



# “DISABILITY AND HUMAN MOBILITY”

Regional study on the situation of refugees, displaced persons, and migrants with disabilities in Latin America

April 2021





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## COVER PICTURE CREDIT

Venezuelan woman who was shot in her back more than twenty years ago. She has not been able to walk ever since; she left Venezuela in her wheelchair with her husband and her grandson.

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Study published by the Red Latinoamericana de Organizaciones No Gubernamentales de Personas con Discapacidad y sus Familias (Latin American Network of Non-Governmental Organizations of Persons With Disabilities and their Families [RIADIS]) with the support of the UN High Commissioner for Refugees (UNHCR).

The information in this study, prepared on the basis of interviews and surveys made to refugees, displaced persons, and migrants with disabilities, family members and/or support individuals, and to various actors, does not necessarily reflect the opinions of UNHCR.



A Venezuelan family arrives at the Comprehensive Care Center in Maicao, northern Colombia.  
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Ana Lucía Arellano,  
**President of RIADIS**

## List of Acronyms

<b>INTERNATIONAL</b>	
<b>COVID-19</b>	Coronavirus
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>ECLAC</b>	Economic Commission for Latin America and the Caribbean
<b>GDP</b>	Gross domestic product
<b>HRW</b>	Human Rights Watch
<b>IACHR</b>	Inter-American Commission on Human Rights
<b>ICRMW</b>	International Convention on the Protection of All Migrant Workers and Members of Their Families
<b>ILO</b>	International Labor Organization
<b>IMF</b>	International Monetary Fund
<b>IOM</b>	International Organization for Migration
<b>OAS</b>	Organization of American States
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>R4V Platform</b>	Regional Platform for Interagency Coordination for Venezuelan Refugees and Migrants
<b>RIADIS</b>	Latin American Network of Non-Governmental Organizations of People with Disabilities and their Families
<b>RMRP</b>	Refugee and Migrant Response Plan
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>VENEZUELA</b>	
<b>BCV</b>	Banco Central de Venezuela (Central Bank of Venezuela)
<b>CLAP</b>	Comités Locales de Abastecimiento y Producción. (Programa de transferencias de alimentos) (Local Supply and Production Committees. [Food transfer program])
<b>CONAPDIS</b>	Consejo Nacional para Personas con Discapacidad (National Council for People with Disabilities)
<b>CONSORVEN</b>	Confederación de Sordos de Venezuela (Confederation of the Deaf of Venezuela)
<b>ENCOVI</b>	Encuesta Nacional de Condiciones de Vida de la Población Venezolana (National Survey of Living Conditions of the Venezuelan Population)

<b>ENPOVE</b>	Encuesta Dirigida a la Población Venezolana que Reside en el País (Survey Directed to the Venezuelan Population Residing in the Country)
<b>MPPE</b>	Ministerio del Poder Popular para la Educación (Ministry of Popular Power for Education)
<b>PASI</b>	Puntos de Atención Social Integral (Comprehensive Social Care Points)
<b>COLOMBIA</b>	
<b>CATM</b>	Centro de Atención Transitorio al Migrante (Transitory Care Center for Migrants)
<b>DANE</b>	Departamento Administrativo Nacional de Estadística (National Administrative Department of Statistics)
<b>GIFMM</b>	Grupo Interagencial de Flujos Migratorios Mixtos (Interagency Group on Mixed Migratory Flows)
<b>GIR</b>	Gestión del Riesgo Inclusivo (Inclusive Risk Management)
<b>ICBF</b>	Instituto Colombiano de Bienestar Familiar (Colombian Institute of Family Welfare)
<b>PEP</b>	Permiso Especial de Permanencia (Special Permit of Permanence)
<b>PMU</b>	Puestos de Mando Unificado (Unified Command Posts)
<b>PRSSFM/MPS</b>	Plan de Respuesta del Sector Salud al Fenómeno Migratorio del Ministerio de Salud y Protección Social (Response Plan of the Health Sector to the Migratory Phenomenon of the Ministry of Health and Social Protection)
<b>PTT</b>	Permiso de Tránsito Temporal (Temporary Transit Permit)
<b>RAMV</b>	Registro Administrativo de Migrantes Venezolanos (Administrative Registry of Venezuelan Migrants)
<b>RLCPD</b>	Registro de Localización y Caracterización de Personas con Discapacidad (Registry of Location and Profiling of People with Disabilities)
<b>TMF</b>	Tarjeta Migratoria Fronteriza (Border Migration Card)
<b>UNGRD</b>	Unidad Nacional para la Gestión del Riesgo de Desastres (National Unit for Disaster Risk Management)
<b>ECUADOR</b>	
<b>ANID</b>	Agenda Nacional para la Igualdad de Discapacidades (National Agenda for Disability Equality)
<b>ANIMH</b>	Agenda Nacional para la igualdad de Movilidad Humana (National Agenda for Equal Human Mobility)

<b>CNIMH</b>	Consejo Nacional para la Igualdad de Movilidad Humana (National Council for Human Mobility Equality)
<b>CPE</b>	Constitución Política del Estado (State Constitution)
<b>LOD</b>	Ley Orgánica de Discapacidad (Organic Law on Disability)
<b>LOMH</b>	Ley Orgánica de Movilidad Humana (Organic Law of Human Mobility)
<b>MIES</b>	Ministerio de Inclusión Económica y Social (Ministry of Economic and Social Inclusion)
<b>SPI</b>	Servicios de Protección Integral (Comprehensive Protection Services)
<b>PERU</b>	
<b>CONADIS</b>	Consejo Nacional para la Integración de la Persona con Discapacidad (National Council for People with Disabilities)
<b>ENPOVE</b>	Encuesta Nacional sobre las Condiciones de Vida de la Población Venezolana que reside en Perú (National Survey on the Living Conditions of the Venezuelan Population Residing in Peru)
<b>INEI</b>	Instituto Nacional de Estadística (Statistics National Institute)
<b>PTP</b>	Permiso de Estadía Temporal (Temporary Stay Permit)
<b>CHILE</b>	
<b>CASEN</b>	Encuesta de Caracterización Socioeconómica Nacional, realizada por el Ministerio de Desarrollo Social (National Socioeconomic Profiling Survey, carried out by the Ministry of Social Development)
<b>DEM</b>	Departamento de Extranjería y Migración (Department of Immigration and Migration)
<b>INDH</b>	Instituto Nacional de Derechos Humanos (National Institute of Human Rights)
<b>MERCOSUR</b>	Mercado Común del Sur (Common Southern Market)
<b>SAC</b>	Sistema de Atención Consular (Consular Service System)
<b>SENADIS</b>	Servicio Nacional de la Discapacidad (National Disability Service)
<b>SJM</b>	Servicio Jesuita de Migrantes (Jesuit Migrant Service)
<b>VRD</b>	Visa de Responsabilidad Democrática (Democratic Responsibility Visa)
<b>MEXICO AND CENTRAL AMERICA</b>	
<b>CA-4</b>	Convenio Centroamericano de Libre Movilidad (Centroamérica) (Central American Free Mobility Agreement [Central America])

<b>CDHCDMX</b>	Comisión de Derechos Humanos de la Ciudad de México (Human Rights Commission of Mexico City)
<b>CDMX</b>	Ciudad de México (Mexico City)
<b>CICR</b>	Comité Internacional de la Cruz Roja (International Committee of the Red Cross)
<b>COAMEX</b>	Coalición México por los Derechos de las Personas con Discapacidad (Coalition Mexico for the Rights of Persons with Disabilities)
<b>COMAR</b>	Comisión Mexicana de Ayuda a Refugiados (Mexican Commission for Aid to Refugees), Mexico
<b>CONADEH</b>	Comisionado Nacional de los Derechos Humanos (National Commissioner for Human Rights), Honduras
<b>CONADIS</b>	Consejo Nacional para la Inclusión de las Personas con Discapacidad (National Council for the Inclusion of People with Disabilities), Mexico
<b>CONAPDIS</b>	Consejo Nacional de Personas con Discapacidad (National Council of People with Disabilities), Costa Rica
<b>CONAPRED</b>	Consejo Nacional para Prevenir la Discriminación (National Council to Prevent Discrimination), Mexico
<b>FONAMIH</b>	Foro Nacional para las Migraciones en Honduras (National Forum for Migration in Honduras)
<b>INDISCAPACIDAD</b>	Instituto de las Personas con Discapacidad de la Ciudad de México (Institute for People with Disabilities of Mexico City), Mexico
<b>INGUDIS</b>	Instituto Guanajuatense para Personas con Discapacidad (Guanajuato Institute for People with Disabilities), Mexico
<b>INM</b>	Instituto Nacional de Migración (National Institute of Migration), Mexico
<b>INSS</b>	Instituto Nicaragüense de Seguridad Social (Nicaraguan Institute of Social Security), Nicaragua
<b>IOM</b>	International Organization for Migration
<b>LGBTIQ+</b>	Abbreviation of lesbian, gay, bisexual, transgender, intersex and queer, the “+” symbol stands for all identities of sexual and gender diversity.
<b>MIRPS</b>	Marco Integral Regional para la Protección y Soluciones (Comprehensive Regional Framework for Protection and Solutions), Central America
<b>MSF</b>	Doctors Without Borders
<b>PEM</b>	Programa Especial de Migración (International Organization for Migration), Mexico

<b>REDODEM</b>	Red de Documentación de las Organizaciones Defensoras de Migrantes (Documentation Network of Migrant Defense Organizations), Mexico
<b>SEDESA</b>	Secretaría de Salud de la Ciudad de México (Secretariat of Health of Mexico City), Mexico
<b>SEGOB</b>	Secretaría de Gobernación (Secretary of the Interior), Mexico
<b>SNDIF</b>	Sistema Nacional para el Desarrollo Integral de la Familia (National System for the Integral Development of the Family), Mexico
<b>SRE</b>	Secretaría de Relaciones Exteriores (Secretariat of Foreign Affairs), Mexico
<b>SSa</b>	Secretaría de Salud (Secretariat of Health), Mexico
<b>T-MEC</b>	Tratado entre México, Estados Unidos y Canadá (Treaty between Mexico, the United States, and Canada), according to the Government of Mexico <sup>1</sup>
<b>UN</b>	<b>United Nations</b>
<b>UNFPA</b>	United Nations Population Fund
<b>UPMRIP</b>	Unidad de Política Migratoria, Registro e Identidad de Personas (Immigration Policy, Registration, and Identity of Persons Unit), Mexico

<sup>1</sup> United States–Mexico–Canada Agreement or USMCA, according to the Government of the United States/Canada–United States–Mexico Agreement or CUSMA, according to the Government of Canada



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## Glossary of Terms

**Asylum:** in this document, references to “asylum” are understood in the sense of Article 22.7 from the American Convention on Human Rights (“right to seek and receive asylum”), in accordance with the interpretation assigned by the Inter-American Court of Human Rights. The expression “asylum seeker” or “refugee status seeker” refers to people seeking to be recognized as refugees.

**Deported people:** the concept of deported people refers to the return of citizens from abroad to their country of origin against their will (UNHCR, 2003).

**Human mobility:** human mobility is presented as a complex reality that encompasses various categories of people in a situation of mobility, including migrants in a regular or irregular situation, victims of human trafficking and smuggling, as well as people who, due to situations of persecution, international or non-internal armed conflicts, wars, violence, human rights violations, or disasters, flee their home both within their countries of origin (internally displaced persons) and through international borders (refugees and asylum seekers)<sup>2</sup>. For the purposes of this report, the concept of human mobility is used as a broad and factual (non-legal) category in which various forms of movement and categories of people in a situation of mobility are included. The increasing scope and complexity of population movements around the world have multiplied the intersection points between refugee protection and international migration. Many displaced persons, without safer opportunities to seek protection in another country, resort to irregular travel. The routes that they take and the facilitators to whom they resort are also used often by others seeking opportunities to improve their lives and those of their families. Not all people on these routes require international protection as refugees but many may find themselves in a vulnerable situation for other reasons.

**Internally displaced persons:** internally displaced persons, unlike refugees, have not crossed an international border to seek safety, but have remained in their own countries. Even if they have fled for the same reasons as refugees (armed conflict, widespread violence, human rights violations, etc.), they are legally under the protection of their own state, even when this may be the cause of their flight. As citizens, they maintain all their rights and protection contemplated by both human rights legislation and international humanitarian Law.

**Mixed movements:** mixed movements are cross-border movements in which several people travel together, usually irregularly, using the same routes and means of transport but for different reasons. People who travel as part of mixed movements have different needs and profiles, and may include refugee status seekers; refugees; victims of human trafficking; unaccompanied or separated girls, boys, and adolescents; and migrants in an irregular situation. For the purposes of

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2 UN Secretary General's Policy Brief on COVID-19 and People on the Move.  
<https://unsdg.un.org/sites/default/files/2020-06/SG-Policy-Brief-on-People-on-the-Move.pdf>

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this report, the concept of mixed movements includes refugees, refugee status seekers, and migrants. Identifying refugees and others with particular needs within mixed movements can be challenging, especially when there may be a variety of overlapping factors that drive individuals to relocate. However, it is imperative for UNHCR to strengthen the identification of those who need international protection and provide them with access to refugee status determination procedures. Additionally, refugees, who by definition cannot return to their home or place of habitual residence, need to be protected against refoulement and against measures or sanctions due to their irregular entry or stay. Moreover, they require support to become self-sufficient and have access to durable solutions.

**Protection:** protection is defined as all the activities aimed at obtaining full respect for the rights of all individuals in accordance with international law (international humanitarian, human rights and refugee law) by taking into account their age and gender, as well as social, ethnic, national, religious, or other origin. See Emergency Handbook, page 03, UNHCR, 2019.<sup>3</sup> Also see Declaration on the Centrality of Protection of the Inter-Agency Standing Committee [IASC], December 17, 2013.<sup>4</sup>

### **Convention on the Rights of Persons with Disabilities (CRPD)<sup>5</sup>**

**Discrimination on the basis of disability:** any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field on an equal basis with others. It includes all forms of discrimination, including denial of reasonable accommodation.

**Persons with disabilities:** this definition is taken from Article 1, Section 2 of the United Nations 2006 Convention on the Rights of Persons with Disabilities. *“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”*

**Reasonable accommodation:** necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise of all human rights and freedoms on an equal basis with others.

**Universal design:** the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

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3 Available at: <https://cms.emergency.unhcr.org/documents/11982/188828/UNHCR+Pocket+Guide+for+Emergency+Responders/b342e197-2864-4b54-86b7-72cc1e8279ce>

4 <http://www.refworld.org/pdfid/52d7915e4.pdf>

5 United Nations. Convention on the Rights of Persons with Disabilities and Optional Protocol 2006. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

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## Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (IASC).<sup>6</sup>

**Barriers:** factors in the environment that hinder people's engagement, create disability, and limit or restrict the access to and inclusion in society for persons with disabilities. They can be attitudinal, environmental and institutional. People with the same disability may experience these barriers differently, on the basis of sex, age, culture or socioeconomic status. These barriers lead to partial or total exclusion of persons with disabilities.

**Disability-inclusive human rights-based approach:** focused on persons with disabilities. It reduces the barriers and risks that they face, and recognizes their ability to contribute to humanitarian response.

**Intersectional discrimination:** it happens when multiple forms of discrimination interact together, exposing a person to distinct forms of discrimination and disadvantage (multiplier effect).

**Multiple discrimination:** when a person suffers from discrimination on the basis of two or more grounds simultaneously; the effects of discrimination accentuate or worsen (additive effect). For example, an indigenous woman with a disability may suffer discrimination on the basis of gender, ethnicity and disability simultaneously.

**Persons with disabilities:** This is a diverse group including persons with different disabilities and identities (women, indigenous people, children, adolescents, refugees, migrants, etc.). The intersectionality of these factors causes persons with disability to face multiple forms of discrimination. The focus of humanitarian action must take into account these differences from the beginning.

**Support person:** A person (family member) or paid assistant that regularly cares for a child, a sick person, an elderly person or a person with a disability. In legal language the term "support" is preferred instead of "care" when referring to adults with disabilities, for example: personal assistance, peer-to-peer support, support person.

### The language of rights

- Always use "person first" terminology, using "person with disability" instead of "disabled person." Speak of persons "without disability" instead of "normal" persons.
- Avoid terms with negative connotation, like "suffer", "endure", "suffering", "victim" or "disabled." Example: Speak of a "wheelchair user" instead of a person "in a wheelchair" or "bound to a wheelchair."
- Use appropriate terms to refer to the different types of disability, including physical, sensory, intellectual and psychosocial disabilities.

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<sup>6</sup> IASC guidelines for the inclusion of persons with disabilities in the humanitarian action: <https://interagencystanding-committee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>



Colombian-Venezuelan woman who had to flee not once, but twice, to save her life. She lost her right arm in an accident. After her brother was killed in Venezuela, she fled to another country with her family. They started from scratch and have a small imitation jewelry business.

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## Executive Summary

This study by the Red Latinoamericana de Organizaciones No Gubernamentales de Personas con Discapacidad y sus Familias (Latin American Network of Non-Governmental Organizations of Persons With Disabilities and their Families [RIADIS]) study is intended to provide a picture of the situation of refugees, displaced persons, and migrants with disabilities in countries of origin, transit, and destination in Latin America. The goal is to learn about barriers and facilitators that this population faces and define concrete actions to build regional protection capacities and improve the inclusion of persons with disabilities in response plans and programs at the national and regional levels.

To carry out this research work, qualitative information was collected between August and October 2020 in the participating countries (Colombia, Costa Rica, Chile, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Peru and Venezuela) through semi-structured interviews, focus groups and life stories of refugees, displaced persons, and migrants with disabilities, family members and/or support people. In turn, interviews and focus groups were conducted with representatives of the United Nations agencies, humanitarian organizations<sup>7</sup> and government organizations involved in human mobility. Furthermore, an online regional survey of refugees, displaced persons, and migrants, family members and/or support people was carried out. A total of 744 persons with disabilities, family members and/or support people and government and humanitarian actors were consulted as part of this study.

<sup>7</sup> The humanitarian organizations include civil society organizations, including but not limited to religious organizations and national and international non-government organizations.

### Research tool



Semi-structured interviews



Focus groups and life stories



Interviews and focus groups with representatives of the United Nations agencies, humanitarian organizations, and government organizations involved in human mobility.



A total of 744 people with disabilities, family members and/or support people, and government and humanitarian actors

Considering the specific context of each participating country, the qualitative information was studied, followed by a quantitative analysis of the online regional survey, and with these inputs, the regional report was finally prepared. The main research conclusions related to the three factors involved: a) the states, b) the humanitarian actors and c) the refugees, displaced persons, and migrants with disabilities, family members and/or support people are summarized below.

## A) Regarding the States

**National and International Legal Framework:** The countries participating in the study are aligned with international agreements on **human rights, refugee, asylum and international protection law, and migration and disability**; additionally, they have their own **national legal frameworks** that have different content and scope and are updated according to their own contexts. **The challenge** for the governments of every participating country is enforcing and applying the existing legal framework and the international agreements signed in order to ensure the exercise of human rights for people on the move and, specifically, for persons with disabilities in accordance with the Convention on the Rights of Persons with Disabilities.

**Protection Systems and Policies:** The **inclusion and intersectionality approach** and principles of accessibility, universal design and reasonable accommodation for persons with disabilities need to be adjusted and incorporated into the existing care policies for refugees, displaced persons, and migrants. The **protection mechanisms** in the different participating countries do not include specific care protocols for persons with disabilities, making them a barrier for access to justice and protection measures.



It is necessary to incorporate care policies with a focus on inclusion and intersectionality and principles of accessibility and universal design.



Insufficient data or information on refugees, displaced persons, and migrants with disabilities.



Insufficient human and financial resources



The coordination and cooperation of actors involved in the human mobility process must be strengthened.

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**Response Programs:** The response programs to mixed movements that are being implemented in the different countries are in general **for every person on the move**. There are no specific programs designed for persons with disabilities with an inclusive and intersectional approach.

## **B) In Regard to the Humanitarian Actors**

**Data Disaggregation:** The **insufficient data and information on refugees, displaced persons, and migrants with disabilities** becomes clear with the disaggregation of variables such as gender, age, ethnic diversity and type of disability that allows the design of a response based on the specific needs of people with disabilities and with an inclusive approach.

**Design and Implementation of Services:** For humanitarian organizations, **disability is a multidisciplinary issue** that is included in existing programs and services. The organizations have been making some efforts and taking some initiatives to include persons with disabilities in human mobility, but it necessary to reinforce care protocols in a way that meets their specific needs.

**Human and Financial Resources:** **These are insufficient** to serve the growing population in human mobility in the Latin American region. Despite the efforts of states, United Nation agencies, and humanitarian and civil society organizations, the **resource gap** between what is needed and what is actually available is widening.

**Strategic Cooperation among Actors:** Human mobility is a **complex process**; hence, the need to **strengthen the coordination and cooperation** of all actors involved, mainly the states but including the international community and civil society, is reconfirmed, to design inclusive response programs for refugees, displaced persons, and migrants with and without disabilities.

## **C) In Regards to Refugees, Displaced Persons, and Migrants with Disabilities, Family Members and/or Support People**

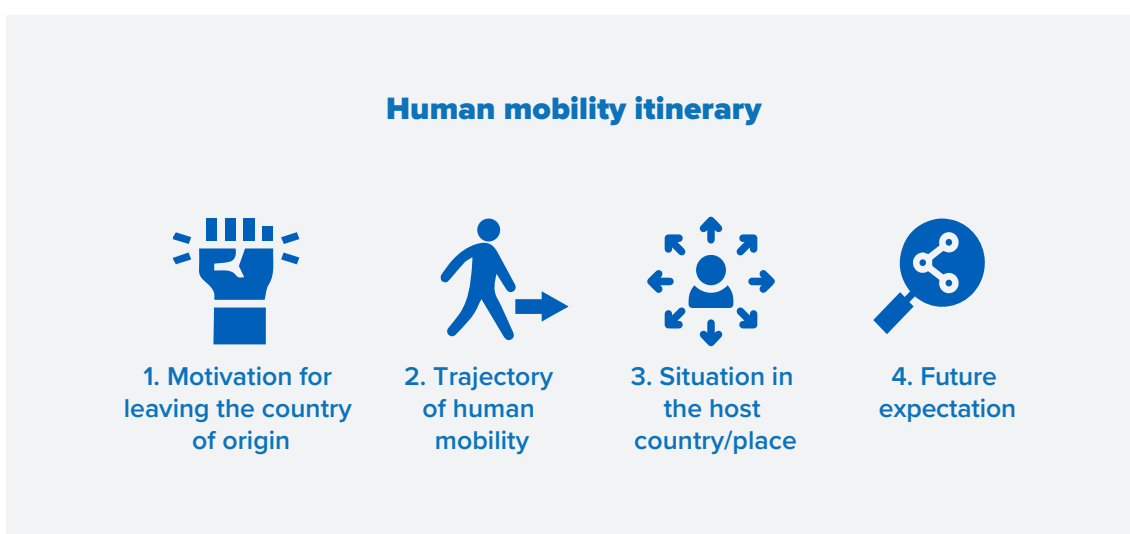
At a regional level, there are two large mixed movements of refugees, and migrants of great magnitude. The first is a movement of refugees and migrants from Venezuela and the second is from Central American countries, such as El Salvador, Guatemala, Honduras and, in the past few years, Nicaragua. We have identified four stages of what we call the **“human mobility itinerary”**: 1) Motivation for leaving the country of origin; 2) the Human Mobility Journey; 3) the Situation in the Host Country/Community; and 4) the Expectations about the Future.

**Barriers:** The refugees, displaced persons, and migrants with disabilities face barriers of different kinds (attitudinal, environmental, and institutional) and in the different areas of the environment with which they interact (political, economic, social, cultural, civil), which have an impact on the exercise of their rights and, by extension, on their quality of life. There are specific barriers in every stage of the itinerary of human mobility, as well as significant differences in the way they affect people's lives, which depend on certain variables, such as regular status, type of disability, gender, age, ethnic origin, etc.

- 1) **Motivation for leaving Country of Origin** The main motivation to leave Venezuela is the **complex humanitarian emergency** that this country is currently experiencing; the economic, political and social crisis has led to a situation of **precarious living conditions and permanent risk of physical and emotional integrity** that results in the **violation of human rights**, which, in the case of persons with disabilities, corresponds to rights recognized by the United Nations International Convention on the Rights of Persons with Disabilities (CRPD).

Similarly, the main motivation for mixed movements to leave Central American countries is the situation of **poverty and unemployment, increased by climatic risks**, and the high rate of **violence and the proliferation of criminal groups**, which forces people to leave their countries of origin in pursuit of safety, protection and better socioeconomic opportunities and start to travel to Mexico and the United States, or to the south to countries like Costa Rica.

- 2) **The Human Mobility Journey:** Refugees, displaced persons, and migrants with disabilities experience **great uncertainty** when they leave their country of origin. Along the way, they experience **vulnerability** when exposed to risks and violence, barriers to **accessibility to information and communication**, and insufficient humanitarian assistance in accordance with their **specific needs**.





