Accessible Environment (PAE) at UNRWA premises' and the 'ICIP plan to implement measures to ensure alignment of UNRWA premises with the UNRWA Disability Policy' through the monitoring of all preliminary designs and tender documents for new UNRWA premises and ongoing construction projects' compliance with the PAE standards and guidelines. Also, subject to availability of funds and based on field-specific contexts these guidelines are considered in the upgrade of existing UNRWA premises. Furthermore, the ICIP is currently drafting post occupancy assessment (POA) surveys for shelter rehabilitation which ensure that the sampling captures persons with disabilities to assess their level of satisfaction against the rehabilitated shelters. The draft guidelines for shelter rehabilitation on self-help address disability, while guidelines on the protection standards in shelter rehabilitation, in general, are underway. Both the PAE guidelines and the POA raise staff awareness towards improving the quality of services offered to Palestine refugees, including persons with disabilities. As of June 2020, the Agency rehabilitated a total of 508 shelters (mainly through a self-help approach), designed in line with eligibility and beneficiaries' requirements and priorities, including accessibility.

In **GFO's** Deir Balah Camp, the shore development project design ensured accessibility to persons with disabilities, and it is currently in the implementation stage. Gaza field ICIP also participated in developing assessment checklists for UNRWA installations, including schools, health centres and RSSP offices in compliance with protection standards and needs. In **GFO** and **SFO**, two and 12 UNRWA structures, respectively, were newly constructed and/or rehabilitated in compliance with the PAE standards in 2020.

**Microfinance:** Through its financial services, the UNRWA Microfinance Programme disburses loans to

Persons with disabilities



different social groups of Palestine refugees working in the informal sector, including persons with disabilities. This aims to improve the quality of life of small business owners, micro-entrepreneurs and poor households to sustain jobs, decrease unemployment and reduce poverty. In 2020, the programme disbursed a total of 29 (21 males; 8 females) loan facilities to persons with disabilities in **SFO** (21), **JFO** (3), **WBFO** (3) and **GFO** (2). To mitigate the impact of the COVID-19 pandemic on its clients, the programme deferred loan repayment for 2 months, without interest, in Gaza, Jordan and Syria and 3 months in the West Bank (based on government requirements).

**Protection:** During the 2020 COVID-19 pandemic there were widespread movement restrictions, closure of services, closed borders, as well as infection prevention measures which made it difficult for persons with disabilities to obtain necessary support from caregivers and service providers. This exacerbated protection issues for Palestine refugees with disabilities. Furthermore, this heightened the humanitarian assistance and protection needs of persons with disabilities.

The UNRWA protection teams in all the five fields of operations and the HQ were on the ground to provide the needed support to Palestine refugees, including individuals with disabilities, in addition to the existing protection assistance prior to the pandemic. As such, the HQ Protection Division issued guidance on disability inclusion in the COVID-19 response. The protection staff in all the fields also provided varied types and levels of support to beneficiaries directly, and in the form of collaborations with other colleagues, in order to ensure the inclusion of beneficiaries and staff with disabilities through the crisis.

Prior to and in addition to the COVID-19 response, the HQ Protection Division provided various support to other programmes/departments in the form of contributions from disability perspectives to UNRWA documents. For example, the Division facilitated the organizational capacity assessment of three CBRCs in GFO in February 2020, in collaboration with HQ and field RSS, to inform new UNRWA support modalities for CBRCs in Gaza.

Overall, the Agency attended to 3,805 protection cases in JFO, LFO, GFO and SFO during the reporting period, out of which 220 were beneficiaries with disabilities.

In **SFO**, the Protection Unit advocated data disaggregation by disability in the socioeconomic impact assessment of COVID-19 on Palestine refugees; collaborated with RSS on PSS sessions on GBV against persons with disabilities; and undertook awareness-raising sessions and referrals of nine survivors with disabilities. The Unit also rolled out training sessions in inclusive health for frontline health staff; disability inclusion for PSS staff and rehabilitation workers. In addition, the SFO Protection Unit implemented the 'We are here' project with three components (in collaboration with other internal and external actors) – capacity building of rehabilitation workers and volunteers in community-based organizations; parents/caregivers' psychological support and awareness-raising on support to children with disabilities and addressing specific health issues; and outreach, PSS and educational activities to promote the inclusion of children with disabilities. Overall, SFO reached 39 (20 males; 19 females) children with disabilities in the north with PSS; trained 118 (32 males; 86 females) staff and volunteers in eight training sessions in disability





A young Palestine refugees takes part in an occupational therapy session in Nour Shams Camp, West Bank. © 2020 UNRWA photo by Nehaya Aljundi

inclusion (22 males; 71 females), inclusive health (6 males; 7 females) and management of persons with disabilities (4 males; 8 females) across the country. As part of its COVID-19 response, the SFO also implemented an activity 'Nothing about us without us', where it reached 16 female caregivers and 24 (11 males; 13 females) children with disabilities, to promote the inclusion of children with disabilities using play and sports methods, while also providing them with PSS.

