

DISABILITY INCLUSION STUDY

IDP SITES IN KISMAYO, SOMALIA - DECEMBER 2021



IOM CCCM Cash for Work activities in Ufurow IDP site Baidoa, Somalia. Photo credit Abdi Abdulla-



SHF

Somalia
Humanitarian
Fund

ACRONYMS

AAP	Accountability to Affected Populations
CCCM	Camp Coordination and Camp Management
CMC	Camp Management Committees
IDP	Internally Displaced Person
IOM	International Organization for Migration
MHPSS	Mental Health and Psychosocial Support
OPD	Organizations of Persons with Disabilities
OT	Occupational Therapist
PoC	Protection of Civilians
SODEN	Somali Organization Disability Empowerment Network
WASH	Water Sanitation and Hygiene
WGQ	Washington Group Questions

TABLE OF CONTENTS

BACKGROUND AND AIMS	4
KEY FINDINGS FROM THE DISABILITY INCLUSION ASSESSMENT	4
RECOMMENDATIONS FOR HUMANITARIAN CLUSTERS ON TANGIBLE WAYS TO ENHANCE DISABILITY INCLUSION WITHIN SITE-LEVEL RESPONSES	
Health	5
Physiotherapy and Psychosocial Support	5
Water Sanitation and Hygiene	5
Food Security and Livelihoods	6
Nutrition	6
Shelter and Non-Food Items	6
Education	7
Protection	7
CCCM	7
METHODOLOGY	8
DISPLACEMENT CONTEXT IN SOMALIA	8
PERSONS WITH DISABILITIES IN KISMAYO IDP SITE	9
ACCOUNTABILITY TO HUMANITARIAN SERVICES	10
ACCESS CONSTRAINTS TO HUMANITARIAN SERVICES	10
PERSONS WITH DISABILITIES ACCESS TO SECTOR-BASED SERVICES IN KISMAYO IDP SITES	12
Health	12
Physiotherapy and Psychosocial Support	12
Water Sanitation and Hygiene	13
Food Security and Livelihoods	14
Nutrition	14
Shelter and Non-Food Items	15
Education	16
Protection	16

BACKGROUND AND AIMS

The International Organization for Migration (IOM) with technical support from Humanity & Inclusion and Displacement Tracking Matrix (DTM) undertook a study in IDP sites within Kismayo, Somalia. The aim of this study was to obtain valuable data regarding the prevalence of persons with disabilities living in Kismayo IDP sites. Furthermore, the objective of the study was to collect data showcasing some of the barriers and challenges that persons with disabilities face in accessing services both at the IDP site-level but also within the respondent's broader community. This data was collected to provide clearly formulated recommendations that various partners can take to promote meaningful inclusion within their programmes in IDP sites. The study, which was initiated between August and December 2021, looks to provide clearly formulated recommendations that various partners can take to promote meaningful inclusion within their programmes in IDP sites. The study is required because despite the increased frequency of disability data collection efforts in IDP sites throughout Somalia, the broader humanitarian and development communities continue to possess fragmented information about persons with disabilities and the barriers they face in accessing humanitarian services living in Somalia IDP sites, and the barriers they face in accessing humanitarian services. While initiatives by the CCCM cluster such as integrating the Washington Group Questions (WGQs) into the site verification exercise have attempted to highlight important site-level data, the reliance on a key informant interview methodology presents challenges in obtaining accurate information. In addition to an absence in comprehensive disability data, humanitarian service providers continue to lack a clear understanding of the barriers and challenges that persons with disabilities face in Somalia IDP sites. The broader aim of this disability inclusion study is to garner further interest from various stakeholders and donors about the importance of quality and comparable disability data as an enabler of more specialized and targeted humanitarian activities that enrich access to services for persons with disabilities.

**Disclaimer on terminology in this report: The data collection exercise which informed this report used the WGQs approach to data collection using the word difficulty instead of disability. Nevertheless, this report will use the term disability to facilitate an understanding for the readers that, according to the methodology, only those with significant functional difficulties who are highly likely to have a disability are being considered as "persons with disabilities" in this exercise.*

KEY FINDINGS FROM THE DISABILITY INCLUSION ASSESSMENT

- 20% of survey respondents are persons with disabilities
- Among individuals with disabilities, 31% of respondents indicated that they experience mental health concerns
- Access to information remains a critical barrier preventing persons with disabilities from accessing services within the IDP site and broader community. Door-to-door or shelter-level information engagement is recommended for all organizations providing support in IDP sites to ensure greater service knowledge of persons with disabilities
- Requests and needs for mobility aids and specialized mobility assistance is pertinent for IDPs that may not have such essential resources. Organizations are encouraged to work closely with organizations of persons with disabilities (OPDs) as well as specialised actors to further support tailoring mobility aids for those in need
- Over 24% of respondents reported that they encountered dangers when accessing or using services within IDP sites or the greater community. 9% of respondents experienced physical violence when accessing services. Additionally, 6% of respondents cited verbal harassment and 5% of respondents highlighted incidents of bribery when accessing services
- 60% of respondents stated that complaints mechanisms are not available to them within IDP sites
- 65% of respondents are not able to access community activities, information centers and services dispersed in a centralized manner within IDP sites.

RECOMMENDATIONS FOR HUMANITARIAN CLUSTERS ON TANGIBLE WAYS TO ENHANCE DISABILITY INCLUSION WITHIN SITE-LEVEL RESPONSES

The provision of sector-wide trainings on disability inclusion and the promotion of disability inclusion awareness at site-level is applicable for all clusters. The following recommendations have been prioritized following the assessment with such recommendations adopted from the IASC Guidelines on Inclusion contextualized for the Somalia IDP setting.

HEALTH

- Shelter-level health outreach work is required to circulate awareness and key information about what health services are available for persons with disabilities living in IDP sites, including information pertaining to service cost, working hours, eligibility and other important information.
- Training of staff on disability inclusive practices for people with disabilities, including those with mental health conditions is recommended.
- Increase partnerships and collaborations with OPDs to strengthen the direct provision of assistive devices.
- Ensure that health facilities are designed to be fully inclusive such as the creation of low-grade ramps and railings with such facilities being supplemented by site-level outreach work.
- Mobilize a range of health providers (including occupational and speech therapists) to enable persons with disabilities to obtain the services they require.
- Develop and field test referral pathways between the community and hospitals and between health services and other sectors and services

PHYSIOTHERAPY AND PSYCHOSOCIAL SUPPORT

- Humanitarian partners such as CCCM and Protection to provide referrals to health practitioners working on assistive technology including orthosis therapy, physical rehabilitation and occupational therapy for further individual assessments and the recommendation for tailored mobility aid.
- Mapping of available palliative and physiotherapy services that are available at the district-level with this information disseminated in accessible formats and available at the IDP site-level.
- Improved coordination of MHPSS activities in IDP sites with further support from CCCM, Protection and Health partners at ensuring that available services are circulated at the site/shelter-levels.