- 3) **The Situation in the Host Country/Place:** In the host country, they experience other barriers such as **poor labor conditions, discrimination** based on nationality and disability, barriers to **accessing asylum and international protection procedures**, as well as to justice and other protection measures, institutional and legal barriers in relation to their **regular residence**, as well as the legal recognition of disability (disability card), which in turn has an impact on **access to health, rehabilitation, education, and social protection**. Not to mention that these barriers are accompanied by the situation of the COVID-19 pandemic and the reduced involvement of the affected population in humanitarian action.
- 4) **The Expectations about the Future:** The immediate expectations of persons with disabilities in human mobility focus on **improving their economic situation, regularize their residence status in the host country**, although there are also feelings of uncertainty and fear, making it difficult to chart new short-term and long-term possibilities.

**Facilitators:** The most significant positive factors or facilitators identified are the **support networks** of family members, friends, fellow citizens, or peers of persons with disabilities; the prioritized provision of **humanitarian assistance** to persons with disabilities by humanitarian and government organizations in the different transit and host countries; inter-institutional coordination and efforts to provide **protective measures** to refugees, displaced persons, and migrants with disabilities in cases of violation of rights; the **solidarity** and support of a large part of the host community for persons with disabilities in situations of human mobility.

**Conclusions:** Sections 5 and 6 of this document provide detailed information about the conclusions and recommendations of the regional report, which are input for the design of national and regional response plans with inclusion and intersectionality approaches, and, at the same time, are the basis to initiate and/or delve into other related research areas.



Woman with a physical disability and her children going to work.  
© Samuel Rivera/COAMEX.

# 1. Background

Due to the poor information about the situation of refugees, displaced persons, and migrants with disabilities, it is necessary to learn about the regional picture of their situation and critical needs in countries of origin, transit and destination of Latin America. This knowledge generation is framed within the exercise of monitoring measures for the implementation of the Convention on the Rights of Persons with Disabilities (Convención sobre los Derechos de las Personas con Discapacidad [CRPD]) and is in line with the guidance of the Regional Response Plan for Refugees and Migrants of Venezuela 2021 (Plan Regional de Respuesta a Refugiados y Migrantes de Venezuela 2021 [PRRM]), Venezuela Humanitarian Response Plan (Plan de Respuesta Humanitario Venezuela) and other regional processes, such as the Quito Process (Proceso de Quito) and the Comprehensive Regional Protection and Solutions Framework (Marco Integral Regional de Protección y Soluciones [MIRPS]), in order to develop specific measures to build regional protection capacities and improve mainstreaming of disability inclusion.

## 1.1 Research Aim

To carry out a study to understand the situation of refugees, displaced persons, and migrants with disabilities in countries of transit and destination in Latin America, particularly in Colombia, Chile, Ecuador, Peru, Venezuela, Mexico and Nicaragua, focused on the regional response programming, in order to develop specific measures to build regional protection capacities and improve the inclusion of persons with disabilities on the move.

The initial planned scope of the study included the collection of information in Nicaragua; however, due to the limited conditions to access the information, informants located in Costa Rica were considered. On the other hand and bearing in mind that Mexico is the country of transit and destination for Central American refugees, displaced persons, and migrants, informants from Guatemala, Honduras and El Salvador were also considered, which allowed the collection of information in a subregional context. Therefore, the scope of the study includes Colombia, Chile, Ecuador, Peru, Venezuela, Mexico and Central America (Costa Rica, Nicaragua, Honduras, El Salvador, Guatemala).

## 1.2 Research Methodology

There were four research project phases: 1) Preparation, 2) Data Collection, 3) Data Analysis and Interpretation and 4) Presentation of Results.



Figure 1: Research project phases.

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### **Phase 1: Preparation**

In this phase, initial management activities were performed, such as composing the technical team and preparing the plan and estimated schedule of the research project. Technical activities were also performed in order to establish the research methodology and the design of the qualitative and quantitative data collection instruments using research questions and some key aspects found during desk review.

The document review or desk review allowed us to understand the situation of human mobility in the participating countries, as well as the efforts made to address the needs of refugees, displaced persons, and migrants with disabilities. In the process of research and analysis of the available information, the following issues were considered:

- a) The legal framework of human mobility at a national and international level
- b) The current situation of human mobility
- c) Response plans and humanitarian services
- d) Humanitarian services; and
- e) The situation of refugees, displaced persons, and migrants with disabilities.

As a result, key aspects included in the data collection instruments were identified so they may be studied in depth.

### **Phase 2: Data Collection**

The main activity in this phase was collecting qualitative data through semi-structured interviews, focus groups, and life stories, as well as collecting quantitative data through an online regional survey.

### **Phase 3: Data Analysis and Interpretation**

In this stage, qualitative data per country was analyzed, generating a report that includes findings, conclusions, and recommendations per country. Likewise, the online regional survey was analyzed quantitatively and a regional analysis of all supplies (qualitative and quantitative) was carried out.

### **Phase 4: Presentation of Results**

Finally, the regional analysis produced results, conclusions, and recommendations, which are shown in this report.

The following diagram summarizes the steps or methodology applied to carry out the study.

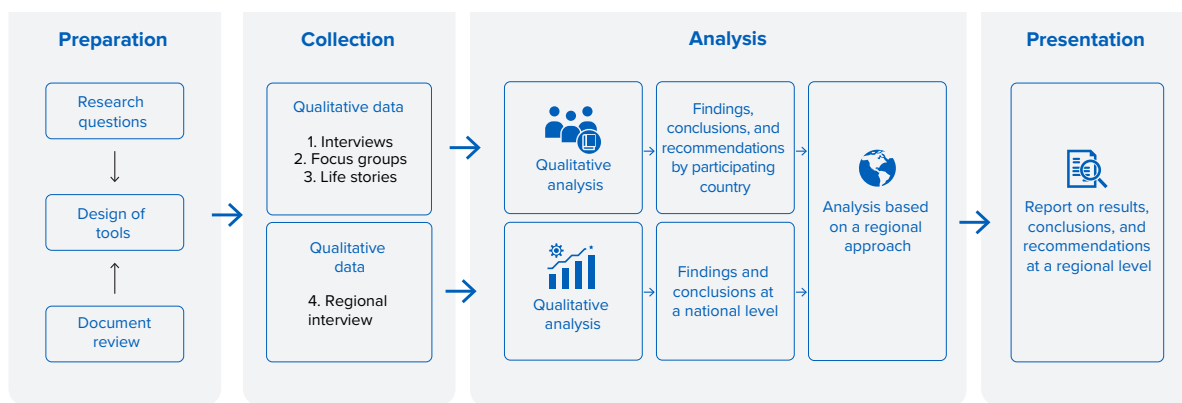


Figure 2: Summary of the methodology applied to carry out the study.

### 1.3 Research limitations and challenges

#### Availability of Information Sources

- It was difficult to access information on people in a human mobility situation to make the necessary contacts because there are no formal records or inclusive disaggregation and there is reduced association and inclusion of people with disabilities, among other reasons. It is necessary to highlight UNHCR partner organizations' support in different countries, as well as the organizations for people with disabilities which are members of RIADIS and provided their support to make contacts with refugees, displaced persons and migrants with disabilities in different countries.
- In Nicaragua and Venezuela, it was difficult to find secondary information about displacement and disability; similarly, it was difficult to contact informants, we believe, due to the political, economic and social conditions these two countries face at the moment.

#### Data Sample

- It must be noted the complexity of identifying the universe of people with disabilities on the move situations at the national and regional levels, since there are no recorded data, and in addition, some countries have implemented their own unique strategies to identify and register persons with disabilities on the move.
- The research type in this study is explorative-descriptive with a qualitative approach, and the sample type is not probabilistic, i.e., an informal selection procedure was applied to persons with disabilities on the move through references, acquaintances and the registry of beneficiaries of humanitarian organization in different participating countries. This way, the following was carried out: 132 semi-structured interviews and 8 focus groups of refugee, displaced and migrant persons with disabilities, families and support people; 38 semi-structured interviews and 15 focus groups with representatives of

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government bodies and humanitarian organizations; and the collection of 391 answers to the online regional survey for refugee, displaced and migrant persons with disabilities, families and support people.

- Based on the data sample collected, the value of the results is limited to the sample and cannot be applied generally to the entire population; however, it allows us to have an **exploratory diagnosis** of the situation of refugee, displaced and migrant persons with disabilities in Latin America.

### **Informants from Mixed Movements in the Region**

- 78% of interviewed informants and 80.6% of informants who answered the online regional survey are of Venezuelan nationality, whereas 19.7% of interviewed informants and 7.9% of informants who answered the online regional survey are from countries in Central America.
- This means that the experiences and information of persons with disabilities on the move of Venezuelan origin had a larger influence on the conclusions and recommendations of the study.
- Given the small number of Central American informants, other information sources identified during document revision were investigated in order to include in the report some aspects specific to the situation of persons with disabilities on the move from these countries.

### **COVID-19 Pandemic Situation**

- This situation has had a drastic impact on mixed movements in the Latin American region. Through different actors involved in the topic of human mobility, efforts were made to obtain information about the impact of the pandemic and the needs of refugee, displaced and migrant persons with disabilities and their families.
- **Data collection** for the study during restrictions due to the pandemic was a challenge; interviews and focus groups were conducted virtually. The main limitation was access to technology as many informants did not have internet access, and many interviews were conducted telephonically.
- The application of the **quantitative online survey** was also restricted, especially by limited internet access during the pandemic; as a result, the online survey was open for four weeks to receive the highest amount of information.



Displaced woman with a physical disability, Central America.  
© **Ruben Salgado Escudero/UNHCR.**

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## 2. Regional Context

*“There has always been migration within Latin America and the Caribbean, But for much of the past few decades, large-scale out migration from the region to the United States and Europe had largely overshadowed these intraregional movements. Over the past few years, however, circumstances have changed dramatically. Political crises, violence, and economic stagnation—or collapse—have driven millions to migrate to neighboring countries in Latin America and the Caribbean. At the same time, with the relative success of some middle-income countries in the region, some migrants who had left for the United States and Europe are returning home.”<sup>8</sup>*

Undoubtedly, the biggest movement in the region has been that of Venezuelan people, since approximately 4.6 million<sup>9</sup> have moved to countries in Latin America and the Caribbean, mostly to Colombia, followed by Peru, Ecuador and Chile.

Another important movement in the region happens especially from Central American northern countries to Mexico and the United States. Many people moving, mainly from Guatemala, Honduras and El Salvador, see Mexico as their target country or have decided to stay in the country due to United States migratory policies. Moreover, Nicaragua has experienced violence since the start of 2018, followed by a significant economic recession, that has triggered the movement of thousands of Nicaraguans to the neighboring country of Costa Rica, which already had a large Nicaraguan population.

The case of Haiti and Cuba is another case to highlight. Faced with difficult economic circumstances, citizens have been fleeing their countries periodically, usually to other countries in the region, mainly Brazil, Chile, Ecuador and Mexico. Later, some Haitian and Cuban people try to reach the United States following a complex route through Central America and Mexico; however, many others have already settled in the region.

Faced with this situation, almost all Governments in the region face important decisions about their immigration policies and how to provide refugee and migrant populations education, medical assistance, housing and financial access services, and specially, how to meet their protection needs, since these people are fleeing violence, lack of protection, and crisis. UN agencies, international and national NGOs, churches, and development banks are playing an important complementary role, but national Governments have taken over and absorbed the costs.

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<sup>8</sup> Source: [Tested by Massive Inflows, a New Era of Migration Policy Emerges in Latin America and the Caribbean – Latin American and the Caribbean Migration Portal \(migrationportal.org\)](#)

<sup>9</sup> Based on the official numbers of host countries. Last update in April 2021. <https://r4v.info/es/situations/platform> (Last update on April, 05 2021)



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In this context, the human mobility experience of refugee, displaced and migrant persons with disabilities is impacted as well by the provision of humanitarian services, the existence of public policies, national legislation and international agreements that protect their human rights both as persons with disabilities and as people on the move.

## **2.1 Regulatory Framework**

### **2.1.1 International documents and frameworks**

The countries participating in the study are aligned with the main international documents on human rights; on refugee, asylum, and international protection law; and on migration and disability; among which we can mention the following as relevant to this study:

#### **Human Rights**

- Universal Declaration of Human Rights (1948)
- American Convention on Human Rights (1969)

#### **Refugees, Asylum and International Protection**

- Convention relating to the Status of Refugees of 1951 and its Protocol of 1967
- Cartagena Declaration on Refugees (1984)
- Inter-American Convention on Human Rights (1969)
- Universal Declaration of Human Rights (1948)
- American Declaration of the Rights and Duties of Man (1948)

#### **Migration**

- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)

#### **Migrants and Refugees**

- New York Declaration for Refugees and Migrants (2016)
- The Global Compact on Refugees (2018)
- The Global Compact for a Safe, Organized and Regular Migration (2018)

#### **Disability**

- Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities- CIADDIS (1999)
- Convention on the Rights of Persons with Disabilities and its Optional Protocol (2006)

In addition, all countries participate in the implementation of the 2030 Agenda for Sustainable Development (ODS).

### **2.1.2 Local Legislation**

- Countries participating in the study have their own national legal framework on refugees, asylum and international protection, migration and disability. Protection for this legislation is provided by each countries' constitution, and they are different in context and scope, which are updated based on their own contexts and debate and approval processes. The common element that can be identified is respect for human rights of people and the alignment with the international documents that each country has signed or adopted within the framework of different international conferences.

## **2.2 Regional Response Plans**

In each participating country, governments have developed response plans to provide humanitarian assistance to refugee, displaced and migrant persons, in collaboration with other actors, such as UN agencies, local and international NGOs, academia, and civil and religious organizations.

Some common elements identified during document revision that can be mentioned are:

- The need to strengthen **disability inclusion and intersectionality approach** in the implementation of response plans.
- Insufficient **human and financial resources** to implement response plans and to meet the needs of people on the move, which has worsened with the COVID-19 pandemic.
- The need to strengthen **inter-institutional alliances and coordination** among public institutions directly responsible for implementing public policies, and humanitarian and civil society organizations in order to strengthen efficient and effective joint work.
- The strengthening of **participation of persons with disabilities on the move** in the design and implementation of strategies to meet their specific needs.

### **2.2.1 Response Plan for Refugees and Migrants**

On a regional level, the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V Platform) prepares an annual Response Plan for Refugees and Migrants (RMRP) whose objective is to support governments to provide a response to the needs of the refugee and migrant Venezuelan population, and vulnerable host communities.

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**The RMRP** <sup>10</sup> 2021 is based on joint assessments of needs carried out by RMRP partners on a national and subregional level in a continuous way and with regular exchanges with host governments, civil society actors and affected communities. The RMRP 2021 reflects the sectoral structure of the R4V Platform and all the strategies and activities articulated in this plan. It has been reviewed and approved by the different platforms and sectors, both at regional and national levels/ subregional levels, and it has been developed complementing the work carried out by host governments.

This plan includes actions to ensure the identification, planning and satisfaction of humanitarian, protection, and integration needs of refugee and migrant people from Venezuela and from affected host communities; it establishes sectoral groups focused on education, food security, health, humanitarian transport, integration, nutrition, protection<sup>11</sup>, housing, and WASH in regional and national or subregional areas.

In 2020, 3.18 million refugee and migrant people were reached, and the RMRP 2021 identified 7.2 million people in need and established the goal to lower it to 3.3 million.

The challenge for states in the region is the **economic and social inclusion of Venezuelan refugee and migrant people**; each country defines their priority areas according to their context and available resources.

### **2.2.2 Comprehensive Regional Protection and Solutions Framework**

The Comprehensive Regional Protection and Solutions Framework (**MIRPS**)<sup>12</sup> is a pioneering initiative in the implementation of the Comprehensive Refugee Response Framework (CRRF) and a concrete contribution to the **Global Compact on Refugees**, which fosters regional cooperation among origin, transit and destination countries for greater shared responsibility in prevention, protection, and long-lasting solutions.

Belize, Costa Rica, Guatemala, Honduras, Panama, and Mexico adopted the San Pedro Sula Declaration in 2017 and agreed to work together in the implementation of MIRPS. In July, 2019, El Salvador joined the process, committing to address the causes of forced displacement in a comprehensive way and in coordination with the other countries.

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<sup>10</sup> <https://r4v.info/es/documents/details/86698> (available in Spanish) RMRP.

<sup>11</sup> Protection: includes the protection of children, protection against gender-based violence, human trafficking, and the availability of support spaces.

<sup>12</sup> MIRPS: <https://globalcompactrefugees.org/mirps-en>

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Building on the basis of solidarity mechanisms and shared responsibilities in the region, MIRPS supports the states in the implementation of their commitments, while identifying and addressing the remaining needs through integrated responses that involve a wide range of interested parties, and mobilizes additional resources for implementation.

In line with the Global Compact on Refugees, the goal of the MIRPS is:

- To improve reception and admission mechanisms;
- To provide a response to humanitarian needs and immediate and persistent protection needs;
- To support host countries and communities;
- To expand opportunities for durable solutions.

Based on the numbers provided by Governments to UNHCR, in June, 2020, the number of refugees and asylum seekers in MIRPS countries was 234,297.<sup>13</sup>

### **2.3 Protection Mechanisms**

Governments are required to provide protection to people on the move who are in their jurisdiction and facing rights violations such as discrimination, violence, gender-based violence, human trafficking, among others.

Countries participating in the study have protection mechanisms or systems for refugee, displaced and migrant persons, in which the different governmental agencies or institutions responsible for ensuring the exercise of their rights intervene in coordination with humanitarian and civil society institutions.

Some common elements identified in participating countries are:

- Most people on the move **do not know the steps or way** to demand their rights and to access the justice system in the host country, and this situation is worsened by the fact that most do not know their rights as persons with disabilities.
- Protection mechanisms **do not include specific care protocols for persons with disabilities**, making them a barrier for access to justice and protection measures.

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13 Operational Data Portal: <https://data2.unhcr.org/en/situations/cam>



Man with a disability and his partner had to leave Venezuela due to the lack of necessary medications to treat their son.

© **Santiago Escobar Jaramillo/UNHCR.**

### 3. Information Sources

#### 3.1 Qualitative Data

The study collected qualitative data in participating countries through the following methods: a) semi-structured interviews, b) focus groups, c) life stories.

- a) **Semi-structured interviews:** A total of 170 interviews were conducted, of which 101 were with refugee<sup>14</sup>, displaced and migrant persons with disabilities; 31 with family members and support people; and 38 with representatives of humanitarian and governmental organizations.

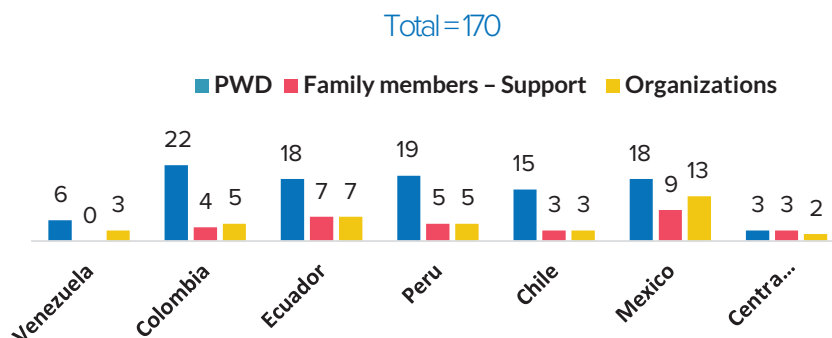
Country	PWD			Family members – Support			Organizations			TOTAL
	H	F	Sub	H	F	Sub	Gov.	Hum.	Sub	
Venezuela	3	3	6			0	0	3	3	9
Colombia	10	12	22	1	3	4	1	4	5	31
Ecuador	8	10	18	0	7	7	3	4	7	32
Peru	11	8	19	2	3	5	2	3	5	29
Chile	6	9	15	1	2	3	1	2	3	21
Mexico	15	3	18	2	5	7	5	8	13	38
Central America	2	3	5	1	2	3	1	1	2	10
	<b>55</b>	<b>48</b>	<b>103</b>	<b>7</b>	<b>22</b>	<b>29</b>	<b>13</b>	<b>25</b>	<b>38</b>	<b>170</b>

M = Men  
W = Women  
Gov. = Government  
Hum. = Humanitarian

Table 1: Summary of interviews conducted

Graph 1 shows the distribution of the 170 semi-structured interviews in the different countries participating in the study.

Graph 1. Distribution of semi-structured interviews



<sup>14</sup> For the purposes of this report, the term “refugee” also includes asylum seekers whose status has not been formally recognized, given the declarative nature of the determination of refugee status.

- b) **Focus groups:** A total of 25 focus groups were formed, of which 8 had 53 participants (44 refugee, displaced and migrant persons with disabilities and 9 family members and/or support people); and 17 had representatives of humanitarian and governmental organizations.
- c) **Life stories:** 15 individual, in-depth interviews were conducted, which provided 15 life stories of refugee, displaced and migrant persons with disabilities.

COUNTRY	Focus Groups			LIFE STORIES
	PWD and Family members	Representatives Organizations	Subtotal	
Venezuela	3	0	3	2
Colombia	1	3	4	2
Ecuador	1	1	2	2
Peru	1	1	2	3
Chile	0	1	1	2
Mexico	2	9	11	2
Central America	0	2	2	2
<b>TOTAL</b>	<b>8</b>	<b>17</b>	<b>25</b>	<b>15</b>

Table 2: Summary of focus groups and life stories

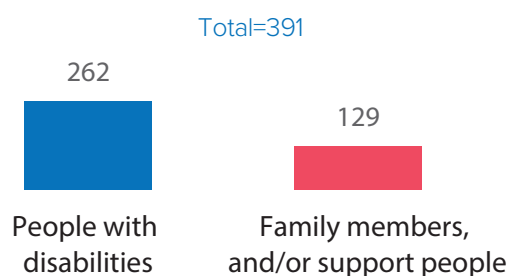
### 3.2 Quantitative Data

Additionally, quantitative data were collected, which helped us to complement and contrast the qualitative data obtained in each country. This was conducted through two online surveys applied at a regional level, one directed at refugees, displaced persons, and migrants with disabilities; and the second directed at family members and/or support people.

A total of 262 refugees, displaced persons, and migrants with disabilities, and 129 family members and/or support people responded to the online surveys, and a total of 391 informants were obtained. (See graph 2)

It is important to mention that an online survey was not performed for humanitarian and government organizations.

**Graph 2. Regional interview informants**



### **3.3 Informants' Demographic Data**

Next, the demographic data of the informants belonging to the group of refugees, displaced persons, and migrants with disabilities, including family members and/or support people, who participated in both the semi-structured interviews and the online surveys are presented; for the sake of readability, we will use the following definitions to describe demographic data.

**Total people interviewed: 132** refugees, displaced persons, and migrants with disabilities and family members and/or support people **interviewed**.

**Total people surveyed: 391** refugees, displaced persons, and migrants with disabilities and family members and/or support people who responded to the **online surveys at the regional level**.

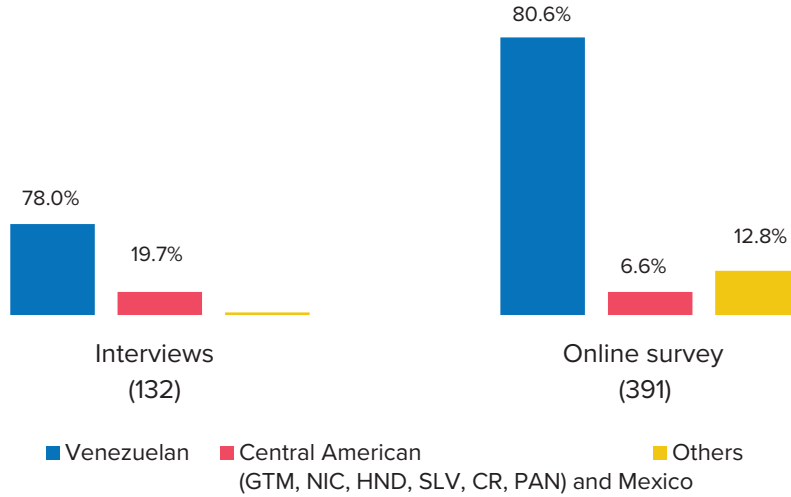
#### **a) Nationality**

Of the total of **people interviewed**, the majority were of Venezuelan nationality, at 78%, while 19.7% were from Central American countries (Guatemala, Nicaragua, Honduras, El Salvador, Costa Rica, and Panama) and Mexico.

Similarly, of the total of **people surveyed**, the majority were of Venezuelan nationality, at 80.6%, followed by 6.6% from Central American countries and Mexico. (See graph 3).

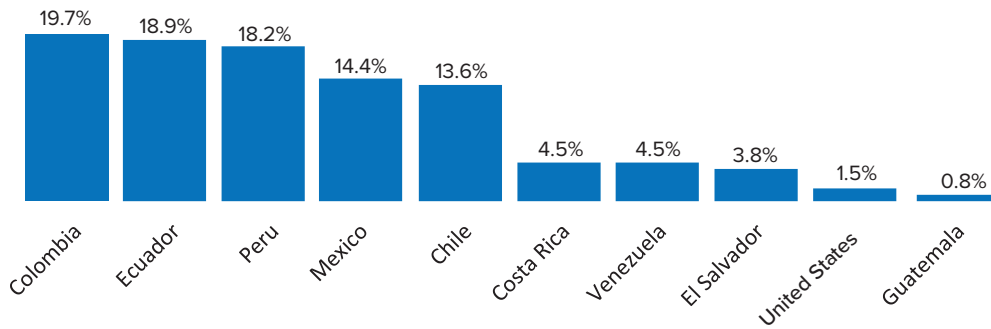


**Graph 3. Nationality**  
People interviewed and surveyed



Furthermore, the **people interviewed** reside mainly in Colombia (19.7%), Ecuador (18.9%), Peru (18.2%), and Mexico (14.4%). (See graph 4).