In GFO, the Protection Unit collaborated with RSS to ensure that children in the Rehabilitation Centre for Visually Impaired (RCVI) received support for remote learning during the pandemic. UNRWA frontline staff in Jordan accessed sign language classes to enhance their services to Deaf beneficiaries. In addition, there is an ongoing video documentation of sign language of commonly-used words/phrases for frontline staff in RSS, registration and health in JFO.

The **WBFO** Protection Unit conducted a rehabilitation assessment and responded to the identified needs through support to rehabilitation centres in Far'a, Tulkarem and Shufat camps with assistive devices such as wheelchairs, walkers, crutches and toilet chairs. This was to mitigate the shortage of these devices due to service closures and movement restrictions during the COVID-19 pandemic.

The Protection Unit in **LFO** initiated the development of a video on appropriate disability terminology, to operationalize a similar initiative at the HQ. When completed, the videos would be used to raise awareness at all levels, including in the communities, on the use of respectful and dignifying disability terminology.



A Deaf Palestine refugee beneficiary participates during a 'Sign Language for Health' workshop at UNRWA headquarters in Amman, Jordan. © 2020 UNRWA photo by Shafiq Fahed



### Leading by example

*The LFO Protection Unit supported the provision of the first adjustable examination tables at three health centres to promote the inclusion of persons with mobility difficulties, and also to motivate the LFO Health Programme to prioritize such in other health centres. Relevant Area Health Teams were notified of the availability of the examination tables in one of the Family Health Teams (FHT) on the ground floors of the health centres. Health centre clerks also received instructions to direct persons with physical disabilities to those FHT.*

## 2.3. Inter-Agency Coordination

UNRWA participated actively in inter-agency groups and UN disability inclusion groups. For example, UNRWA is a core member of the Reference Group on the Inclusion of Persons with Disabilities in Humanitarian Action. Additionally, UNRWA is active in the UNDIS focal points group, and made a presentation to showcase how the Agency implements UNDIS indicator 4 (institutional setup) in April 2020. Furthermore, UNRWA is a member of the UNDIS COVID-19 humanitarian workstream. The recently released compilation of good practices by this workstream, [‘COVID-19 Responses in Humanitarian Settings: Examples of Good Practices for Including Persons with Disabilities’](#), featured UNRWA examples, such as, the needs assessment of the impact of COVID-19 on families with members with disabilities in the West Bank, and how UNRWA mitigated through home delivery of supplies, advanced cash transfer, deferment of loans, and provision of assistive devices through donors and Community-Based Rehabilitation Centres; provision of MHPSS through phone and WhatsApp to Palestine refugees with disabilities in West Bank; and

tailoring of remote educational materials for children with disabilities in Jordan. It also highlighted the development of guidance notes on disability inclusion in the COVID-19 response by the HQ Protection Division, as well as the development of a guide ‘Supporting students during the COVID-19 crisis: a guide to learning, health, safety and psychosocial resources’ by the HQA Education Department.

## 2.4. International Protection Advocacy

In 2020, UNRWA continued to engage in public and private advocacy, as well as with international human rights mechanisms, as noted above, on issues affecting the enjoyment of rights of Palestine refugees, including persons with disabilities. Prominent issues in the context in which UNRWA operates include the long-term impacts of physical injury and psychological trauma associated with conflict and violence, as well as the impact of movement and access restrictions affecting the Agency’s ability to deliver services. The Agency’s advocacy efforts through the COVID-19 pandemic considered the impact on persons with disabilities as well as the elderly, survivors of GBV and children. For example, the Protection Division participated in the joint League of Arab States and UN Economic and Social Commission for Western Asia meeting on COVID-19 and disability in June 2020.

Although UNRWA does not have a mandate to deliver services outside the Agency’s five fields of operations, UNRWA responds to individual requests for information and referral raising protection concerns through a dedicated email address. Palestine refugees approaching UNRWA from outside the Agency’s areas of operation often disclose needs associated with disability and medical care in the countries in which they are residing requiring consideration in the Agency’s response.



