2021

Conducting Country of Origin Information Research on Disability Issues

Asylos and ARC Foundation Training Series

Acknowledgements

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Who we are

Asylos is a global network of volunteers providing free of-charge Country of Origin Information (COI) research for lawyers helping people seeking international protection with their claim. Asylos works to ensure that people seeking international protection and their legal counsel have access to crucial sources and data to substantiate their claim. Asylos volunteers use their research and language skills to access detailed information. More information can be found on Asylos' website.

ARC Foundation is the charitable branch of Asylum Research Centre (ARC). ARC was set up in 2010 in order to raise standards in international protection processes, improve the realisation of the rights and entitlements of people seeking international protection and to ensure that those in need of protection are recognised as such. It is staffed by human rights researchers and COI specialists and undertakes case-specific COI research, advocacy and training. More information can be found on ARC's website.

Copyright information

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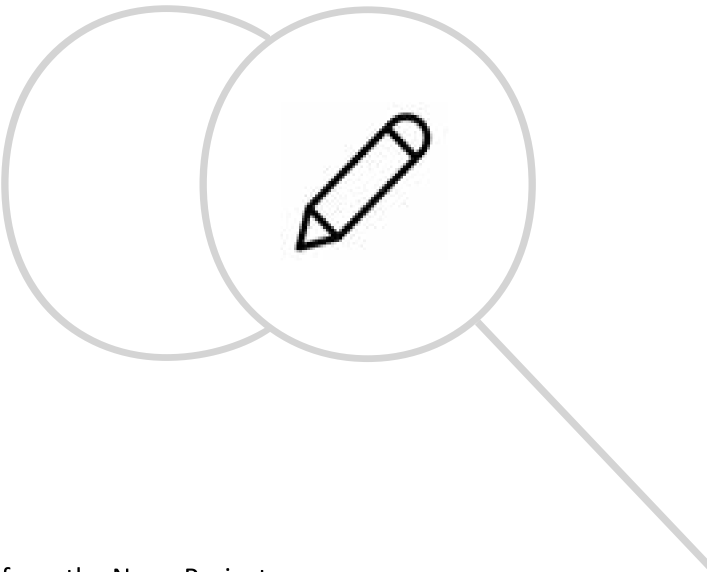

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Acronyms

COI: County of Origin Information
CPIN: Country Policy and Information Notes
CRPD: Convention on the Rights of Persons with Disabilities
HBF: Helen Bamber Foundation
PSG: Particular Social Group
PWDs: Persons with disabilities
UNHCR: United Nations High Comissioner for Refugees

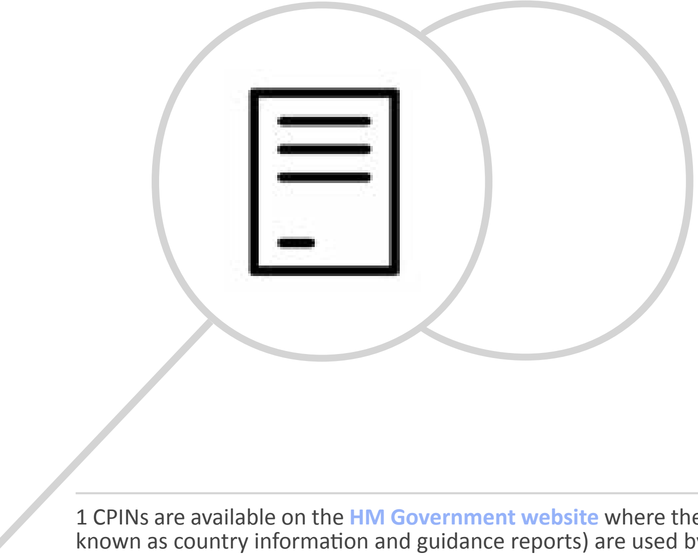
Introduction

This handbook should be read alongside our Country of Origin Information (COI): Evidencing asylum claims in the UK handbook, which explains basic principles of Country of Origin Information research, its use in the UK refugee status determination, quality criteria, research tips and guidance on avoiding common pitfalls.

1. Context: significant information gaps on persons with disabilities

Understandings of and responses to disability vary widely and are context dependent. In the field of international protection, the response to disability appears to reflect policy and decision-making practices within host states, as well as the understandings and 'unconscious biases' of decision-makers, legal representatives, and Country of Origin Information (COI) researchers. The lack of good quality COI on issues related to disability may in part stem from the way international protection claims for persons with disabilities are commonly presented: with a focus on medical responses to an impairment, a failure to take a holistic and intersectional approach in identifying the relevant issues, and an absence of relevant material or sources. The lack of relevant source material is itself linked to the limited visibility of persons with disabilities within societies globally.

The lack of visibility of persons with disabilities in COI is an issue that has been repeatedly raised with Asylos and ARC Foundation.



For example, lawyers representing Nigerians with dependent children with disabilities and unaccompanied children with disabilities seeking international protection in the UK, identified this issue as a critical information gap in COI used and produced by the UK Home Office. A subsequent review of Country Policy and Information Notes (CPINs) available on Nigeria found little to no information relating to persons with disabilities, and, more specifically, to children with disabilities.

This significant information gap risks the refusal of cases involving children and young people with disabilities because of a lack of objective and relevant evidence that might support their protection claim. This is particularly relevant following caselaw DH (Particular Social Group: Mental Health) which recognised for the first time in UK asylum law that a "person living with disability or mental ill-health" may qualify as a member of a particular social group (PSG).

2. Asylos and ARC Foundation project on disability

In response to the issues raised by legal representatives, Asylos and ARC Foundation developed a joint project to address information gaps about persons with disabilities who are seeking international protection, focusing on children and young people with disabilities in Nigeria as a case-study, including:

- **A review of COI relating to persons with disabilities**, to assess the level and form of inclusion of persons with disabilities within selected COI sources on Nigeria before starting our own research.
- **The publication of a country report on the situation of children and young people with disabilities in Nigeria**, combining interviews with individuals with authoritative knowledge on the topic alongside excerpts from country information available in the public domain.
- **The development of a** principles document, **handbook** and **training module** to guide those conducting COI research on disability related issues.

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1 CPINs are available on the HM Government website where they are described as 'Country policy and information notes (previously known as country information and guidance reports) are used by UK Visas and Immigration officials to make decisions in asylum and human rights applications'.

Introduction

3. A review of COI relating to persons with disabilities

A rapid review of the level and form of inclusion of persons with disabilities within selected COI sources on Nigeria published since 2018 highlighted considerable differences within and between the reports in approaches to the collation, presentation and quality of COI related to persons with disabilities.

Sixteen reports were chosen from a range of government and non-government COI producers, including the UK Home Office, US Department of State, Australian Department of Foreign Affairs and Trade (DFAT), the European Asylum Support Office (EASO), and ARC Foundation. None of these reports were disability specific, which is a notable point. However, the COI content of each report was reviewed in relation to use of terminology, topics raised including context and positioning, use of disability specific sources and reference to intersectionality. The findings were as follows:

Visibility and portrayal of persons with disabilities:

- The visibility and portrayal of persons with disabilities is inconsistent, undeveloped and limited.
- Persons with disabilities are mainly represented in relation to mental health and witchcraft.
- Disability is not consistently referred to in terms of reference and appears under a variety of headings without an apparent rationale.
- There is a lack of transparency in sources consulted.
- Some reports contained no information on persons with disabilities; only six included the term persons with disabilities.
- It is unclear if the limited coverage is due to a lack of available information, or a failure to consider the experience of persons with disabilities in a consistent way.

Topics included and omitted:

- Several relevant topics are raised but with minimal detail and significant omissions.
- Four reports fail to include persons with disabilities, or only with a passing reference. Twelve reports include information on persons with disabilities on a range of topics, with varying levels of specificity.
- Topics included (but with varying levels of detail and quality): discrimination (state/non-state, direct/indirect), abuse and exploitation, legislation and its implementation, prison conditions, health care, education, and employment.
- Topics omitted or included with insufficient detail: absence of disability data and its consequences; implementation of legislation and policy; information specific to persons with physical, intellectual, or invisible disabilities, or children with disabilities; the economic situation of persons with disabilities.

Intersectionality:[2]

- None of the reports contain explicit reference to the ‘intersection’ of disability with other individual characteristics (for example risks for women with disabilities, or LGBTQI persons with disabilities).
- One report suggests that ‘individual circumstances need to be examined closely when assessing claims related to mental health’ but the need to take an intersectional approach is not explicit.
- Some reports include information on age and disability on a range of issues.
- Other reports include limited information on internally displaced persons and mental health, HIV-status and employment, and women and mental illness.

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[2] Intersectionality is a way of thinking about a person, group of people, or social problem as affected by the interplay between the various identities an individual identifies with (see Professor Kimberly Crenshaw (1989), for example Race, Class and Gender). It takes into account these overlapping identities, and experiences in order to understand the complexity of the prejudice they face.

Introduction

Sources:

- There is a lack of balance, breadth, specificity, and transparency within sources.
- The lack of transparency in many reports (extensive use of summaries and no citation of sources) makes it difficult to assess the reliability of sources.
- There is only one explicit reference to the term ‘persons with disabilities’ in a bibliography.
- The lack of relevant source material on disability in the public domain may be linked to the often-limited visibility of persons with disabilities within societies globally but it is also possible that ‘disability’ specific sources were not widely sought in the reports reviewed.
- There is little to suggest that oral information was sought directly from persons with disabilities, including disabled persons organisations.

4. Report: Nigeria: Childen and Young People with Disabilities

Our report, Nigeria: children and young people with disabilities, is divided into nine core sections. Each spotlights pressing issues relevant to protection claims from children and young people with disabilities, and include risks from non-State and State actors alike. The sections cover the following:

- common responses to persons with disabilities by non-state actors and their impact;
- relevant legal and policy frameworks (and their implementation) including insights into tensions arising from legal plurality and also the visibility of persons with disabilities persons with disabilities within the State justice system;
- the visibility of, and consequent impact on persons with disabilities, in data collation practices;
- State discrimination of persons with disabilities and sufficiency of, and barriers to State protection;
- the availability of and access to health services for persons with disabilities, with brief details on the impact of Covid-19;
- the availability of and their access to education;
- specific focus on child protection services for children with disabilities;
- the prevalence and diverse forms of institutionalisation and conditions of institutionalisation they potentially face; and finally, information on children and young people with disabilities who are returned to Nigeria.