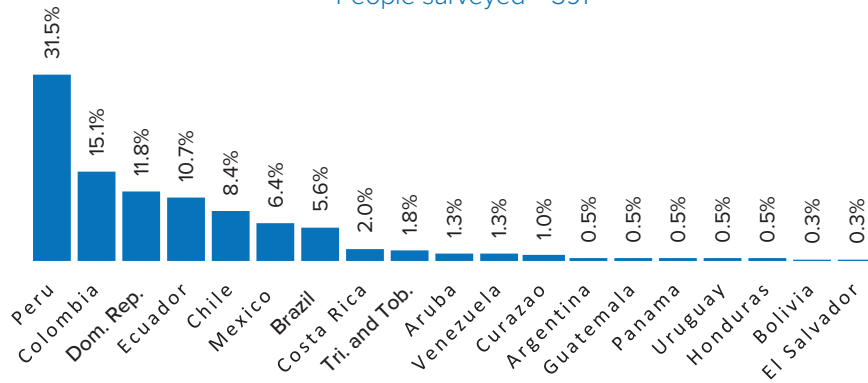
**Graph 4. Current country of residence**  
People interviewed = 132



While the countries where the majority of **people surveyed** currently reside are as follows: Peru (31.5%), Colombia (15.1%), Dominican Republic (11.8%), and Ecuador (10.7%). (See graph 5).

**Graph 5. Current country of residence**

People surveyed = 391



**b) Gender**

Of the **total of people interviewed**, 53.8% were women, and 46.2% were men (see graph 6); in turn, these data are broken down into 101 **persons with disabilities**, of whom 40.9% are men, and 35.6% are women; and 31, **family members and support people**, of whom 5.3% are men, and 18.2% are women (see graph 7).

**Online survey:** Of the total of **people surveyed**, 53.5% were women, 45.8% were men, and 0.8%, other. (See graph 6).

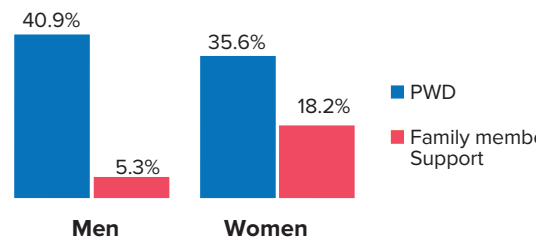
**Graph 6. Gender**

People interviewed and surveyed

	Women	Men	Other
<b>Online survey (391)</b>	53.5%	45.8%	0.8%
<b>Interviews (132)</b>	53.8%	46.2%	0.0%

**Graph 7. Gender**

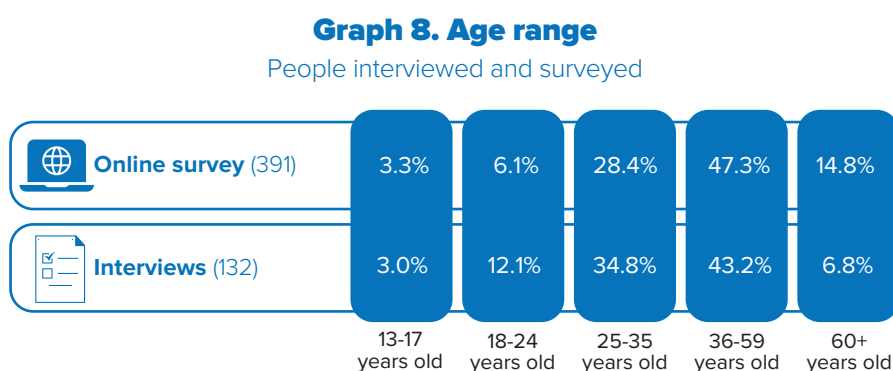
People interviewed  
PWD = 101; Family members = 31



### c) Age

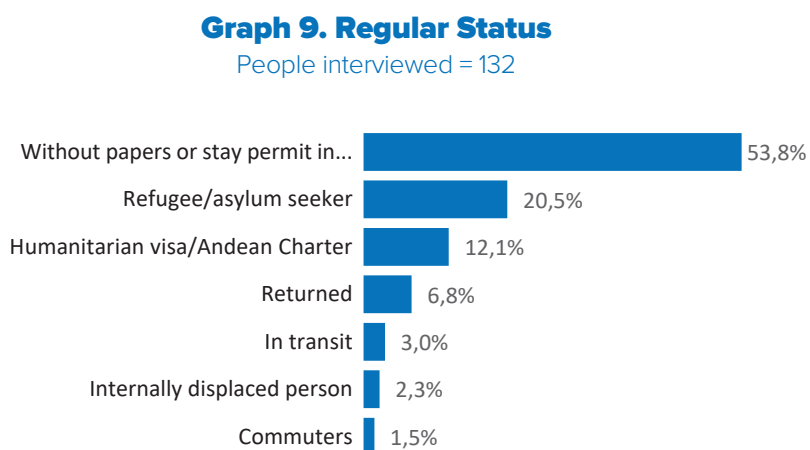
The age ranges in which the majority of **people interviewed** includes: 36-59 years old (43.2%) and 25-35 years old (34.8%).

Similarly, the **people surveyed** includes the same age ranges; i.e., between 36-59 years old (47.3%) and 25-35 years old (28.4%). (See graph 8).



### d) Regular Status

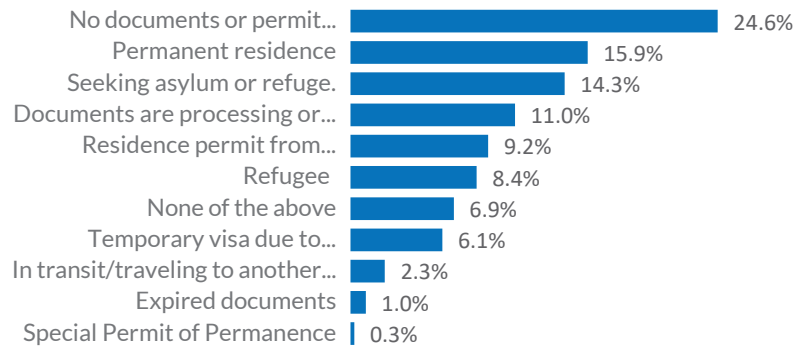
Concerning regular status, it is noted in graph 9, that, of the total of **people interviewed**, 53.8% **do not have documents or residency permits in the host country**; 20.5% have been recognized as **refugees** or have applied for refugee status, and 12.1% have a humanitarian visa, residence permit, or Andean Charter. It should be highlighted that, among the people interviewed, there are people in transit, internally displaced, commuters, and returnees.



Similarly, graph 10 shows the responses by **people surveyed** on the legal situation in the host country; the three most frequent responses are the following: **“does not have documents or stay permits in the country”**, at 24.6%; followed by **“has permanent residence”**, at 15.9%, and **“requesting asylum or refuge”**, at 14.3%.

**Graph 10. Which of the following statements best described your legal situation in the host country?**

People surveyed = 391



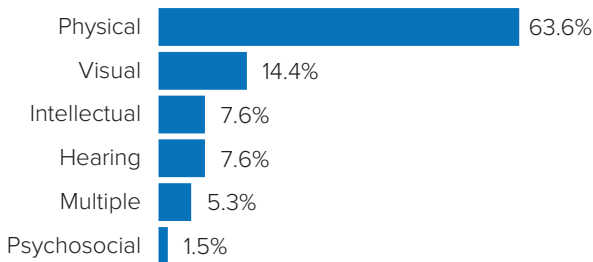
**e) Type of Disability**

Of the total of **people interviewed**, the most frequent type of disability is physical disability at 63.6%, followed by visual disability at 14.4%, and then, intellectual and hearing disability at 7.6%. (See graph 11).

In a similar way, the majority of **people surveyed** is included in two types of disability: 35.5% have visual disability, 32% have physical disability, and 10.7% are people with multiple disabilities. (See graph 12).

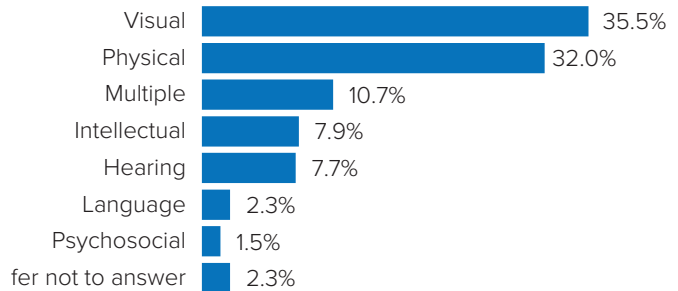
**Graph 11. Type of disability**

People interviewed = 132



**Graph 12. Type of disability**

People surveyed = 391



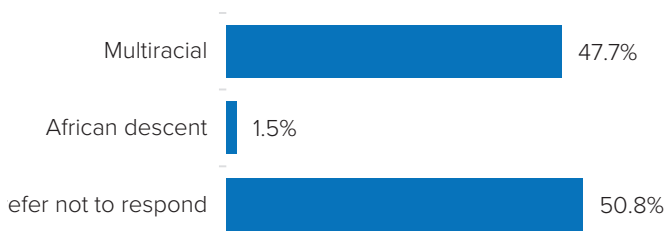
### f) Ethnic Group

Of the total of **people interviewed**, 47.7% consider themselves as multiracial, followed by Afro-descendants with 1.5%. More than half of the people interviewed decided not to answer this question (50.8%). (See graph 13).

Moreover, of the total of **people surveyed**, the majority identifies as multiracial, at 66.8%, followed by Afro-descendant, at 9.5%, and indigenous, at 6.6%. Evidently, 14.6% responded that they do not identify with any ethnic group. (See graph 14).

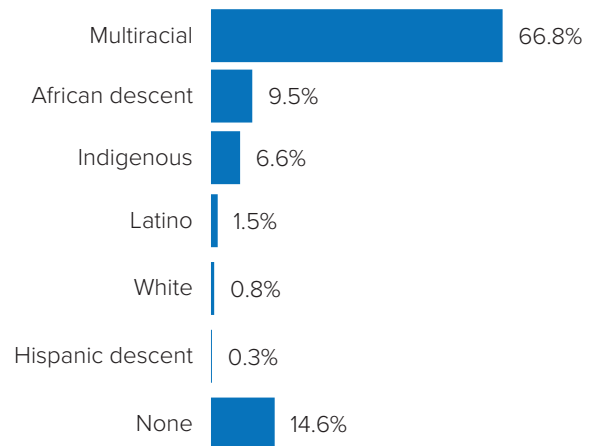
**Graph 13. Ethnic group**

People interviewed = 132



**Graph 14. Ethnic group**

People surveyed = 391



### g) Education Level

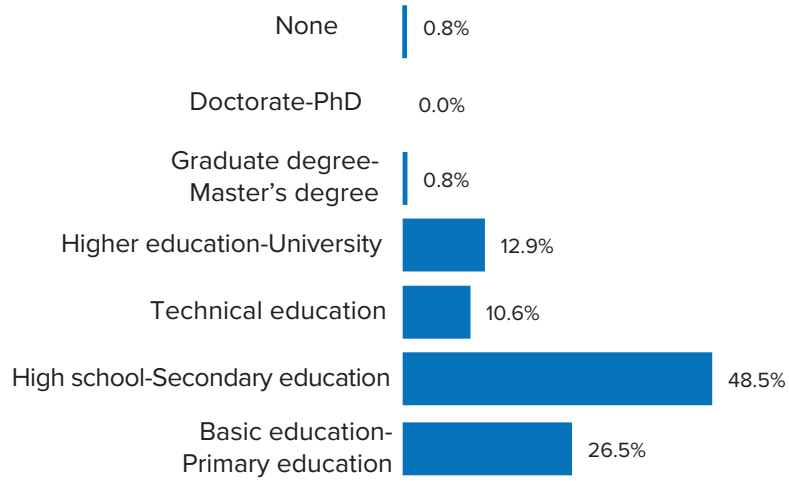
Of the total of **people interviewed**, the highest educational level reached was high school or secondary school, at 48.5%, followed by basic or primary school, at 26.5%. (See graph 15).

Similarly, of the total of **people surveyed**, the highest educational levels reached were high school at 31.5% and primary school at 22.3%.

The percentage of the **Technical and Higher** levels added together were 23.5% of the group of people interviewed and 30.4% of the group of people who answered the online survey.

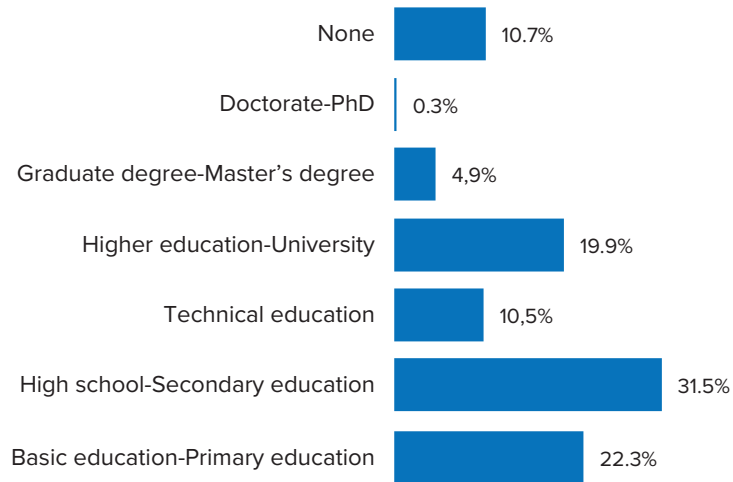
### Graph 15. Education level

People interviewed = 132



### Graph 16. Education level

People surveyed = 391





Teenager with a visual disability since the age of three. She fled Venezuela with her parents and siblings due to the lack of health care.  
© Andrew McConnell/UNHCR.

## 4. Presentation of Results

The presentation of results will be carried out in the following order and topics:

- 4.1 Refugees, Displaced Persons, and Migrants with Disabilities, Family Members and/or Support People
- 4.2 Humanitarian and Government Actors
- 4.3 COVID-19 Impact

### **4.1 Refugees, Displaced Persons, and Migrants with Disabilities, Family Members, and/or Support People**

The experience of refugees, displaced persons, and migrants with disabilities in each participating country constitutes the core of the report. Figure 3 represents the four stages that mark what we have called the “human mobility itinerary”, which are as follows:

- 1) the Motivation for Leaving the Country of Origin;
- 2) the Human Mobility Journey;
- 3) the Situation in the Host Country, and
- 4) the Expectations about the Future.

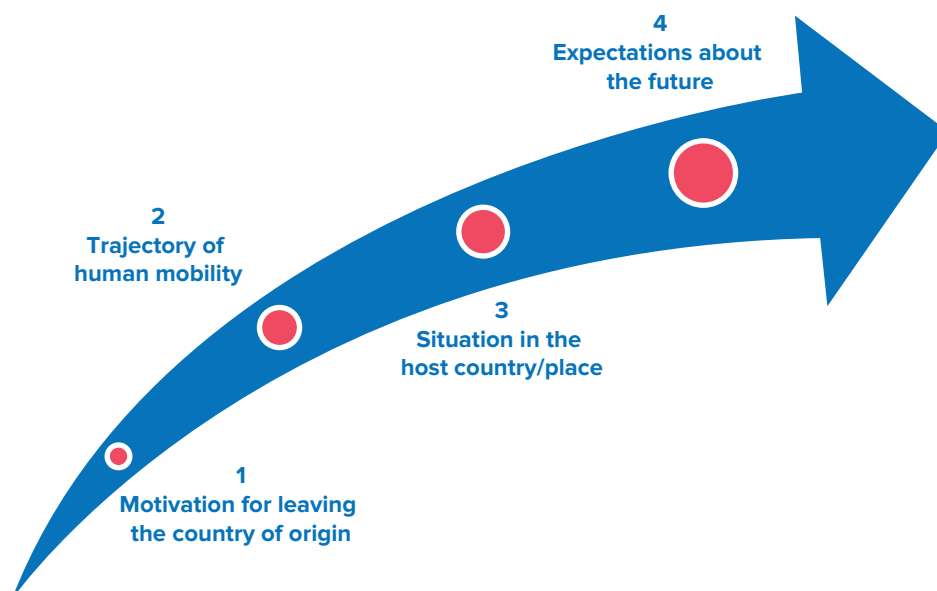


Figure 3: Stages of the human mobility itinerary



#### 4.1.1 Stage 1: Motivation for Leaving the Country of Origin

In the mobility experience of persons with disabilities, the first crucial stage is marked by the motivations that drive them to leave the country or place of origin. Figure 4 represents the interrelation of the main causes or motivations for leaving the country or place of origin mentioned by the people interviewed.

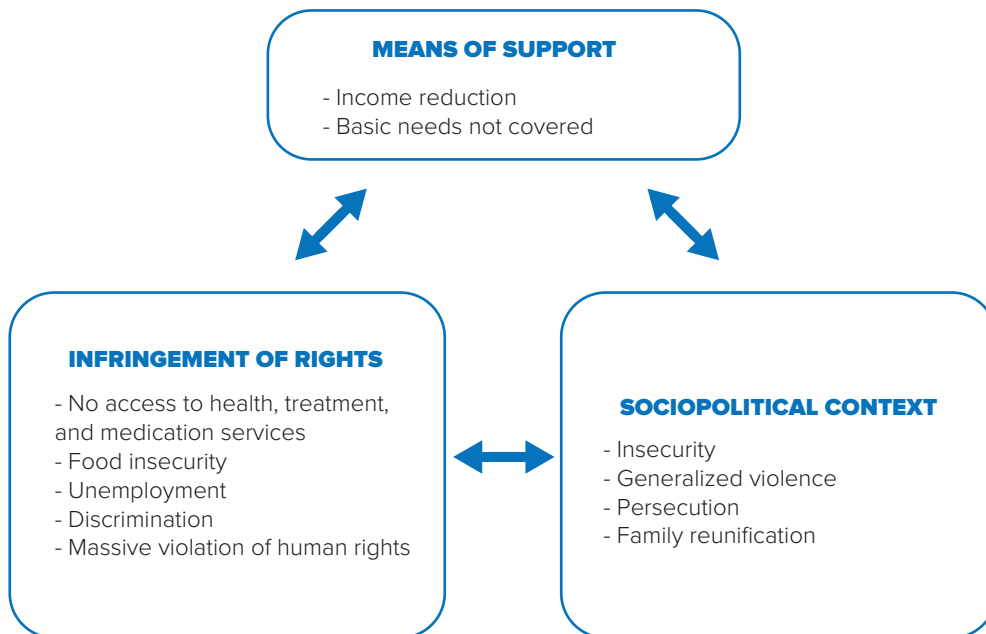


Figure 4: Interrelation of causes for leaving country/place of origin

As already mentioned in Regional Context (Chapter 2), at a regional level, there are two important mixed movements: the first from Venezuela to countries mainly in South America (Colombia, Ecuador, Peru, and Chile); and the second from Central American countries such as Guatemala, Honduras, and El Salvador to Mexico and the United States and from Nicaragua, mainly to Costa Rica. Next, the results of the analysis of information on the reasons for leaving the country or place of origin provided by the participants of these two mixed movements are presented; it should be noted that **around 80% of the informants are of Venezuelan nationality**. (See details in Section 3.3 Demographic Data, Paragraph a) Nationality).

##### a) Mixed movements from Venezuela

The main reason for leaving the country is the **complex humanitarian emergency** that Venezuela is currently experiencing. The economic, political, and social crisis has led to a situation of **precarious living conditions** that is evident in the shortage of food, medicine, unemployment, no access to health services, no basic services (water, electricity, and fuel gas), among others. This situation translates into the **violation of human rights** and, in the case of persons with disabilities, the violation

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of the rights enshrined in the United Nations International Convention on the Rights of Persons with Disabilities (CRPD).

*“Besides coming here because of the precarious economic situation, the other problem is poor diet: we lost up to 10 kilos of weight...I think that one of the strongest reasons that made me leave Venezuela was my son’s malnutrition. Truly, when he was born, things got very difficult in Venezuela.” (Interview with the mother of a Venezuelan disabled son in Colombia, 2020).*

In the case of **persons with disabilities**, the situation becomes doubly vulnerable, with the absence or limited access to specific health services, such as therapy and rehabilitation, a high cost of support devices, access to employment, loss of purchasing power, which does not allow them to subsist and support their families.

*“[T]he country’s situation was the main reason. The fact that persons with disabilities, access to the different needs that a person with a disability has, here, became quite complicated, and even the same conditions remain. That was the real reason. [O]bviously, the fact of going out to look for a better quality of life, obviously, no, it is not easy at all.” (Interview with a Venezuelan disabled person in Peru, 2020).*

*“[T]he economic issue in Venezuela was becoming more and more critical; also, health issues: my daughter was not receiving therapies like when she started, like when she was three months old. There were no longer psychiatrists, there was no one who could do the therapies as she deserves them; and, as for the economic issues, like everyone else, I couldn’t afford to pay for a consultation, to pay for treatments...” (Interview with the mother of a Venezuelan daughter with a disability in Colombia, 2020).*

The second strongly mentioned reason is the **insecurity of peoples’ integrity**; this is due to violence, persecution, conflicts, crime, and threats that endanger their lives and that of their families.

*“Because of the economic situation in the country, health issues, personal safety, my husband was campaigning and was threatened.” (Interview with a Venezuelan woman with a disability in Ecuador, 2020).*

The interviews with internally displaced persons in El Salvador and Nicaraguan refugees in Costa Rica produced testimonies of persecution experiences, with visible emotional impact on the entire family group due to the experiences suffered. Faced with this panorama of humanitarian crisis, persons with disabilities are forced to go out in search of **protection and security for their lives and those of their families**.

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Several of the people interviewed indicated that **family reunification** was another factor that influenced the decision to leave the country and, when choosing the country of destination, having a family link or contact with people that provide support in the country of destination.

*“I went to Peru because I already had relatives who had been there for a year.” (Interview with a Venezuelan person with a disability in Peru, 2020).*

*“[W]e chose Ecuador, at the suggestion of my cousins, who already lived here. They started a food business and have already been around for three years....” (Interview with a Venezuelan disabled person in Ecuador, 2020).*

In several cases, a spouse left the country of origin for the host country first, and after a time when the person managed to save the necessary resources, they brought the rest of the family to the host country to reunite.

*“Well, my husband came first, he worked for five months to save for the ticket and to buy the little things so that I could get here, at least sleeping mats, kitchen [items], the essentials... five months later, my husband sent for me while I finished the apostille for my birth certificate and that of my child because they asked for it here....” (Interview with a Venezuelan mother with a child with a disability in Colombia, 2020).*

## **b) Mixed movements from Central American countries**

Similarly, the situation of **poverty and unemployment** in their countries of origin (Guatemala, Honduras, El Salvador, and Nicaragua), aggravated by the COVID-19 pandemic and environmental disasters, is one of the reasons why people with and without disabilities decide to leave in search of better socioeconomic opportunities and embark on the route to the United States.

Another reason why people are forced to leave their countries is the high rate of **violence, persecution, and the proliferation of criminal groups**.<sup>15</sup> Since they are subjected to death threats, extortion, forced recruitment, intimidation, and persecution by gangs, people from these northern Central American countries are forced to flee; first, by displacing internally, and second, due to the risk of being found, they decide to cross the border of their countries and seek international protection.

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15 For more information, read: Children on the Run: <https://www.refworld.org/docid/532180c24.html>  
Arrancados de raíz: <https://www.acnur.org/fileadmin/Documentos/Publicaciones/2014/9828.pdf>  
Women on the run: <https://www.unhcr.org/publications/operations/5630f24c6/women-run.html>  
Víctimas Invisibles. Migrantes en movimiento en México: <https://www.acnur.org/fileadmin/Documentos/archivo/7756.pdf?view=1>

Since 2018, there have been several massive caravans of refugees, displaced persons and migrants, mainly from Honduras, El Salvador and Guatemala.

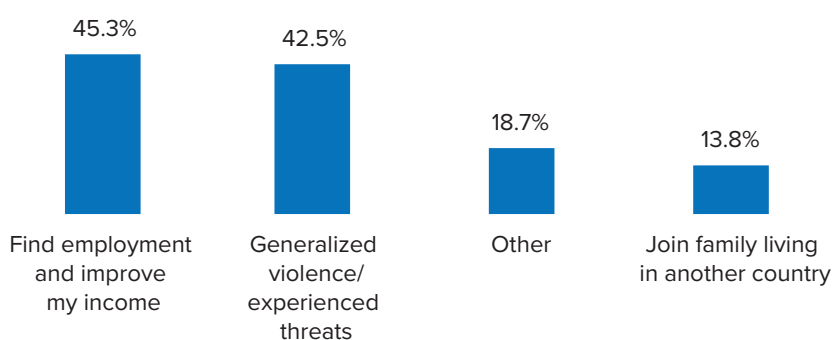
*“[O]n October 8th, members of the gangs attacked my children’s family, and killed...my children’s grandfather and, consequently, when they went in pursuit of my children’s grandfather, my oldest child saw how they were following him, and one of the gang members caught a glimpse of him, approached him with a weapon, threatened him, and told him that if he commented on what he had seen, they would kill him...” (Interview with a Salvadoran person with a disability in Mexico, 2020).*

**Online survey:** The results of the regional survey reinforce and confirm the aforementioned. As can be seen in graph 17, 45.3% of the people surveyed indicated that a motivation was **“to look for a job and improve my income”**, which is related to means of sustenance and meeting basic needs.

