My heartfelt appreciation goes to the refugee children with disabilities together with their parents, for sharing with us their lives and allowing us to accompany them in the journey of voicing their concerns. I also acknowledge Refugee Law Project and the Mental Health and Psychosocial Wellbeing Program team for providing material and professional support in accomplishing this paper and the work that is mentioned therein. A vote of thanks also goes to the Partner Organizations and Donors of Refugee Law Project, together with whom we try to make a difference to the lives of these children.

Key Words: Refugee, Children, Disability, Rehabilitation, Reintegration

Abstract

The World Health Organization estimates that between 15 percent of the world’s population live with disabilities (WHO, 2011). The most recent world disaster report estimates the total number of forced migrants to be at 72.6 million (International Federation of Red Cross, 2012) and as such, it can be assumed that 10.8 million of the world’s displaced persons also live with some form of disability. The actual number of children with disabilities in forced displacement is not known due to limited data.

Throughout its work with refugees and war affected children, Refugee Law Project (RLP) has come to the realization that Children with Disabilities are among the most vulnerable individuals especially in situations of war and conflict. The impact that war and armed conflict have on children with disabilities is double faceted in a way that first; war impacts very severely on children already living with disabilities and secondly; war and armed conflicts contribute to children developing some sort of disability. This is on account of the traumatic experiences that children are subjected to during war say; sexual
abuse, physical violence and other forms of torture all of which cause psychological and physical wounds for children with Disabilities. The breakdown of access to maternity care in situations of conflict also contributes to children being born with defects.

Since 2010, an estimated 150 refugee children with disabilities have been served by RLP in Kampala alone, excluding those in the refugee settlement. A baseline survey by RLP in 2010 on access to services for refugee persons with disabilities revealed that special concern be given to refugee children with disabilities because most of the decisions that were being made on their behalf were not in their best interest (Refugee Law Project, 2010).

The mental Health and Psychosocial Wellbeing Program is currently identifying and profiling Refugee Children with Disabilities and establishing challenges they face through home visits, focused group discussions through an established support groups of Persons with Disabilities, office based sessions and discussions with partner organizations. A number of activities are being carried out like counseling, group support, research and advocacy at community and national level. The main aim of the activities is rights promotion for the rights of refugee children with disabilities.

The three important strategies used in this work are; meaningful participation, empowerment and sustaining an active network of service providers as partners.
This paper seeks to highlight the practices and recommendations of Refugee Law Project in its efforts to promote the rights of refugee children with disabilities especially those who have been adversely affected by war.

**Introduction**

In 2010, Refugee Law Project initiated a disability mainstreaming project into its programming as a result of the realization that persons with various forms of disabilities among refugee communities form a significant part of the project’s clientele, among which, were children with disabilities, and that refugee persons with disabilities were largely neglected in terms of service provision and rights protection in situations of war, conflict, natural disaster and forced displacement.

The diagram below illustrates the linkages between war, children and disabilities. During situations of war and conflict, children are subjected to Sexual violence, Physical and Psychological torture, child trafficking, child Sacrifice in cultural rituals, forced recruitment in to the army and experience limited access to medical care, malnutrition and starvation, Abandonment and Separation from family. The effects that arise from these conditions all contribute to the children developing some form of disability in one way or the other. There is hence an increasing number of children who formerly were able bodied before the war but develop Physical, Psychosocial, Cognitive / Intellectual Disabilities, Sensory and other forms of Disabilities resulting from war and illnesses. Similarly, children who were originally having a disability before the war, go through near similar or worse situations during war and experience dilapidating effects, further
worsening their conditions. Furthermore, apart from the relative peace experienced in the host country, the situations for these children do not get any better. They and their families fall victim to extreme conditions of poverty, barring them from accessing the basics of life and from the enjoyment of their rights. The major question to be answered is how to mitigate the effects of war on these children and how to assist them to be able to enjoy their rights and achieve their maximum potential.

Disability, Refugee and Forcibly Displaced Children in the Context of War
The figures

The recent World Report on Disability estimated that 15% of the world’s populations live with some form of disability (WHO, 2011). If applied to the refugee population in Uganda, which as of 2011 stood at approximately 160,000, this would suggest at least 24,000 refugees with disabilities. UNHCR currently recognize only 2,000. Whether the actual number is higher or lower remains unclear as adequate documentation is lacking.