Our findings cover over 200 pages and paint a troubling picture of the situation for children and young people with disabilities in Nigeria, despite the recent adoption of legislation by the State, purportedly in compliance with their obligations under the Convention on the Rights of Persons with Disabilities. Sources highlight the multiple forms and layers of discrimination, by state actors and within communities and families, and the prevailing lack of protection or access to redress, that affect children and young people with disabilities in Nigeria, severely impairing their lives and in many cases putting them at risk of (further) exploitation and harm. See a summary of our findings on **Asylos' website.**

The report draws extensively on insights and information from interviews and correspondence with eight experts from Nigeria, most with lived experience of disability. This was particularly important as our experience conducting COI research for the project illustrated many of the challenges and limitations noted in the COI review above, that we will address in this handbook. This included:

- lack of visibility of persons with disabilities in publicly available COI sources;
- limited disability specific sources or general sources with disability specific information resulting on an overreliance on a few sources;
- lack of information specific to children and young people or persons with disabilities or specific to type of impairment; and
- lack of sources taking into account different aspects of the identity of persons with disabilities (i.e. an intersectional approach).

We will draw on our learning and examples from the report throughout this handbook.

Guidance

1. What is disability?[3]

Ask fifty people how they understand the term ‘disability’ and you may receive fifty different responses. A common view is that disability is a condition inherent in the person or a medical condition such as spina bifida, paranoid schizophrenia or autism spectrum disorder. However, a more contemporary understanding is that disability is the ‘interaction between an individual’s personal condition (such as being in a wheelchair or having a visual impairment) and environmental factors (such as negative societal attitudes or inaccessible buildings) which together lead to disability and affect an individual’s participation in society’.[4]

Persons with disabilities are not a homogenous group. Each person experiences impairment and disability differently and multiple aspects of their individual identity and specific context will shape their life experiences. In addition to the form of impairment (including those that are invisible or hypervisible), both personal and environmental factors can interact to exacerbate disability or alleviate it. These combined factors determine ‘the extent to which an individual can participate in society and, as a result, the extent to which disability exists’.[5]

Personal factors can include:

- age and lifecycle stage
- ethnicity
- sexual orientation
- gender identity or expression
- religion
- socio-economic status
- level of education
- political opinion
- status as a migrant, indigenous person, internally displaced person, or returnee
- access to adequate and appropriate healthcare

As an example, someone with a physical impairment who is wealthy might be able to access higher education and so find a job. This might increase participation in society and alleviate disability to an extent.

Environmental factors can include:

- geographic location and local environment, including rural or urban location and factors that affect accessibility
- legal and policy context, including protection from discrimination and disability specific policy and legislation
- socioeconomic context, including relative wealth and poverty, community views on disability
- services, including whether they are inclusive or segregated, available, affordable

Environmental factors can be a mixture of positive and negative and may combine to exacerbate or alleviate disability. For example, a school might include ramp access, but without accessible public transport a child with a physical impairment cannot make it to school.

Persons with disabilities may face different kinds of multiple discrimination. This can be experienced as cumulative or additive discrimination, where two or more forms of discrimination happen at the same time but are not related to each other. Or as intersectional discrimination, where two or more forms of discrimination interact in such a way that they are inseparable (see section 4.2 of this handbook for more information on taking an intersectional approach in your research).

The experience of every person with disabilities is unique and dynamic. International protection decision-making for persons with disabilities demands an approach that addresses how an individual’s impairment intersects and interacts with other identities and potential sources of social disadvantage and discrimination.

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[3] This section draws on the CRPD Training Guide, Module 1, What is disability, pp. 14-26, https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf

[4] CRPD Training Guide, Module 1, What is disability, p.14, https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf

[5] CRPD Training Guide, Module 1, What is disability, p.15, https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf

Guidance

2. Models of Disability

Responses to disability are based on conscious or, often unconscious, understandings of disability. Those with similar views are commonly considered to adhere to a specific 'model' of disability. Many COI researchers may approach disability through their own 'model' whether they are aware of it or not.

Models of disability are not value neutral and have significantly different implications that frequently have a political dimension. They differ geographically, culturally, and historically. Each provides often strikingly different explanations for disability. These explanations can dictate responses to it at an individual, family, community, national or international level. Although models of disability are rarely completely static and can overlap, it is helpful to distinguish between those that are most dominant, at least in English language sources.

The dominant models of disability are **individual deficit**, **social construct** and **human rights** models that respectively focus on the impaired individual, how a society responds to impairment, and on persons with disabilities as rights holders.

Individual deficit models represent individual impairments as an abnormality, usually with a medical or a moral cause. Disability as a biomedical problem remains a widely held approach with intervention focused on diagnosis, treatment or rehabilitation, and prevention. Also widespread are models of disability that attribute the cause of individual impairment to a moral lapse, sin and/or witchcraft/sorcery etc. committed by the person or a family member. Both the moral and medical models hone-in on individual impairment as a human aberration and for this reason are often referred to as individual deficit models.

An example from the **Nigeria report** illustrates the perspective that disabilities are a 'punishment' for past sins:

> "[…] Study participants with disabilities shared some common beliefs around the causes of disabilities. These include the inaccurate belief that disabilities are a punishment for the past sins of the individuals, their parents, or their families. This belief is also being reinforced by some religious practitioners across multiple faiths, who consider disability to be an affliction or sickness that befalls a person as punishment for their sins. Some believe it is a curse or bewitchment.
>
> "Some people say the reason why I am visually impaired is because I committed a sin." – a visually impaired woman, Jos
>
> (Source: World Bank, *Disability Inclusion in Nigeria - A Rapid Assessment*, 2020, pg 16-19) (p20)

The goals of interventions in response to the individual deficit models of disability are based upon persons with disabilities being understood as a problem, an abnormality, and a personal tragedy. In response persons with disabilities may be ostracised and excluded from or hidden within family and society. This can take the form of institutionalisation or segregation or no education. In addition, or alternatively, people who view disability as an individual deficit often view persons with disabilities as passive, lacking in capability, and as an object of pity in need of care and aid through charity, welfare provision (considered by some to be a form of compensation for exclusion from mainstream society) or medical rehabilitation (treated or returned to 'normal').

An example from the Nigeria report illustrates the use of institutionalisation, and medical 'rehabilitation', as a response to persons with disability:

> "Persons with disabilities are commonly arrested en masse by government officials and police, and transferred to "rehabilitation centres" which, according to information I received, are tantamount to the poorest prisons, with extremely overcrowded rooms, deplorable conditions, lack of access to showers and insufficient food."
>
> (Source: OHCHR: *Visit to the Republic of Nigeria by Ms. Leilani Farha, Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*, 23 September 2019)

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In another example a disability expert explains that disability is often seen as a charity rather than public policy issue in Nigeria:

> “According to David Anyaele, the Executive Director of Centre for Citizen with Disabilities, disability is still often considered as a charity issue rather than a public policy concern. Thus, Nigeria’s disabled suffer discrimination in employment, accessing education, and in other aspects of life.”
>
> (Source: Dataphyte, *Social Protection for the Disabled in Nigeria during COVID-19 pandemic*, 7 August 2020)

Under these models, persons with disabilities are disempowered, not in control of their lives and have little or no participation. The medical industry, professionals and charities may end up representing the interests of persons with disabilities, if they are seen to be the ones possessing the knowledge of what is in the best interests of their patients.[6]

Social construct and human rights models of disability shift the focus away from individual deficits.

Social construct models propose that it is primarily social and environmental barriers and oppression, rather than individual deficits that disable people with impairments. The focus is therefore on achieving changes in society rather than individual adjustment and rehabilitation. The minority model views disability through the lens of minority politics. Persons with disabilities under this model are held to constitute a minority position in society and ‘devalued, stigmatised, discredited and discounted’[7] in line with other minority groups and denied fundamental civil rights and equal access and protection.

Social construct approaches to disability share a range of commonalities and are sometimes considered synonymous with the minority model. The strongest social construct approach is most apparent within the UK. This understands disability as a socially created problem, where social and environmental barriers exclude persons with impairments from participating in society. Notably, disability is viewed as clearly distinguished from individual impairment. Beyond the UK, diverse social understandings of disability have been advanced by activists with disabilities and disability studies scholars in several countries. These have led to ‘a ‘family of social contextual approaches to disability’ (which includes the minority approach).[8]

Despite deeply contested differences, at their common core is the belief that it is primarily social barriers and oppression rather than individual deficits that disable people with impairments. Therefore ‘any meaningful solution must be directed at societal change rather than individual adjustment and rehabilitation’.[9] Commitment to societal changes and interventions sought by advocates under this model should take place at all levels, to include the political, legal, policy, economic and educational.

Human rights models represent persons with disabilities as equal holders of human rights, an understanding of disability that is relatively recent. The human rights approach shares common ground with social construct models but responds to the critique that these models do not take sufficient account of the realities of living with an impairment and the intersectionality of disability with other identities, including minority and cultural identification.

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[6] CRPD Training Guide, Module 1, What is disability, p.16, https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf

[7] Daniel Goodley, Disability Studies: an interdisciplinary introduction, 2017, p. 14

[8] Shakespeare, T., Disability Rights and Wrongs (Routledge 2006) p. 9.

[9] Barnes, C., Mercer, G., and Shakespeare, T., ‘The social model of disability’, in Giddens., A and Sutton, P., (eds.), *Sociology: Introductory readings*, 3rd edition, (Polity Press, Cambridge 2010), pp. 161 – 166, Arnardottir, M, O, and Quinn G (Eds.) *The UN Convention on the Rights of Persons with Disabilities* (Martinus Nijhoff Publishers Leiden, Boston 2009), pp. 3-16.

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Particularly relevant to COI research and the protection of persons with disabilities within the international protection decision making process are three observations:

- In contrast to the strong social construct model in particular, the human rights model 'offers room for minority and cultural identification'.
- The prevention of impairment may be properly regarded as human rights protection (rather than oppression as some social construct theorists assert).
- The human rights model offers practical and constructive proposals for improving the life situation of persons with disabilities.[10]

The human rights model of disability has been used effectively to advocate that persons with disabilities should be valued as equals with all others, entitled to enjoy human rights granted to all.

> 'A rights-based approach to disability is not driven by compassion, but by dignity and freedom. It seeks ways to respect, support and celebrate human diversity by creating the conditions that allow meaningful participation by a wide range of persons, including persons with disabilities. Instead of focusing on persons with disabilities as passive objects of charitable acts, it seeks to assist people to help themselves so that they can participate in society, in education, at the workplace, in political and cultural life, and defend their rights through accessing justice.'[11]

The international community, through the **UN Convention on the Rights of Persons with Disabilities (CRPD)**, has endorsed a combined social and human rights-based model. The CRPD, adopted in 2006 and ratified by 182 State Parties to date, recognises that disability is:

> "an evolving concept and […] results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others".[12]

This definition is not universal or without detractors. However, it shapes required disability related interventions by States that are signatories of the Convention, which includes most host states, and is a key component of the international legal framework against which States are judged in terms of human rights compliance:

> "The Convention follows decades of work by the United Nations to change attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.
>
> The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced."[13]

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[10] Degener, T., 'A new human rights model of disability', in Della, F., Cera, R and Palmisano, G., (eds.), The United nations convention on the rights of persons with disabilities: A commentary, (2017) pp. 41 – 60, (Springer, Cham, Switzerland 2017), pp. 41-60.