WATER SANITATION AND HYGIENE

- The distribution of hygiene items should include selection criteria which prioritize persons with disabilities if not in place. Type and number of items in these hygiene kits should also take into account specific needs of persons with disabilities.
- Construction of latrines as well as other WASH services such as bathing areas and water points should be done upon consultations and with the participation of persons with disabilities for issues such as: location; accessibility, safety, number of accessible facilities; in addition to awareness with the community to ensure proper use and maintenance.
- Consult and involve persons with disabilities when water and sanitation facilities are sited, designed, constructed and maintained. When promoting hygiene, consult similarly.
- WASH accessibility designs should adhere to global standards ensuring full access to persons with disabilities. This may include low-grade ramps, handrails indoors and outdoors (for latrines), adequate lighting and ventilation, adequate height of hand washing points, locks and partitions to ensure GBV safety measures.
- Community-led water distribution networks should be set up supporting identified persons with disabilities and households that may not be able to access local water points. WASH and CCCM partners can identify certain community members that can support water access for particularly vulnerable households.

FOOD SECURITY AND LIVELIHOODS

- Food distributions should as a rule of thumb have specific fast-track queues for persons with disabilities, be set-up with accessibility features in mind, including the communication of locations of distribution sites.
- Food distributions, beneficiary selection/registration and key operation updates should look to incorporate shelter-level outreach targeting persons with disabilities at the IDP site-level. In-kind item distributions should explore site-level delivery provided directly by partner staff for accountability assurance.
- To respond to food shortage in the area, the cluster should seek partnerships with relevant stakeholders to address the nutritional requirement of the community through vocational training and assistance with financial support to start small business to improve their livelihood.
- Efforts by the Food Security Cluster should include the recruitment of OPDs to assist in direct food distributions or livelihood support.
- Small grants are recommended for camp management committees (CMCs) that include persons with disabilities as standard committee members. Such grants can be used to improve economic opportunities for members of the IDP community with an emphasis on site-level service access for persons with disabilities facing service constraints.
- Find ways to reach marginalized and isolated affected populations, including persons who have psychosocial disabilities, who are not mobile, or who face other barriers. Consider outreach and community-based distribution processes both to prepare and deliver food.

NUTRITION

- Provision of important nutritional supplement stocks for iron deficiency and diabetes should be provided at various nutrition centers and/or pharmacies.
- Specific items in the food basket should be added/removed/substituted upon consultations with persons with disabilities and nutrition experts.
- Work with communication colleagues, disability experts and OPDs to develop inclusive community-based approaches and accessible information on nutrition services
- Nutrition partners to explore shelter-level dispersal of nutrition supplements following consultations at nutrition centers or IDP site-level via outreach services.
- Allocate and mobilize resources for inclusive nutrition interventions that are accessible to and target persons with disabilities. Set up coordination arrangements. Allocate sufficient resources in the budget to cover accessibility and inclusion costs

SHELTER AND NON-FOOD ITEMS

- In-kind distributions should include a fast-track queue for persons with disabilities and their family members
- Consult persons with disabilities to assess the accessibility of shelters. Base the analysis on the requirements of persons with disabilities who live in them. Adapt temporary shelters accordingly.
- When possible, administer shelter-level provision of in-kind support or beneficiary selection engagement limiting the reliance on accessing centralized distribution or registration points.
- Designs of semi-permanent or permanent shelters should include OPDs and persons with disabilities living within targeted communities
- Contents of standard NFI kits should be adjustable including critical resources that may improve the lives of persons with disabilities in camp-like settings (commodities, handheld solar lanterns, foldable raised mattress, plastic chairs, etc)
- Targeted shelter upgrading activities that focus on shelters accommodating persons with disabilities can be established as a core activity that allows paid and assisted community labourers to upgrade shelter conditions of those that require meaningful shelter improvements. As 88% of respondents were unable to provide these pertinent repairs, shelter partners could deliver much needed support through hiring labour to assist persons with disabilities with their shelter improvements.

EDUCATION

- The Education Cluster should coordinate with the Ministry of Education and National Disability Agency to identify where the challenges lie in drafting policies to enhance access to basic education and barriers that hinder accessibility
- Develop learning materials that are comprehensive, culturally appropriate and include all learners.
- Transition Learning Spaces (TLS) and education facilities to be retrofitted ensuring that spaces are fully accessible for persons with disabilities. It's recommended for OPDs, Humanity & Inclusion and the National Disability Agency to support with providing contextual recommendations for accessible building designs.
- Education partner outreach should occur at the IDP site-level with shelter visits targeting households of children with disabilities providing information about available services within the community and well as conducting sensitisation on the importance and benefits of education to children with disabilities.
- Reasonable accommodation such as transportation support should be considered as a supplementary programme cost for education partners.
- Teachers training as well as adaptation of education materials should be provided to ensure that teachers are able to support children with disabilities in the classroom.
- An alternative low-cost system for teacher's assistants to support with classroom management should be considered -e.g. engaging recently graduated students.