# chapter 3: conclusion

UNRWA has years of experience in disability inclusion, which has relatively improved in the last couple of years. The global advocacy for disability inclusion, coupled with the commitment of UNRWA to promote and protect the human rights of Palestine refugees with disabilities, has gone a long way to relatively influencing the way that the Agency responds to disability inclusion. Staff members are also more aware of disability inclusion and its importance to the UNRWA mandate, and the top management is also beginning to pay more attention to disability inclusion. The current COVID-19 pandemic has also further exposed the structural and systemic gaps regarding disability inclusion. However, the Agency also experienced some challenges, including disability stigma and discrimination, inaccessible physical environments and communications, which have been documented previously. The lessons learned from these experiences, if appropriated, could significantly change the way the Agency handles disability inclusion henceforth. Therefore, the following sections highlight the new challenges encountered by the Agency, what it needs to consider to sustain and improve on the current momentum, as well as the actions that could be taken to leverage on the progress made so far:

## 3.1 Challenges

In spite of the challenges witnessed in 2020, from the lingering inequality between Palestine refugees with and without disabilities that the Agency is striving to reduce to the existing economic crises in countries like Syria and Lebanon, which the COVID-19 pandemic has exacerbated through the associated lockdown with its consequences on the global economy, UNRWA's work to improve the wellbeing of Palestine refugees with disabilities continued. The following highlights some of the key challenges that the Agency experienced in its disability inclusion efforts in 2020. However, most of the challenges, including disability stigma and discrimination, inaccessible physical environments and communications, have been documented previously.

*Inadequate budget allocation to disability inclusion:* Apart from the financial constraints being experienced by the Agency; generally, there is inadequate budget allocation to disability inclusion within the programme and project budgets, at both the HQ and field levels. This can be linked to a number of

factors such as inadequate planning; low knowledge of inclusive project cycle management among project officers, resulting in project proposals and implementation that are weak in, or totally exclude, disability mainstreaming and non-approval of disability inclusion budget even when it is included in the programme or project budget. For example, schools often lack adequate accessible facilities, educational materials and general supplies of learning aids for children with disabilities.

*Non-availability of disability-disaggregated data:* This is another lingering challenge that has affected the quality of programming regarding disability inclusion over the years. Only the Health Programme is piloting the use of the Washington Group Short Set questions to collect routine disability data in e-Health. Data on disability is either non-available or unreliable in most of the other programmes. This was also reflected in the recent assessment of the socioeconomic impact of COVID-19 on Palestine refugees undertaken by a few field offices, where it was difficult to ascertain the true situation of Palestine refugees with disabilities from the assessment findings. This implies a huge lost opportunity to adequately address the needs, priorities and rights of Palestine refugees with disabilities.

*Lack of specialized skills, capacity and assistive technology:* This continues to challenge the effectiveness of aids to persons with disabilities in the field offices. It becomes more evident, particularly in the context of the COVID-19 pandemic, when for example, there is an inadequate number of special education teachers and most of the regular teachers found it difficult to include children with disabilities in remote learning activities due to lack of capacity to adapt and/or to implement adapted curricula. Assistive technology is also scarce and/or non-affordable. When available, there may be a lack of skills to use it among the teachers, thereby limiting learners' access to remote learning, communication and information, as observed during the COVID-19 crisis. The same applies in the health sector, where there is a shortage of rehabilitation and therapy professionals to attend to the specific needs of Palestine refugees with disabilities. Similarly, some UNRWA staff lack the skills for disability-inclusive disaster preparedness and response, which is crucial in case of crises as witnessed during the COVID-19 pandemic.

*Inadequate partnerships:* Although there seems to be an improvement in the rate of partnerships (formal and informal) reported by staff in 2020 compared with previous years, particularly with inter(national) non-governmental organizations and other UN agencies, UNRWA needs to strengthen both its internal and external collaborations to effectively serve the needs of Palestine refugees with disabilities. For example, referral pathways for children with extensive needs and disabilities within education and other departments need to be clarified. Similarly, referral pathways for early detection and early intervention for children with disabilities within the health sector needs to be strengthened. Furthermore, the Agency must improve in relation to collaborations with organizations of persons with disabilities and it needs to put more focus on participation in national platforms on disability inclusion.

*Weak coordination at the field level:* While there are disability focal points at the field offices, the coordination between them is rather weak. It is better where there are specific persons responsible for coordination of disability inclusion works from the rights-based perspectives at the field level, and who can also build staff capacity in disability inclusion. However, the current situation in most of the field offices is such that the coordination and staff capacity building is missing, resulting in less effective disability inclusion efforts. In addition, the involvement of the senior management and/or championing of disability inclusion by the senior management makes a difference where that exists. For example, in Syria the Deputy Director UNRWA Affairs' involvement with the disability task force is helpful in advancing progress.