[11] CRPD Training Guide, Module 1, What is disability, p.17, https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf

[12] United Nations, Convention on the Rights of Persons with Disabilities (CRPD), Preamble

[13] United Nations, Convention on the Rights of Persons with Disabilities (CRPD), Preamble

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Asylum decision-makers and COI on persons with disabilities frequently look more closely at the availability of medical treatment (care and drugs) rather than other potential forms of exclusion or disadvantage within society. This is the case despite the ratification by most host countries of the CRPD and, in so doing, their agreement to adopt a combined social construct/human rights-based approach to disability. If actors within the asylum process view disability through a medical lens, the cumulative impact of often multiple and interlinking disadvantage and exclusion faced by the person with disabilities in question, will be overlooked. Any decision will therefore be made on partial information only and often to the detriment of the applicant.

To address this, it is important for people conducting COI research to adopt a human rights lens in the framing of their research and research questions, in accordance with current international norms. They should assume the existence of all models of disability within the country of origin being researched and use a wide range of terminology in searches (see section 4.3 of this handbook for further information on use of terminology). It's important to accurately reflect in the research the disability-specific cultural context, understandings of and responses to disability within the family, local community, and country of origin. Researchers should check research questions to ensure inclusion of potential multiple characteristics/identities of persons with disabilities and give concrete examples whenever possible to illustrate the specific and varied experiences of persons with disabilities, including where possible through the voices of people with lived experience.

3. Stigma: prevalence and impact

In host States and countries of origin, persons with disabilities face stigma – conscious or unconscious - on a daily basis. Stigma and associated societal oppression can be profound in terms of impact and the cause of actions or inactions that degrade, disempower, discriminate, exclude, exploit, fuel hate, kill, perpetuate poverty, segregate, and torture persons with disabilities. When this is a daily experience for persons with disabilities, human rights abuses that affect wider groups are likely to have a disproportionate impact upon them.

Here are some examples of the prevalence and impact of stigma from our Nigeria report:

> **Stigma fuels fear**
>
> "Society has historically imposed barriers that subject people with disabilities to lives of unjust dependency, segregation, isolation and exclusion from mainstream society. Religion and culture promote certain beliefs and attitudes about disability and people with disabilities that lead to discriminatory practices. It is a commonly held belief within some rural areas in Nigeria that disability is a result of a "curse" and so people with disabilities are treated as being helpless and charity dependent."
>
> (Source: Grassroots Researchers Association, *"They Called us Senseless Beggars": Challenges of Persons with Disabilities in North Eastern Nigeria*, 2018, pg 5-6, 41)
>
> **Stigma can exploit and kill**
>
> "When a child is born with a disability in Nigeria, some believe that the best thing to do is to throw the child away. And some of those kids are labelled evil spirits or bad luck because of our societal ignorance, they are seen as snakes, they are seen as evil or snakes in human form. And such children are beaten, some are killed, some are left to starve and eventually die. And we have some traditional ritualists who are experts in killing those kinds of children. They call the traditional doctors. So, some children who are born with disabilities are killed by those traditional doctors."
>
> (Source: Interview with anonymous source, a disability activist, lawyer and published author, 3 August 2021, p.50)

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Stigma can degrade and torture

"In 28 out of 29 facilities visited, staff chained, shackled, or locked up adults and children. The youngest child chained was a ten-year-old boy and the oldest person was a 86 year old-man who also had a visual disability. Typically, staff fasten a chain to a person's both ankles or to one ankle and connect it to a heavy or immovable object, such as a bed, a tree, or a car engine. In some cases, shackles consisted of an iron bracelet around both ankles, making it difficult for the person to move around. Some people are chained for a few days at a time as punishment, or for weeks or months to prevent them from moving or leaving."

(Source: Human Rights Watch: *Nigeria: People With Mental Health Conditions Chained, Abused*, November 2019, pg. 10)

Stigma discriminates, excludes, and embeds and perpetuates social ostracisation. For example:

In childhood:

"There is no doubt that children and young people with disabilities experience stigma and discrimination from families and communities. This is mostly where the family or community is unaware of the circumstances of disability. Many families tend to lock out children with disabilities believing that they do not belong in society. We have heard of children locked away because their parents do not want to be associated with such children. "

(Source: Written correspondence with Danlami Umaru Basharu, Director of the Anglo-Nigerian Welfare Association for the Blind, 14 August 2021, p.33)

In education:

"Negative attitudes toward children with disabilities are widespread among teachers and peers, particularly impacting children with albinism, children affected by leprosy, and children with epilepsy. Name-calling, bullying, and teasing are common at school.

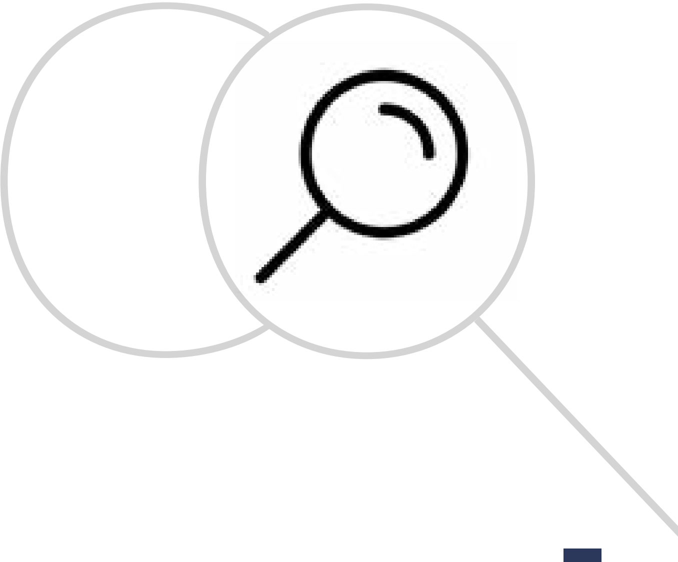
[...] "So you understand, it starts at home and continues at school. In school, […] we go through all kinds of teasing, name calling, all sorts of humiliation. The teachers do not help, the teachers will call you names, "you, this blind man", you know. All of that brings its own untold pressure that many of us, at a certain point, drop out of school and never want to go back to school."
– a man with albinism, Abuja"

(Source: World Bank, *Disability Inclusion in Nigeria - A Rapid Assessment*, 2020, p. 27)

In health:

"Nigeria currently faces a global human rights emergency in mental health. Underpinned by poor societal attitudes towards mental illness and inadequate resources, facilities, and mental health staff, figures suggest that approximately 80% of individuals with serious mental health needs in Nigeria cannot access care."

(Source: The Lancet, *The time is now: reforming Nigeria's outdated mental health laws*, August 2020)



Legal context: International protection for persons with disabilities

Even though persons with disabilities may be granted asylum under the Refugee Convention, or subsidiary protection, their claims for international protection are often inappropriately framed. This is partly because their disability is viewed through a 'medical lens' only, and so there is a focus on availability of treatment and healthcare on return, as opposed to a holistic assessment of the type of treatment the individual may face as a result of their disability as it interacts with other aspects of their identity. Whilst this assessment remains with decision-makers, it is crucial that legal representatives can frame a case in such a way that supports a disability sensitive approach. To do so we recommend a detailed reading of Helen Bamber Foundation's (HBF) excellent report ***'Bridging a Protection Gap: Disability and the Refugee Convention'***. What follows is a basic summary of some of the relevant guidance contained within the report, and some advice/suggestions/observations on what this means for those conducting COI research.

1. Protection under the Refugee Convention

It is a principle under refugee law that decision makers must take into account the subjective risk, and therefore the individual profile and characteristics of the applicant when assessing their protection claim. Therefore, disability is highly relevant and will be relevant to the analysis of the relevant legal tests in several ways:

- **Disability can increase risk of persecution or can itself be a reason for persecution, and the individual concerned may be said to form part of a 'particular social group' within the meaning of Article 1 of the Convention.**

For a claim to fall within the Refugee Convention the fear of persecution must be for a Convention reason (race, religion, nationality, membership of a particular social group or political opinion). Disability can be relevant to this analysis in a number of ways. For example, a person's protection claim may be based on a fear of persecution because of another Convention reason (such as their religion), but their disability may put them at greater risk of being targeted if they are perceived to be acting atypically or identified as vulnerable (we will give some more detailed examples of this in the next section). Crucially, the HBF report states that "*a key issue when considering the relationship between disability and a potential Convention reason is how the person and their behaviour will be perceived in the relevant country*." [14]

However, sometimes disability may itself form a 'particular social group', which UNHCR defines as:

> "a particular social group is a group of persons who share a common characteristic other than their risk of being persecuted, or who are perceived as a group by society. The characteristic will often be one which is innate, unchangeable, or which is otherwise fundamental to identity, conscience or the exercise of one's human rights." [15]

Whilst it may seem obvious that disability could fall within the scope of this definition, this hasn't always been recognised in refugee law. In the UK, whilst the case of W (Zimbabwe) (unreported) (2015) recorded the Home Office policy of accepting disability claims as potentially coming under a Particular Social Group Convention reason, it wasn't until recent reported case law, **DH (Particular Social Group: Mental Health) [2020] UKUT 223 (IAC)**, that it was made explicitly clear that a "person living with disability or mental ill-health" may qualify as a member of a particular social group.

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[14] Helen Bamber Foundation, '**Bridging a Protection Gap: Disability and the Refugee Convention'**, 2021, pg10

[15] UNHCR, **HCR/GIP/02/02** , 7 May 2002

Legal context: International protection for persons with disabilities

The HBF report explains:

> "It went on to find that, on the facts of the case, the risk faced on return to Afghanistan by the appellant was on account of his membership in a particular social group, namely 'those suffering serious mental illness'. Whether a person with a mental illness forms part of a particular social group will be a complex question of fact and law. The Tribunal accepted that a person may suffer serious mental illness which is innate, i.e. a characteristic already present when they are born, or which has been developed since. That illness may also be immutable. It also accepted that, depending on the specific context in the country of origin and on personal circumstances, persons living with a serious mental illness may be perceived as being different by the surrounding society and thus, have a distinct identity in their country of origin. This is a fact specific assessment." [16]

Since the 2010 Supreme Court judgment of HJ (Iran), a refugee applicant only needs to show that they share a group membership risk, rather than they as an individual will face specific targeting. This based on the principle that:

> "One of the fundamental purposes of the Convention was to counteract discrimination and the Convention does not permit, or indeed envisage, applicants being returned to their home country 'on condition' that they take steps to avoid offending their persecutors. Persecution does not cease to be persecution for the purposes of the Convention because those persecuted can eliminate the harm by taking avoiding action."[17]

Furthermore, as a result of this judgement all protection claims require the following four steps to be considered in determining a claim (paragraph 82 of HJ (Iran) summarised and amended specifically for disability claims and this Handbook):

a. First limb - does the person live with a disability, or will be perceived to live with a disability, on return to the country of origin?; if YES;

b. Second limb - do 'openly living' people with the disability have a well-founded fear of persecution?; if YES;

c. Third limb - will the person be 'open' on return - i.e. will they be 'visible' due to voluntary or involuntary means; if YES - then they are a refugee - if NO;

d. Fourth and final limb - will a material reason for their discretion/concealment be due to a fear of persecution? - if YES - they are a Refugee - if ONLY reason for discretion is due to personal choice or social pressure - they are not a refugee.