The second cause is linked to violence with 42.5% stating **“due to the generalized violence that is experienced in my country”** and **“because I received threats and my life was in danger”**.

**Graph 17. Reasons for leaving the country of origin**

(\*) People surveyed = 391

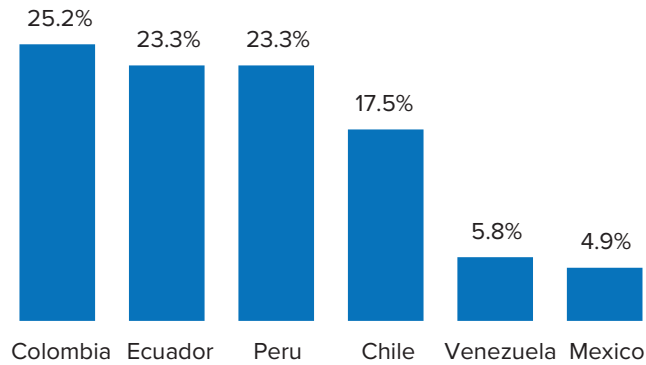


(\*) Multiple-choice answer data. The sum of partial percentages may exceed 100%.

Most of the people interviewed of Venezuelan origin are currently in Colombia (25.2%); Ecuador (23.3%); and Peru (23.3%). (See graph 18)

### Graph 18. Current country of residence

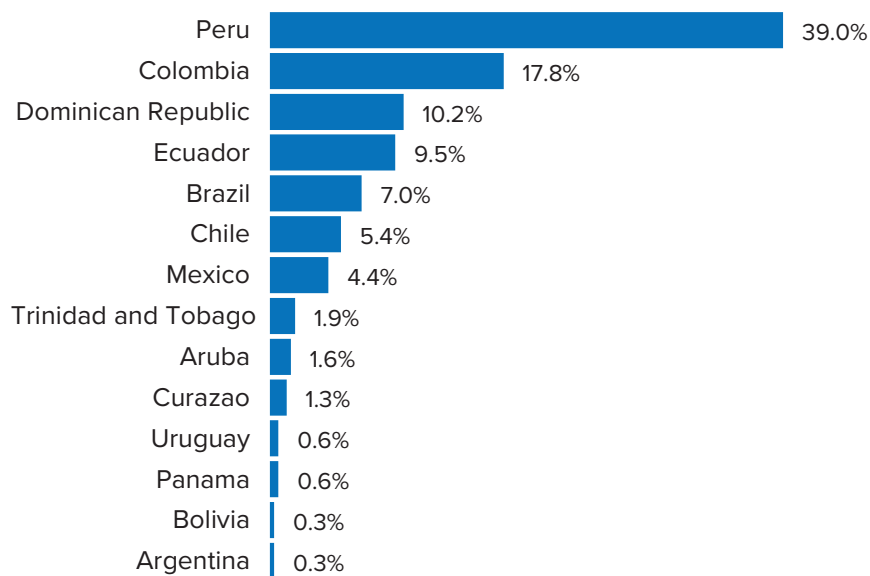
Venezuelan interviewees = 103



Similarly, the online survey shows that the informants of Venezuelan nationality are mainly in Peru, at 39%; Colombia, at 17.8%; Dominican Republic, at 10.2%; and Ecuador, at 9.5%. (See graph 19)

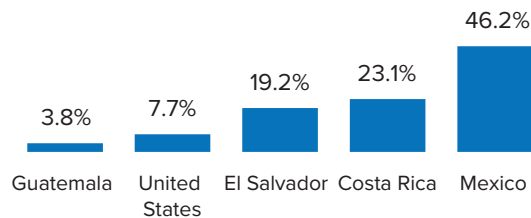
### Graph 19. Current country of residence

Online survey - Venezuelans = 315



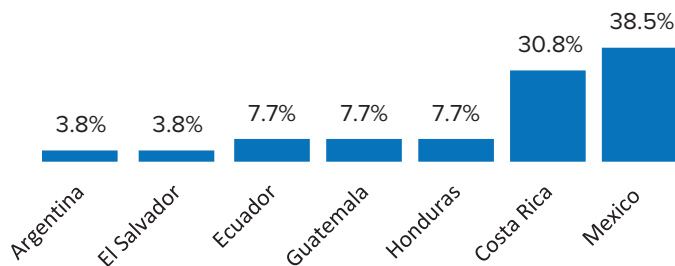
### Graph 20. Current country of residence

Central American interviewees and others = 26



### Graph 21. Current country of residence

Online survey - Central Americans and others = 26



Furthermore, the **people interviewed** from **Central American countries** and those who responded to the **online survey** are, mainly, in Mexico and Costa Rica, as can be seen in Figures 20 and 21.

In the two mixed movements, the main reason for choosing the different destination countries was **because they have family and friends who were in these countries.**

*“To Peru because some acquaintances gave us aid and support at the beginning of our stay. Because of that, we came with a small budget”.  
(Interview with a Venezuelan man with a physical disability in Peru, 2020).*

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## Preparation for departure from the country or place of origin

The beginning of the human mobility process was delimited by factors such as economic capacity, the presence of peers, family members, or acquaintances in a place where to move.

From the interviews carried out, different experiences were identified. Some mention that they had little or no preparation before leaving their country of origin. In other cases, the decision to leave the country was sudden for various reasons, mainly due to life-endangering threats and persecution. In this situation, people do not have documents or do not comply with the requirements imposed in some countries (criminal record letter, passport, visa, etc.) and are forced to cross borders irregularly.

*“There was no preparation, I had to sneak out to save my life, I traveled with layovers from Maracaibo and followed a trail across the border.”  
(Interview with a Venezuelan man with a disability in Ecuador, 2020).*

While others mentioned that they did prepare to embark on the journey to the destination country, which included thinking about how to finance the trip, including purchasing tickets, passport costs, etc. Some reported saving money, while others sold personal belongings or property, and others turned to loans.

*“[W]ith money that they lent me, and selling some things that I had...”  
(Interview with a Venezuelan disabled person in Ecuador, 2020).*

*“I saved for several months...I had to sell things.”  
(Interview with a Venezuelan mother of a child with a disability in Peru, 2020).*

Most of the persons with disabilities surveyed (77.2%) indicated that they did not receive any type of support to leave the country, only 18.9% mention that they received financial support from their friends and family members.

### Impact on families due to the effects of human mobility:

Families with of persons with disabilities on the move are impacted in various dimensions and at different intensity; three aspects were identified:

**First**, the family **is intensely affected and fragmented** by the need that forces them to leave their country of origin. The family, as the first scenario of socialization and the construction of affective network or ties, faces a profound rupture, fragmentation, or atomization with human mobility.

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*“Truly, as all Venezuelans who leave Venezuela say: to seek a better future...It was almost impossible to live there, my whole family was abroad, I was literally alone in Venezuela. My family is scattered, they are in Ecuador, Chile, Peru, the United States and Colombia.” (Interview with a Venezuelan woman with a disability in Colombia, 2020).*

**Second, women end up being responsible for taking care of people with disabilities in the family.** It is common to find mothers who make the journey or trip to the country of destination alone with their children with disabilities and without the support of their partners. In some cases, this seems to correspond to a strategy of transit to another country: a partner mobilizes first (something like a reconnaissance trip) to explore their new place of settlement in the destination country and thus guarantee the minimum living conditions for the rest of the family that has not yet left; meanwhile, the other partner (generally female) takes care of their children in their country of origin, and then embarks on the journey alone with the children, including the child with a disability.

*“Well, my husband came first, he worked for five months to save for the ticket and to buy the little things so that I could get here, at least sleeping mats, kitchen items, the essentials... five months later, my husband sent for me while I finished the apostille for my birth certificate and that of my child because they asked for it here...”. (Interview with a Venezuelan mother with a child with a disability in Colombia, 2020).*

**Third,** the search for protection, safety and solutions to their basic needs forces persons with disabilities and/or their family members to leave everything behind and seek in the host country the possibility of helping the family that remains in the country of origin; that is, **revenue generation in the host country to help their families in the country of origin.**

The impact on Central American families is similar—and perhaps much greater—since women have been observed to be alone with their children and several children and adolescents have been observed to be unaccompanied in the movements of refugees, displaced persons, and migrants, which reflects the fragmentation of families in the midst of the risks they face on their journey.





Survivor of gender-based violence that occurred when she was 14 years old, in Venezuela. She survived, but suffered trauma to her spine that caused her to lose movement of her limbs. She has been in a wheelchair ever since.

© Jaime Villacís/UNHCR.

#### 4.1.2 Stage 2: The Journey

Making the decision to leave the country or place of origin is just the beginning of an experience that changes lives and exposes refugees, displaced persons, and migrants to several situations of **risk and vulnerability**. Persons with disability experience this situation of vulnerability in a much deeper way due to environmental barriers.

The results of the analysis of information show three types of risks related to: i) insecurity and violence; ii) discrimination; and iii) inaccessibility.



Figure 5 Risks and vulnerability during the journey of refugees, displaced persons, migrants with disabilities, and their family members

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## ***j) Risks Related to Insecurity and Violence***

Among the **main barriers** that persons with disability face, contexts of **insecurity and violence on the road** have been observed, in addition to the constant risk of being victims of abuse and extortion from organized crime groups or even from some authorities.

People on the move enter host countries through a formal transit route or through irregular border crossings or blind spots. People who have been forced to follow the second option are those who do not have the necessary documents to enter, such as a passport. Besides, the political decisions of governments to close their borders and/or require a visa to enter the country forces people on the move to cross borders unlawfully.

*“...I crossed [the border] on a trail with my one-year-old girl with a disability and my two-month-old baby...” (Interview with a Venezuelan mother of a child with a disability in Ecuador, 2020).*

In the Central American region, transit is usually easier due to the Central American Free Mobility Agreement (CA-4) that allows the border crossing between Guatemala, Honduras, El Salvador and Nicaragua, without the need of an official document. However, in Guatemala, there have been arbitrary arrests or deportations—particularly of young Hondurans and Salvadorans—because this agreement establishes that minors have to cross the border accompanied by a family member or guardian.

It is important to mention a very particular phenomenon of the Central American region: the **“Migrant Caravans”**. These caravans have been at the forefront of human mobility in the last three years. In regards to this subject, informants with disabilities mentioned that when traveling in these caravans of refugees, displaced persons, and migrants, it is easier to leave the country of origin since they do so with the company of other people. It is, to some extent, a protection mechanism because the traveling companions are attentive to their needs and offer them support during the journey.

Some of the more common risks and threats that most of the interviewed people faced are:

- Risk to their physical integrity at the irregular border crossings.
- Threats and extortion from “agencies” or “coyotes” (smugglers of migrants) who were paid to help them cross the border.
- Theft of money, belongings, and documents, as well as assault on the street.
- Gender-based violence on the road and in places of accommodation and shelters.

*“[S]omeone told me: ‘my sexual fantasy is being with a blind woman, so you could earn 500 thousand pesos very quickly’; he kept on insisting until someone helped me at the station; that person [who helped me] had a business there at the station.... There’s a negative view of Venezuelan women: they are all prostitutes. This can happen to a lot of women with a disability, but we are not going around and telling everybody about it.” (Interview with a Venezuelan woman with visual impairment in Colombia, 2020).*

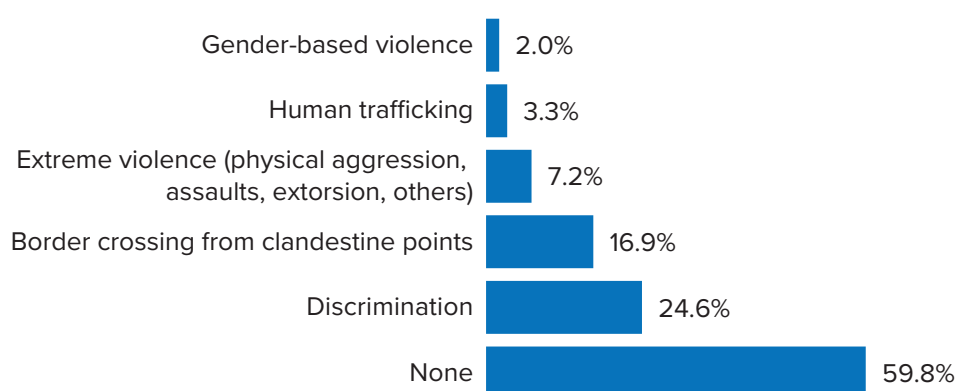
In the face of this situation of insecurity and violence, most of the people interviewed in the participating countries said that **they did not know what steps to follow to make a complaint** and, although they could have gone to the local police for basic information, they did not in order to remain anonymous as a protective measure.

Therefore, the multiple exposures to danger, the direct experience of victimization, and the **absence of a care plan** from authorities of the different transit and destination countries makes the displacement process of a person with disability an experience of vulnerability and a permanent infringement of human dignity.

The results of the **online regional survey** show that 59.8% of informants have not experienced any situation of risk and/or vulnerability in the trajectory of human mobility, whereas the remaining 40.2% claim to have experienced situations of risk, such as the ones described in **graph 22**. However, and as explained in the previous paragraphs and corroborated in the interviews and focus groups, when expanding on the analysis, we can observe the situations of risks and threats that are often normalized.

### **Graph 22. On your journey, did you and/or your family face any of the following types of threats or risk situations?**

(\*) People surveyed = 391



(\*) Multiple-choice answer data. The sum of partial percentages may exceed 100%.

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## **ii) Risks Related to Discrimination**

Along the way through the cities of the countries participating in the study and at the border crossings, persons with disabilities and their families identified situations of discrimination, first because of their **nationality** and, second, because of their **disability**.

*“[I]n Ocaña they pity people with disabilities. They don’t like Venezuelans. Since my accent is similar to the Colombian accent, they sometimes think I’m Colombian. My accent has helped me avoid being discriminated against for being Venezuelan.” (Interview with a Venezuelan woman with visual impairment in Colombia, 2020).*

*“I feel they have disrespected me.... They find it easier to speak with my [hearing] partner. I’d like them to talk to me, they’ve neglected me...during my baby’s appointments. I tell them to help me with communication, but they ask me to speak faster or to let my husband do the speaking. That hurts me a lot.... I’ve missed that.” (Interview with a Venezuelan woman with auditory impairment in Chile, 2020).*

These attitudinal barriers, far from allowing a satisfactory transit to the places of destination, turn the process of human mobility into an experience marked by rejection, which causes greater difficulties during transit. In Mexico and northern Central America, situations of multiple and intersectional discrimination (xenophobia) are identified, together with several forms of abuse or intimidation, particularly in hospitals, by immigration authorities and even by residents of transit and/or host communities.

*“We couldn’t find any place to rent because we were Venezuelans.” (Focus group with people with disabilities and family members in Peru, 2020).*

The UNHCR is working on a proposal in Colombia to promote acts of solidarity between Venezuelans and Colombians, the **“Somos Panas Colombia”** (“We Are Friends, Colombia”) campaign, which seeks to reduce the acts of intolerance and xenophobia against refugees, displaced persons, and migrants. State institutions, the business sector, the civil society and government authorities participate in this campaign, as well as public and private media. At a regional level, the #OneStepCloser anti-xenophobia campaign, empowered by Plataforma R4V, offers an inclusive and empathetic look towards refugees and migrants. It is an initiative focused on a call to action to inspire solidarity towards refugees and migrants in Latin America and the Caribbean and to advocate for their inclusion. “Because despite coming from distant places, there is more that unites us than what separates us.”<sup>16</sup>

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<sup>16</sup> <https://onestepcloser.org/>

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### **iii) Risks Related to Inaccessibility**

Inaccessibility is found in several areas, such as: the means of **transport** used in mobilization, **environments** during the trip, **physical facilities** of humanitarian and government organizations, and **access to information**.

**Regarding land transport**, the informants who used this means in the different participating countries agree on the fact that the buses or vehicles used did not meet the accessibility standards for persons with disabilities, which resulted in physical discomfort and hindered autonomy and self-care actions, such as when using toilets on buses or at stops. On the other hand, in cities of Mexico and northern Central America, there is also inaccessibility of transport in remote areas, which forces people to travel by private transport—like taxi—to humanitarian or state organizations, which is costly and limits their mobility.

*“One time I asked to be seated on a particular seat on the bus, I asked them to bear in mind that I cannot hear, but they did not listen to me and put me in the back, like we were all the same.” (Interview with a Venezuelan woman with auditory impairment in Colombia, 2020).*

*“During the seven-day trip, I couldn’t access sanitary services like everyone else because I needed movement assistance at stops... outside the bus, I needed the wheelchair that was placed in the luggage compartment.” (Interview with a Venezuelan woman with physical disability in Peru, 2020).*

**Regarding the places of accommodation and shelters**, the people interviewed stated that there were stopovers due to the long distances traveled in most cases, so it was necessary to look for places of accommodation and/or shelters to spend the night in certain cities or at the border crossings, especially in Colombia, Ecuador and Peru. But, unfortunately, the physical facilities of these places **were not accessible for persons with disabilities** and this caused discomfort and dissatisfaction. A similar situation was reported in the shelters of the Guatemala-Mexico border, despite the efforts made by the humanitarian organizations, like the UNHCR, and associate organizations to meet the accessibility needs.

On the other hand, most of the interviewed organizations admitted that **their offices and spaces for assistance are not physically accessible** for persons with disabilities. They make big efforts to provide inclusive services, but the physical infrastructure does not allow them to do so.

*“In the last information gathering [session], we realized that there are few shelters accessible for persons with disabilities, most of them cannot be adapted of the infrastructure; in some cases, the shelters are too small or there is not enough room to make physical disability accommodations; it’s a huge challenge that requires many economic resources.” (Interview with a humanitarian organization representative in Ecuador, 2020).*

**Regarding access to information**, at least half of the people on the move with disabilities and their families mentioned that, during their journey, **they did not receive information about their rights and the services available in accessible formats in the different countries of transit and destination.**

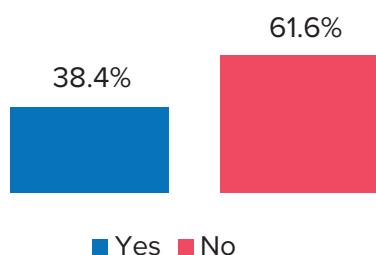
*“There wasn’t any information on Braille, only printed flyers about the bus line and migration.” (Interview with a Venezuelan person with visual impairment in Peru, 2020).*

On the other hand, the organizations interviewed claim that, before the COVID-19 pandemic, **they implemented several mechanisms to provide information** directly to persons with disabilities on the move, such as: information groups, talks, talking maps, and focus groups.

*“Talking maps were built to publicize technically supported RHU under the temporary housing project of UNICEF and ADRA. This required information was provided to everyone.” (Interview with a humanitarian organization representative in Ecuador, 2020).*

**Graph 23. On your journey, did you have access to information on your rights and services in each country that you passed through?**

People surveyed = 391

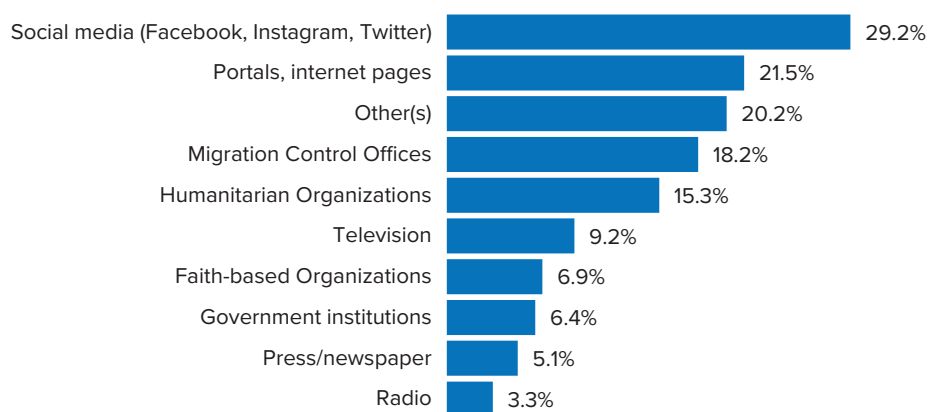


The results of the **online regional survey** reinforce the aforementioned, as can be seen in Graph 23; 61.6% indicated that they did not have access to information on their rights and services in transit countries.

The remaining 38.4% of people interviewed stated that they did have access to information from different sources. As it can be observed in **graph 24**, the first sources of information are **social media** (29.2%), followed by **online portals and webpages** (21.5%). Persons with disabilities in a situation of human mobility also found information in **immigration control offices** (18.2%) and **humanitarian organizations** (15.3%).

**Graph 24. Where did you find the information you needed during your journey?**

(\*) People surveyed = 391



(\*) Multiple-choice answer data. The sum of partial percentages may exceed 100%.

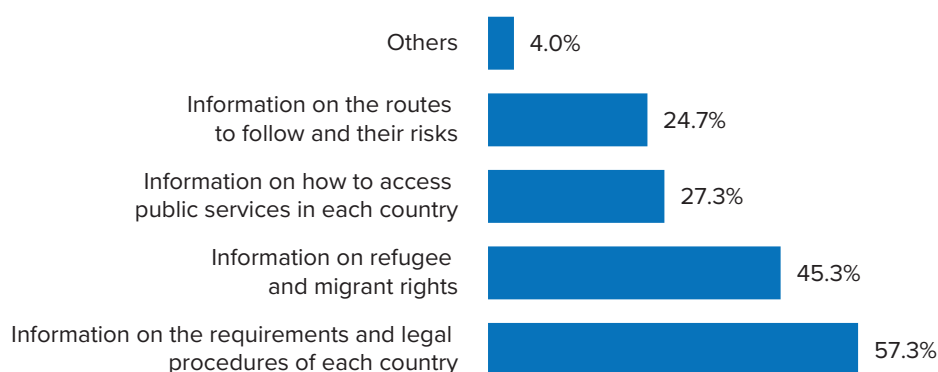
**Humanitarian and government organizations** provide information on different aspects including but not limited to: legalization procedures; rights as refugees, displaced persons, and migrants; the humanitarian assistance they can provide, emergency telephone numbers; and prevention issues.

*“[T]he teams deployed in territories provide key information on their rights, so that people can identify if they are victims of any type of crime.”  
(Interview with a humanitarian organization in Ecuador, 2020).*

**Graph 25** summarizes several types of public information to which the surveyed refugees, displaced persons, and migrants had access, and highlights the following two items: “information on the requirements and legal procedures of each country”, with 57.3%, and “information on your rights as a refugee and migrant”, with 45.3%.

## Graph 25. Public information to which you had access

(\*) People surveyed who answered = 150



(\*) Multiple-choice answer data. The sum of partial percentages may exceed 100%.

**Regarding the information formats**, the most used are printed formats, videos with sign language and subtitles, and some Braille printing. There is little information in formats accessible for persons with **intellectual disabilities**, such as **easy-to-read formats**<sup>17</sup> or **pictograms**<sup>18</sup>.

Several **humanitarian organizations**<sup>19</sup> have initiatives of elaborating material in different formats for people with different types of disabilities. However, this is a **challenge for all humanitarian and government organizations** due to the diversity of needs that must be considered for accessible information formats for persons with disabilities.

*“Some information materials have been made in accessible formats, for example, videos on education, exploitation and sexual abuse, with sign language and subtitles.” (Interview with a humanitarian organization representative in Ecuador, 2020).*

17 Easy-to-read means information provided in an accessible and understandable format. It is often useful for people with learning disabilities and it can also be beneficial for those with other conditions that affect the way they process information. [Lectura fácil: Pautas para un contenido de formato accesible \(tododisca.com\)](https://www.tododisca.com/) (available in Spanish)

18 [Pictogramas para la Discapacidad intelectual - Puntodis](#) (available in Spanish)

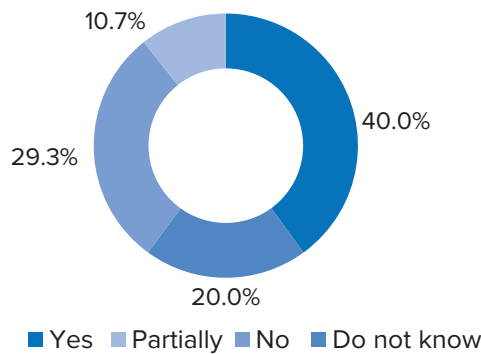
19 Humanitarian organizations, such as UNHCR, RIADIS, CBM, Humanity & Inclusion, Red Cross, among other.



The results of the online regional survey confirm once again the absence of information in **accessible formats**<sup>20</sup>, as shown in Graph 26: only 40% of the people surveyed state that the information was completed in accessible formats, 20% claim it was partially offered in accessible formats, and 29.3% say it was not accessible. This confirms the need to strengthen and work on this important aspect of accessibility.