*Economic hardship:* Due to the movement and travel restrictions occasioned by the COVID-19 pandemic, the economy of most of the countries in which UNRWA operates plummeted. This has exacerbated existing economic crises in Syria and Lebanon and created fresh economic hardships in other countries. For example, in Syria, programmes lost existing contracts to distribute assistive devices through specialized organizations. Similarly, Lebanon is experiencing political and economic instability, including currency devaluation since 2019. Programmes were not able to procure assistive devices due to high exchange rates and/

inflation, causing extreme shortages in these supplies. Similarly, the poverty level increased making it difficult for an average household with a member with disability to access critical supplies and services.

### 3.2 Opportunities

*Inclusive project cycle management:* The exclusion or limited access to services and programmes experienced by children and adults with disabilities during the current COVID-19 pandemic has exposed the need to strengthen disability inclusion in project cycles in the Agency. The process to achieve inclusive project cycle management is laid down in the UNRWA Disability Inclusion Guidelines (2017). By revisiting this component of disability inclusion work in the Agency, and developing the capacity of relevant staff, UNRWA could greatly improve on disability mainstreaming into all stages of the project/programme cycle – planning/design, implementation and monitoring, and evaluation and reporting. Relevant staff members must be aware and commit to this, with the support of the top management.

*Staff capacity development in inclusive humanitarian preparedness, response and recovery:* The Agency must put more efforts in developing the capacity of all staff, particularly the frontline staff, in disability-inclusive humanitarian preparedness, response and recovery. While UNRWA's focus on Palestine refugees with disabilities has mainly been from the development perspectives, there is increasing need to strengthen humanitarian preparedness, response and recovery. For example, Syria and Gaza have been experiencing armed conflict in recent years, while the current COVID-19 pandemic and the explosion in Lebanon were unprecedented. A good starting point is the application of the 'Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action', which UNRWA participated actively in developing. The guidelines, which are applicable in all contexts of humanitarian interventions address all sectors and stakeholders. They also provide recommendations on what to do in humanitarian preparedness, response, and recovery.

*Increase in the use of online platforms:* The pandemic has changed the way we do things, in general. Lessons learned include strategies to bring services and humanitarian relief to people. Home delivery of supplies and the use of remote platforms worked very well and should be further explored and improved on going forward. For example, home delivery of food assistance and medications would benefit everyone, particularly persons with disabilities who may experience difficulties



Inclusive Health Training session for frontline UNRWA health staff in Syria. © 2020 UNRWA  
photo by Hadia Nusrat

in accessing services. Also, teachers produced videos and other audiovisual materials that could enhance their classroom teaching, including for children with disabilities. Innovations like this that worked very well should be promoted to the benefit of persons with disabilities. Some of the platforms used during the pandemic have accessibility features that would benefit all people, including persons with disabilities. There is a need to further assess the accessibility of UNRWA online platforms to jointly agree on what would be of maximum benefit to staff and beneficiaries with disabilities in terms of access. The Education Programme has started this and its work should be further developed. The current accessibility of the UNRWA website also means that the website could be used to disseminate accessible communication and information to users with vision impairments. Similarly, there is a need for the provision of assistive technology and the relevant skills to use them. This will enhance the online experiences of users with disabilities.

*Referral pathways for disability-specific services:* With the current dearth in disability-specific services, such as rehabilitation and therapy, there is an increased need to collaborate. UNRWA cannot provide all the needed services. It is time for the Agency to develop a database of relevant services that are available in each country of operations. After mapping such services in different sectors, relevant staff can establish necessary networks and partnerships for referral. Effective referral pathway is still lacking, which must be addressed soon. As a service provider, UNRWA needs to be proactive in seeking such professional partnerships for effectiveness.

*Effective coordination of disability inclusion works at the field level:* Implementation of activities take place at the field level. Therefore, it is crucial to have effective coordination of disability inclusion efforts at the field level. Due to the current financial constraints that the Agency is tackling, it might be a good idea to seek partnerships for secondments of disability inclusion experts from relevant organizations. For example, the Norwegian Capacity (NORCAP)<sup>3</sup> and RedR Australia<sup>4</sup> do provide such secondments free of charge or subsidized. The Agency should explore this possibility to strengthen disability inclusion at the field level for maximum impact on the beneficiaries.

*Disability-disaggregated data collection:* The need for a unified method of disability data collection is critical. This will allow programmes and departments to adequately plan for disability inclusion and to monitor the inclusion of persons with disabilities in programmes and services. Additionally, collection of disability data in a uniform way would allow data comparison within and between programmes, which is essential for effective internal collaborations.

# footnotes

1 World Health Organization (2011). World Report on Disability. Accessed from: [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf).

2 Mousawat Organization is a disability-focused organization in Lebanon that promotes the rights of persons with disabilities, and provides rehabilitation services.

3 NORCAP is a global provider of expertise to the humanitarian, development and peacebuilding sectors.

4 RedR Australia is a leading international humanitarian response agency that selects, trains and deploys technical specialists.





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