PROTECTION

- If data protection can be guaranteed, in coordination with CCCM actors, develop and update lists of persons with disabilities, including their specific needs in accessing different services to be available for service providers in the site. Data should be collected on voluntary basis and the information on this list should be kept with the utmost confidence to ensure safety of persons with disabilities and their families.
- Protection services such as the access to legal aid can receive enriched broadcasting to members of the IDP community with shelter-level communication with persons with disabilities about their rights and the legal services that are available to them
- The cluster should identify and track at the site and district-levels how barriers to access are being ameliorated with special focus on persons with disabilities
- Protection services should be accessible and inclusive of persons with disabilities, with staff trained on how to interact and support them as well as issues of referrals, informed consent and disclosure of incidents.
- Take urgent assessment and programming action to better understand the situation of women and girls with disabilities and their engagement in GBV prevention and access to response

CCCM

- Establish awareness sessions predicated on the needs of persons with disabilities to members of the camp management committee (CMC) and other members of the IDP site community in collaboration with OPDs.
- Create awareness raising strategies within the community, among the humanitarian partners and other stakeholders on the specific needs of person with disabilities and the barriers they face.
- Strengthen awareness to persons with disabilities about complaints feedback mechanisms (CFMs) and how they can be accessed while emphasizing shelter-level modes of complaint intake ensuring that mobilizers visit shelter housing individuals facing difficulties.
- Pair CCCM partners with OPDs to provide disability inclusion awareness to members of the community and to hold consultations with persons with disabilities.
- Create a mandatory requirement that any newly constructed information/community centers are fully accessible to all members of the community with community consultations with persons with disabilities about location of centers and various design elements. Existing community centers created should be retrofitted following accessibility features as allowed by resources and the location.
- Mainstream disability inclusion within safety audit exercises and site evacuation activities so that infrastructure improvements at the site-level aim to promote greater accessibility for persons with disabilities. Consider having a specific route and plan for persons with disabilities.
- Streamline the provision of handheld solar lanterns at the household level to encourage broader access to communal infrastructure at night and less of a reliance on firewood resources needed to light shelters via open flame

METHODOLOGY

The study adhered to a mixed methodological approach designed to highlight key concerns and barriers that persons with disabilities face in accessing critical services while also employing the WGQs to capture accurate data regarding disability within all 146 IDP sites located within the district of Kismayo.

The study's quantitative tool was designed in joint consultation between IOM, Humanity & Inclusion, the CCCM Cluster and IOM DTM. The questionnaire largely utilized questions that were asked during the 2020 Disability and Inclusion Study conducted in Malakal Protection of Civilians (PoC) site¹.

Moreover, the tool was further modified to ensure that it fits the Somalia IDP context while also ensuring that questions detailing in-site and out-of-site services were incorporated. Overall, 2,140 individuals were surveyed using a simple random sampling methodology across all 146 verified IDP sites in Kismayo. Data collection occurred from October 23rd through November 11th 2021. The findings are statistically representative at the sector level with a 95% confidence level and 5% margin of error, with target sample sizes based on May 2021 population figures provided by the CCCM Cluster Site Verification exercise². The sample sizes were distributed proportionally based on the population sizes of the sites. However, due to the unplanned nature of Kismayo IDP sites, shelters were chosen at random with the sample size per site varying based on proportion the population of the targeted IDP site. All household members above the age of 15 present at the time of the study were asked questions related to difficulties that they face daily. During the study, the WGQs were deployed to identify individuals who face difficulty in carrying out the following activities: a) seeing (even if wearing glasses), b) hearing (even if using a hearing aid), c) walking or climbing steps, d) remembering or concentrating, e) washing or dressing, and f) communicating in one's customary language or being understood. If sampled individuals responded that they faced difficulties in one or more of the aforementioned domains, a set of questions on various challenges in the lived experience were asked to further determine key barriers and areas of support that individuals have in living within Kismayo IDP sites. WGQs included the ability for respondents to answer the degree in which individuals feel difficulties ranging from "yes, a lot of difficulties" to "no, cannot do at all". In total, 2,140 answered the WGQs delivered by IOM enumerators of whom 422 were identified as having significant functional difficulties, which for the purposes of easy understanding for different actors, this report considers to be persons with disabilities. This figure demonstrates that 20% of all sampled individuals within the study were persons with disabilities.

DISPLACEMENT CONTEXT IN SOMALIA AND KISMAYO

As of November 2021, there are officially 2,400 IDP sites which are comprised of a total population of 2.9 million people. The displacement context in Somalia remains fluid and complex with multiple displacement factors concurrently unfolding in the country. Natural shocks, conflict and eviction continue to be critical influences in exacerbating displacement across the country. Furthermore, displacement characteristics in Somalia contain mixed attributes of both new displacement and protracted displacement with living conditions and services varying between verified IDP site. Living conditions in IDP sites across Somalia are exemplified by settlement overcrowding with poor quality of built infrastructure and dire sanitary conditions. Over 40% of IDP sites are currently not able to accommodate increases of population size to the established settlement (REACH, DSA IV 2021). Such inadequate conditions are felt most by persons with disabilities living in IDP sites as sufficient access to communal services is often rendered due to narrow footpaths and lack of considerations promoting accessibility (2021, HNO). Furthermore, persons with disabilities face challenges in accessing site-level governance structures impacting decision-making at the IDP site-level. While the CCCM cluster has engaged with partners on this topic and has inserted key guidance related to establishing fully inclusive and participatory governance structures, effective outreach work still remains limited in IDP sites. Numerous initiatives have been implemented by service providers throughout Somalia aimed at promoting better access to WASH and shelter resources however, such initiatives still require standardizing to ensure meaningful improvements across the country's IDP sites.

Kismayo was targeted for this project due to the large number of IDP sites and population in addition to the various risks that Kismayo IDP sites face. There are 146 verified IDP sites in Kismayo (fourth highest of any district in Somalia) accommodating a total of 12,638 households and 66,051 individuals³. Within the district of Kismayo, IDP sites are split into four sectors which correspond with the town's neighborhoods: Fanole, Central, Galbeet and Dalxiska. Fanole IDP sites are situated near the town's center while IDP sites within the other three sectors tend to be located more on the periphery of Kismayo town. Incidents of flooding and the threat of eviction remain pertinent issues affecting Kismayo IDP sites with 40% of all sites (59 total IDP sites) having an extreme risk of flooding while 16% of all Kismayo IDP sites have been issued an eviction notice within the last 3 months (Kismayo Site Verification Results, CCCM Cluster May 2021). Persons with disabilities are affected by such shocks in unequal ways exacerbating already acute needs for services. Additionally, Kismayo IDP sites in certain sectors such as Fanole and Dalxiska are characterised by having excessively sandy surfaces due to the sites close proximity to the ocean. This terrain has the potential to further aggravate physical access to parts of the IDP site or locations outside of the IDP site.