**Graph 26. Was the information in formats accessible to people with disabilities?**

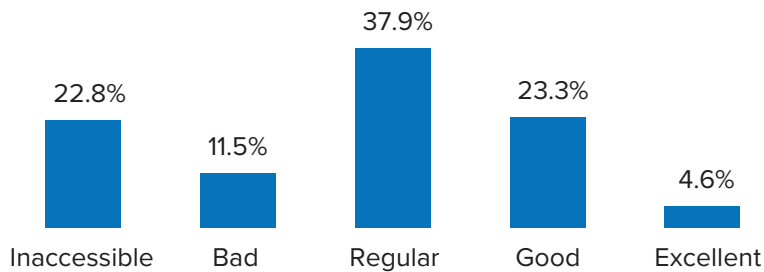
People surveyed who answered = 150



**Internet access/connectivity** becomes an extremely important resource for information access and communication; however, as observed in **graph 27**, most of the people (37.9%) who responded to the online survey rated this service as average, and 34.3% as poor and inaccessible. Only 27.9% of had a positive opinion, stating it was good or excellent.

**Graph 27. Internet access/connectivity during your journey has been...**

People surveyed = 391

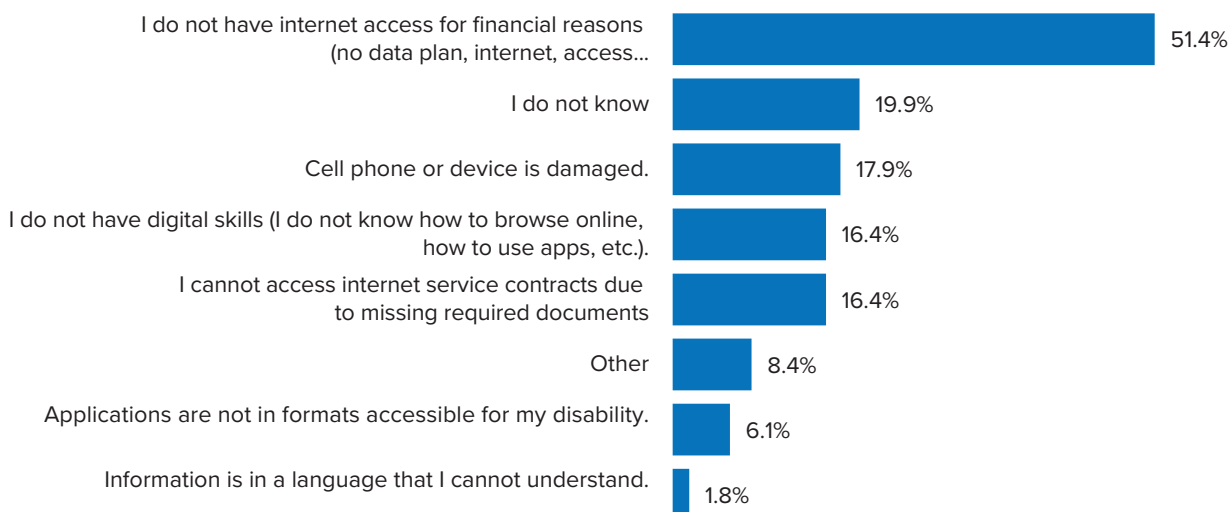


<sup>20</sup> Accessible formats for persons with disabilities: videos with sign language, subtitles, and audio; booklets and texts in Braille system; easily-read booklets or texts, pictograms, among others.

In addition, some **barriers to access to digital or online information** have been identified through the online survey, as observed in **graph 28**; the main barrier is the inability to afford the service (51.4%), followed by not having a mobile device (17.9%).

**Graph 28. Barriers to access of online digital information**

(\*) People surveyed = 391



(\*) Multiple-choice answer data. The sum of partial percentages may exceed 100%.

It is worth highlighting the following two barriers: shortage of skills to manage and use applications (16.4%) and absence of documents (and regularization in host countries) that does not allow them to obtain internet service (16.4%).

**Humanitarian Assistance.** Most people on the move who were interviewed stated that during transit they walked long distances, and experiences were divided between those who said that they **did not receive humanitarian assistance during their journey** and those who **did receive it**, mainly at borders between transit and destination countries towards the south of Venezuela such as Colombia, Ecuador, Peru, and Chile; and in Central America, the border between Guatemala and Mexico. People with disabilities on the move mentioned receiving the following items of humanitarian assistance:

- Food kit, cards to buy food for 6 months;
- Medical attention, medicines, vaccinations for children;
- Temporary shelter;

- Cleaning products kit;
- Cash assistance (monetary transfer);
- Humanitarian transport.

*“I received support to complete my journey to Peru because I had no money left to pay the rest of the journey due to extortion.” (Interview with a Venezuelan woman with a physical disability in Peru, 2020).*

*“...In Colombia, they gave me cookies, juice, water. They took us to a shelter and later they brought us here to Ecuador.” (Interview with a Venezuelan woman with disabilities in Ecuador, 2020).*

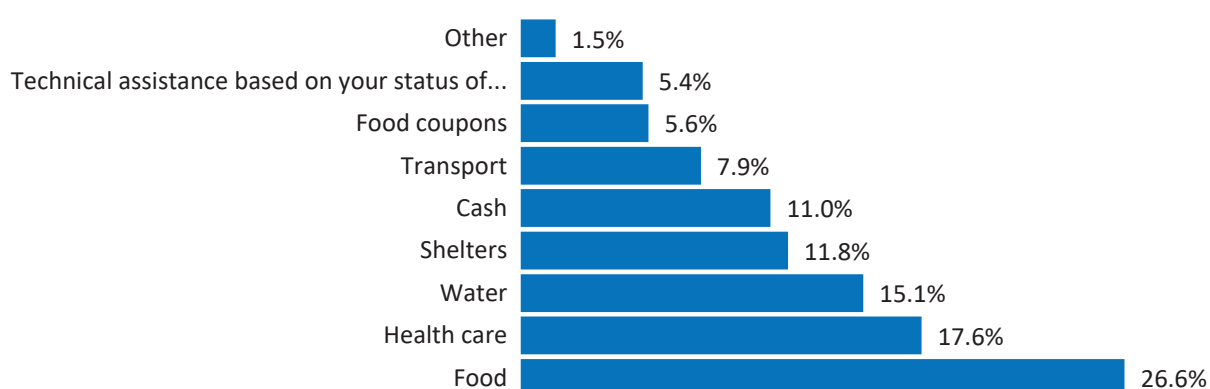
**Online regional survey:** Out of the 391 people interviewed, 65.7% mentioned they **did not receive humanitarian assistance** for different reasons, among which the following stand out:

- Because they did not know about it,
- Because they did not ask for it and because they crossed the border in an irregular manner,
- Because they requested assistance, but did not receive it.

The other 34.3% stated that they received humanitarian assistance. **Graph 29** shows the different types of humanitarian assistance, and it is clearly seen that **food, medical assistance, water, and shelter are the most requested.**

**Graph 29. Types of humanitarian assistance received**

(\*) People surveyed = 391



(\*) Multiple-choice answer data. The sum of partial percentages may exceed 100%.

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On the other side, different **humanitarian organizations**, especially United Nations agencies such as UNHCR, IOM, UNICEF, FAO, their partner organizations, international and national NGOs, churches, and different governmental institutions in the various participating transit and destination countries, provide different services to persons with disabilities on the move, according to their **institutional mission** and **action area**, and based on their organizational capabilities and available resources. Some of the most common services that the different interviewed humanitarian organizations and governmental institutions mentioned are the following:

- Immediate **humanitarian assistance**, such as food, medical attention and medication, child-friendly spaces for children and teenagers, and shelters accessible to all.  
**Protection services**, aimed at children, teenagers and women who survived gender-based violence and victims of human trafficking, among others.
- **Social work services**, which help and guide the creation of a specific report on the family situation of a person on the move.
- **Psycho-social support** for all vulnerable people.
- **Economic assistance** via money transfers.

In Central America, along the journey of irregular refugee, displaced and migrant persons through Guatemala and specially Mexico, there are **shelters** that specialize in assisting women, unaccompanied children and teenagers and LGBTIQ+ people. There are also **social centers or organizations** whose main mission is to offer humanitarian assistance to this population sector, offering different services, such as legal guidance to regularize their stay in the host country or to apply for refugee status, but they recognize that they do not have the resources nor the training to provide adequate assistance to people with disabilities.

## Specific Needs

All interviewed people with disabilities and support people agreed that **their specific needs as persons with disabilities were not considered**. They mention that humanitarian assistance is general for all.

On the other hand, humanitarian and governmental organizations agree and share that they do not have a specific program for persons with disabilities on the move. **Disability is a multidisciplinary issue** and the objective is that persons with disabilities receive attention through existing programs and/or lines of action of each organization.

Some of the interviewed organizations manifest that they do consider in their services the specific needs of persons with disabilities on the move; however, if the needs go beyond their action area, they decide on a case-by-case basis to **refer them to another institution** or institutions, usually governmental, responsible

for providing the specific support required. These situations show that many of the available services—from Governments or humanitarian actors—do not have specific tools on mental health, at times they limit themselves to offering emotional support, prioritizing the basic needs of shelter, hygiene, and food.

### Perception of the Help Received

Graph 30 shows the perceptions of people who completed the online survey asking if the humanitarian assistance they received met the specific needs of the person with disabilities and if these interventions/services/help were appropriate and/or adapted to their disabilities.

#### Graph 30. Humanitarian assistance satisfaction perception

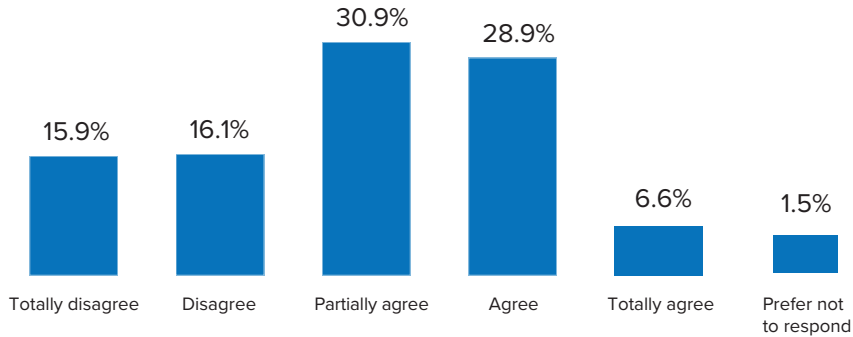
People surveyed who answered = 216

	Food	Health care and medicines	Accessible shelters	Accessible transport
Totally unsatisfied	3%	0%	0%	0%
Slightly satisfied	14%	13%	13%	12%
Partially satisfied	29%	33%	26%	31%
Satisfied	34%	35%	41%	46%
Totally satisfied	19%	19%	21%	12%

As shown in the graph, perceptions are divided, which indicates that there is a much do to meet the **specific needs** of persons with disabilities when delivering humanitarian assistance. In **graph 31**, 32% of the surveyed people state their disagreement, whereas 30.9% are in the middle, which reaffirms the need to work on this aspect.

### Graph 31. Were the services received appropriate and/or adapted to your disability?

People surveyed = 391



### Alternative means of Communication and Mobilization Arrangements

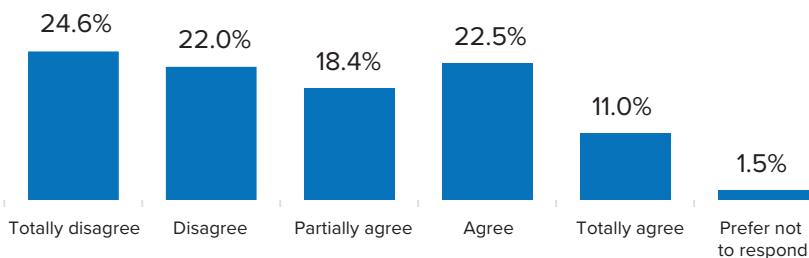
It is important to consider **alternative means of communication for persons with disabilities** depending on the type of disability. In the specific case of deaf people, many interviewed organizations in the various participating countries recognize that it is difficult to provide support with sign language because they are limited by not having interpreters.

At border points in Colombia, Ecuador and Peru, and border points between Guatemala and Mexico, a common barrier is that there is no permanent support of sign language interpreters, and, in addition, if they have this resource, it is necessary for the interpreter to know both the local sign language and the sign language from the refugee or migrant person's country of origin.

The results of the online survey in graph 32 show that 46.6% of respondents mention that they did not receive any communication option, which supports the need to work on this barrier.

### Graph 32. During the care received, were you provided with alternative means of communication? For example, a Sign Language interpreter or Braille system.

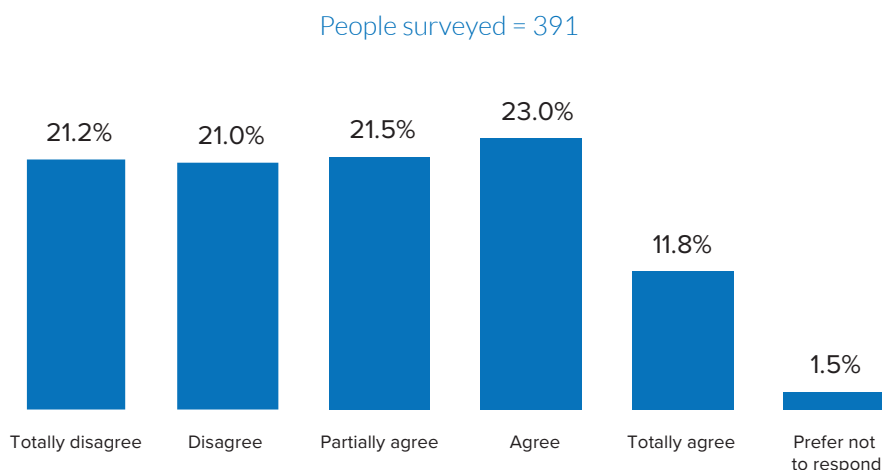
People surveyed = 391



As regards providing **mobility arrangements** in Colombia, Ecuador, and Peru, humanitarian corridors were opened, which facilitate the mobility of thousands of refugee, displaced and migrant persons with and without disabilities to move from border to border, making it easier to reach the destination country.

42.2% of people who completed the online survey had a negative perception of mobility arrangements provided to refugee, displaced and migrant persons with disabilities, as shown in graph 33; this means that there is room to improve in this key aspect.

**Graph 33. During the care received, were you provided with mobility facilitators?**

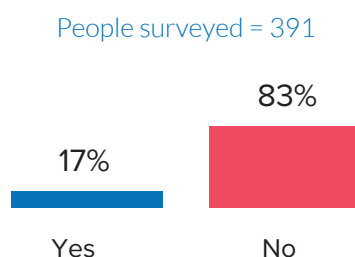


As regards **disability acquired on transit**, many cases were identified in the various countries participating in the study, but Mexico is still the country with the most reports of Central Americans acquiring a disability due to the diverse risks they face in their journey through Mexico, especially because of accidents in the train know as “*The Beast*.” According to testimonials, a pattern can be identified of one or several limbs being mutilated or spinal injuries when trying to get on or off the moving train, mainly when running away from migratory authorities or when being thrown out of the moving train by members of organized crime who have infiltrated the group. There are also accidents with overturned vehicles, which take furtive routes to avoid migratory checkpoints; these vans or trucks with cages transport large groups of people in poor and risky conditions, such as overcrowding.

*“[I]n Hidalgo State I suffered the accident, which happened because the train crashed, as I was told later, because there was no communication between the drivers, because they were drunk. And that was what happened, that is why the trains hit each other, there was no communication. It was at dawn, at around three or four in the morning. I don’t remember the exact date, but I do remember that it was in the month of June, towards the end of June, in 2004.” (Interview with a Honduran person with disability in Mexico, 2020).*

*“[T]hat during the year 2014, the number of derailments [of the Beast] increased; this situation meant a significant number of indigenous migrant people died and another significant number of Central American migrants, mainly from countries such as El Salvador, Guatemala, Belize, and Honduras, suffered mutilations and did not receive quality nor decent medical attention in migratory stations, this brought to light, for the first time, how vulnerable people with disabilities are...” (Considerations on indigenous people with disabilities and the phenomenon of human mobility. Annex CA5).*

### **Graph 34. Was your disability contracted during your displacement inside or outside your country?**



The online regional survey in graph 34 shows that 17% of informants became a person with a disability during their journey of human mobility.

Through the various testimonies of interviewed people, it was possible to identify the **effects on “mental health” and the psycho-social impact of the mobility experience**, and some anxiety disorders and post-traumatic stress became evident, which are due to an accumulation of negative experiences, such as violence, insecurity, and persecution suffered in their countries of origin, as well as the experiences faced in their transit journey<sup>21</sup> as victims or witnesses of violent acts.

21 Particularly in the case of Central American people who travel through Mexico to the United States of America.



As part of the findings of the study on civil society carried out by COAMEX in Mexico, it was identified that international bodies, such as the International Committee of the Red Cross (CICR) and Doctors Without Borders (MSF)<sup>22</sup>, provided specific services to refugee and migrant persons with disabilities in Mexico, focusing mainly on meeting the rehabilitation needs of people with physical disabilities, and to a lesser extent, on psycho-social attention. Proof of this is the assistance and rehabilitation program for amputee, seriously ill or sick migrant people run by the CICR delegation in the southern border of Mexico, which provides prosthesis and orthosis to mutilated people, as well as support during the recovery and rehabilitation process<sup>23</sup>. Whereas MSF provides therapeutic and psycho-social support to reduce the emotional impact and prevent the acquisition of serious development disorders.

22 As well as some centers or civil organizations that work with migrant people through the transit route through Mexico.

23 For more information, read: <https://www.icrc.org/es/document/informe-sobre-personas-migrantes-amputadas-gravemente-lesionadas-o-enfermas> (available in Spanish)



Venezuelan woman with a disability reads in a temporary shelter in a host country.

© Santiago Escobar-Jaramillo/UNHCR.

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### 4.1.3 Stage 3: Situation in the Host Country

Once the journey to the destination or host country is over, a new stage begins of adapting to the new environment, together with the challenge of creating and searching for opportunities there. However, the main barrier that persons with disabilities on the move face is difficulty to regularize their stay in the host country, mainly because most of them do not have the required documentation (passport, visa, others) nor the economic resources to begin the regularization process.

In Central America, some of the interviewed people confessed that it is very painful to face the authorities to present their cases in order to request refugee status because, to present their life stories during the interviews, and to repeat them over and over again during the process, as they are forced to re-live these traumatizing acts, which means re-victimization.

In addition to this difficulty, the insecure situation persists due to **unmet needs** and the **barriers** to access health services, education, work, housing, as well as attitudinal and cultural barriers, such **discrimination**, that violate their human rights and the rights of persons with disabilities. The health situation due to COVID-19 has worsened even more the living conditions of refugee, displaced and migrant persons with disabilities in the different countries of the Latin American region.

*“The first months were ugly too, we also had to sleep on cardboard on the floor; later, we had mattresses, beds, a TV, etc., with time.” (Interview with a Venezuelan man with a physical disability in Peru, 2020).*

### Access to Health Services

The **public health system** in the various countries that participated in the study is one of the most in-demand services and it has had to improve its services to attend to the refugee, displaced and migrant population. However, some barriers were identified, such as: discrimination, unmet urgent needs, bureaucratic processes to make an appointment for medical attention, difficulties to access specific or highly specialized medication, and insufficient economic resources to afford medication or medical attention.

A common barrier that has been identified in all the countries that participated in the study is the acquisition of the **disability card** that certifies a disability situation. This is a requirement that all countries require for refugee, displaced and migrant persons with disabilities to access the benefits stated in each national legislation. This barrier is related to the legal recognition of the disability in relation to the person's regular status (migratory status or determination of refugee status) in the host country.

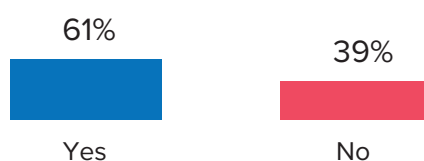
*“Health is difficult here, hard, tight, for persons with disabilities. They do not take them into account. I have seen abandoned Peruvians. And I have not seen any laws here that protects persons with disabilities.” (Focus group with persons with disabilities and family members in Peru, 2020).*

In contrast, many people interviewed in the different participating countries value the public health services where they have received care and medication. In Central America, although experiences related to accessing services were very diverse, informants reported that 2 out of 3 people have received health services or some kind of social security, which allows them to access treatment and medication. In Chile, interviewed people have a positive perception of health services, influenced by the arrangements provided by the Chilean State as regards the “provisional health Rol Único Tributario (RUT)” which works independently of their regular status. This makes it easier for people to access a process to exercise their rights and that provides the person certainty and a sense of protection, since they know their right is protected.

*“AUGE program gives you an interim RUT for health; that is the humanitarian part... After the interim RUT process, an ambulance cannot abandon a patient until he or she is admitted. You receive services no matter what. They arranged it fast because of the dialysis.” (Interview with a Venezuelan man with a visual disability in Chile, 2020).*

### **Graph 35. In case of illness, did/do you have access to public health services?**

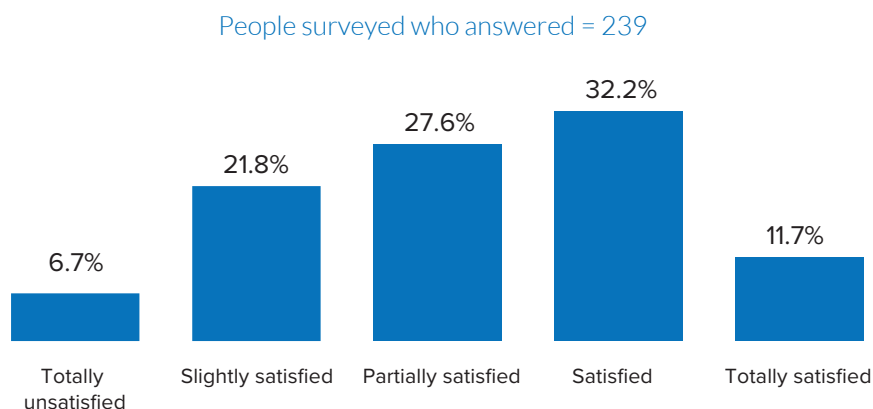
People surveyed = 391



The results of the online regional survey in graph 35 show that 61% of persons with disabilities had access to public **health services**, whereas the other 39% did not.

The perception of health services indicates a level of satisfaction of 43.9%, and the other 56.1% are between somewhat satisfied to completely dissatisfied (see graph 36). This confirms again the difficulties that persons with disabilities on the move experience when accessing health services in the host country.

**Graph 36. Were your special needs as a person with a disability considered during the health care received?**



## Access to Education Services

The interviewed people stated their satisfaction in the access to public education for children in a human mobility situation, but they also state that there are difficulties with the educational inclusion of **children with disabilities**, especially in the public system. For this reason, they have been forced to look for alternatives in the private sector, which is almost always impossible to afford, thus weakening the exercise of this right.

*“[T]he children are enrolled in school, services are ok, the only thing we need is help finding a job.” (Interview with a Venezuelan man with a physical disability in Ecuador, 2020)*

*“[T]he education service for children is good.” (Interview with a Venezuelan woman in Mexico, 2020).*

On the other hand, refugee children with disabilities face **double discrimination** at school because they are **migrant people** and because they have **a disability**. This places them in a double discrimination and vulnerability context, which hinders their full development.

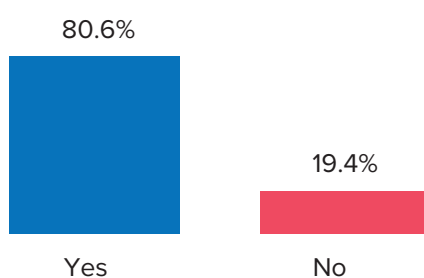
*“Discrimination against the girl at school. There were actions at school; kids affecting kids. Kids hear their parents talk ill of Venezuelans, and then they repeat it. Bad situation in the classroom.” (Interview with the mother of a child with autism, both Venezuelan, in Peru, 2020).*

In this sense, UNICEF is working at schools to prevent discrimination, xenophobia, and violence through the **Cultura de Paz** program.

The online survey results support the aforementioned information: 80.6% of the people interviewed assert that children and adolescents (NNA) with disabilities do have access to public education (see graph 37); and of these, 45.1% state that they are satisfied because the specific needs of NNA with disabilities are considered; however, the majority, 54.9% is either somewhat satisfied or dissatisfied with education services. (See graph 38)

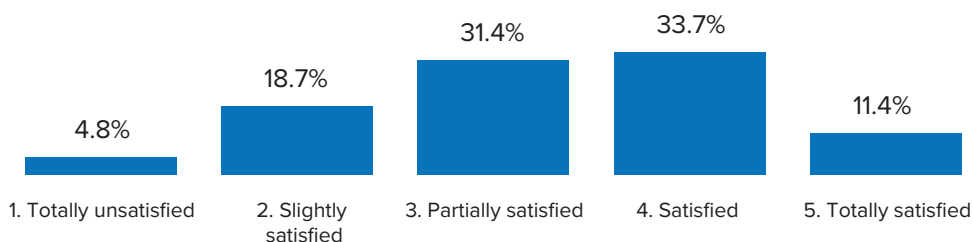
### Graph 37. Do boys, girls, and adolescents with disabilities have access to education services?

