

Services and participation in Yemen

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Assessing the needs of refugees and asylum seekers with disabilities has traditionally been much neglected in refugee assistance programmes. Assessments in Yemen have highlighted shortcomings in service provision and enabled local actors to prioritise accordingly.

Yemen receives thousands of refugees and asylum seekers each year, due to its strategic location, and is the only country in the Arab Peninsula that is signatory to the 1951 Refugee Convention and the 1967 Protocol. However, Yemen does not have national refugee legislation or an asylum policy or institution to deal with issues relating to refugees and other asylum-seeking populations in the country. Refugee and other asylum-related matters are mostly governed by different provisions of national laws.

Out of the total 170,000 Somali refugees registered upon arrival, as of the end of 2009 about 13,000 were living in Kharaz camp, 24,000 in the capital, Sana'a, and 15,000 in the urban area of Aden. The rest are either scattered elsewhere in other governorates or have left the country.

Refugees with disabilities in Kharaz camp and in the urban area of Aden are identified by several UNHCR partners but by no single methodology. ADRA uses socio-economic assessments and Intersos uses the Heightened Risk Identification Tool (HRIT), which unfortunately does not provide sufficient information to enable a distinction to be made between sensory impairments and mixed disabilities, nor is disability included as an indicator under the other risk categories (i.e. women at risk or older persons) but only under health needs and disability.

Save the Children Sweden identified children with disabilities in Kharaz camp through door-to-door surveys. Carried out in collaboration with the Yemeni government's Office of Social Affairs and Labour in Aden, these highlighted many shortcomings in

service provision for children with disabilities and recommended that:

- Children should be referred to specialist doctors in Aden or specialists should be sent into the camp to identify their need for assistive devices and other medical assistance.
- Relevant capacity building should be provided for an increased number of community workers.
- Children should be allocated among community workers according to their disability and the capacity of the workers, not according to their place of residence in the camp.
- Children's eye problems in particular should be addressed.

In collaboration with the Women's Refugee Commission and UNHCR, the Association for Developing Persons with Special Needs (ADPSN) – a local association serving people with a variety of disabilities – conducted a participatory assessment survey in Kharaz camp. This involved structured and semi-structured group discussions with refugees with disabilities of various genders, ages and ethnicities, family members of children with disabilities, implementing agencies' staff and community representatives.

The survey highlighted numerous shortcomings in interventions targeting refugees living with disabilities. These included inadequate referral for specialised treatment, lack of any optical or hearing health services (despite significant numbers of refugees suffering from visual or hearing impairments), a lack of assistive



High chair for refugee child made by persons with disabilities enrolled in vocational training run by the Association for Developing People with Special Needs, Aden.

devices and an absence of any income-generation projects or vocational training schemes targeting refugees living with disabilities. The report also showed that community-based rehabilitation workers (CBRs) and social workers are not adequately trained to assist refugees with mental disabilities.

Services for refugees with disabilities

Current activities focus on counselling by CBRs and social workers, partial social assistance to the most vulnerable disabled refugees and limited medical attention. However, there is no comprehensive multi-sectoral approach which takes into account the varying forms of disabilities and the need for mainstreaming the needs of refugees living with disabilities into all programmatic activities in the various sectors.

Furthermore, refugee children living with disabilities face numerous obstacles in both camp and urban settings which severely hinder their access to education, starting with lack of physical access to schools as most schools do not have wheelchair ramps and many children with disabilities live far from the schools. Refugee children with visual and hearing impairments do not have assistive

devices and there is a lack of qualified teachers trained in addressing the educational requirements of refugees living with disabilities. There are no classes for children with learning difficulties in any of the schools which serve refugees.

ADPSN signed an agreement in 2009 to become a UNHCR partner. This agreement enabled refugees with disabilities to have easy access to rehabilitation services, such as physiotherapy, assistive devices and vocational training being provided by ADPSN in a government centre it supervises for the rehabilitation of people with special needs. It also provides capacity building such as training in early intervention for agency staff (including camp CBRs), training of trainers on awareness of disability for school staff and a course on physiotherapy for medical staff from Aden and the camp.

CBR work in the camp is supervised by Save the Children Sweden and is implemented through the combined efforts of disabled children, their families, the community, schools and relevant health, education and social services. The main objective is to promote the right of disabled children to integrate into the community and their right to education and medical care. Four CBR workers under close supervision from the school management carry out regular home visits to train families in rehabilitation exercises using the World Health Organisation manual. CBR workers also try to coordinate with the clinics over referral of cases for surgery and treatment outside the camp and to include children with disabilities in mainstream schooling.

Community participation and self-management

The participatory assessment conducted with refugees with

disabilities indicated that people with disabilities are perceived as a burden on the community. None of them is a member of any of the committees or sub-committees in the camp. They are not involved in any planning or programming. Information is transmitted to people

preventive measure, UNHCR and WFP want to address the need for additional commodities to be given to children, given the high rate of chronic malnutrition amongst children which has an effect on the development of the brains of these children. Special education



Computer literacy class offered by the Association for Developing People with Special Needs, Aden.

with disabilities through elders, residential block leaders, CBRs, clinics and social workers. The first time that two small groups of men and women took part in the annual participatory assessment conducted by UNHCR was in 2007. In 2009 the project for people with disabilities created the opportunity for them to meet and establish their own committee in Aden and in the camp. The head of the committee in Aden and UNHCR partners participated in a meeting with ADPSN to discuss coordination and the work plan for 2010. The committee now participates in the coordination meetings in Aden every month, and the two committees – in Aden and the camp – will be given capacity building like any other refugee committee.

The challenges that remain include the lack of job opportunities for refugees in general and for those with disabilities in particular. As a

for children with disabilities in the camp remains a challenge, especially those with intellectual disabilities.

What has become clear, however, is that running a project for refugees with disabilities with a local NGO that is already supervising a government centre for people with disabilities has the advantages of sustainability and low cost. It also has a significant impact on the co-existence of refugees with the local population.

Finally, identifying people with disabilities must continue on a regular basis, and dependency among people with disabilities must be addressed.

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