A baseline survey on access to services by refugees with disabilities in Kampala revealed that of the 120 refugee persons with disabilities identified and interviewed, 64% of these were children with disabilities (Refugee Law Project 2010). Data from the Client Management System of Refugee Law Project indicates that between 2010 and 2013, 150 refugee children with disabilities have been directly served by the organization in Kampala alone¹. A profiling process of refugee persons with disabilities in Uganda that was begun in June 2012 has so far revealed 510 refugees have some form of disability and 57 percent of these are children. In two of the refugee settlements, the profiling has so far identified 780 refugee persons with some form of disability and of these, 455 are children².

¹ Refugee Law Project Client Management System is a networked data base on which Client Counseling and Legal Aid are recorded
² Profiling the refugee Persons with Disabilities, Refugee Law Project, July 2012
Factors suggesting that disability levels will rise include multiple disabilities arising from conflict; many lose their limbs to heavy artillery and the commonly used landmines. Others lose their sight and hearing as a result of torture and the effects of weaponry. In addition to physical disability, the torture, trauma and affliction to which individuals in war areas are subjected can trigger severe mental disorders.

Factors which might result in a reduction in the overall levels of disability are the increased vulnerabilities of people with existing disabilities in times of conflict and emergency; in times of flight, disabled people are more likely to fall or be left behind, more likely to fall victims to ambushes, less likely to be able to access medical care, less likely to escape unnoticed, more likely to die prematurely. Women with disabilities have often been raped by combatants as well as civilians due to their inability to escape. In all cases, whether for people with existing disabilities or those who become disabled in the course of conflict and emergencies, contexts of violence and economic instability can destroy already fragile livelihoods of victims and their families.

The Nature of Disability
Refugee Law Project uses functionality in identifying persons with disabilities, and uses a self identification approach in its open door policy. This means that the categories of disability could be as diverse as one’s physical, psychological, sensory, cognitive, mental or social functioning is affected in one way or the other. Persons and children with disabilities are given the chance to express what they are able to and not able to do, and what they need assistance with in order to do.
The most common nature of disability among refugee children with disabilities according to the profiling is mild psychosocial disabilities, physical disabilities, sensory disabilities and intellectual or cognitive disabilities.

**The Causes of Disability**

The most identified cause of disability among persons with disabilities was torture as a result of war and conflict (62.5%) and illness especially among the children (Refugee Law Project, 2010). Many refugee parents of children with disabilities mentioned that their children, being born under difficult circumstances and in conditions develop some sort of illness in their early years which leads them to developing some form of disability. They mentioned infections, attacks by immunizable and treatable disease, and because of the extreme conditions of poverty, lack of knowledge and information, language barrier, lack of support and concern from service providers and discrimination, all limit access to treatment and rehabilitation for these children.

**The Challenges of Refugee Children with Disabilities**

For those refugees with disabilities who do make it to another country, and manage to reach refugee and displaced persons’ camps, the tribulations continue. The *modus operandi* of humanitarian organizations distributing necessities in camps and settlements pays little or no heed to the particular needs of Persons With Disabilities (PWDs). Facilities are rarely built with accessibility in mind,3 staff have little or no training in

---

3 Information from National Union of Disabled Persons of Uganda (NUDIPU) resettlement project in northern Uganda.
disability issues. As a result PWDS can miss out on basic necessities like medical care, water, food and shelter - let alone specialized treatment or interventions which are cognizant of the particular needs of PWDs. When it comes to being considered for resettlement to a third country, disability alone is not considered an automatic ground for resettlement, despite the fact that very few refugees – at least in the Great Lakes region – have any prospects of realizing their human potential in their first country of asylum. Many fall into extreme poverty, further exposing them to additional violations, including sexual and physical abuse. In short, all PWDs in conflict and refugee situations in the Great Lakes experience serious systemic marginalization, and this is aggravated by:

- The invisibility of the majority of refugee PWDs, many of whom are kept in hiding by their own families, or keep themselves out of sight (disability is interpreted in some cultures as a curse and a source of shame)
- The physical obstacles confronting refugee PWDs who do wish to access services, particularly in refugee settlements and urban slum areas
- The particular obstacles to refugees with disabilities acquiring skill-sets, knowledge and self-esteem
- The resultant difficulties facing PWDs when it comes to organizing themselves and being able to claim their rights on their own behalf
- The existing Disabled Persons’ Organizations in Uganda do not generally cater for refugees therefore offers services to Uganda nationals leaving aside their refugee counterparts.
A refugee regime which is structured in terms of protection to individuals rather than to interest groups. While the regime recognizes that, as a PWD, the individual may have particular needs and interests, it does not engage with PWDs collectively. The important slogan ‘Nothing About Us Without Us!’ continues to have very little traction in refugee contexts, and Refugees With Disabilities are largely excluded from the planning and implementation of programs, whether by State, UN or Non-State actors in Uganda.