1 [*South Sudan — Disability & Inclusion Survey Malakal PoC Site \(2020\) | DTM \(iom.int\)*](#)

2 [*Kismayo Site Verification, CCCM Cluster May 2021*](#)

3 [*Kismayo Site Verification, CCCM Cluster May 2021*](#)

PERSONS WITH DISABILITIES IN KISMAYO IDP SITES

The use of the WGQ questions demonstrated that 20% of individuals surveyed were persons with disabilities. Difficulties in the domain of walking or climbing are the most common affecting 47% of persons with disabilities. Washing and dressing (33%), remembering or concentrating (29%) and seeing even with glasses (29%) were the most frequent difficulties that were raised by respondents. Out of all individuals surveyed within the study, 8.5% expressed difficulties in walking or climbing, 6.5% mentioned difficulties washing or dressing, 5.7% expressed difficulties in remembering and concentrating or seeing even with glasses, 3.9% of total respondents cited difficulties hearing even if using hearing aids while 3.4% of total respondents mentioned difficulties in communicating.

The largest demographic group that responded as having difficulties were individuals over the age of 60 which makes up 36% of all persons with disabilities despite making up 15% of the total individuals sampled within the study. Persons over the age of 60 made up 42% of hearing difficulties and 37% of seeing difficulties.

An extended set of questions were presented to identify difficulties in feelings and concentration that might be linked to a spectrum of psychosocial disabilities and mental health concerns that respondents are facing. Among persons with disabilities that were surveyed, 31% of respondents cited suffering from mental health concerns. 14.2% of respondents reported concerns with individuals feeling very tired or exhausted and worried, nervous or anxious every day. The largest percentage of persons with mental health concerns were seen in individuals with difficulties remembering or concentrating. Furthermore, 35.7% of individuals facing distress were over the age of 60 which may present additional support needed by caretakers, members of the household or members of the community.

Figure 1: % of respondents reporting difficulties for each difficulty type

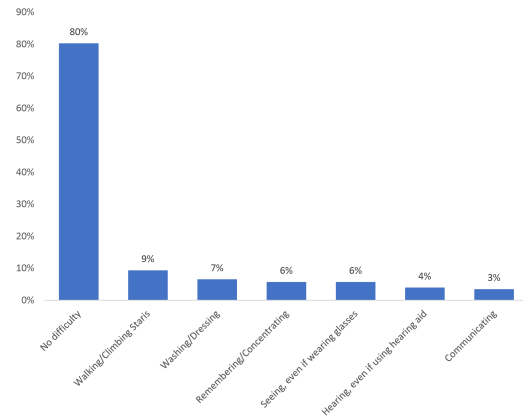


Figure 2: % of respondents reporting difficulties with age disaggregation

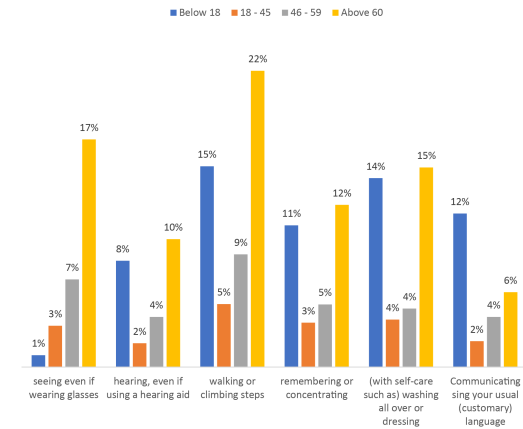
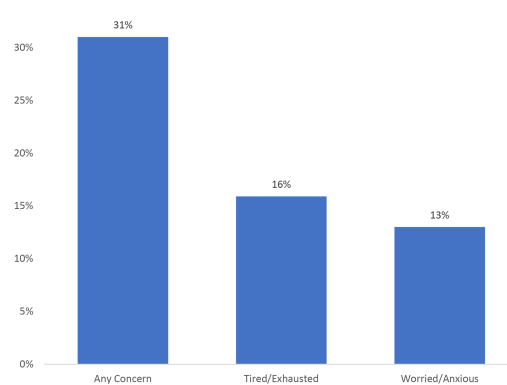


Figure 3: % of persons with disabilities reporting mental health concerns



ACCESS CONSTRAINTS TO HUMANITARIAN SERVICES

Access barriers to humanitarian services was a topic of focus for the disability inclusion study. Respondents demonstrate constraints in being able to reach services provided specifically by humanitarian partners whenever they are needed with 48% of respondents highlighting that they never have access to humanitarian services and 37% cited services are available to them on some days. Only 8% of respondents mentioned that they have access to humanitarian services during most days.

Overall, 62% of all respondents highlighted distance being the main barrier to accessing humanitarian services with vital resources such as health, education and nutrition support being located some distance from IDP sites. 27% of participants mentioned that a lack of physical access being the main barrier to receiving services. Similar to distance, physical access is rendered in Kismayo IDP sites for persons with disabilities due to the centralized location of many humanitarian services both at the site-level (distribution points and information centers) or community sector-level. This is illustrated through 62% of respondents mentioning that they never have access to humanitarian services revealing that physical access is the primary barrier that they face in accessing services. The lack of resources needed to access service points was stated as being a primary constraint for 8% of individuals with 2% of respondents highlighting that discrimination and harassment prevents them from attempting to access humanitarian services.

The equal and fair distribution of services were recorded by participants throughout the study with 15% of respondents explaining that such practices were never executed by humanitarian partners.

Figure 4: % of persons with disabilities reporting access barriers preventing them from obtaining humanitarian services from service providers

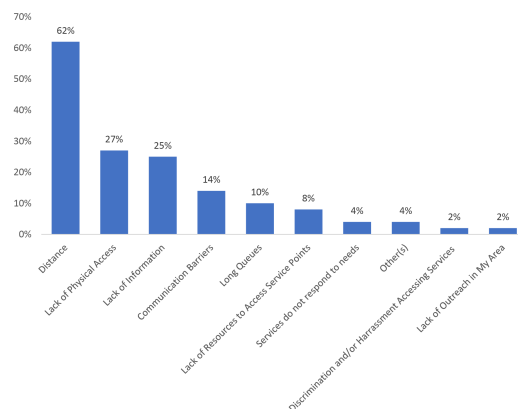
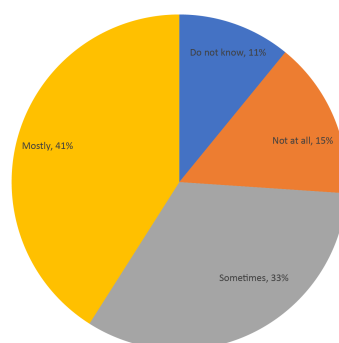


Figure 5: Do you feel that services are being provided equally and fairly to men and women, boys and girls with and without disabilities

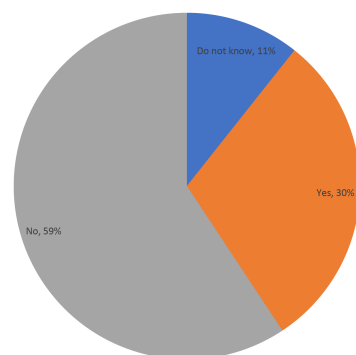


ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP) AND PARTICIPATION

Access to humanitarian information acts as a critical barrier rendering respondents' ability to know how to best access services. 55% of respondents mentioned that updates on community services are provided by site leaders, with 20% citing community mobilizers and 15% stating that they receive updates from NGO workers. 13% of participants reiterated that they are unable to understand information that is circulated to them. Communication barriers should be further explored and mitigated by all humanitarian actors. Capacity development inclusive of partnerships with OPDs can help service providers better reach persons with disabilities living in IDP sites.