This was the case when the Upper Tribunal in MA (Cart JR: effect on UT process) Pakistan [2019] UKUT 353 (IAC), accepted the medical evidence of a gay man from Pakistan, diagnosed with paranoid schizophrenia, had no choice about discretion, due to his disability.

What does this mean for COI research? This means that our research questions will need to adequately address how persons with disabilities are viewed, portrayed, and treated by the surrounding society in the country of origin, based on discrimination independent of the persecution. This could include looking at the role of religion, social, and cultural attitudes in influencing the perception of persons with disabilities, by the potential persecutor. This kind of information will help evidence whether or not persons with disabilities are perceived as being different from the rest of society, and mistreated and discriminated against on this basis.

- **Persons with disabilities may experience discriminatory treatment that gives rise to a 'well founded fear of persecution'.**

This may be on the grounds of disability, as established above, or because of another convention reason (race, religion, nationality, membership of a particular social group or political opinion). The HBF report states that under the relevant legal instruments[18] persecution can involve a single serious act of harm or a set of circumstances which cumulatively amount to persecution[19]. This means that sufficiently severe discrimination can amount to persecution.

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[16] Helen Bamber Foundation, 'Bridging a Protection Gap: Disability and the Refugee Convention', 2021, pg15

[17] PRESS SUMMARY HJ (Iran) and HT (Cameroon) v Secretary of State for the Home Department [2010] UKSC 31 On Appeal from: [2009] EWCA Civ 172

[18] Article 9 of the Qualification Directive (Directive 2004/83/EC)2

[19] Helen Bamber Foundation, 'Bridging a Protection Gap: Disability and the Refugee Convention', 2021, pg19

Legal context: International protection for persons with disabilities

The HBF report references the UNHCR in stating that discrimination can amount to persecution where it leads to consequences of a substantially prejudicial nature, such as serious restrictions on a person's right to earn their livelihood, to practise their religion, or on their access to normally available educational facilities.[20]

As discussed in the previous section, the harm experienced (or faced on return) may be a direct response by a persecutor to a person's disability (e.g., persons with disabilities being accused of witchcraft). However, in other instances it may be that the harm being perpetrated against an individual for another reason, was exacerbated or had a disproportionate impact because of their disability. For example, the HBF reports tells us that a "person who may face discrimination in a particular country due to a specific characteristic such as sex, sexual orientation, gender identity or statelessness, may face discrimination that then crosses the threshold to persecution when this characteristic intersects with the treatment of disability.'[21]

The HBF report also provides some examples of disability-specific discrimination which cumulatively or taken alone could constitute persecution[22], which include:

- Physical and emotional abuse, and situations of profound neglect
- Births of disabled children not being registered, and so causing statelessness
- Inadequate or even grossly inadequate safeguards to prevent an individual being detained arbitrarily in hospital on mental health grounds
- Treatment and conditions in institutions, such as use of solitary confinement, use of chaining, forced sterilisation, and risks of physical and sexual abuse from those detaining them
- Risks of confinement in the family home, such as use of chaining by relatives
- Traditional healing or exorcism procedures
- Exploitation and trafficking, such as forced begging
- Systematic denial of socioeconomic rights such as access to healthcare and education

The report also offers examples of the ways in which disability may interact with other aspects of a person's identity, making them more vulnerable to persecution[23], including:

- Returning someone who suffers from delusions that they have magical or religious superhuman powers to a country where blasphemy is punished severely could give rise to a real risk of persecution on religious grounds.
- If a disabled woman displaying disinhibited behaviour as a manifestation of her disability went into public spaces in her nightwear or in clothing deemed to contravene social mores, she may face risks of sexual or other abuse from state or non-state actors.
- In some circumstances a disabled person may be less able to keep safe from abuse or exploitation, including human trafficking.
- If someone is suffering from mental illnesses, including as a result of previous traumatic experiences, and/or has some other physical or mental condition, it may put them at greater risk of future abuse, for example if Complex Post Traumatic Stress Disorder impacts on interpersonal relationships.

What does this mean for COI research? An understanding that for persons with disabilities in particular, persecution may be established through an accumulation of violations.

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[20] Helen Bamber Foundation, 'Bridging a Protection Gap: Disability and the Refugee Convention', 2021, pg21, referencing the UNHCR Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees (UNHCR: Geneva, 1992).

[21] Helen Bamber Foundation, 'Bridging a Protection Gap: Disability and the Refugee Convention', 2021, pg11

[22] Helen Bamber Foundation, 'Bridging a Protection Gap: Disability and the Refugee Convention', 2021, pg21-22

[23] Helen Bamber Foundation, 'Bridging a Protection Gap: Disability and the Refugee Convention', 2021, pg10-11

Legal context: International protection for persons with disabilities

This means that researchers will need a good understanding and knowledge of disability-specific rights and their violations. This will require some familiarity with the **United Nations Convention on the Rights of the Persons with Disabilities** as it places obligations on signatory states to, for example, combat discrimination, to promote accessibility and independence, inform disabled people of their rights and to protect and promote fundamental human rights.

Likewise, when evidencing multiple and cumulative forms of discrimination, we will need to be alert to the other aspects of a person's identity that will inform their experience. This means taking an intersectional approach when formulating research questions (see section 4.2 for more information on this).

- **Sufficiency of protection for persons with disabilities**

Where the state, for example the police, is the source of persecution, then sufficiency of protection does not apply, as the state is the persecutor.

The HBF report reminds us that a person will not qualify as a refugee where the source of serious harm is from non-state agents (the mob, your neighbours), if there is sufficient effective state protection in their home area (if internal flight is a potentially safe and reasonable option then elsewhere in the territory), to protect them from the risk of persecution. Whilst it makes clear that sufficiency of protection does not mean perfect protection, it references UK case law[24] that states that a 'well-founded fear of persecution' may be demonstrated in cases where an individual has additional protection needs that are unmet by the authorities.

Furthermore, the report makes the point that the Refugee Convention expressly protects those who are unwilling or unable to avail themselves of state protection. The authors suggest that both principles are relevant for persons with disabilities, when there are often substantial barriers preventing a disabled person from seeking state protection effectively or willingly. The report argues that to demonstrate sufficiency of protection 'state protection would have to be accessible and inclusive of any reasonable adjustments they would need.' The Convention on the Rights of Persons with Disabilities also places States under an obligation to make accommodations ('reasonable adjustments') for persons with disabilities where it is reasonable to do so.[25]

Related to this, intense suffering of persons with disabilities might be the result of a lack of government resources rather than an intention to exclude or complacency towards persons with disabilities. Crock et al. argue however that courts and tribunals should investigate whether omissions to provide for persons with disabilities arise from something more than mere resource limitations so that persons with disabilities may be protected against seemingly politically neutral policies with a covert persecutory intent.[26]

What does this mean for COI research? This means that our research will need to go beyond the existence of any policies and legislation that seem to provide protection and focus on the implementation of these protections, as well as the barriers persons with disabilities may face when trying to access them. For example, we may want to look into how persons with disabilities can register complaints of discrimination, human rights violations, or violence. In order to assess how meaningful the complaints process is, this will include issues such as: whether persons with disabilities have trust in the authorities; where and how a complaint is made; accessibility of the place for registering complaints; the outcomes of complaints and whether they are upheld or not; and how long the process takes.

- **Disability may be relevant to decisions on internal relocation.**

To qualify for refugee protection an individual must demonstrate both a) risk in their home area and b) they are unable to escape the persecution (or the threat of it) by relocating elsewhere in their country of origin. Therefore, the question of whether the person seeking asylum has a well-founded fear of persecution in their 'home area' should be assessed first. Only once this has been decided should the question of internal relocation be considered.

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[24] AW (sufficiency of protection) Pakistan [2011] UKUT 31(IAC)

[25] Article 5, Convention on the Rights of Persons with Disabilities, see footnote 2

[26] Taken from Mary Crock, Laura Smith-Khan, Ron McCallum and Ben Saul, *The Legal Protection of Refugees with Disabilities: Forgotten and Invisible?* (Edward Elgar Publishing Limited, 2017).

Legal context: International protection for persons with disabilities

The possibility of Internal Relocation is set out in the United Nations Handbook, the EU Qualification Directive and the UK's implementing immigration rule 339O. Paragraph 339O of the Immigration Rules set out the two limbs to the assessment of internal relocation: the 'safety' test and the 'reasonableness' test. Detailed guidance on this can be found in our basic COI training handbook, but in summary:

> "The first test to satisfy when considering internal relocation is whether or not there is a 'safe area' to which the claimant can return without a well-founded fear of persecution.
>
> The second test is whether or not the claimant can reasonably be expected to stay in that area, and in the context of the country concerned, lead a relatively normal life without facing undue hardship. If not, it would not be reasonable to expect the person to move there."

Related to this the HBF report states:

> "The assessment of whether internal relocation is unreasonable or unduly harsh takes account of the particular characteristics of the individual, whose age, gender, experience, health, skills and family ties may all be very relevant. Initially the test can appear to be a high threshold – it is often said that the harshness of relocation has to be judged by reference to "standards prevailing generally in the country of nationality" (see Januzi [2006] UKHL 5 and AH (Sudan)), and the circumstances in the person's home country may be very difficult. However, in AA (Uganda) [2008] EWCA Civ 579, the Court of Appeal found that there will be conditions in the place of relocation that are unacceptable to the extent that it would be unduly harsh to return the applicant to them even if the conditions are widespread in the place of relocation. It is often the case that internal relocation will be found to be unduly harsh for a disabled person, where it may not have been for a person who was not disabled.
>
> [...] In a recent unreported Upper Tribunal determination for example, it was found that a young Afghan with learning difficulties was entitled to refugee status because he would be at risk in his conservative home area of religious persecution because he had "no ability to censor himself, and appeared incapable of self-moderation when it came to expressing his views or managing his behaviour". Internal relocation was also deemed unreasonable because he would not be able to cope due to his disability."[27]

Therefore, we are once again asked to consider the ways in which certain hardships may be exacerbated by disability or have a disproportionate impact upon persons with disabilities.