People surveyed = 391



### Graph 38. To what extent does the school, institution, or educational center consider the specific support needs of boys, girls, and adolescents who are refugees, migrants or who have disabilities?

People surveyed = 315



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This is aligned with the identification of certain barriers such as: discrimination based on nationality in schools, economic resources, and barriers to educational inclusion. In short, since it is a **non-inclusive public educational system**, family members need financial resources to facilitate insertion into the private system, but, given the working and economic conditions, this possibility seems very far.

### **Access to livelihood**

One of the main motivations for displacement by persons with disabilities in the participating countries is the expectation of obtaining employment that provides a means of subsistence, besides having the chance to send money to family members in the countries of origin.

In all the participating countries of the study, the persons with disabilities interviewed agree that there are **no job opportunities**, a situation that was aggravated by the COVID-19 pandemic. Despite the fact that several of the people interviewed have technical experience and professional skills, many of them have been forced to venture into primary or tertiary economic activities with low to medium incomes and, in many cases, without employment benefits due to their irregular status.

*“I have been looking for work, and I have not been able to find it. On the one hand, because of the pandemic. And, on the other, because of my disability. At the company, it’s like I am not given priority. So, yes, I am struggling. She [wife] stopped working because of her pregnancy; she has her a bachelor’s degree. Hopefully once she gives birth we will keep looking because there is no other choice. I am a civil engineer and have not had a job since last year, since this whole thing started.” (Interview with a Honduran man with a disability in Mexico, 2020).*

*“As for work, many people take advantage of those in need. At first, they pay you well, but, as more people came looking for work, they took advantage of that. As you have to pay for water, electricity, and rent, you have no choice but to accept it, and many people abuse it.” (Interview with a Venezuelan man with physical disabilities in Colombia, 2020).*

Access to employment has been very difficult to achieve; very few have formal employment or have started a business. Most people state that they carry out casual or temporary employment and street sales. In Central America, it was identified that, although the participants have some technical experience and/or skills at a professional level, it is recognized that 2 out of 3 people have been forced to conduct low-income primary economic activities without employment benefits. The income that they generate from these activities is enough to cover the expenses of rent and basic services, but it is not enough to cover other needs.

*“Now, I am selling things on the street, coffee...I sell just enough to eat, to survive, nothing more.” (Interview with a Venezuelan man with physical disabilities in Peru, 2020).*

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*“I sell flowers and clean cars; sometimes they pay me, sometimes they don’t.” (Interview with the mother of a Venezuelan child with a disability in Ecuador, 2020).*

Several people interviewed mentioned that they faced a certain level of resistance, **“stigma” or misconceptions regarding disability**, when they perceived it as a limitation or insufficient skills that would prevent them from performing adequately at work.

*“I went to the job they offered me, but they didn’t know that I had a disability. I brought my resume; I was there a minute and they did not let me get into the office and I called the advisor, and I was told that: ‘since you have a visual disability, they won’t consider you’. I told them that I could use a screen reader for the blind to work, and they told me that they weren’t looking for that kind of profile there. I got up early at 7 in the morning, but they told me it was not because I was late, but because of my disability. I felt that they were looking down on me... As soon as I arrived, I had to leave.” (Interview with a Venezuelan man with visual impairment in Colombia, 2020).*

In addition, those who support people with disabilities mention that their time to carry out productive activities is limited as they are responsible for assistance and/or care activities.

In contrast, there are also experiences of access to formal job that are reported in a positive way, highlighting, as a facilitator, the participation in job training programs provided by civil society organizations.

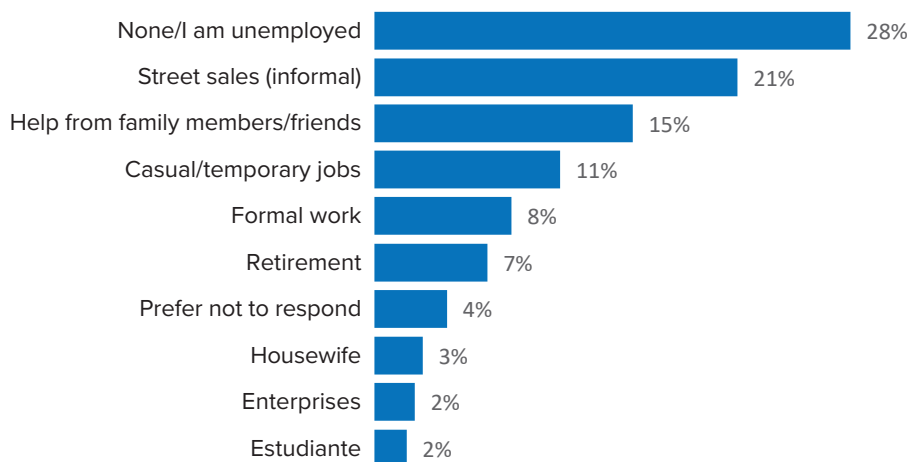
*“In Chile, I worked as a telephone collector... In fact, I received help from Ágora Chile. They helped me with Excel classes, orientation, and mobility to get around. And they helped me find a job.” (Interview with a Venezuelan woman with visual impairment in Chile, 2020).*

The results of the online survey reaffirm the aforementioned, that access to employment has been very difficult to achieve, as can be noted in graph 39. Most refugees, displaced persons and migrants with disabilities, family members, and/or support people are unemployed (28%), only 8% have a formal job; the rest carry out casual or temporary jobs, street sales, or have started an enterprise.

One outstanding aspect of the graph is that persons with disabilities depend on their family members and friends for sustenance (15%).

### Graph 39. Means of support for people with disabilities

People surveyed = 214



Additionally, barriers that block access to employment due to nationality or immigration status were also detected. For example, several people interviewed indicate that success in the job search is related to having a regular status and a disability certificate from the host country. Not having this documentation represents an obstacle to accessing employment.

*“There is no formal job because I still do not have the immigration card and also because it has expired, and I have not yet renewed the other one. What I sell is just to eat, to survive.” (Interview with a Venezuelan man with physical disabilities in Peru, 2020).*

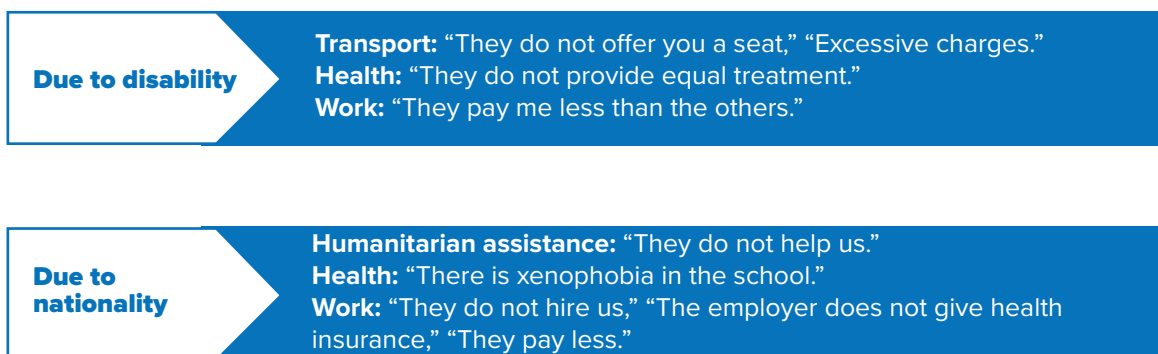
An important factor is the language, since, in some cases, the people interviewed stated that they had preferred to settle down in Spanish-speaking communities as a facilitator to integrate into the community, even when there are some differences or cultural barriers. The situation is completely different for those migrants in the United States of America, where “language barriers” pose other challenges, despite the fact that some of them have long lived in this country. Another barrier identified in the participating countries of the study is the **absence of labor insertion mechanisms** for refugees, displaced persons, and migrants with disabilities.

### Discrimination

Discrimination appears across the board in different areas, as already mentioned, in **access to public services** (health, education, transport, information), in access to work, **discrimination based on nationality** in the daily spheres of cultural,



community, and religious life is also identified; and **discrimination based on disability status** linked to attitudinal barriers based on ideas about or bias against people with disabilities. Figure 6 shows, in a schematic way, the problem of discrimination perceived by the people interviewed in Peru and which reflects the similar situations in the rest of the participating countries of the study:



**Figure 6: Discrimination based on nationality and disability**

It is also important to mention the intersection between some variables, including ethnicity, disability, and human mobility; some indigenous persons with disabilities on the move, as highlighted by Fundación Paso a Paso in Mexico. Not having data broken down by age, gender, and diversity, in particular, by the prevalence of disability, especially among children and young people, indigenous women, and on specific vulnerabilities of their human rights, constitutes a serious obstacle to assessing their problems in the context of asylum and migration, and the challenges faced by these groups.

*“Indigenous persons with disabilities deserve special attention for the purpose of putting into practice the rights set forth in the Declaration, including guarantees against all forms of violence and discrimination (Art. 22)<sup>24</sup>.”*

*“Furthermore, many children and adults with disabilities are not registered due to the widespread stigma of being labeled as persons with disabilities (see CRPD/C/THA/CO/1<sup>25</sup>). Access to basic services such as nutrition, health, and education is likely to be more difficult in the context of migration, and indigenous persons with disabilities are more likely to be victims of violence, abuse, and exploitation.” (Reflection on*

<sup>24</sup> <https://daccess-ods.un.org/TMP/7611685.39524078.html>

<sup>25</sup> [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=CRPD/C/THA/CO/1&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=CRPD/C/THA/CO/1&Lang=En)

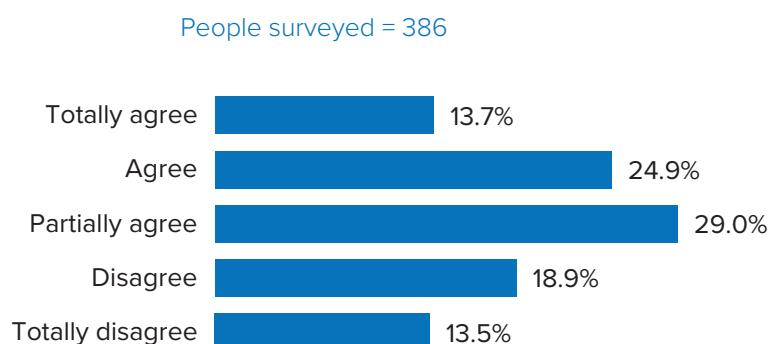
indigenous persons with disabilities and the phenomenon of human mobility. Annex CA5).

In contrast, several people interviewed in the different participating countries of the study stated that they had not received and/or perceived discriminatory practices and/or attitudes. Some of them point out the following:

*“On the street, I don't feel discriminated against. No one has mocked me. Everyone has treated me with respect. Transport seems accessible to me. It's fine.”* (Interview with a Venezuelan man with hearing impairment in Peru, 2020).

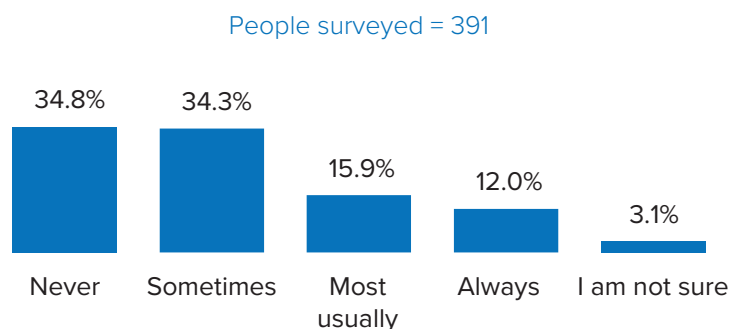
The results of the **regional online survey** on the issue of discrimination confirm the aforementioned, in Figure 40: 38.6% of people surveyed agree that there is discrimination when being provided different public services, while 32.4% state that there is no discrimination.

**Graph 40. Is there discrimination when being served by the different public services (health, education, transport, information)?**



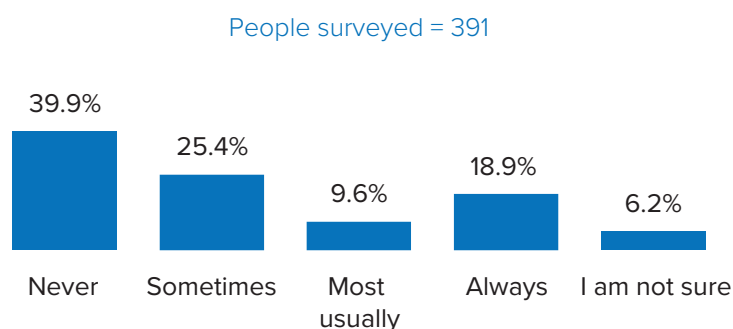
Graph 41 clearly shows that discrimination based on nationality is considerable: 62.1% have sometimes experienced actions or attitudes of discrimination.

**Graph 41. Have you received actions or attitudes of discrimination for being a person of a different nationality?**



Furthermore, 53.9% of the people surveyed state that they have sometimes experienced actions or attitudes of **discrimination for being persons with disabilities**. (See Graph 42)

**Graph 42. Have you received actions or attitudes of discrimination for being a person with a disability?**



## Perception and bias

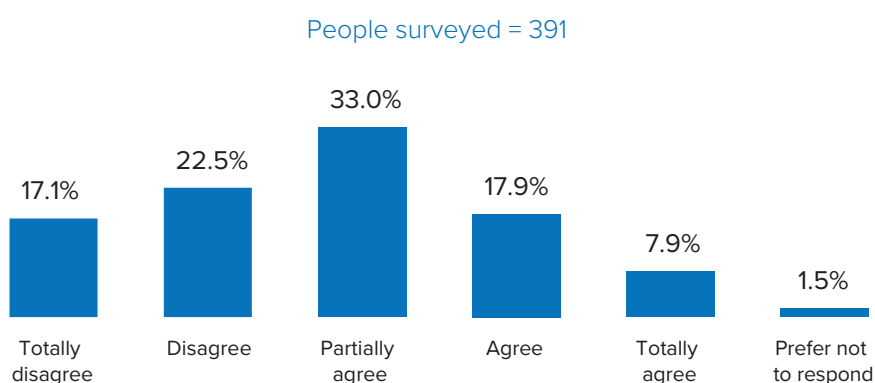
Regarding the **perception and bias of the staff working in humanitarian and government organizations** about persons with disabilities, from the interviews and focus groups with representatives of humanitarian and government organizations in the participating countries of the study, the following points can be mentioned:

- Humanitarian and government organizations state that their **staff is aligned with their service mandate, the principles of equality and non-discrimination, and the exercise of rights**; and, therefore, there are no perceptions and bias about persons with disabilities, and one example of this is that several of the organizations have persons with disabilities as part of their staff.
- Beyond organizations **the perception and bias correspond to a cultural matter of society**. For example, the perception that social insecurity increases due to the presence of refugees, displaced persons, and non-regularized migrants; or the false perception that foreigners are preferred over nationals, for instance, in the allocation of places in schools, in shifts for health care, and so on.

*“I would say no, since it is a staff that is focused and experienced. Bias is the first thing that collapses; otherwise, it could not be in that area.” (Interview with a humanitarian organization representative in Peru, 2020).*  
*“In this time of pandemic we have realized that, as part of our culture, we are always looking down on what is different, for example, certain discriminatory attitudes or practices are applied to people who have COVID-19. There is a challenge not only within the institutions but also in society.” (Focal group for organizations in Ecuador, 2020).*

Graph 43 shows the divided opinions of the respondents: 39.6% perceive that staff **has no bias** against people with disabilities, while 25.8% say that there is bias, and the remaining 33% fall in between those two viewpoints. From these results it can be interpreted that there is room to improve and work with staff in organizations to **reduce the perception of bias** against persons with disabilities.

**Graph 43. Do you think that the staff who work in the institutions that provide services has a bias against or stereotypes about people with disabilities?**



In the opinion of some interviewees, new public policies are required for refugees, displaced persons, and migrants with disabilities in a multisectoral manner because the bias and discrimination that they face are consistent with a new phenomenon in some countries of destination.

*"Peru is not a country used to receiving migrants; the traits of xenophobia are still visible. A new migration policy is needed that involves all sectors so that all people have the same rights, including vulnerable populations among which are persons with disabilities." (Interview with a Peruvian State body, 2020).*

## Access to justice

Most of the persons with disabilities interviewed stated that **THEY DO NOT know the steps or procedure to follow to access justice system services in the host country**. This situation is reinforced by the fact that most of the people interviewed indicate that **they DO NOT know their rights as persons with disabilities**.

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*“In Ecuador, I went to the police station due to a problem I had with my suitcases, and they did not care at all. They told me that this was my problem. So, I arrived in this country [Peru] with nothing, only with the clothes that I was wearing...” (Interview with a Venezuelan man with physical disabilities in Peru, 2020).*

Similarly, in Central America, there are frequent reports of attacks or abuses perpetrated by criminal groups (in the communities of origin and transit), or even by immigration authorities, police, or public servants in the judicial sphere; therefore, the contexts of impunity and of not having mechanisms of **access to justice** prevail. Due to all these barriers, the fear of possible reprisals or the constant risk of re-victimization, people prefer not to report, and women are the ones who are in greater danger and without protection.

Facing this panorama, government organizations, humanitarian organizations, academia, and other civil society organizations in the various participating countries of the study, provide support through the following:

- **Legal offices and clinics to provide:** information, legal advice, support in social registration procedures, support in disability card access, and legal support in cases of violence and discrimination.
- **Comprehensive support for victims of human trafficking**, with the provision of legal advice, psychosocial assistance, and support on integration, restitution, and reparation issues.
- **Lobbying and advocacy**, on issues of gender-based violence and human trafficking with the different public authorities.

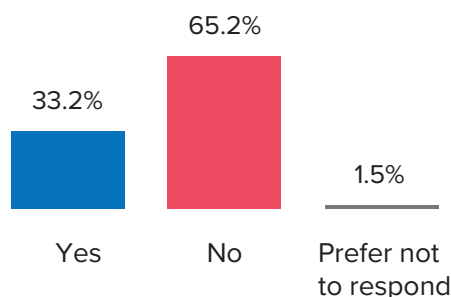
*“There are previously defined mechanisms and counseling so people may access justice matters. Alliances are generated in an expeditious manner with the State Attorney General’s Office to assist in the accommodation in case of complex situations. The way in which victims access areas of justice is defined in the operational guide.” (Interview representative of a governmental body in Ecuador, 2020).*

*“[I]nter-institutional work is required with the various actors, and it is not possible to substitute the duty of the state to provide protection to victims of violence.” (Interview to the representative of a United Nations agency, 2020).*

The results of the online survey confirm the aforementioned, as can be seen in graph 44: 65.2% of the people surveyed do not know the steps or procedure to follow to demand their rights and access the justice system in the host country, and 68% are unaware of their rights as persons with a disabilities. (See graph 45)

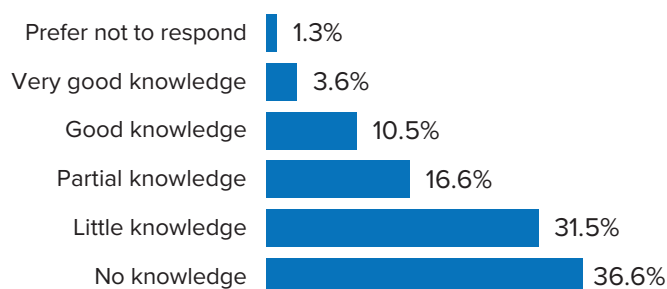
**Graph 44. In the event of the violation of your rights, do you know the steps or procedure to follow to demand these rights or access the justice system in the country where you are today?**

People surveyed = 391



**Graph 45. To what extent do you know your rights as a person with a disability?**

People surveyed = 391



## Participation

Humanitarian and government organizations in the different countries of the study recognize that it is necessary to strengthen the **participation** of refugees, displaced persons, and migrants with disabilities when designing programs and services that help meet the specific needs of the persons with disabilities with an inclusive intersectional approach.

There are divided opinions on this issue: several people interviewed mention that there is no participation due to little awareness and access to information about these lobbying spaces, but also due to a conscious decision not to participate because of limited time or the fear of being identified by threatening persons.

Some humanitarian organizations in the participating countries have conducted interviews and formed focus groups with women, adolescents, LGBTIQ + people,

and people with disabilities in situations of human mobility to promote participation, understand their needs, and develop strategies to provide adequate assistance. Other **participation and feedback mechanisms** that are mentioned include suggestion boxes and a post-assistance satisfaction survey aimed at beneficiaries, which aids in receiving feedback, identifying what was done well and what should be done to improve.

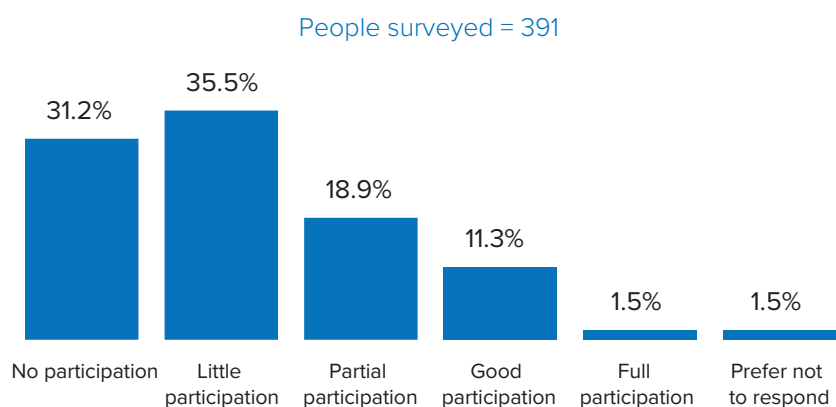
*“Many approaches have been taken with persons with disabilities, and with organizations of people with disabilities, especially, with the support of RIADIS to better understand the needs of persons with disabilities.”  
(Interview to the representative of a United Nations agency United).*

Among the **obstacles** faced by organizations in achieving the **participation** of refugees, displaced persons, and migrants with disabilities, the following are mentioned:

- The situation of human mobility does not allow for sustained or continuous participation because it involves families that move from one city to another or from one country to another.
- The current pandemic situation has forced us to think of new mechanisms for the participation of persons with disabilities on the move. New ways have had to be created to provide feedback on the services provided and the impact that is being generated.

The results of the regional online survey show that the participation of refugees, displaced persons, and migrants with disabilities is low in the consultations and decision-making processes carried out by humanitarian and/or government organizations on matters that affect them. 85.6% of the people surveyed indicate that there is a medium to no participation.

**Graph 46. Participation in consultations and decision-making processes carried out by humanitarian and/or government organizations on matters that affect them**





Volunteer Venezuelan refugee with visual disability helps organize the distribution of coats and blankets in Argentina.  
© Javier Di Benedictis/UNHCR.

#### 4.1.4 Stage 4: Future Expectations

The immediate expectations of the people interviewed in the participating countries revolve around **improving their economic status** through formal and stable employment or through productive activities and enterprises to meet their needs and that of their families.

*“Having a good job. I hope the businesses open so I can have a good job and pay for all my needs.” (Interview with a Venezuelan man with a hearing impairment in Peru, 2020).*

Other expectations are **regularizing their immigration status or completing their asylum process in the host country** in order to have stability. But, on the other hand, there are also feelings of uncertainty and fear, making it difficult to chart new short-term and long-term grounds.

*“My plan is to stay here in Mexico and get permanent residence, but not through asylum because if it’s done through asylum I can no longer travel to El Salvador, and my plan is to travel to El Salvador, visit my family and be able to return and clear customs and immigration without major difficulties. This is what I want and that is why I would like to obtain my permanent residence to be able to stay and live here in Mexico because I like it a lot.” (Interview with a Salvadorian man with disability in Mexico, 2020).*

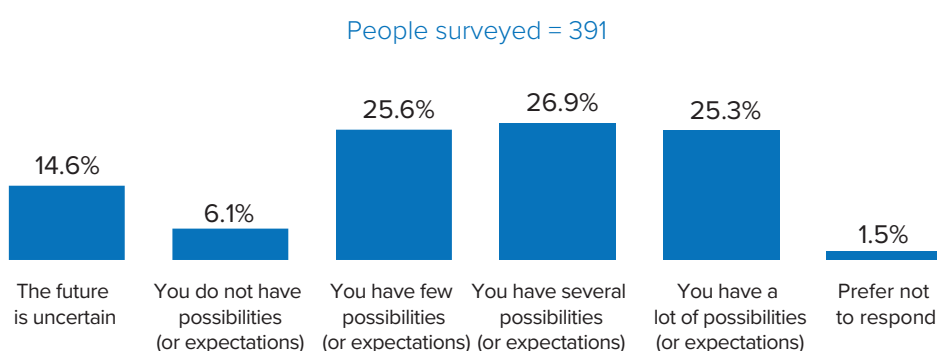


Some Venezuelan and Central American people expect to return to their country of origin.

*“I picture my future in my country, with the necessary conditions to be stable and not too difficult to meet my needs.” (Interview with a Venezuelan man with visual impairment in Chile, 2020).*

The results of the online regional survey in graph 47 show that 52.2% feel optimistic about future expectations, while 46.3% perceive an uncertain future with few possibilities or expectations.