The lack of proper case identification procedures by Government or UNHCR: it is self-evident that the official number of 2000 disabled refugees in Uganda seriously under-represents the actual levels of disability, and results in continued under-resourcing of any interventions targeting the disabled.

The fact that the United Nations Convention on the Rights of People with Disabilities, Article 10 of which specifically calls for states to protect, promote and respect rights of persons with disabilities in disaster periods, has yet to be domesticated into national law
Refugee Law Project’s Intervention Experience: the Human Rights Approach

Uganda is party to the UN Convention on the Rights of Persons with Disabilities and has the Persons with Disabilities Act (2006). Although the general interpretation of service providers is that refugees are not provided for in these instruments, the reality is that as long as the PWD is in Uganda, they are to equally enjoy all the rights accorded to them in these instruments.

What refugee law project seeks to do is to promote and ensure rights protection for refugee children with disabilities through actively involving persons with disabilities, including children, directly or through their representative organizations in decision-making processes about policies and programmes, including those directly concerning them to ensure full realization of all the rights of refugee persons and children with disabilities. The organisation does this through maintaining and respecting the principles of meaningful participation and empowerment while working with children. Specifically, RLP has engaged in;

Statistics, Data and information

RLP has taken lead in compiling data and information as regards refugee children with disabilities. This is important for planning, programming, and implementation and advocacy purposes. RLP Collects and disseminates appropriate information, including statistical and research data, to advocate for the formulation and implementation of policies and programs. A number of qualitative and quantitative researches have been done in this area to add to the understanding and appreciation of disability among forced
migrants in Uganda\textsuperscript{4}. The Children are involved in this process though the ongoing profiling where they are able to take still photos, videos or draw pictures of their life situations. Children also self identify and are able to describe the limits in their functionality. Resultantly, many other organizations have been able to intervene using the available data like Inter Aid, United Nations High Commission for Refugees, African Centre for Treatment and Rehabilitation of Torture Victims, and Women’s Refugee Commission.

**Counseling and Therapy**

The Refugee Law Project offers counseling and therapy to children with disabilities and has a dynamic group composed of counseling psychologists, social workers, clinical psychologists and other mental health workers that provide one on one counseling, group counseling and home based counseling. Experiential therapy is also offered to refugee children living with disabilities. The counseling also targets the parents as they are major key decision makers in the children’s lives. As a result of this, many Children with Disabilities have overcome trauma, are able to interact, communicate, attend school and enjoy other rights.

**Skills, Knowledge and Information Provision**

Refugee Children with disabilities are able to enjoy their rights when given the required skills, knowledge and information. Some parents and children have been trained in sign language use hence they are able to communicate; some with visual impairments have

\textsuperscript{4} Between a hard place and a rock: the Plight of Refugees with Disabilities in Uganda, Refugee Law Project, 2011
been trained in using computer access software so they are able to communicate, the children have been supported to develop social and life skills. Some of the Parents and Children have access to internet and the e-granary so they are able to read and get enough informs action on disability. As a result, many parents have used this information to care for their children who initially were not able because of lack of information.

Some parents and children have been trained on their rights hence they are able to self advocate and demand for their rights and protection. Trainings are also offered to professionals and staff working with persons with disabilities so as to improve on services and other forms of assistance guaranteed by the rights recognized by the Convention

**Legal Aid**

The rights of refugee children with disabilities continue to be violated even when in host t country. From the number of human rights abuses reported to the organisation, there are obviously huge physical and legal protection gaps for these children. Some people , including the parents of refugee children with disabilities are still of the view that protection of Children With Disabilities is not priority and they hence continue to violate, not report and negotiate settlements in instances of child rights violations. RLP provides legal aid support inform of court representations, Refugee Standard Determination, Police follow-ups on cases of these children.
Resettlement

In quite many cases, children with disabilities develop complicated medical conditions that cannot be managed in Uganda and they are hence referred to a third country for specialized medical care. Since the year 2010, 3 families of refugee children with disabilities have been successfully resettled and they have had access to the required medical care.