What does this mean for COI research? Country information can be used to illustrate how realistic it would be for a person with disabilities to rebuild their life in a new part of their home state. If a person with disabilities is unable to access an assessment of their individual needs and adjustments required for them to achieve a subjectively reasonable standard of living, then internal relocation might be considered to be unreasonable. If kinship care as opposed to professional care is the norm in a particular country, someone with care needs who does not have a suitable carer in a new location could not relocate there. The existence of disability based discrimination across the home state would be a relevant consideration for an internal relocation assessment, including for applicants with dependents with disabilities. Aside from the availability of services to meet care needs, other factors such as employment opportunities for persons with disabilities would also be relevant.

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[27] MS (Afghanistan) PA/00894/2018 promulgated 30 July 2019 and published 17 September 2019, cited in Helen Bamber Foundation, **'Bridging a Protection Gap: Disability and the Refugee Convention'**, 2021, pg10

Legal context: International protection for persons with disabilities

2. Protection against very serious harm and subsidiary protection

The 2004 EU Qualification Directive, that has been transposed into UK law in paragraph 339C of the immigration rules, sets out criteria for granting subsidiary protection or Humanitarian Protection as it is known in the UK. Article 2(e) says that those who do not qualify as a refugee but face a real risk of serious harm on return to their country of origin may be eligible for subsidiary protection. Article 15 sets out the definition of serious harm, which is:

> “a) Death penalty or execution; or
> b) Torture or inhuman or degrading treatment or punishment of an applicant in the country of origin; or
> c) Serious and individual threat to a civilian’s life or person by reason of indiscriminate violence in situations of international or internal armed conflict.”[28]

The UK’s immigration rules define very serious harm as:

> “339CA. For the purposes of paragraph 339C, serious harm consists of:
>
> (i) the death penalty or execution;
> (ii) unlawful killing;
> (iii) torture or inhuman or degrading treatment or punishment of a person in the country of return; or
> (iv) serious and individual threat to a civilian’s life or person by reason of indiscriminate violence in situations of international or internal armed conflict”

As under the Refugee Convention, there are disability specific considerations that affect the interpretation of these legal principles, which will be relevant when conducting COI research.

This is particularly the case when the threshold of ‘serious harm’ involves a substantial threshold of severity. Principally, any assessment of whether the conditions in the country of origin meet the relevant thresholds in both Articles 15b and 15c, must pay attention both to the treatment a person may face and the degree of risk, but **also to the individual’s personal circumstances (such as disability and levels of vulnerability)** that would put them at an increased risk of serious harm.

For example, case law from the European Court of Human Rights on Article 15c of the Directive[29] has introduced a ‘sliding scale’ requiring assessment of whether there are specific circumstances, such as disability, which may place a person at heightened risk of harm due to indiscriminate violence, even in situations where the levels of indiscriminate violence do not meet a general threshold for international protection.

What does this mean for COI research? COI that is produced in cases involving risk of serious harm must consider both the generalised situation and the more specific impact that both specific mistreatment and indiscriminate violence may have on individuals with particular needs. For example, humanitarian information should show the impact of factors such as absence of food and water, basic shelter, or lack of healthcare on persons with disabilities. Country information should include information that is relevant to specific groups, which may not apply to the general population.

When looking at the security situation, the starting point for research may be the targeting of particular groups by state and non-state actors, the levels of violence, and the impact on the local population. However, it will be important to show how persons with disabilities in particular are impacted. This could include looking at how persons with disabilities are viewed and treated by those causing serious harm, or the situation of persons with disabilities who are internally displaced.

It will be important to take an intersectional approach when addressing these issues, bearing in mind that the violation of one right may expose the individual to other abuses. If a young woman with learning difficulties is forced into a situation of displacement, they may struggle to access any, or appropriate and adequate support services and become vulnerable to sexual exploitation.

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[28] Council Directive 2004/83/EC (the Qualification Directive) on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted

[29] QD (Iraq) v SSHD [2009] EWCA Civ 620)

Legal context: International protection for persons with disabilities

3. Protection under Article 3 and 8 of the European Convention on Human Rights

Articles 3 and/or 8 of the European Convention on Human Rights should only be considered as secondary to refugee or humanitarian protection.

The HBF report states that:

> "It is critically important that asylum claims are not missed and less stable forms of legal protection pursued instead. In practice, and partly because international protection claims founded on or linked to disability are not always articulated as such by the person claiming asylum, there is a real risk that a disability-linked claim will not be identified correctly and will only be considered for a less advantageous other form of legal protection."[30]

Leave to Remain may be granted to prevent breaches of specific fundamental rights, such as Articles 3 and/or 8 of the European Convention on Human Rights. However, as the HBF report mentions, this is a less advantageous form of protection as grants of leave under Article 3 and 8 have a limited duration of 2.5 years, with most applicants only becoming eligible for settled status after 10 years. Many individuals with this status are also given a 'no recourse to public funds' condition (which means no access to social security benefits), and are expected to pay expensive application fees every time they need to extend their leave. Therefore, this is an extremely insecure and precarious form of leave for vulnerable individuals. Nonetheless, it is common practice to make these arguments as an alternative basis for protection, in the event that the individual is found not to be eligible for refugee or humanitarian protection.

Cases that seek to rely on Article 3 ('no one shall be subjected to torture or to inhuman or degrading treatment or punishment') are complex, and until recently case law in the UK meant that only those at imminent risk of dying were likely to succeed in such cases.[31]

However, there have recently been significant changes in this area of law that extend protection under Article 3 to cases where:

> "the removal of a seriously ill person in which substantial grounds have been shown for believing that he or she, although not at imminent risk of dying, would face a real risk, on account of the absence of appropriate treatment in the receiving country or the lack of access to such treatment, of being exposed to a serious, rapid and irreversible decline in his or her state of health resulting in intense suffering or to a significant reduction in life expectancy."[32]

Otherwise, cases may also rely on Article 8 (the right to family life and private life), where medical needs will form part of a more holistic analysis (for example focusing on overall obstacles to reintegration under paragraph 276ADE(1)(vi) of the immigration rules[33]). In these cases, an applicant may show the strength of an individual's family and private life in the UK and that their need to remain in the UK and the difficulty they would face on return justifies their being granted leave to remain.

What does this mean for COI research? Cases involving an Article 3 and/or Article 8 claim require that researchers take a holistic and intersectional approach when identifying the relevant issues. Research questions should go beyond medical issues to include welfare and support needs, accessibility to employment and suitable housing and should be sensitive to the individual's age, gender, sexual orientation, and other identity factors.

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[30] Helen Bamber Foundation, **'Bridging a Protection Gap: Disability and the Refugee Convention'**, 2021, pg64

[31] N v the United Kingdom.

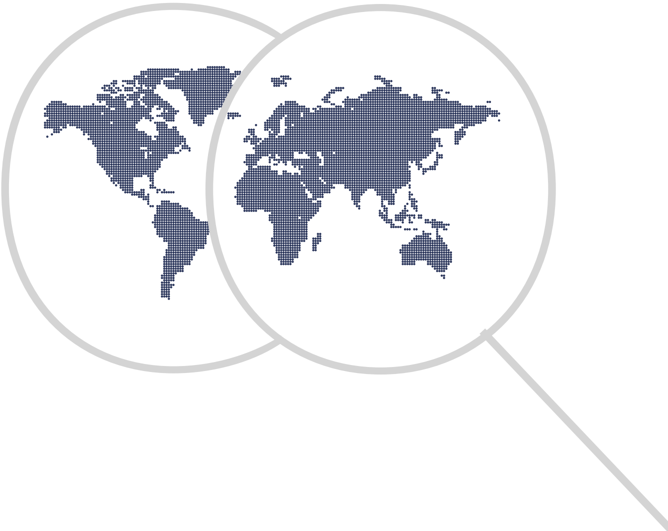
[32] AM (Zimbabwe) v SSHD [2020] UKSC 17 which adopts and interprets the 'Paposhvili test' from Paposhvili v Belgium (41738/10, 13 December 2016)

[33] If a person can establish that they have been in the UK for a sufficient amount of time to meet the "long residence test", they automatically qualify for permission to stay based on their private life under the Immigration Rules. In such cases, they will not usually need any COI research to complement their claim. However, if the applicant does not meet the "long residence test", then they will have to demonstrate that there would be **very significant obstacles to integration in the country they would have to return to**.

Legal context: International protection for persons with disabilities

However, when considering availability of medical treatment, research questions should address:

- Factors that may make it more difficult for some people to access treatment.
- The cost of medication.
- Corruption in the medical supply system and the necessity of paying bribes to access medication.
- Availability of healthcare monitoring alongside medication (which can be particularly important where medications may have severe side effects or a person is taking different medications for comorbid (i.e. coexisting) conditions).
- Availability of medication/treatment throughout the country (differences between rural and urban areas).
- Quality of medication, out of date medication or periodic shortages; necessity to use the black market; counterfeit medicines.
- Need for professional or specialist care and support from family members alongside any treatment, and the impact of not having any.



Research strategy and principles

Based on our learnings from conducting research on the topic of disability we have developed the resource: **'Principles for Conducting Country of Origin Information Research on Disability'**. They are intended to encourage COI researchers, legal representatives and decision-makers alike to take a more holistic and informed approach to international protection claims involving persons with disabilities, which we hope will lead to an improvement in the availability of good quality COI research and well-founded decisions.

We have introduced you to some of the principles in sections 2 & 3 of the handbook:

- No single understanding of, or response to disability
- Persons with disabilities face stigma and oppression daily
- Persons with disabilities often have limited visibility globally
- International protection may be granted to persons with disabilities

We will now discuss the remaining principles, and what they mean for our research strategy.

1. A person, not a disability

Persons with disabilities are first and foremost persons and equal holders of all human rights and entitlements to fundamental freedoms. It is important to remember that they may or may not self-identify in terms of any impairment or disability. Equally, they may or may not wish to identify themselves, or be described as vulnerable, or as a victim, since this language may be viewed as disempowering and takes no account of their agency.

However, in the context of an international protection claim it may be necessary to focus on the vulnerability of an individual or group and, according to legal norms and procedures, persons with disabilities may be described as a victim of discrimination or persecution, or at risk of becoming a victim if returned to their country of origin. Nonetheless, as discussed above, it is important to recognise that disability arises from the interaction between an individual and their environment and persons with disabilities are *made vulnerable*, or *victimised*, when societies prevent their full and effective participation on an equal basis with others, or when people engage in acts of discrimination or persecution against them.

What does this mean for COI research? Bearing these considerations in mind, people conducting case-specific COI research should:

- Take account of how the person self-identifies, recognise their agency and be respectful of the language they wish to use to describe themselves;
- Be mindful of the international protection context in which the COI research is being conducted and the necessity to focus on the potential vulnerability of persons with disabilities to discrimination and persecution and their relative lack of agency in this situation; and
- Adopt a research approach that is both specific to the individual person and sufficiently wide ranging to encompass different aspects of their identity and associated experience in relation to human rights and fundamental freedoms.