**Graph 47. Regarding short- and medium-term future expectations, you feel that...**



## 4.2 Humanitarian and Government Actors

### 4.2.1 Internal Abilities of Humanitarian and Government Organizations

#### a) Data Disaggregation

Data and information on people with disabilities in human mobility is a key resource for understanding their needs and designing inclusive and specific response strategies that respond to these needs. The humanitarian and government organizations interviewed recognize that **there is an urgent need to fill the void of missing disaggregated data.**

In the different countries participating in the study, each humanitarian and government organization collects beneficiaries' data in accordance with the informational needs and the specific services they provide; to do this, they use their own systems or tools to record data.

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*“The different areas have databases and a field or record to identify persons with disabilities, but there is no additional information or details about the type of disability and the specific needs of these people.” (Interview with a representative of a United Nations agency, 2020).*

*“From the state, it is necessary to consolidate the collection of information on people who are in a situation of human mobility, because there is no single and unified record.” (Focus Group-Organizations in Ecuador, 2020).*

On the other hand, there are some humanitarian organizations in countries like Peru and Chile that have detailed disability information. El Salvador has established the *Registro Único de Personas en Condición de Desplazamiento Forzado Interno* (Single Registry of Internally Displaced Persons) which has minimum requirements of **disaggregated data** according to *gender, age, and disability*.

*“Yes, [there is an] incorporated a system of people’s data collection which addresses the intersection between migrants and persons with disabilities, as well as ethnic group and gender.” (Interview with a humanitarian organization in Peru, 2020).*

*“Yes, the degree and type [of disability] are inquired to work on the inclusion index, a tool...in our software. That’s always collected. And when it can be supported with ID or information to get a job.” (Focus Group, humanitarian organizations in Chile, 2020).*

For humanitarian and government organizations, **disability is a prioritization criterion** for providing humanitarian assistance; that is, higher priority is given to the care of people on the move with disabilities.

The following difficulties were identified in the interviews carried out:

- Collecting information on persons with disabilities is complex; **how can we know the type and % of the disability if there is no document to certify it?**
- Many people with disabilities in human mobility situations **do not have any disability certification or ID**, and humanitarian organization interviewers are not specialists in identifying and/or attesting to a type of disability.
- Many of the data collected on people with disabilities are provided by the informant, head of the household, and are data of people who are not present during the interview, which presents the possibility that **there are family members who could have a disability but have not been identified by their family**. In the event that the informant is a person with a disability, the information is obtained based on the **person's self-identification**, that is, based on the person's responses about whether or not they have a disability, and the type of disability.

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## Challenges Identified

- **Data security** and the handling of personal information on persons with disabilities is crucial to ensure confidentiality, physical security, data protection and proper use.
- Providing **warm assistance and creating an atmosphere of trust** is very important for people to be able to express themselves freely, considering that many people have been going through situations of violence and forced displacement.
- In each country, coordination among all actors is necessary so as not to duplicate efforts (including the re-victimization of the person interviewed and the multiple interviews that are currently being carried out to collect the same information) and so is **having a single record or a system that allows disaggregated data on disability to be recorded safely and confidentially** and making it accessible to all humanitarian organizations and government institutions working on human mobility. A regional information system could also be considered.

## b) Design and Implementation of Services and Assistance Protocols

It is important to recognize that there are services which are universal and part of human rights, such as the access to **health and education**; thus, the states must ensure equal access without distinction for people on the move through their governing institutions.

As per the humanitarian organizations interviewed in the different countries participating in the study, **disability is a multidisciplinary issue** that is included in assistance services provided to people on the move and, therefore, they do not have any specific program for their assistance; however, some organizations, such as UNHCR<sup>26</sup>, the Red Cross, and NGOs<sup>27</sup> like CBM International and Humanity & Inclusion, have been making efforts to develop guidelines for working with persons with disabilities on the move with an inclusive approach.

*“We cannot have a specific program for each possible intersectionality between the different variables, such as gender, age, ethnic origin, disability.” (Interview with a representative of a United Nations agency, 2020).*

In the protocols for the provision of humanitarian assistance, groups of concern such as pregnant women, unaccompanied children and adolescents, elderly people, people with chronic and severe illnesses, and persons with disabilities are prioritized so that they are the first to receive humanitarian assistance.

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26 Working with Persons with Disabilities in Forced Displacement  
<https://www.refworld.org/docid/5ce271164.html>

27 All under one roof: <https://www.sheltercluster.org/inclusion-persons-disabilities-shelter-programming-working-group/documents/all-under-one-roof>

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*“We have a prioritization approach, we prioritize a part of the population to provide a type of assistance since we cannot reach the entire population due to insufficient resources.” (Interview with a representative of a United Nations agency, 2020).*

Assisting children and adolescents with disabilities needs specific assistance protocols according to the type of disability, especially intellectual disability, which is more complex.

*“It is not possible to develop protocols for the different intersectionality combinations, but it is possible to raise awareness and train teams so that they can address specific cases and carry out actions according to the specific needs.” (Interview with a representative of a United Nations agency, 2020).*

We recognize the difficulty of identifying the different types of disabilities such as intellectual disability, psychosocial disability, and multiple disabilities, as well as complex conditions such as autism and other general developmental disorders.

An important subject that requires strengthening and a needs-based response is the **psychosocial impact** of the experience of mobility and forced displacement on people.

### **Intersectional Approach to Humanitarian Assistance**

According to the interviews and focus groups performed with humanitarian organizations, it was identified that, not only is there a commitment to a **disability inclusion approach**, but also a challenge in the implementation of an **intersectional approach**. This means that, on the one hand, it is recognized that disability requires specific assistance and help, and on the other, that there is an intersection of variables that increase people's vulnerability, for example, the intersection of disability, gender, sexual orientation, gender identity and expression, ethnic origin and age.

*“What happens in [International NGOs] with this profiling process for multipurpose humanitarian assistance is that, let's say, there are some variables that constitute prioritization criteria. So, for instance, if a young woman with a disability is in charge of a child with a disability, and is also the sole head of the household, then it is a family that is prioritized for assistance. This criteria intersection allows us to give prioritized assistance to certain families. Or if we find a protection risk with a disability, then it is a high risk. If, in addition to the children protection situation, we find that the child or adolescent has a disability, the risk increases.” (Interview with an International NGO representative, 2020).*

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On the other hand, it is necessary to differentiate between the **humanitarian assistance** that applies in emergency contexts and that requires an urgent response from **services and affirmative measures** defined by local legislation in each country for persons with disabilities. Access to these services and affirmative measures requires compliance with standards and requirements, such as obtaining a **disability ID**, which has become a barrier since undocumented persons with disabilities on the move do not have a passport and they cannot access the qualification/evaluation of their disability to obtain the disability ID.

### **c) Human and Financial Resources of Organizations**

The humanitarian and government organizations interviewed in the different countries participating in the study agree that the current human and financial resources are insufficient to meet all the needs of the population in a situation of human mobility, which is constantly changing and now much more complex due to the COVID-19 pandemic.

*“No, I think that everything related to financing, the periods of the interventions, the availability of the equipment... We, for example, stopped in March because the first phase that had begun in January was over, and it took us 4 months to provide services again...today we know who we can count on, but tomorrow that project stops being financed, the team leaves and they are no longer in the picture.” (Interview with an NGO professional in Colombia, 2020).*

On the other hand, we recognize the need to **strengthen training and awareness-raising processes on the issue of disability** for the staff of humanitarian and government organizations. This was a recurring theme in the focus group organized with humanitarian organizations in Central America and Mexico, where most of them have a solid registration system, but with limitations related to the skills of the staff regarding disability, as well as to inclusive and universal media. One of the key issues is the training and promotion of the Convention on the Rights of Persons with Disabilities (CRPD).

*“[The Convention] is not widely known, maybe 20-30% of colleagues know about it.” (Interview with a humanitarian organization representative, 2020).*

*“These necessary education processes help the staff working in the institution be inclusive. We all must enforce this inclusive approach in every arrangement.” (Interview with a government organization representative in Ecuador).*

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Some organizations have already taken action in this regard; for instance, the UNHCR office in Honduras has started a process of awareness raising and training of staff and some of its implementing partners to later evaluate the response and the services offered to the sector. On the other hand, UNHCR Ecuador has shared with its partner organizations the document *Working with People with Disabilities in Forced Displacement*, and together with RIADIS, has trained its staff on the set of questions of the Washington Group to identify the type of disability.

*“[Providing] technical resources (training, workshops, education) to accompany the population in a more suitable way; it is important to make an investment to have more resources for them...Resources are never enough to be able to accompany the general population. We must consider the fact that, in general, the population with disabilities sometimes requires to be accompanied for longer periods of time and, therefore, the integration processes tend to be slower.” (Interview with a humanitarian organization in Peru, 2020).*

#### **4.2.2 Alliances and Participation in Politics and Programs**

##### **a) Inter-institutional Alliances**

The social phenomenon of human mobility requires the cooperation and support of states as direct managers, the United Nations agencies, the implementing partner organizations, international cooperation, civil society organizations, academia, networks, and others to respond to the different needs of people on the move, including those with disabilities.

Government organizations in the participating countries have developed **inter-institutional coordination protocols** to perform intersectoral work as a way of responding to the needs of people on the move. These protocols make it possible to direct people on the move including those with disabilities, to the appropriate institution so that they can receive appropriate assistance. However, people interviewed have claimed that there are coordination problems and bureaucratic procedures in practice, which must be corrected so that each government institution acknowledges their responsibility and provides a quick response.

Additionally, it is very important to get involved and coordinate with humanitarian organizations to activate the referral system in a timely manner and provide the required help to people with disabilities in human mobility.

*“Among the protocols, in addition to the identification of cases, we have as a rule the activation of the referral mechanisms to state services: if we identify a case of disability, we activate the referral mechanism to the health system services so that the person is evaluated and can access a CONADIS ID, but focusing more on the enforcement of rights before the state.” (Focus Group, humanitarian and government organization in Ecuador, 2020).*

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**The Organizations of Persons with Disabilities (OPD)** have the mission of ensuring inclusion and protection of rights of persons with disabilities. Unfortunately, it is evident that in the different countries participating in the study, **there is limited collaboration among OPDs and humanitarian and government organizations that work on human mobility.** However, there is an opportunity to work and collaborate with OPDs on several aspects, such as the development of protocols for the assistance of people with disabilities, and training related to disability and inclusion.

The strategic alliances in each country with the different government entities, local NGOs, United Nations agencies, and international cooperation organizations are paramount in the collaboration and contribution with human and financial resources in the area of human mobility. The R4V Platform and the Support Platform of MIRPS for Mexico and Central America are tangible examples of this cooperation and collaboration.

## **b) Participation in National Politics and Programs**

United Nations agencies such as UNHCR, IOM, UNICEF, and others, have contributed to the different states with supplies and technical support in the creation and/or amendment of national laws on human mobility, with an impact on public policies, and support with technical advisory to the states.

In each country, according to its context, there is a need for new public policies towards refugees, displaced persons, and migrants with disabilities in a multisectoral manner.

### **Organizational Challenges:**

- Strengthening human resource capacities, as well as the internal tools and protocols to be implemented, including the registration system and the identification of profiles;
- Improving methods of communicating with and contacting persons with disabilities, as well as interaction with their community and the inclusion of their organizations;
- Increasing advocacy efforts by means of accessible communication strategies and campaigns;
- Promoting alliances with base organizations;
- Promoting the creation of inclusive policies and the adjustments to the new context brought about by the pandemic.



Person with a visual disability and beneficiary of food kits in Ecuador during the COVID-19 pandemic.  
© Sebastián Narváez/UNHCR.

### **4.3 COVID-19 Impact**

It is extremely important to consider the global COVID-19 pandemic as part of the context. In the case of this research, an in-depth study on this topic was not performed, but general inquiries about the impact of the pandemic on persons with disabilities on the move and on humanitarian and government organizations were included.

#### **4.3.1 On Refugees, Displaced Persons, and Migrants with Disabilities.**

The COVID-19 pandemic had an impact on the life conditions of refugees, displaced persons, and migrants with disabilities and their family members and support people. Aside from the health emergency, the main issue brought about by the pandemic is the **loss of income sources**. Given that most people on the move had informal jobs, mobility restrictions and lockdown meant that they could not maintain their economic activities.

*“I had to stop working and I had to pay rent and utilities. The lady was considerate with me, gave me time to pay, she let us stay there, I was given a place to stay. In the second month of quarantine, food was difficult. I borrowed money.” (Interview with a Venezuelan woman with visual impairment in Colombia, 2020).*



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*“Good health, thank God. I was not laid off, but from March to September 15, I received half my salary. It affected me a lot because I could not pay my cards on time, everything was for food and rent. My husband was laid off.” (Interview with Venezuelan woman with disability in Mexico, 2020).*

This situation triggered another series of problems and needs that refugee, displaced and migrant persons with disabilities had to face in the different countries participating in the study, such as: scarcity of food, medication, specialized health care, rehabilitation services, inability to access information and communication, procedures to regularize their stay put on hold, and evictions due to rent arrearages, among others.

*“The situation became critical when days and weeks went by and I had nothing to eat, and the rent debt kept growing.” (Interview with a Venezuelan person with disability in Ecuador, 2020).*

*“We suffered the disease [coronavirus infection]. I have many aftereffects of COVID-19. While we were hungry, they wanted to evict us. Very hard moments. There is overcrowding, we live in a very small space. We all live in only one room.” (Interview with the mother of a child with autism, both Venezuelan, in Peru, 2020).*

According to the conclusions of the **Regional survey of evictions of refugee, displaced and migrant persons from Venezuela**<sup>28</sup> (Encuesta regional de desalojos de las personas refugiadas, desplazadas y migrantes de Venezuela) from the Regional Protection Sector of the R4V Platform, in 10.6% of total evicted households, there was a family member with a physical and/or intellectual disability<sup>29</sup>.

The main reason for eviction risk identified by refugee and migrant persons from Venezuela is an inability to pay rent and utilities; at a lower percentage, but still evident, are discrimination and disputes with landlords or violence in the area where they live. In general, evictions had low intervention by local authorities during mediation or when offering procedures to access justice.

*“In this time of pandemic, the most complex situations are evictions of families whose members include persons with disabilities; so, we try to support them because this cannot happen, and we try to stop it.” (Interview with a representative of a humanitarian organization in Ecuador, 2020).*

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28 Report on the regional survey of evictions available on: <https://r4v.info/es/documents/details/84958> (available in Spanish, p. 52)

29 <https://r4v.info/es/working-group/285?sv=39&geo=0> (available in Spanish)

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Lockdown also affected the mental health of many people, causing depression, anxiety and tension in the interpersonal relationships within families, causing familial and gender-based violence.

### **Response by Humanitarian and Government Actors**

Faced with this health and humanitarian emergency, governments, humanitarian organizations, civil society organizations, and private businesses, have provided support within their scope and available resources through the following items, among others, which change among countries:

- Provision of food kits;
- Provision of cards to buy food; money transfers to cover basic needs;
- Economic support for families to pay rent and avoid eviction;
- Economic support so people can access the internet, stay informed about the pandemic, and communicate with their family members;
- Psycho-social and emotional support for families in virtual and remote settings;
- Internal transport to transport people in the city during lockdown back to their communities;
- In the health area, people received medical guidance and those who contracted COVID-19 received outpatient health care.

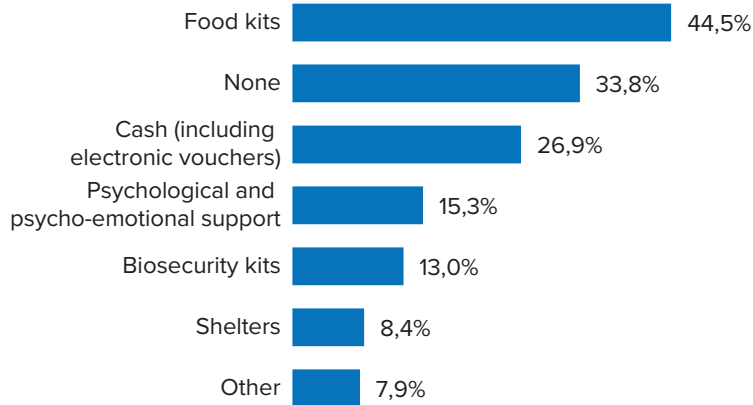
*“When quarantine started, they [people from UNHCR] helped me with medication for my child... They gave me five hundred thousand pesos to buy medication for my child and food.” (Interview with the mother of a child with disabilities, both Venezuelan, in Colombia, 2020).*

*“The government did help me with money, and gave me a food box twice.” (Interview with a Venezuelan woman with hearing disability in Chile, 2020).*

During obligatory lockdown, people who completed the online survey confirmed receiving humanitarian assistance, as shown in graph 48. The main assistance was the delivery of **food kits**, 44.5%; followed by **cash**, 26.9%; **psychological support**, 15.3%; **biosecurity kit**, 13%; and **shelter**, 8.4%. However, there is also a considerable percentage, 33.8%, of people who mentioned that they did not receive humanitarian assistance.

### Graph 48. Assistance received during the pandemic

(\*)People surveyed = 391

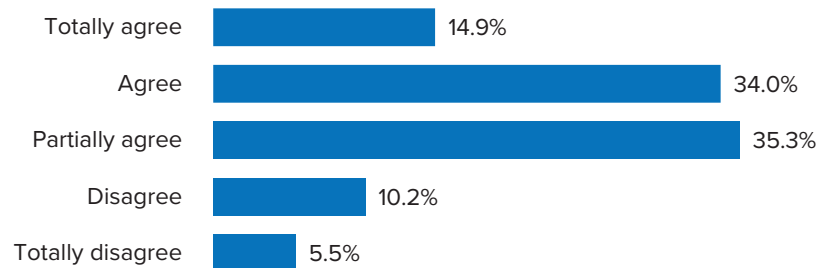


(\*) Multiple-choice answer data. The sum of partial percentages may exceed 100%.

On the other side, graph 49 shows that 48.9% of the people surveyed considered that the humanitarian assistance they received has been inclusive, taking into account the specific needs of the person with disabilities. 15.7% disagreed, and 35.3% somewhat agree.

### Graph 49. To what extent do you consider that the help received has been inclusive, taking into account the specific needs of a person with a disability?

People surveyed who answered = 235



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### 4.3.2 On Humanitarian and Government Organizations

Both Government and humanitarian organizations in the various countries that participated in the study had to adapt and/or adopt strategies to continue their operations, provide a humanitarian response and, at the same time, take care of their staff. Such measures included:

- Remote work, in which internet connectivity became a critical factor;
- Partially in-person days to prepare a humanitarian response;
- Biosecurity measures for the staff;
- Communication protocols with beneficiaries and leaders to identify needs.

The pandemic has forced organizations to redefine their priorities and review their use of resources, new ways to deliver services to people who need it, and the impact generated. As an example, COMAR in Mexico used digital platforms to continue with their procedures and requests from people in human mobility situations.

Direct and personal contact with people on the move will always be very valuable and important, but given the pandemic situation, telephone or virtual contact is the only alternative, although not always the most accessible.

*“[W]e had to act super quickly and think of how to adapt our different kinds of assistance virtually; we had to enable many assistance lines, lines per area, so that people can have greater accessibility, specially from the psycho-social area.” (Interview with a representative from an international humanitarian organization in Ecuador, 2020).*

#### **Limitation in Access to Justice**

Communication through the use of technology (mobile phones, internet) became a critical factor, since many services were changed to be virtual/remote. This brought to light other limitations: first, not all people had access to a smartphone nor the internet; the second, that even if they had access to these resources, information and communication were not in accessible formats for persons with disabilities.

*“[N]ot all people had the chance to connect, because now you need a mobile phone to be connected, and if people do not have one, then communication is quite limited.” (Interview with a representative of an international humanitarian organization in Ecuador, 2020).*

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### 4.3.3 Results of the Focus Group conducted by the Regional Protection Sector of the R4V Platform

In the context of the work group on persons with specific needs in the inter-agency response to COVID-19, led by the Regional Protection Sector of the R4V Platform<sup>30</sup>, a focus group was formed with nine Venezuelan refugee and migrant persons with disabilities in their host countries of Argentina, Bolivia, Brazil, Curazao, Chile, Ecuador, Peru, and Uruguay, and five individual interviews with service providers in Aruba, Brazil, Colombia, and Uruguay.

The **objective** of this virtual consultation was to understand the impact of the measures imposed by countries to mitigate COVID-19 transmission risks, on Venezuelan refugee and migrant persons with disabilities, especially in relation to their priority needs, including access to rights and services, and to individual and community protection mechanisms.

Considering that the study did not include other aspects of the pandemic situation, the main findings of this regional focus group have been included, which is complementary information to the findings of the study already mentioned in sections a) and b).

This consultation, led in the context of the sector by RIADIS, UNHCR, and HIAS, with the support of national sectors in Colombia and Ecuador, produced key elements for the identification of existing risks, impacts on the population with some kind of disability, as well as the adjustments that service-provider organizations had to make to guarantee an appropriate response. Below are some of these findings.

#### **Impact of the COVID-19 pandemic on Venezuelan refugee and migrant persons with disabilities**

**a) Intensification of needs.** Participants indicated that the needs of refugee and migrant persons with disabilities increased during the pandemic; they do not identify them as new needs, as many of them already existed, but they were intensified. Among the most urgent needs, the following are mentioned: access to food and medication, payment of rent and reduction of eviction risks.

*“This situation is constant anguish. The need has been magnified.”  
(Regional focus group, Venezuelan person with a visual impairment.  
Bolivia, 2020).*

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<sup>30</sup> The Regional Protection Sector of the R4V Platform is led by UNHCR and HIAS; it includes a total of 106 organizations, and covers 17 countries in Latin America and the Caribbean. This sector strives for the strengthening of risk protection and prevention in a coordinated way and in line with national protection sectors, to improve the provision of services and protection mechanisms to Venezuelan refugee and migrant people. This includes, among others, the promotion of awareness training and activities aimed at key protection actors, regional networks and national sectors. More information available at: <https://r4v.info/es/working-group/259?sv=39&geo=0> (available in Spanish)

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Some people have support networks of Venezuelans, as well as support from humanitarian organizations which help them with donations to reduce expenses.

Some persons with disabilities who suffer chronic diseases or whose family members suffer chronic diseases (for example, diabetes, insulin dependence, kidney disease, high blood pressure), have a higher risk of contracting COVID-19 or are afraid of transmitting it to their high-risk family members, so their mobility possibilities are further limited, which means a higher level of dependency on third parties. They depend on other people to obtain economic income, buy and obtain medication, and attend their medical appointments, among others things.

**b) Insufficient access to regularization and legal procedures.** During 2020, migratory procedures were put on hold in some countries, which affected people's documentation, especially in places where they do not receive interim documentation.

In Argentina, in order to get a disability certificate, it is necessary to have a National Identity Document (DNI); without it, people cannot access different legal procedures nor state assistance.

Documentation validation procedures were also suspended during the pandemic, and some businesses require it to hire staff. Some participants of the focus group worked as teachers and their contracts were not renewed as result of the pandemic, consequently, they were forced to provide online services and turn to the help of social networks, family members, and humanitarian organizations to ensure their food security and access to medication. Another problem is that some official web pages for do these procedures are not in accessible formats for different types of disabilities.

**c) Access to health services.** Persons with disabilities who need to go to medical appointments mentioned that they had difficulties accessing health and treatment. Many of them require regular check-ups to continue their treatment, but appointments have been cancelled or re-scheduled due to measures imposed by some countries. In other places, rehabilitation therapies are still available, but some persons with disabilities, especially those with chronic diseases or with family members who suffer these diseases, are afraid of going out and exposing themselves to the risk of contracting COVID-19, as it is still high.

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In the case of couples with disabilities, and due to hospital and health center entry restrictions for people with babies and children, they state challenges to comply with medical follow-ups for their children because they cannot go to appointments with another person.

Participants in the regional focus group mentioned that they consider themselves strong and resilient people, but they still stated that they “hit rock bottom” during this pandemic; for other disabilities, such as autism, they say that impact is much greater.

*“You do not see the way out of this situation.” (Regional focus group, mother of a boy with autism, Peru, 2020).*

Going back is not an alternative for persons with disabilities or chronic disease because of the difficulties they would face to access required medication and treatments in their country of origin.

**d) Restrictions to mobility.** For people with visual and hearing disabilities, distancing measures have also represented the loss of support for moving around the city. While they could previously ask other pedestrians in the street for help crossing obstacles or traffic lights, this type of help has disappeared with distancing measures, which increases difficulties with movement, travel to government entities, the search for income, and to access humanitarian assistance.

**e) Prospects for the future.** Participants state that their prospects for the future are uncertain.

*“[I]t is like being at a crossroads, actually, because this makes you think about many things, even if you need to go back;” “going back would be a rather catastrophic scenario” and would be the last resort. “I would rather sing in buses than go back”. “We all want to keep fighting where we are.” They state that their and their families’ health changed for the better when leaving Venezuela, so going back would not be an option for them.” (Regional focus group led by the Regional Protection Sector, Venezuelan people with disabilities in host countries).*

### **In Regard to Humanitarian Actors**

As was previously mentioned, there was a response to this pandemic. Different social, private, and Government actors, among others, provided support to face this situation. Participants of this focus group agree on many of the response actions, to which the following are added:

- 
- Provision of hygiene kits;
  - Development and strengthening of free aid lines to provide guidance and case referrals to emergency humanitarian services;
  - Activation of communication trees, chatbots, web pages and other tools to spread key and prevention messages;
  - Creation of inclusive informative material on COVID-19, vaccines and prevention. Inclusion of persons with disabilities in the development and revision of these materials.