Knowledge of complaints feedback mechanisms that are available and accessible at the site-level is critically low in comparison to the availability of such resources. During a satisfaction survey implemented in Kismayo IDP sites by CCCM partners in January 2021, 100% of all respondents were aware of CCCM CFM systems that could be used to request information or raise a complaint.

Figure #6: Are there feedback mechanism, including feedback mechanisms, general user satisfaction and feedback mechanisms in place for you to refer to if you are unhappy with current available services?



For the 30% of individuals that were aware of the complaints mechanism available to them, 55% mentioned that they had used the system at least once with 84% of respondents who have used the system stating that they were satisfied with the actions taken through the feedback system. Site-level complaints feedback mechanisms (CFMs) require humanitarian agencies to dedicate greater time towards engagement with all members of the community including shelter-level mobilization efforts that look to unlock greater accessibility. Moreover, various modes for complaints intake should be available to allow for members of the community regardless of difficulty to file issues via CFMs.

Further outreach and inclusive approaches are necessary to allow for respondents to participate in community decision-making process. 65% of participants do not participate in community activities or frequent community spaces within the IDP site citing lack of information about such events or requirements for additional accommodation.

Activities that are both tailored to increase participation of persons with disabilities is encouraged by all humanitarian partners providing service in IDP sites. Moreover, concerted efforts that dismantle access barriers to services such as redeveloping committee structures and establishing shared communal resources are recommended to promote equitable access and inclusion of all members of the IDP site. This may entail transportation support to community events or the provision of mobility aids via OT recommendation to stimulate meaningful involvement in community activities. It should be mentioned that only 22% of those surveyed are able to leave their shelters without support from a family member or member of the community. Therefore, special considerations such as promoting participation of both persons with disabilities and caretakers is recommended for continuous contributions from targeted community members.

While 16% of respondents stated that they cannot attend community activities, 63% of participants cited that they are able to attend community activities in the same way as anyone can with minimal difficulty. These results may be explained by the fact that while those surveyed may be able to attend community events, the absence of access to information about such events limits their participation. Only 18% of respondents mentioned that they have enough information about services and events that are occurring at the site-level exposing how imperative it is for enhanced communication campaigns that target all members of the IDP site.

Similar to main sources of information that IDPs receive pertaining to community services and site updates, 30% of persons with disabilities prefer to receive their information via radio⁴. 23% of respondents receive information via door to door campaigns which showcases that humanitarian service providers and site leaders are mobilizing awareness and outreach work that is providing information at the shelter-level. The combination of the use of different means of communication simultaneously is a best practice that should be encouraged by all humanitarian clusters for all community engagement operations in IDP sites. Furthermore, 17% of participants currently received information through megaphone and loudspeaker updates which show the ability to effectively disseminate information at the shelter-level through this activity. The use of IEC materials such as posters and signs are largely ineffective in providing persons with disabilities with important information about available services at the IDP site-level. These results demonstrate the demand for all actors to invest in engagement campaigns that are decentralized and attempt to provide important information to individuals at the shelter-level.

Figure #7: Do you participate in key community activities and spaces?

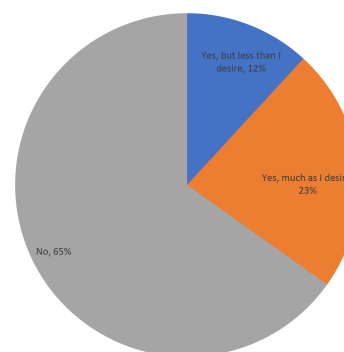


Figure #8: Do you have difficulty joining in community activities (for example festivities, religious or other activities) in the same way as anyone can?

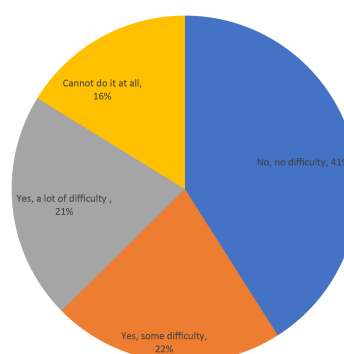
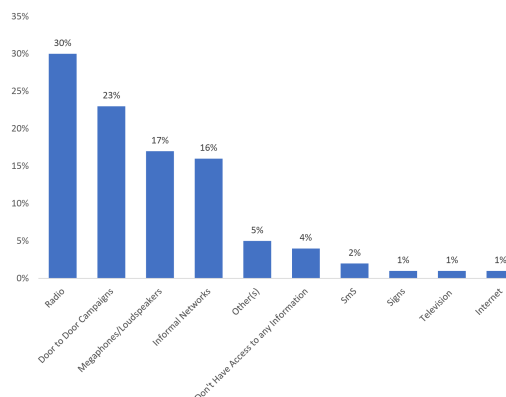


Figure #9: What are your main sources of information on community services and site updates?



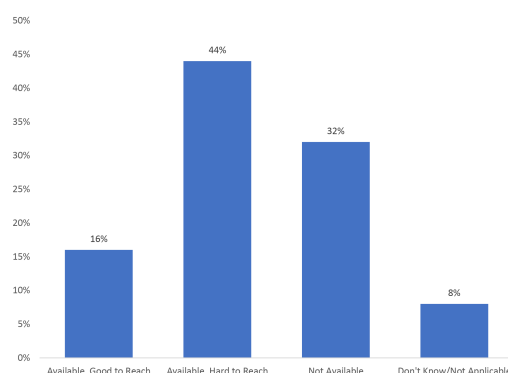
PERSONS WITH DISABILITIES ACCESS TO SECTOR-BASED SERVICES IN KISMAYO IDP SITES

HEALTH

Health services and information on how to best access health services were unanimously demonstrated as the most critical needs by respondents. Health advice and information on health services was seen as the most important information that participants would like to receive. Moreover, access to medical services were viewed as the most urgent need that individuals have within Kismayo IDP sites.