2. Persons with disabilities are not a homogenous group: an intersectional approach

The experience of every person with disabilities is unique and dynamic. International protection decision-making for persons with disabilities demands an approach that addresses how an individual's impairment intersects and interacts with other identities and potential sources of social disadvantage and discrimination, to shape their experiences, needs and risks they face; what we call an intersectional approach.

So, what is intersectionality then? It's a term which is mentioned a lot but not always understood or engaged with properly. When we take an intersectional approach we are able to reach a more nuanced understanding of how intersecting factors and processes of power shape the risks, needs and experiences of individuals seeking international protection. This can be complicated though, and can give rise to a whole set of other considerations to take into account when developing our research strategy. For example, if we are researching the situation of children with disabilities, we will also need to be alert to child-specific rights and violations.'

Research strategy and principles

Intersectionality encourages an understanding of people as being shaped by the interaction of different aspects of their identity, such as race/ ethnicity, indigeneity, gender, class, sexuality, geography, age, migration status, religion etc. These interactions occur within specific contexts and structures of power.

Intersectional discrimination refers to a situation in which people are discriminated against on different grounds which, taken together, result in a level of prejudice or persecution that is higher than if these different grounds were considered separately. Considering them separately would be additive discrimination. And both intersectional discrimination and additive discrimination can be seen as different kinds of multiple discrimination.

However, unfortunately an intersectional approach to disability related COI research is not common or, when undertaken, is relatively superficial, which carries the risk of homogenising very diverse experiences.

So, for example, the experience of a girl from a close rural family with a conflict related amputation in South Sudan cannot easily be equated to an adult male with cerebral palsy with no family support in Kabul, a single visually impaired woman with a mental health 'diagnosis' in Nigeria, a deaf youth from a wealthy city background in Serbia, a married woman with autism living in rural Albania or a traumatized veteran of the armed group the Liberation Tigers of Talim Eelam.

Relevant intersectionalities might include:

- Age and life cycle stage
- Employment status
- Ethnic origin
- Form of impairment (physical, sensory, intellectual, and mental, naturally occurring or caused by conflict)
- HIV status
- Legal capacity
- Evidence of personal resilience
- Political identity
- Sexual identity
- Marital status
- Religion
- Rural or urban dwelling north or south etc of a State
- Gender
- Socioeconomic background
- Education status
- Survivor of trafficking or torture

Each of these intersectionalities will interact with each other, and so what we need to try and understand is how, taken together, they:

a) increase the risk of harm,
b) influence the type of discriminatory and / or persecutory conduct inflicted against the individual, and
c) exacerbate the effect of the harm on the individual.

Here are some examples from the **Nigeria report** focusing on the intersections of disability and sex, socioeconomic status, age, religion, and displacement:

> **Gender:**
>
> "While quality of life of PWDs is generally poor, it is common knowledge that women living with disability suffer more. The women are poorer and generally face barriers to full equality and advancement because of such factors as race, age, language, ethnicity, culture, tradition and religion. Persistence of certain cultural, legal and institutional barriers makes women and girls with disabilities victims of two-fold discrimination: as women and as persons with disabilities. Girls and women of all ages with any form of disability are among the more vulnerable and marginalized of society. There is therefore a need to take into account and to address their concerns in all policy-making and programming. Special measures are needed at all levels to integrate them into the mainstream of development."
>
> (Source: Disability Rights Advocacy Centre, **A Pilot Accessibility Audit on Health, Social and Criminal justice Services in the Federal Capital Territory**, February 2019, p.28)

Research strategy and principles

Socio-economic status:

“Despite the disproportionate impact of poverty on persons with disabilities in Nigeria, social protection schemes do not adequately include them, and there are no tailored interventions to reduce the impact of poverty. The internal bureaucracies of the organizations of persons with disabilities and a lack of accountability among their leadership further negatively impacts access to social protection”

(Source: World Bank, Disability Inclusion in Nigeria : A Rapid Assessment, 26 June 2020, pg X)

Age:

“The Independent Expert in her first general report, not covering specific countries, notes: ‘Women and children with albinism are particularly vulnerable as they are exposed to intersecting and multiple forms of discrimination [...] Children with albinism are often particular targets of attacks due to the witchcraft-based belief that the innocence of a victim from whom body parts are taken increases the potency of the potion for which the body parts are used.’ She adds that ‘children constitute a large proportion of victims of ritual attacks.’914 The report does not include specific references to Nigeria.”

914 UN Human Rights Council, Report of the Independent Expert on the enjoyment of human rights by persons with albinism, A/HRC/31/63, 18 January 2016,

(Source: EASO – European Asylum Support Office: *Nigeria; Targeting of individuals*, November 2018, pg. 109)

Religion:

“Some religious institutions will clearly contribute to discrimination. When people bring children with a mental disability to them and say, "Okay. Pray for them. This is the situation they have," they turn around and say that this child is dedicated to an evil spirit, and he is a curse to a community. An example from my direct experience is from 4 years ago in one of the northern states of Nigeria, when a woman gave birth to a baby with disability and an ‘abnormal’ face and she threw the baby away alleging that the baby is controlled with evil spirits and might end up killing her.

[...] Some religious leaders discriminate against them by not allowing them to go into a mosque to pray with others because they feel they are not hygienic, and in some instances, they feel like they might not be able to queue and pray with other people. So sometimes they leave them outside.”
(Source: Interview with Timothy Ali Yohanna, Researcher and author of ‘They call us senseless beggars’, 29 May & 18 June 2021, p.23)

Displacement:

“Study participants reported that environmental barriers, which lead to dependence, represented their main challenge. Internally displaced persons with disabilities are cut off from the environment to which they had already adapted and where they had already mastered their livelihoods. Moving into a new environment poses great barriers to their freedom and independence. Many are traumatized by being separated from their families and friends.”

(Source: World Bank, Disability Inclusion in Nigeria - A Rapid Assessment, 2020, pg 22-25)

What does this mean for COI research? In practical terms, this means that people conducting COI research should:

- Seek out and illustrate how a person’s disability intersects with other identities and potential sources of social disadvantage, discrimination, and/or persecution.
- Contextualise information collated, including with reference to socioeconomic and political context, governance, policy, and cultural and societal values and norms.
- Assume their research is likely to be more time intensive than single issue research!

Research strategy and principles

3. Terminology related to disability is inconsistent and contested

Terminology related to disability is context dependent and contested, and often reflects models of disability held. It varies across and within communities, countries, regions, religions, and cultures etc. Awareness of the differences in terminology used in connection with persons with disabilities and associated connotations will help COI researchers identify and access relevant information.

In English speaking, often in international contexts, the phrases **persons with disabilities** and **impairments** are widely used, including in the Convention on the Rights of Persons with Disabilities (CRPD). This terminology is commonly heard from disability activists, international lawyers, within academia or within the West/North more generally and has been circulating widely since the adoption of the CRPD in 2006. It places emphasis on the individual, and their inherent dignity and humanity, rather than the disability or impairment.

The term **disabled person** is also frequently used. Although it is held by some that this term emphasises the disability rather than the person, it is widely adopted in the UK to emphasise the disabling societal context rather than the individual impairment.

In the Arabic-speaking world, there is a range of words to convey different understandings of "disability." There are equivalents to ‘people with special needs’ - dhu al-ihtijajaat al-khassa (ذوو الاحتياجات الخاصة), and ‘persons with disabilities’ - al-ashkhas dhu al-ii'aaqa (الأشخاص ذو الإعاقة), terms which are used by a minority of individuals familiar with international approaches to disability. In other contexts, such as in regions with low levels of literacy or high levels of isolation from global discourses on these issues, terminology that may be considered insensitive or insulting within other contexts are used to describe individuals with disabilities. When referring to someone with a physical disability for example, al-araj (العرج) or al-zahhaf (الزحاف) are commonly used. The former is akin to calling someone lame or hobbled while the latter refers to someone who is crawling on the ground (literally moving slowly and pulling their body along).

When referring to someone with mental or learning disabilities, the word mutakhalif (متخلف), backward, retarded or underdeveloped, is used both in a ‘folk’ context and more officially as well (you see this word used in some Arabic government documents relating to mental disability).

In everyday contexts, words akin to ‘crazy’ are used. For example, one might be called ahmaq (أحمق), which refers to being weak-minded, stupid and foolish, or habiil (هبيل), which is something like ‘dolt’ or ‘fool’. Religious references are also used when describing someone with mental illness. From a negative perspective, the word maskoon (مسكون), which means possessed by jinn, or little demons, is used, and from a less negative orientation, majdhoub (مجذوب), which means ‘captivated or enchanted’, i.e., drawn near to the spirit world, is used. The word miskeen (مسكين) or ‘the poor soul’, is a blanket term used with anyone who has any sort of a disability, denoting a common feeling of pity.

An example from the Nigeria report explains some of the language associated with autism:

> “[...] autism and similar conditions have negative perceptions starting from how people describe and define them. In the Yoruba culture and language, people with autism are often referred to as “didirin” or “akuri” which can be translated to idiotic and insane [...]. “Olukun'' is another word that is commonly used to describe people with intellectual disabilities which roughly translates to “slow”. These names, similar to the use of “retard” in the United States, are not only damaging but are a constant reminder of how people with disabilities are seen as less than in society. These negative associations with pervasive developmental disorders guide how people interpret the disorders.”
>
> (Source: Robertson, Gabrielle Udoka: ***Explanatory Models of Autism in Nigeria: Exploring Sociocultural Beliefs to Inform Systems of Care***, 2021, pg. 22)

Research strategy and principles

What does this mean for COI research? People conducting COI research should:

- Look beyond the word disability or obvious derivatives and use a broad range of search terms, even those that may be considered offensive or inappropriate.
- Assess and use the terminology informants are likely to use or be familiar with.
- Accept that terminology that is potentially offensive to many should be included within sources to ensure the report accurately captures approaches, presumed norms and responses to disability within the locality or country of origin in question.
- However, the language used when presenting the COI research should always highlight any degrading use of language as indicative of prejudice, and make sure that the language used by the researcher describes persons with disabilities and their experience in a way that respects their dignity and humanity.

Examples of English **disability keywords**, individually or in strings, could include:

- ➲ abnormal, afflict*, albino*, amput*, autism, backward, blind, care home, challenged, communic*, crazy, cripp*, deaf, defici*, develop*, different, disab*, disor*, downs*, dumb*, dwarf, eye*, guardian*, handicap*, HIV, impair*, impediment*, inclusive ed*, ill*, injur*, insan*, institut*, intellectual, invalid, lame*, limb, limit*, mad, mental (health, capacity), paralysis, people with disabilities, persons with disabilities, physical, psycho*, rehabilitate, retarded, restrict*, sense*, sick, slow, smitten*, special (education, home, needs, etc), suffer*, visual*, weak, wound*.
- ➲ Search terms should include 'buzz words' that are not directly impairment specific but might be attributed to the impairment in specific contexts. Non-exhaustive examples include:
- ➲ abuse, ancestor, bodily parts, capacity, fate, evil, karma, karmic, institution*, punish*, rape, reincarnation, sin, spirit, sorcery, torture, violence, witch* etc.