One of the most relevant efforts by service-provider organizations was **adapting their rehabilitation services to virtual systems** and developing training processes for third parties and support people. These measures allowed for the continuity of these services in quarantine contexts while building the skills of those supporting persons with disabilities.

However, during the regional focus group, participants stated that **not all of them received government help** in host countries. In countries such as Bolivia, they state that they cannot access state social help, even with vouchers for persons with disabilities, which prioritize nationals. These vouchers would help cover some rent, medications, and food.

Refugee and migrant persons with disabilities believe that there is a need to review organizations' **prioritization and vulnerability criteria** during COVID-19, and that these should be more flexible to guarantee people in higher risk levels access to humanitarian assistance and, likewise, that services rendered should not depend on the organization providing them, creating a sense of nontransparency.

### **Participation in Decision-Making Processes**

Refugee and migrant persons with disabilities state that they are interested in making decisions about assistance and support through consultations, in receiving a direct answer from organizations instead of contacting computers that they are unsure will listen to them; and they note that persons with disabilities have a lot to contribute.

Participants mention that they are not part of associations or groups for persons with disabilities in their host countries because memberships carry an economic cost or require a disability certificate and, being foreigners, they do not meet this requirement. They would be interested in participating in organizations, including those that promote labor inclusion; they consider support networks to be key to facing this crisis. They identify them as spaces for exchanging best practices, entrepreneurship information, and knowledge; and as spaces for catharsis and feeling accompanied.



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*“We have skills that we can use to contribute as multiplying agents.”  
(Regional focal group led by the Regional Protection Sector, Venezuelan persons with disabilities in host countries).*

### **Access to internet and telephone services**

The persons with disabilities consulted indicate that there is internet access, but it has to be paid for and they are falling deeper into debt. In Peru, as in several places, people with more than three accumulated receipts have their internet connection cut off.

Some companies have lowered the service cost. In general, the phone plans with internet packages are quite good and affordable. In several countries, it's possible to access internet services without having documents. In others, such as Curazao, those without documents or legal residency cannot access internet, television, and telephone services and contracts.

Some places have internet access but poor signal, which does not allow people to work from their homes. In Chile, some companies offer plans with free access to social networks during the pandemic. Public Wi-Fi connections are slow and do not reach places where most refugees and migrants reside.

In Central America, an aspect of paramount importance is the shortage of connectivity and the evident inequality of access to electronic media, as persons of concern stated that they do not have the means or resources to access the internet.

### **COVID-19 impact on persons with disabilities on the move**

Aside from the health emergency, the main problem caused by the pandemic is the loss of income sources, due to the fact that the majority of people in situations of human mobility were engaged in informal work and mobility restrictions and confinement make it impossible for them to continue their economic activities. This situation triggered another series of problems and needs such as the shortage of food, medicines, specialized health care and treatments, rehabilitation services, inability to access information and communication, procedures to regularize their stay put on hold, and evictions due to rent arrearages, among others.

Lockdown also affected the mental health of many people, causing depression, anxiety and tension in the interpersonal relationships within families.

Another barrier identified was the limited access to technology, internet, and telephone services.

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Faced with this health and humanitarian emergency situation, governments, humanitarian organizations, civil society organizations, and private companies have provided their support within their power and available resources. Around 50% of the people surveyed consider that the humanitarian assistance received has not been inclusive, based on the specific needs of persons with a disability.

In addition, both government and humanitarian organizations in the participating countries of the study had to adapt and/or adopt strategies to continue with their operations, provide humanitarian response, and take care of their staff at the same time. The pandemic has forced organizations to redefine their priorities and review their use of resources, new ways to deliver services to people who need it, and the impact generated.

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NO ES LA DIS  
LO QUE HACE D  
LOS PENSAMI  
ACCIONES  
DEMA

*Pama  
Sandy  
Nilitik  
Castro*



Colombian refugee with physical disability resulting from a gunshot. He now works in a grocery store and is the president of an association for people with disabilities in Ecuador. He is dedicated to advocating for the rights of people with disabilities.

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## 5. Conclusions

The presentation of conclusions is based on the research questions that were posed at the beginning of the study, so the conclusions will summarize a response to these questions. We will start with A) **states**, then, B) **humanitarian actors**, and finally C) **refugees, displaced persons, and migrants with disabilities**.



### A. Do states hosting refugees, displaced persons, and migrants have inclusive policies, services, and programs?

- Do they take into account the legal frameworks for the human rights of persons with disabilities?
- Are there protection mechanisms (prevention, mitigation, and response) that include persons with disabilities?
- Are social programs for refugees, displaced persons, migrants, and host communities disability inclusive?

#### 1. Concerning the national and international legal framework

- The participating countries in the study align with international conventions on human rights, refugee law, asylum and international protection, migration, and disability. At a national level, each country has its own legal framework on these same matters, aimed at respecting human rights and with the international documents that each country has signed.
- **The challenge** for all the governments of the participating countries **is the implementation and application of the existing legal framework and the signed international agreements**, in such a way that persons with disabilities on the move are guaranteed the exercise of their human rights and, in the specific case of persons with disabilities, the exercise of their rights in accordance with the Convention on the Rights of Persons with Disabilities.

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## 2. Concerning protection policies and systems

### 2.1. Policies

- In general, in the participating countries of the study, it is necessary to adjust and incorporate, in the existing care policies for refugees, displaced persons, and migrants, the **inclusion and intersectionality approach and the principles of accessibility, universal design, and reasonable accommodation for persons with disabilities**.
- There is evidence of a **disagreement and exclusion of a disability perspective in migration and protection policies** for refugees, displaced persons, and migrants; and also, the incorporation of the specific needs that persons with disabilities experience as refugees, displaced persons, and migrants, in legislation and policies on rights and disabilities.
- A common barrier identified in all participating countries is the **process for obtaining a disability card**, especially, for those refugees, displaced persons, and migrants with irregular residency. Without this card, it is not possible to access benefits and affirmative measures set forth by the local law in the host country for persons with disabilities.

### 2.2. Protection system or mechanism

- The different participating countries have protection mechanisms or systems for refugees, displaced persons, and migrants in which the government bodies or institutions responsible for guaranteeing the exercise of rights intervene, in coordination with humanitarian organizations and civil society. However, **specific protocols for the care of persons with disabilities are not included in those protection mechanisms**, which creates a barrier to access to justice and protection actions.

## 3. On response programs

- In all participating countries, the states are implementing response programs to mixed movements, with the support of the various United Nations agencies, international and local humanitarian organizations and civil society organizations. Nevertheless, there is no inclusive and intersectional approach to disability that aims at meeting the specific needs of refugees, displaced persons, and migrants.
- The response programs are for all people on the move, **there are no specific or planned programs for people with disabilities**. Nonetheless, some efforts by humanitarian organizations include an inclusive and intersectional approach.



**B. Are humanitarian actors and/or coordination mechanisms capable of providing an inclusive response to people with disabilities?**

- Do they collect, use, and analyze **data on persons with disabilities** and the intersectionality between disability, gender, diversity, and age to inform their actions?
- Are their needs assessments, data management, design, planning, supervision, and provision of disability services inclusive?
- Are they trained to provide inclusive services and actions to persons with disabilities?

**4. On disaggregated data**

- In all participating countries, there is evidence of an absence of data or information on refugees, displaced persons, and migrants with disabilities with the disaggregation of variables such as gender, age, ethnic diversity, and type of disability that allows the design of a response based on the specific needs of persons with disabilities with an inclusive approach.
- Each organization collects data from beneficiaries (users) according to its informational needs and the specific services that it provides, and uses its own systems or tools to record the data.
- There are difficulties and challenges in collecting disability data during contact or interviews with refugees, displaced persons, and migrants, such as providing alternative means of communication, identifying the type of disability, and validating the disability severity level.

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## 5. On the design and implementation of care services and protocols

- For humanitarian organizations working on human mobility, disability is a multidisciplinary issue that is included in existing programs and services. In this sense, there are few programs and/or projects specifically designed for persons with disabilities, since it is not often possible to have a specific program for each intersectionality that may occur with the different variables, including gender, age, ethnicity, and disability.
- It is necessary to develop and/or strengthen specific care protocols for persons with disabilities on the move according to their specific needs.
- In humanitarian assistance delivery protocols, persons with disabilities are prioritized to be the first to receive humanitarian assistance.
- Care for persons with disabilities on the move includes working with an inclusive and intersectional approach, which means **acquiring new knowledge, training, and greater human, technical, logistical, and financial resources.**

## 6. On human and financial resources

- The human and financial resources necessary to care for the ever-growing population in human mobility in the Latin American region **are insufficient**, despite the efforts made by governments in the different countries and humanitarian organizations, United Nations agencies, and civil society. The resource gap between what is needed and what is actually available is growing. This resource gap is one of the factors that prevents implementing and applying, at an operational level, the national legal framework and international agreements.
- Humanitarian and government organizations recognize the **need to continuously train and sensitize their staff** on key issues about disability, inclusion, and intersectionality that help provide care and services tailored to the needs of refugees, displaced persons, and migrants with disabilities.
- Some organizations have already taken action in this regard; for example, UNHCR Ecuador has shared the document Working with Persons with Disabilities in Forced Displacement with its implementing partners and, together with RIADIS, it has trained its staff on the Washington Group's set of questions, in order to identify types of disabilities.

## 7. On strategic cooperation between actors

- Human mobility is a complex process which confirms the need to **strengthen coordination and cooperation** of all actors involved, but mainly states, the international community and civil society to design inclusive response programs for refugees, displaced persons, and migrants with and without disabilities.
- In the participating countries, cooperation between the public institutions involved is evidenced through the referral and counter-referral system. The collaboration of the states with the various humanitarian, international, and local actors is also evident.
- There is openness by humanitarian and government organizations to work and collaborate with Organizaciones de Personas con Discapacidad (Organizations of People with Disabilities, OPD) on issues such as the development of care protocols for persons with disabilities as well as training issues related to disability, inclusion, and intersectionality.



**C. What barriers and facilitators do people with disabilities encounter, according to their age, gender, diversity, and migration status/regularity situation in the countries of origin, transit, and destination to access the protection of their rights and basic services?**

- Do they have access to updated, timely, and accessible information on rights and services?
- What protection risks are they exposed to?
- What types of discrimination and exclusion do they face?
- What regularization procedures were they able to carry out easily and without obstacles?
- Are they actively involved in consultations and decision-making processes?



## **8. On the barriers and facilitators faced by persons with disabilities**

- Refugees, displaced persons, and migrants with disabilities **face barriers of several types** (attitudinal, environmental, and institutional) and in the different spheres of the environment in which they operate (political, economic, social, cultural, and civil) that impact on the exercise of their rights and, consequently, on their quality of life.
- **There are specific barriers at each stage of the human mobility itinerary**, as well as significant differences in their impact on people's lives, depending on variables such as regular status, type of disability, gender, age, and ethnicity.
- Persons with disabilities in human mobility experience **high uncertainty** when leaving their country of origin. During the journey, they experience **vulnerability and do not receive humanitarian assistance based on their specific needs**. In the host country, they experience other barriers such as **job insecurity and discrimination** due to nationality, disability, and other intersecting factors that **prevent the effective exercise of rights**, which impacts access to justice and protection actions.
- Additionally, they face institutional and legal barriers in relation to their **regularization in the host country** and the **legal disability recognition** (disability card), which, in turn, impacts other rights such as **access to health, rehabilitation, education, and social protection**, which are added to environmental barriers, including the COVID-19 pandemic and the absence of support networks.
- Among positive or facilitating factors, the following were identified: a) **Support networks**, including family members, friends, pairs of refugees, displaced persons, or migrants, or pairs of persons with disabilities. b) Disability as a priority factor **for providing humanitarian assistance** by humanitarian and government organizations in the transit and host countries, despite the fact that there is a gap to meet specific needs of persons with disabilities. c) The **articulation and inter-institutional coordination and efforts** to provide protective measures to refugees, displaced persons, and migrants with disabilities facing the violation of their rights. **The solidarity and support of a large part of the host community** for refugees, displaced persons, and migrants with disabilities.

## **9. On access to services**

- Refugees, displaced persons, and migrants with disabilities experience barriers in accessing health, education, and employment services, mainly because of discrimination and xenophobia due to nationality, disability status, and their irregular situation in the host country.

- 
- In general, services and humanitarian assistance to refugees, displaced persons, and migrants with disabilities **do not contemplate the inclusive approach and the intersectionality between human mobility, disability, and other variables**; however, there are efforts by some organizations such as UNHCR<sup>31</sup>, the Red Cross, and NGOs,<sup>32</sup> including CBM and Humanity & Inclusion, which have developed guides to work with persons with disabilities on the move with an inclusive approach.

## 10. On protection needs

- Refugees, displaced persons, and migrants with disabilities are in a **situation of double vulnerability** to the risks and threats that they face on their journey and in the host community. Thus, it is a priority to provide the necessary protective measures necessary various governmental and humanitarian organizations.
- **Women and especially girls, boys, and adolescents with disabilities are the most exposed** to abuse, gender-based violence, and sexual violence on the various stages of displacement.

## 11. On discrimination and prejudice

- In all participating countries, discrimination appears across the board in several spheres. For example, in **access to public services** (health, education, transport, and information), **discrimination based on nationality** is also identified in the daily spheres of cultural, community, and religious life; and **discrimination based on disability status**.
- **Refugee girls, boys, and adolescents with disabilities face double discrimination in schools** for being foreigners and for being persons with disabilities, which places them in a context of double discrimination and vulnerability and hinders their full development.
- There is **bias** against persons with disabilities on the move, and the stigma, criminalization, and mistaken ideas about this population are evident. It is also evident that there are no sensitization or awareness strategies in the transit and host countries to avoid discrimination contexts and enable the inclusion in the host community.

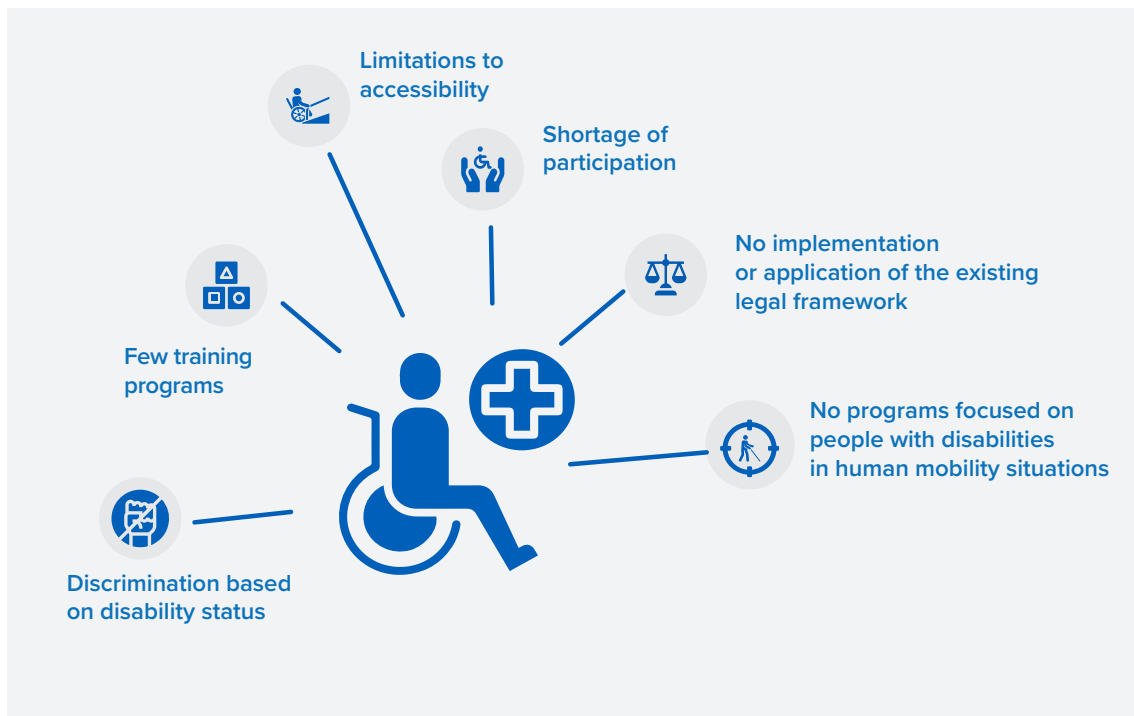
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31 Working with Persons with Disabilities in Forced Displacement  
<https://www.refworld.org/docid/5ce271164.html>

32 All under one roof: <https://www.sheltercluster.org/inclusion-persons-disabilities-shelter-programming-working-group/documents/all-under-one-roof>

## 12. On participation

- There is **low participation** by refugees, displaced persons, and migrants with disabilities in consultations and decision-making processes carried out by humanitarian and/or government organizations on matters that affect them. There is also low participation in different community processes. Among the reasons that persons with disabilities mention, there is little awareness of and access to information on these participation spaces. As for the organizations, they recognize that it is necessary to strengthen participation mechanisms, especially for persons with disabilities, on equal terms.





Family receives help in Centro Binacional de Atención Fronteriza (CEBAF) while waiting to go into Peru.

© Sebastian Castañeda/UNHCR.

## 6. Recommendations

### 1. On the national and international legal framework:

- The challenge for all the governments of the participating countries is to **apply and carry out the applicable normative framework** at the national and international level to ensure the exercise of human rights and respond to the needs of refugees, displaced persons, and migrants with disabilities and to create favorable public policies with more inclusive spaces within the host society. In order to do this, it is necessary to have financial and human resources, the cooperation of all the actors involved, and continuous monitoring and evaluation to ensure the expected results in the short, medium and long term.
- It is advisable to design and implement a **two-way approach** that addresses **intersectionality**, from the assistance needs associated with disability to the needs derived from the situation of human mobility. This approach shall contemplate reciprocal mainstreaming measures in **policies, laws and programs** intended for refugees and migrants in general and those with disabilities.

### 2. On the information system

- It is advisable to have a **design or strengthening of an information system** that can collect data on people on the move that is disaggregated by disability and other variables of intersectionality that facilitates the design, implementation and monitoring of inclusive response programs. This system should be accessible to all the actors involved in human mobility, thus avoiding duplication of efforts and the spread of data.



- Applying the current regulatory framework
- Applying a two-way approach that addresses intersectionality
- Caring for the needs of people with disabilities in human mobility situations



- Strengthening the information system
- Promoting statistical research to identify the care needs of people with disabilities in human mobility situations



- Creating specific care protocols for people with disabilities in human mobility situation



- Strengthening alliances between the bodies responsible for disability and human mobility policies in each country

- 
- Ensure **data security, confidentiality** and proper handling of personal information of assisted people.
  - Promote up-to-date statistical and social research on issues that make it possible to identify the situation and assistance needs of persons with disabilities on the move, from a differentiated perspective by priority groups and from an intersectionality approach.

### **3. On assistance protocols**

- Humanitarian and government organizations that provide services are advised to create **assistance protocols** to work with persons with disabilities on the move with an approach of inclusion, equality and diversity.
- The backgrounds of people in situations of human mobility should be considered in the design of the response, this implies a **“Life Plan”** which allows us to see the dimensions of each person to rebuild a future with a more comprehensive and inclusive perspective.
- Strengthen and/or develop **National Mental Health Programs** with a focus on prevention, accessibility, rehabilitation, social inclusion and human rights, and considering comprehensive assistance for refugees, displaced persons, and migrants with disabilities, and with a special emphasis on individuals returned with disabilities acquired as a result of the mobility experience.

### **4. On organization staff**

- **Develop and/or strengthen the skills of staff** of humanitarian and government organizations to ensure assistance for persons in human mobility with disabilities, by means of continuous training in different areas, such as: Convention on the Rights of Persons with Disabilities (CRPD), data disaggregation, inclusive approach, etc.
- **Train organizational teams and raise their awareness** so that they can address the intersections of vulnerability factors (age, gender, ethnic origin, diversity, disability) and define a specific action plan appropriate to each case.
- Support the **education and training of family members and support people** of persons with disabilities who need to improve assistance and support techniques with a comprehensive approach.

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## 5. On strategic cooperation among actors

- Strengthen the **bond and alliance between the entities responsible for disability and human mobility policies** in each country and region, in order to favor inter-institutional discussions that allow coordinated work and exchange of experiences and best practices, as well as to share, contribute and effectively and efficiently use the financial and logistical resources available to guarantee the assistance of refugees, displaced persons, and migrants with disabilities.
- It is advisable to offer opportunities for participation and formal collaboration among humanitarian and government organizations and the **Organizations of Persons with Disabilities (OPDs) on the subject of human mobility**, especially in the design, implementation and evaluation of plans and response programs intended for people with disabilities.
- Identify **good practices about programs or initiatives for the assistance, inclusion and community participation** of refugees, displaced persons, and migrants with disabilities, as well as host communities, in the region.

## 6. On alternative means of communication and accessible formats

- Include in response plans **alternative means of communication for people with hearing and intellectual disabilities**, in order to provide for the support for sign language interpreters and accessible formats, such as easy reading and pictograms, for people with intellectual disabilities. It is important to consider the interpreter must master the sign languages of both countries at border assistance points.
- Promote the production of **materials in accessible and inclusive formats** for different types of disabilities.
- Ensure the **active participation of refugees, displaced persons, and migrants with disabilities** from the identification of the need for information and communication materials, as well as their design, preparation and monitoring.
- Integrate refugees, displaced persons, and migrants with disabilities as **information multiplier agents** with their peers in different countries.
- Create **communication networks and channels** that facilitate the exchange of updated information, as well as means to share feedback with key actors.
- Encourage the **use of several means of communication** that correspond to different types of disability.

## 7. On specific programs and the intersectional approach

- It is advised to **incorporate programs or activities adapted to persons with disabilities**, in order to reduce possible barriers to access to humanitarian assistance and programs.
- Organizations and states are recommended to create spaces to work on intersectionality approaches in the population of refugees, displaced persons, and migrants with disabilities to offer inclusive humanitarian assistance.
- It is advised to adopt measures to meet the specific needs in terms of communication, interpretation, culturally adjusted services, among others, considering the specific needs of people in situations of greater vulnerability, such as indigenous people with disabilities.

## 8. On family environments and humanitarian assistance

- It is advised to contemplate the family environment of refugees, displaced persons, and migrants with disabilities in their humanitarian assistance and care, since all responsibility falls on the family.
- It is advised to work with families in terms of **the practice of personal care or support for persons with disabilities**, so that this task is distributed in the family environment and does not fall exclusively on women.

## 9. On disability qualification certification

- Faced with the barrier of obtaining a disability certificate in relation to their regular status in the host country, it is advised to make a joint effort at the regional level to review, optimize and agree on the **processes of validation or qualification of**



- Designing effective communication channels and networks for people with disabilities



- Creating specific programs or activities for people with disabilities



- Optimizing disability validation and disability card acquiring processes



- Conducting awareness campaigns to prevent acts of discrimination



- Considering the political participation of people with disabilities in human mobility situations



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**disability and the acquisition of a disability ID**, so that this document is recognized and accepted in different countries regardless of their regular situation. This allows access to the exercise of rights and specific protection measures in the host country.

#### **10. On discrimination and xenophobia**

- It is advised to strengthen consciousness-raising processes or **awareness and sensitization campaigns** at all levels of society to prevent acts of discrimination and xenophobia on the basis of nationality, disability, and other factors, such as gender, ethnic origin, age, and diversity.

#### **11. On the participation of persons with disabilities**

- Consider the participation of persons with disabilities in the projects and programs that humanitarian and government organizations may promote, which allow the development of different methodologies and processes to **ensure their effective participation in the design, consultation, planning, implementation, monitoring and accountability**.
- It is necessary to define **much more systematic and community-based participation processes** so that they are continuously, and not only occasionally, consulted, in order to ensure the participation of these groups in situations of human mobility.
- In the participation processes, key factors such as the type of disability must be considered, as well as the capacity of organizations **to manage said participation under equal conditions**.
- Promote and consolidate the **integration of refugees, displaced persons, and migrants with disabilities in national and local organizational processes** of people with disabilities.
- Promote the development and expansion of **support networks**.

#### **12. On skill recognition and strengthening**

- In light of the fact that refugees, displaced persons, and migrants with disabilities have capacities, skills and strengths, it is advised to increase their educational opportunities and inclusion in **skill building** programs, as well as their participation in initiatives and productive and labor inclusion projects, to ensure processes of autonomy and self-sufficiency.

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**13. Finally, it is advised to expand and continue are of research on refugees, displaced persons, and migrants with disabilities, including topics such as the following:**

- In-depth analysis of barriers faced by persons with disabilities in several contexts of human mobility.
- The needs of host communities to ensure the total inclusion of refugees, displaced persons, and migrants with disabilities, particularly the exercise of labor rights and the return to productive life.
- The situation of refugee, displaced and migrant women, girls and adolescents with disabilities and the needs for protection against gender-based violence.
- Psychosocial and mental health assistance for refugees, displaced persons, and migrants with disabilities.
- Analysis of the psychosocial impact of instances of generalized violence and insecurity in areas and routes with higher crime rates.
- Analysis of the impact of the trafficking and trading of women and girls in the context of human mobility, particularly of women and girls with disabilities.

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