Health services are known by the majority of assessed individuals (60%), however being able to physically access health services remains a challenge. 69% of respondents had a pressing medical need within the last 6 months and only 38% of respondents with medical needs were able to obtain required medical attention to alleviate these needs. The most cited barrier to health support was purchasing power. Persons with disabilities and their household members are unable to pay for medical examinations, medication or the transportation that is required to receive medical support. The distance between IDP site and health clinic presents large obstacles in accessing medical treatment and plays a role in enabling economic burden when attempting to receive health services. There is also a need for enhanced communication regarding what health services are available and how can members of the community receive such services.

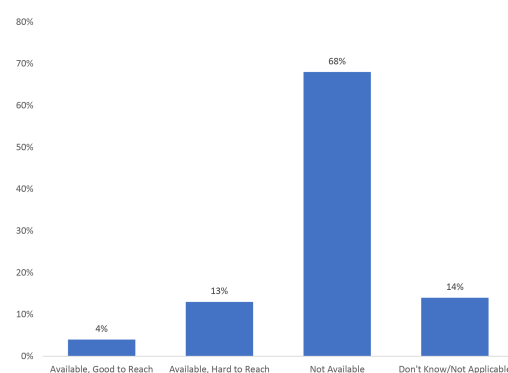
Figure #10: % of respondents citing access to general health services



PHYSIOTHERAPY AND PSYCHOSOCIAL SUPPORT

Physiotherapy and rehabilitation services are mostly available in Kismayo despite being located far from most IDP sites. Most participants mentioned that they are in need of a rehabilitation assessment that can enhance one's ability to address difficulties; tailored support that would be provided by specialized physiotherapists and practitioners supporting those with difficulties. Displacement has played a disruptive role in how individuals are receiving therapeutic support with only 39% of participants highlighting that they have continued to receive rehabilitation support since arriving in the IDP sites. There remains a gap in provision of rehabilitation and mobility support from service providers in Kismayo IDP sites. 61% of respondents stated that they have not received rehabilitation or mobility support despite desiring these resources. Only 6% have received psychosocial counselling, 4% have received walking sticks or frames, 4% have received psychotropic and other medications, 4% have received mobility assistance like wheelchairs and 4% have received hearing aids. Organizations of persons with disabilities (OPDs) such as Somali Disability Empowerment Network (SODEN) and agencies working on disability rights such as Disability Aid Foundation (DAF) have vast networks across the country and can be resourced by humanitarian partners to strengthen the provision of rehabilitation or mobility assistance to IDPs. Lastly, an in-depth assessment on functional rehabilitation facilities and practitioners can be implemented in collaboration with the Ministry of Health and Health Cluster.

Figure #11: % of respondents citing access to rehabilitation services such as physiotherapy, assistance devices, mobility trainings and sign language training



Psychosocial support remains a gap in Kismayo IDP sites with only 9% of respondents receiving counselling support, 12% receiving support via informal support networks and 4% of respondents receiving support through formal groups. Humanitarian partners providing MHPSS support in IDP sites remains considerably low based on the need for these essential initiatives. Respondents pointed to the fact that they do not feel listened to and do not know who they can share concerns with. For those who cited that they do not feel comfortable sharing concerns, 10% mentioned that a reason for remaining silent is because complaints mechanisms are not accessible.

WATER SANITATION AND HYGIENE

Survey respondents explicitly highlighted challenges that persons with disabilities face in utilizing WASH services in IDP sites. Water access is a concern for respondents as they face physical access constraints and lack of economic resources to afford water prices. Furthermore, latrine access is constrained due to distance between shelters and latrines, prevalence of non-functioning latrines or unhygienic conditions, lack of physical access into functional latrines and lack of information about where and what latrines are available for use.

For those who never have access to latrines or sanitation facilities or only sometimes have access cited distance, lack of information regarding resource availability, lack of hygiene items and lack of physical access as a barrier to using WASH infrastructure. This problem could be ameliorated through having WASH infrastructure closer to the site or shelter of a respondent, additional information on which latrines are available for use, and ensuring that latrines are clean and functional. The requirement for ramps at entrances, space for wheelchairs, and wider latrine rooms was posited as a necessity to promote greater support to persons with disabilities. 1% of respondents mentioned that latrine access is rendered due to incidents of harassment and/or discrimination.

Those interviewed within the study highlighted inequitable and patchy access to clean and safe water with economic resource availability creating a barrier to support. Long queues were a deterrent to accessing water support in 11% of respondents. Issues related to distance from shelter to water source, lack of purchasing power and the inability to physical access water taps were the most common reasons for not accessing water resources. Viable solutions presented to mitigate this access constraint include having taps located near the residents of those with access difficulties or establishing community-level water delivery services for those in need. The inclusion of persons with disabilities in the decision-making process of implementing or rehabilitating WASH infrastructure is vital to ensure access and regular use by all members of the community. As 64% of respondents highlighted that they have never participated in the design or implementation of services being provided to the community, strengthened engagement and inclusion of those with difficulties can assist WASH partners in ensuring that services are effectively used by those whom might traditionally face access constraints.

Figure #12: Have you had access in the past or currently to psychosocial support when you feel stressed or panicked?

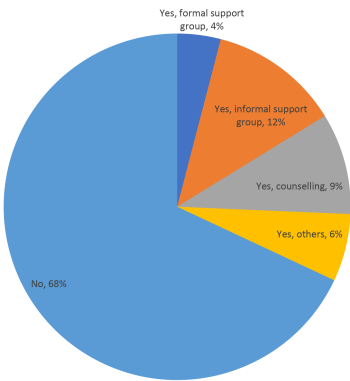


Figure #13: Do you have access to a latrine or sanitation facility?