Awareness raising and Advocacy

Children and parents of children with disabilities have been given a platform through which they self advocate on their rights. Awareness raising is conducted to raise the level of understanding on disability among disability so that the refugees, host population and service providers and to reducing exposure of target children to disability. Children are able to make presentations to groups through poems, songs, pictures, posters, video documentaries -Between a hard Place and A Rock and Double Vulnerability (Refugee Law Project, 2011 & 2012), personal interaction, community dialogues, information sessions and through use of other IEC materials.

Economic Empowerment

RLP has realized that poverty is a major hindering factor to enjoyment of rights for refugee children with disabilities. Through groups, parents of children with disabilities have been trained in business and financial skills management and they have identified projects in which they engage to earn incomes. There has hence been increased income of guardians of target children. In Kampala, the parents engage in poultry farming. As a
result, many children with disabilities have been able to go to school and they at least have a meal in a day.

**Supportive Social Environment for CWDs**

Social Support for refugee children with disabilities is crucial since the traditional social support mechanisms that were present in their countries of origin are no longer present. Children also need to interact with one another in order to achieve their full potential. This has been done through support groups for the children and their parents through which groups they are able to offer each other mutual psychological and social support. Friendships and close relations have been developed within these groups and they give an avenue for self identity for these children. There are currently two social support groups for children in Kampala. Through these groups, PWDs are able to identify other children with in the community and refer them to relevant offices.

**Medical Support**

Medical care is always recognized and stated as a key component in the process of assisting PWDs to attain high standard of physical, economic, and psychological wellbeing. Services to minimize and prevent the progress of the disabilities are very little due to the expensive drugs required, and constant reviews and investigations RLP has a small fund from which it supports access to refugee children with disabilities to medical treatment. However a gap still remains as the available funds are insufficient to support the numbers of refugee clients with disabilities hence only used during ‘emergencies’.

**Networking and Partnership**
RLP has maintained an active and effective network of partners with which it works with to promote the rights of refugee children with disabilities. This is more especially important in ensuring access of refugee children to physical and medical rehabilitation, their right to school and societies, and in accessing other basic needs. RLP works with appropriate line ministries and Civil Society Organizations including United Nations High Commission for Refugees, National NGOs, Disabled Persons Organizations, schools, faith based institutions, community leaders, law enforcement officers, government departments, and international organizations in rights promotion for refugee children with disabilities.

**Recommendations**

From experience in the process of rehabilitating refugee children with Disabilities, RLP has the following recommendations to offer:

Data, statistics and information: There is need to collect data and information on Refugee or forcibly displaced children with disabilities so as to inform planning, programming and policy formulation in the forced migration, disability and child protection arenas

Community Based Physiotherapy and Occupational Therapy for refugee children with disabilities to enable those who can’t afford the transport costs, expensive facility costs and those who are home bound to access the service.
Shared accountability: Accountability should be shared between the children, parents, the community, providers, and government bodies about rights protection for refugee children with disabilities.

Coordinated system of care: Strong alliances built across key partners and stakeholders to ensure holistic rehabilitation and integrated response to human rights protection of Refugee Children with Disabilities, so as to have a coordinated system of care for children with disabilities and guidance for families

Building Capacity: Service providers trained to adopt better understating, and attitudes to be enabled to play their role in meeting the complex needs of refugee populations with disabilities and chronic illnesses.

Children's health: Increasing the capacity of service providers and parents to respond to medical needs of refugee children with disabilities.

Mental Health Services: Intensified mental health services to respond to the complex mental health needs of RCWDs.

Inclusive approach: the disability perspective should be incorporated into the main development activities as a central element with maximum participation of persons with disabilities during the planning, programming and implementation, evaluation as equal partners, and an appropriate adaptation of mainstream facilities so that both persons with and without disabilities could equally use them.
Conclusion

There is minimum rehabilitation and protection measures accorded to refugee children with disabilities and yet there is increasing evidence of their existence and vulnerability and. There is therefore need to further document the situation of refugee children with disabilities living in Uganda, empower the children and their families by addressing their legal and psychosocial needs, strengthen the formation and capacity of groups of refugee children and their parents disabilities, and collaborate with such groups in advocating for the needs and rights of refugees with disabilities, both nationally and internationally.

References