4. 'Nothing about us, without us': including the voices of people with lived experience

Persons with disabilities have insights into their experiences that are not available to persons without disabilities. However, **their voices are often silenced, misrepresented or ignored**, depriving COI researchers as well as legal representatives and decision-makers of a credible source of knowledge and information that is informed by lived experience.

This is linked to the fact that, despite the obvious capabilities, agency, and highly effective activism of many persons with disabilities in diverse contexts, **persons with disabilities often have limited visibility and voice within societies globally**. This may be due to public perceptions of disability involving stigma and shame, which result in deliberate exclusion; different forms of institutionalised discrimination; and the lack of family, community or state support that would enable the full participation of persons with disabilities within society.

The issue of visibility and participation is illustrated by an example from the Nigeria report:

> "Very little inclusion of PWDs is done in designing and planning interventions. In fact, not a lot of interventions have focused on PWDs hence the limited engagement. However even in instances where there have been, the participation of PWDs is limited in terms of their access to the process and participation in the process. The implications of this are that products and services are designed without the input of the key user. There is also the tendency to take persons with disabilities as an homogenous group, thereby the particular needs of the various disabilities may not be catered to. It also continues to reinforce the exclusion and discrimination they face."
>
> (Source: Interview / written correspondence with Adeyinka Ige-Onabolu, human rights and development expert, August 2021, p.89)

Research strategy and principles

In our research for the **Nigeria report**, content from interviews and correspondence with experts with lived experience from Nigeria filled information gaps and provided perspectives and examples that were unique and missing from published sources.

For example, Danlami Umaru Basharu told us that children with disabilities in Nigeria are particularly vulnerable to exploitation and harm and gave an example from his experience:

“Child abuse, sexual exploitation, child trafficking, forced marriage and other abuses abound among persons with disabilities. They are made to encounter these very harmful practices because of their vulnerability.

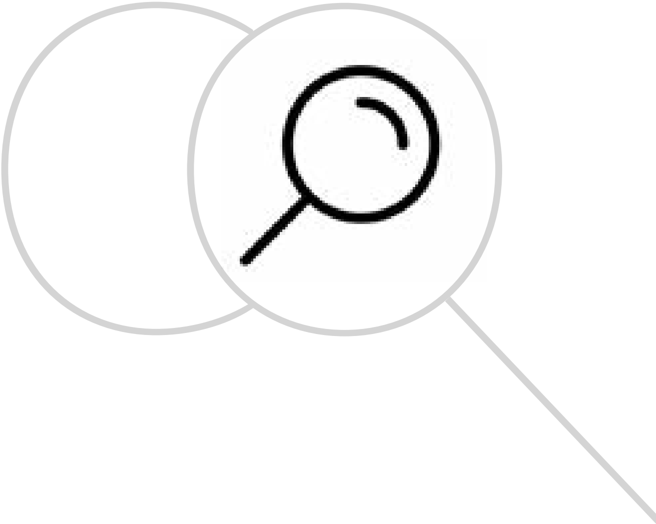
[...] One example given to me is of a deaf girl who was neglected by her family as a result of which she was made vulnerable to human trafficking. This resulted to her being trafficked to Ghana for prostitution.”

(Source: Written correspondence with Danlami Umaru Basharu, Director of the Anglo-Nigerian Welfare Association for the Blind, 14 August 2021, p.41)

The lack of visibility and voice of persons with disabilities, while not universal in any context, is reflected throughout the international protection framework. Actors within the international protection process, including legal representatives, COI researchers and decision-makers, may have a limited understanding of or exposure to the experiences of persons with disabilities. This is compounded by limited or inaccurate reporting of disability-related issues in local, national, and international media and other sources.

What does this mean for COI research? The lack of visibility of persons with disabilities presents challenges to COI researchers that need to be addressed in several ways:

- As well as searching within disability specific sources, researchers will need to look for disability-specific information within broad thematic searches.
- Researchers should prioritise sources that include the voices of persons with disabilities.
- Researchers should keep a complete record of sources consulted and report where information is lacking and, where possible, why this might be. Information gaps should be identified and where possible filled through direct correspondence or interviews with disability experts from within the country concerned. This will improve their understanding of relevant issues and gain access to information and perspectives that would not otherwise be available to them.
- It is important to discuss with experts the lack of public source information on an issue, since this might itself reveal an aspect of discrimination, censorship, or indicate public indifference to the situation of persons with disabilities.
- As an indicator of effective inclusion and visibility of persons with disabilities within a society, researchers should search for and report on the form, or absence, of disaggregated disability inclusive data and, where possible, its use in policy and legislation, and monitoring and evaluation.



Appendices

1. Topic Guide

The following generic topic guide is based on our terms of reference for the Country report, Nigeria: Children and Young People with Disabilities. The guide adopts an intersectional approach to disability and aims to cover all the issues that may be relevant to a person with disability's protection claim. It will be a useful starting point for COI research undertaken for specific cases. Researchers should select and adapt the topics that are relevant to their research questions and the facts of the case, bearing in mind the guidance given in this handbook.

Treatment by society (including families, communities and other non-state actors)

Societal discrimination

- How are persons with disabilities viewed and treated by wider society, their family or local community members?
    - General information
    - Information relating to persons with intellectual impairments
    - Information persons with physical impairments
    - Information relating to persons with mental health impairments
    - Information relating to persons with sensory impairments
- Are there reports/evidence about families or communities discriminating against certain groups of persons with disabilities more than others?
- How are family members of persons with disabilities viewed by local communities?
- Is there evidence of stigma or discrimination concerning persons with disabilities?
- How visible are persons with disabilities?
- How has the Covid-19 pandemic impacted upon how persons with disabilities are treated by society?

Exploitation and other types of harm

- Is there evidence that persons with disabilities experience forcible marriage, forms of constraint, neglect, abandonment and / or violence (including rape), by family or other community members?
    - General information
    - Information relating to persons with intellectual impairments
    - Information persons with physical impairments
    - Information relating to persons with mental health impairments
    - Information relating to persons with sensory impairments
- How has the Covid-19 pandemic impacted upon any types of exploitation of, and harm towards, persons with disabilities?

Legal and policy frameworks and implementation

Legal and policy frameworks

- How is disability mentioned / defined in the Constitution?
- What regional and international human rights treaties have been ratified?
- Has the UN Convention on the Rights of Persons with Disabilities been ratified and what reservations have been made?
- Has the UN Convention been transposed into national law?
- What legislation on persons with disabilities has been adopted?
- What policy measures on persons with disabilities have been adopted?
- If a federal state system, have federal states domesticated national provisions on disability?
- Does legislation and related policy respond to intersectional discrimination faced by persons with disabilities?

Implementation of legal and policy frameworks

- Have initial and periodic reports been submitted to human rights treaty bodies and the Committee on the Rights of Persons with Disabilities?
- Is there an implementation framework for treaties that have been ratified? Is it resourced?
- Has anti-discrimination legislation or policy been implemented? Is this monitored and evaluated? Is there a sufficient budget?

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- What measures has the State taken to raise awareness of legislation or policy?
- To what extent have persons with disabilities been included in the implementation of the legislation?
- What measures has the State taken to:
  - Protect persons with disabilities from exploitation, trafficking, violence, and abuse
  - Develop social protection or poverty reduction programmes for persons with disabilities
  - Include persons with disabilities in the labour market
  - Raise awareness of persons with disabilities, to foster respect for their rights and dignity
  - Ensure the effective access to justice at all stages of the legal process
  - Support and protect returnees
- Is implementation of these measures monitored and evaluated? Is this adequately resourced and is the body responsible for it independent?
- How many discrimination cases based on disability have been taken through the court?
- Is there evidence of discrimination towards persons with disabilities in the implementation of non-disability specific laws or policy - employment laws, family and matrimonial laws, environmental laws, criminal laws.

Data collation

- Does the State collate data on persons with disabilities?
- Is data collated on a nation-wide basis?
  - In territory with the heavy presence of armed non-state actors
  - Within places of detention (special schools, prisons, youth offender institutions, psychiatric hospitals etc)
- If so, how?
  - Do, for instance, persons with disabilities participate in the collation of this data?
  - Are the Washington Groups questions used?
- Is data collated disaggregated by sex, age, type of disability (eg physical, sensory, intellectual and mental), ethnic origin, urban/rural population etc?
- Is the number and composition of persons with disabilities collated in various settings (e.g., institutions, within educational facilities, health care centres, urban/rural facilities, detention centres etc.)?
- Is there evidence that disability inclusive data informs decision making, policy and legislative development, implementation, and evaluation?
- Do persons with disabilities participate in the collation of data?
- Does data collated include instances of matters such as exploitation, domestic violence, community violence, trafficking, affecting persons with disabilities?

State Discrimination and availability of state protection

State perpetrated discrimination

- Are persons with disabilities, subject to discrimination, exclusion, humiliation, violence, or other actions by the State authorities?
- Are some groups particularly vulnerable to discrimination, exclusion or violence, by state actors, based on their disabilities?
- Is there evidence of discrimination towards persons with disabilities in the implementation of non-disability specific laws or policy?
- Have there been increased incidences of police brutality, harassment, or abuse towards persons with disabilities because of the Covid-19 pandemic? Have some profiles been impacted more than others?

Availability of state protection

- Do State authorities or independent ombudsmen register complaints of discrimination, human rights violations, violence etc made by or on behalf of persons with disabilities? Is support provided when complaints are made?
- Access to justice: are there practical examples of legislation or policy being used to protect persons with disabilities from State authorities?
- What consequences do state authorities face for discriminatory or violent actions towards persons with disabilities?

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- Has the Covid-19 pandemic affected the ability of persons with disabilities to seek protection from the state, or redress in cases of discrimination and abuse? How and with what implications? Have some profiles been impacted more than others?

Access to services and support

Health

- Are legislative and other provisions in place to ensure the provision of equal access to health services for persons with disabilities?
- Is there evidence that persons with disabilities have difficulties accessing health care? And if so, what reasons are given?
  - General information
  - Information relating to persons with intellectual impairments
  - Information persons with physical impairments
  - Information relating to persons with mental health impairments
  - Information relating to persons with sensory impairments
- Have persons with disabilities experienced increased limited access to health care services due to the Covid-19 pandemic?
- Are steps taken by family or community members to ensure their health needs are met? Are these successful?
- Is there evidence that certain groups of persons with disabilities have more difficulties accessing healthcare than others?
- Are measures in place to train doctors and other health workers on the rights of persons with disabilities?
- Are legislative and other measures in place to ensure that health treatment is provided to persons with disabilities based on free and informed consent?
- Are there examples of treatment being provided to persons with disabilities without consent (e.g. forced sterilisation)?
- Are records of treatment without consent kept?
- Does the State monitor and review equal access to health treatment for persons with disabilities?