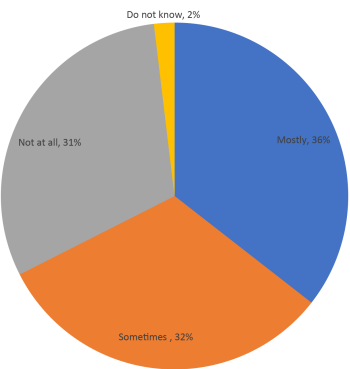
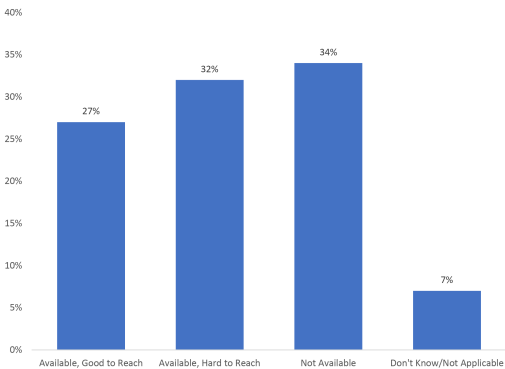


Figure #14: % of respondents citing access to safe and clean water



FOOD SECURITY AND LIVELIHOODS

While food services may be available within the IDP community, respondents indicated that these services are difficult to access for reasons based on physical access and information gaps. The study illustrated that access to food is the second urgent need behind access to medical services. Communication barriers hindering service provision appear to hamper direct access to food security and economic livelihood support for sampled individuals. 29% of respondents articulated that food support is available but is not accessible or difficult to access while 33% of participants provided similar feedback of livelihood opportunities being available but difficult to reach. This corresponds with distance to services and difficulty in physically accessing service points as the main constraint respondents have limiting equitable entry to support.

Overall, respondents reported that they are not being interviewed or consulted by members of FSL service providers due to an over-reliance on site leaders both influencing beneficiary selection decisions or influencing how information is dispersed to the community. Respondents were over three times more likely to receive information from site leaders than from NGO workers meaning that information and engagement penetration is quite low from service providers. Enhanced mobilization efforts that target persons with disabilities or that look to spread information at the shelter-level provides a better likelihood of inclusive

NUTRITION

84% of the survey's participants highlighted a need for nutrition supplies due to certain health conditions. For respondents, 66% stated that nutrition support required entailed supplements for iron deficiency while 19% of sampled individuals detailed that diabetic supplements were required due to health conditions.

65% of participants are unable to access such resources largely due to a lack of purchasing power. 83% mentioned that they could not regularly afford such vital nutrition supplements with 10% cited that the nutrition resources needed aren't available in local markets while 8% detailed that they do not have sufficient information about where such resources can be accessed. With nutrition support usually provided in central areas across Kismayo or nutrition supplements concentrated in certain market areas around the town, access to such locations are inhibited due to an absence of suitable mobility aids or inability to for persons with disabilities to regularly access such locations due to the need for family member or community support. When possible, household level outreach and nutrition support should be provided to persons with disabilities at the site-level to address limitations in

Figure #15: % of respondents citing access to food distributions

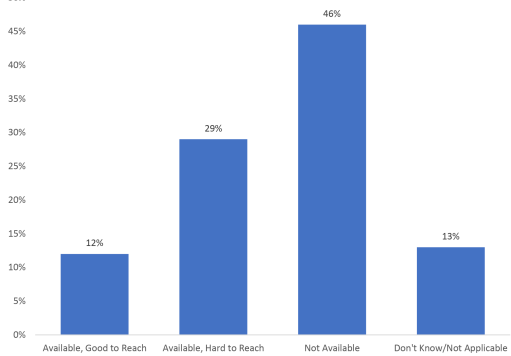


Figure #16: % of respondents citing access to livelihood opportunities

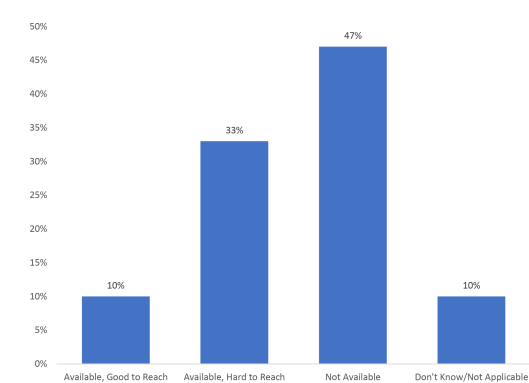


Figure #15: % of respondents citing access to food distributions

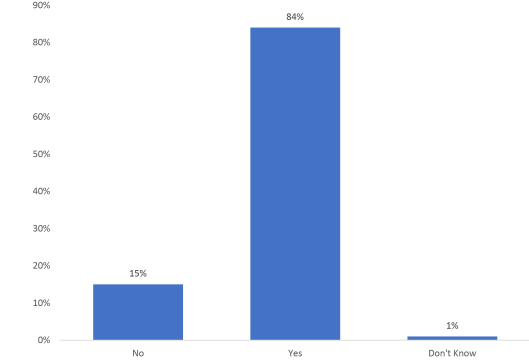
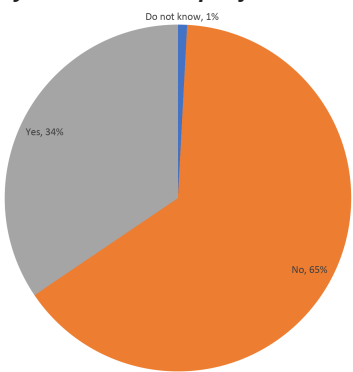


Figure #18: If you require nutrition support for health conditions, can you access those specific nutritional needs?



SHELTER AND NON-FOOD ITEMS

Respondents with disabilities cited that shelter material support was generally available at or near the IDP site with such resources either easy or quite difficult to reach. Some communities offer informal shelter material markets that better serve individuals at the IDP site-level with access challenges such as persons with disabilities and their households.

Overall, 47% of participants mentioned that they are satisfied with their current shelter conditions with 30% of participants responding that they are satisfied with their shelter conditions only sometime while 23% are not satisfied with their current shelters. For those who aren't always satisfied with their shelters, 88% of respondents are unable to provide shelter improvements by themselves and are therefore reliant on household members or members of the IDP community.

The majority of respondents illustrated that they are able to enter shelters and move around easily while 32% cited some difficulties and 15% stated that they experience a lot of difficulties in moving around shelters. For those who indicated that they are not able to enter and easily move around their shelters, 33% of individuals articulated that shelter doors were too narrow, absence of railing made entry difficult or lack of ramp provided substantial entry challenges. Additionally, 32% of respondents identified that mobility concerns were perpetuated by the small size of shelters which may not provide enough room for wheelchair storage, canes or crutches. 14% of respondents also mentioned that shelters were not located in accessible environments making mobility in and out of shelters challenging.