Covid 19 response

- What national emergency planning legislation and/or policy was in place before the outbreak of the Covid-19 pandemic?
- Since the outbreak of Covid-19 what measures (legislative and policy) have been taken to protect the lives, health, and safety of persons with disabilities?
- What have been the practical implications and outcomes of legislative and policy measures to curb Covid-19 on persons with disabilities?
- Have persons with disabilities had adequate access to information regarding Covid-19?
- Have persons with disabilities had adequate access to food and essential items since the outbreak of Covid-19?
- Have persons been disproportionately impacted by Covid-19?

Institutionalisation

- In what circumstances are persons with disabilities deprived of their liberty and/or institutionalised?
- Do family members of persons with disabilities or the community more widely seek their institutionalization and what are their reasons?
- What protections are available to a person, or their family, if they are held in an institution against their will?
- What are conditions like for those who are institutionalised? Is there evidence of ill treatment, neglect etc within institutions?
- If evidence is found of ill treatment from State or non-State sources within institutions etc, how has the State responded?
- How has Covid 19 affected persons with disabilities who have been institutionalised?

Situation of persons with disabilities who are returned

- What legislative and policy measures are in place to support persons with disabilities who voluntarily return or are forcibly deported to the State by immigration authorities?

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- What are the impacts of any gaps in legislation and policy for returnees?
- Does the State monitor the number and situation of returnees to the State?

Additional sections relating to children and young people with disabilities

Access to education facilities

- How visible are persons with disabilities in schools and other places of education? If schooling is segregated, what is the impact?
- Is there disaggregated data on the number of children and young people [i.e. tertiary education] with disabilities in receipt of 'education'?
- Is there disaggregated data on the retention of children and young people with disabilities within education and their outcomes?
- What does the law say with regards to the right to education of children and young people with disabilities?
- Practical challenges to education:
  - Is the cost of education for children and young people with disabilities prohibitive?
  - Can children and young people with disabilities travel safely to school or at all to their place of education?
  - Can children and young people with disabilities access toilet facilities, move around the school or their place of education in wheelchairs or otherwise?
  - What measures are in place to ensure that places of education and materials are accessible to the needs of children and young people with disabilities?
  - What measures are in place to train teachers and other education professionals or providers on the rights of children and young people with disabilities?
- Is there evidence of bullying, discriminatory or violent behaviour by teachers against pupils with disabilities?
- Is there evidence of bullying, discriminatory or violent behaviour by pupils against fellow pupils with disabilities?
- Is there evidence of additional practical challenges for certain groups of children or young people with disabilities more than others to attend schools?
- Are steps taken by their family or community to ensure the education of children with disabilities?
- How has Covid-19 impacted on access to education for children and young people with disabilities

Child protection

- Are children with disabilities at increased risk of exploitation, abuse, trafficking, or forced marriage?
- Are child protection/social services available and if so what kind of assistance is provided?
- Are child protection/social services available and accessible in all regions of the country?
- Are there any obstacles in accessing social services/ child protection services?
- What alternative care is available for children who cannot live with their family? Is such care accessible for children with disabilities?
  - General information
  - Information relating to children with intellectual impairments
  - Information relating to children with physical impairments
  - Information relating to children with mental health impairments
  - Information relating to children with sensory impairments
- What happens to children with disabilities in alternative care arrangements when they turn 18?
- Is the child protection system in practice adequate in terms of quality, capacity and monitoring, in accordance with the international norms and standards on child protection and alternative care for children?

Appendices

2. Guide to sources

N.B This is a non-exhaustive overview of disability-specific sources of information.

International non-government organisations, partnerships and networks

Autism around the globe
https://www.autismaroundtheglobe.org

CBM UK: The Overseas Christian Disability Charity
https://www.cbm.org/

Disabled People International (DPI)
https://disabledpeoplesinternational.org
https://www.dpi-europe.org/

Disability Rights International (DRI, formerly MDRI)
https://www.driadvocacy.org/

Disability Rights Promotion International (DRPI)
https://drpi.research.yorku.ca/latin-america/

Down Syndrome International (DSi)
https://www.ds-int.org/

European Disability Forum (EDF)
https://www.edf-feph.org/

Global Campaign for Education (GCE)
https://www.campaignforeducation.org/en/

Global Action on Disability (GLAD)
https://gladnetwork.net/

Help Age International
https://www.helpage.org/

Humanity and Inclusion (HI)
https://humanity-inclusion.org.uk

International Disability and Development Consortium (IDDC)
https://www.iddcconsortium.net/

International Disability Alliance (IDA)
https://www.internationaldisabilityalliance.org/about
https://www.internationaldisabilityalliance.org/content/disability-data-advocacy-working-group

Inclusion International
https://inclusion-international.org/

Indigenous Persons with Disabilities Global Network (IPWDGN)
http://www.internationaldisabilityalliance.org/content/indigenous-persons-disabilities-global-network

International Disability and Development Consortium (IDDC)
https://www.iddcconsortium.net/

Light for the World
https://www.light-for-the-world.uk/

International Federation for Spina Bifida and Hydrocephalus (IFSBH)
https://www.ifglobal.org/

Leonard Cheshire Disability
https://www.leonardcheshire.org/our-impact/our-international-work

Their World
https://theirworld.org/about/theirworld

United Nations Department of Economic and Social Affairs (DESA) Disability
https://www.un.org/development/desa/disabilities/

For incomplete but swift access to disability law and acts by country or area see:
https://www.un.org/development/desa/disabilities/disability-laws-and-acts-by-country-area.html

United Nations Children’s Fund (UNICEF)
https://www.unicef.org/

UNICEF protects children’s rights with the UN Convention on the Rights of the Child (UNCRC):
https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

United Nations Committee on the Rights of Persons with Disability (CRPD)
https://www.ohchr.org/en/hrbodies/crpd/pages/crpdindex.aspx

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United Nations Office of the High Commissioner for Human Rights (OHCHR)

Country reports:
https://www.ohchr.org/EN/pages/home.aspx

United Nations Refugee Agency (UNHCR)
https://www.unhcr.org/uk/what-we-do.html

United Nations Special Envoy of the Secretary-General on Disability and Accessibility
https://www.un.org/development/desa/disabilities/resources/special-envoy-of-the-secretary-general-on-disability-and-accessibility.html

United Nations Special Rapporteur on the rights of persons with disabilities
https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/SRDisabilitiesIndex.aspx

United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD)
http://unprpd.org/

World Bank and Disability area of focus
https://www.worldbank.org/en/topic/disability

World Health Organization Disability Team, Department of Violence and Injury Prevention and Disability
https://www.who.int/health-topics/disability

Women Enabled International
https://womenenabled.org/who-we-are/

World Blind Union (WBU)
https://worldblindunion.org/

World Federation of the Deaf
https://wfdeaf.org/

World Federation of the DeafBlind
https://www.wfdb.eu/

World Network of Users and Survivors of Psychiatry
http://www.wnusp.net/

Regional non-government organisations, partnerships and networks

Americas: Latin America
Disability Rights Promotion International (DRPI)
https://drpi.research.yorku.ca/latin-america/

The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)
In Spanish:
https://www.riadis.org/

Latin American Disabled People's Project (LADPP)
https://www.ladpp.org.uk

Africa:

ADD International
https://add.org.uk/

African Disability Alliance (ADA)
http://www.africadisabilityalliance.org/

African Disability Forum (ADF)
In English and Arabic:
http://www.aodp-lb.net

Pan African Network of People with Psychosocial Disabilities
https://www.facebook.com/PANPPD/

Southern Africa Federation of the Disabled (SAFOD)
https://www.safod.net/

AFRINEAD
http://blogs.sun.ac.za/afrinead/

Disability Africa
https://www.disability-africa.org/blog

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Asia:

ADD International
https://add.org.uk

Asia Pacific Women with Disabilities United
https://nfwwd.org

ASEAN Disability Forum (ASEAN-DF)
https://www.internationaldisabilityalliance.org/content/asean-disability-forum

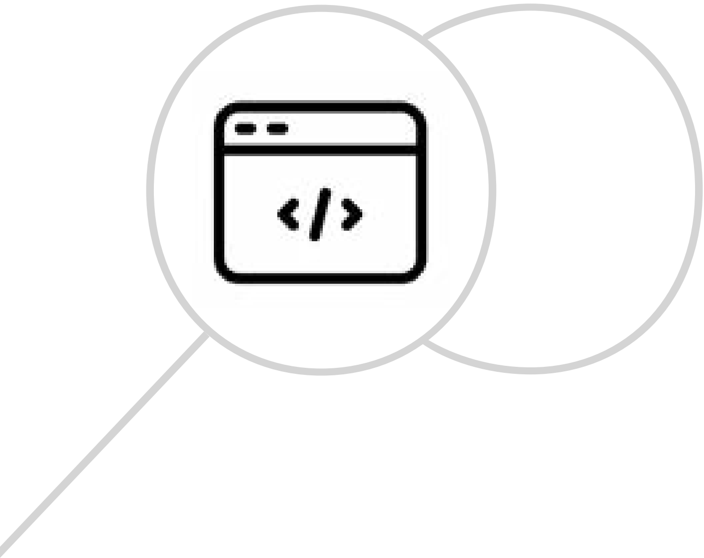
Asian Institute of Disability and Development (AIDD)
https://www.disabilityasia.org/

Europe:

European Disability Forum (EDF)
http://www.edf-feph.org/

Middle East:

The Arab Organization of Persons with Disabilities (AOPD)
http://www.aodp-lb.net
In Arabic and English. Selection of academic disability related journals.



Disability specific journals

Open Access:

African Journal of Disability
https://ajod.org/index.php/ajod

Asia Pacific Disability Rehabilitation Journal
https://www.dinf.ne.jp/doc/english/asia/resource/apdrj/v182007/index.html

Disability Studies Quarterly
https://dsq-sds.org/

Disability and Rehabilitation
https://think.taylorandfrancis.com/open-access-disability-and-rehabilitation/

Journal of Disability Policy Studies
https://www.researchgate.net/publication/315288867_J_Lee_Wiederholt_1942-2007

Journal of Intellectual & Developmental Disability
https://www.researchgate.net/journal/Journal-of-Intellectual-Developmental-Disability-1469-9532

NOT open access:

Disability & Society (DISABIL SOC)
https://www.researchgate.net/journal/Disability-Society-1360-0508

International Journal of Disability Development and Education (has some open access content)
https://www.tandfonline.com/toc/cijd20/current

Journal of Intellectual Disabilities
https://journals.sagepub.com/home/jld

Journal of Learning Disabilities
https://www.researchgate.net/journal/Journal-of-Learning-Disabilities-1538-4780

Learning Disability Practice
https://journals.rcni.com/learning-disability-practice
https://journals.sagepub.com/home/ldq