Most surveyed participants do not currently have access to shelter materials that are available to them locally meaning that shelter upgrades that foster greater dignity and mobility are limited. Specific shelter support operations can be conceived to target shelters accommodating persons with disabilities with plans on how Shelter partners can further conduct consultative improvement initiatives are recommended. Safety in one's shelter is a salient issue that most respondents believe is being upheld in Kismayo IDP sites. 87% of participants mentioned that they currently feel safe living within their shelters. For the 11% of respondents that do not feel safe, providing shelter lighting, changing the locations of shelters, providing inner door locks and installing screens on doors were specified as interventions that would promote the sense of safety for participants.

NFI support by humanitarian agencies is an activity that 53% of respondents identified as not available with 34% of participants stating that such resources are available and either easy or hard to reach. 41% of respondents mentioned that they regularly do not face steep obstacles in accessing NFI support when such resources are available, however these interventions are not available and have not been within the last 6 months. Moreover, 10% of respondents cited lack of information as a barrier to accessing NFI services, with 10% citing distance to distribution locations, 8% highlighting that distribution points are not physically accessible while 5% mentioned that the lack of outreach delivery of services as a challenge in accessing NFI support. 1% of respondents stated that they feel discriminated against or harassed when attempted to receive NFI services which keeps them from participating in such imperative distributions.

Figure #19: % of respondents stating their access to shelter materials

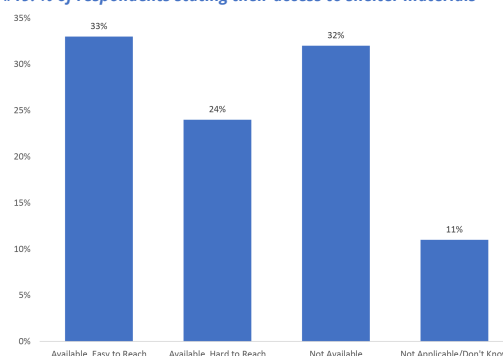


Figure #20: Are you able to enter and easily move around in your shelter?

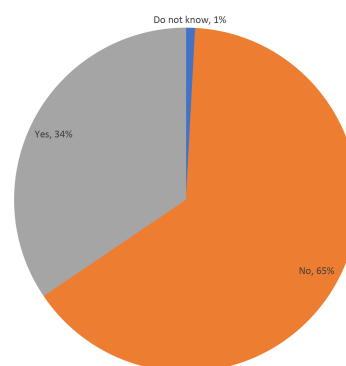


Figure #21: Do you have access to shelter material locally including material provided by humanitarian agencies?

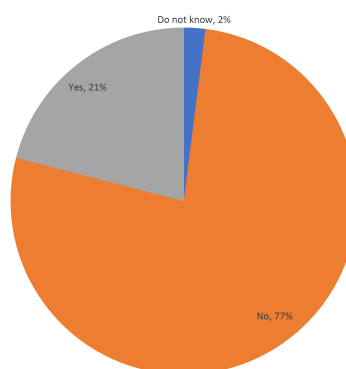
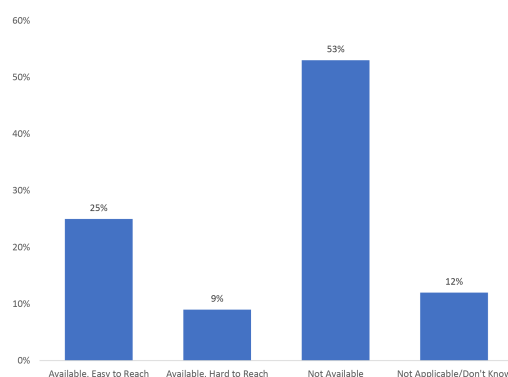


Figure #22: % of respondents stating their access to non-food item support



EDUCATION

Those surveyed highlighted that education facilities and outreach were largely unavailable to persons with disabilities living within Kismayo IDP sites. Barriers to education services are largely predicated on information gaps (unaware of where and how to access such services) and difficulties in physically accessing such facilities due to distance. Through outreach work done directly by education partners in tandem with CMCs, education partners have the ability to circulate key information about what services are available to all members of the IDP community. Furthermore, through ensuring that education facilities include design elements that promote inclusion, education partners have the power to strengthen participation from persons with disabilities living in Kismayo IDP sites. Considerations should be focused on methods for increasing participation whether this may involve creative transportation solutions or subsidized school fees for children with disabilities. OPD support is recommended to ensure that solutions to education access barriers include practical components endorsed by children with disabilities and their parents.

PROTECTION

General protection services appear to be mostly available in Kismayo IDP sites for persons with disabilities however acute access constraints continue to appear. Legal aid support is a concept understood by respondents while most respondents are unaware of what specialized legal services exist within the community and where they can be accessed.

Only 42% of respondents felt like they had a consistent support that they could express concerns regarding discrimination and harassment. Of those who feel that they are able to share concerns with somebody, the majority of support structures include family members, site leaders, friends, and community volunteers. Only 2% of respondents stated that they are able to confide in service providers when they come across incidents of discrimination and/or harassment which demonstrates a gap in trust between persons with disabilities and service providers. Additionally, knowledge of discrete feedback reporting mechanisms that do exist for all members of the community are required for safe reporting of these critical concerns. Most respondents require permission and/or support to leave their shelters for any reason. Only 22% of respondents indicated that they are able to leave their shelter without having to ask for permission from a member of the household or community.

Figure #23: % of respondents stating their access to pre-school, primary and/or secondary school and/or vocational training courses

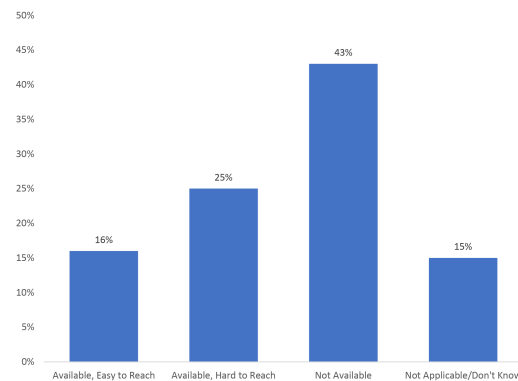


Figure #24: % of respondents stating their access to protection services (legal aid, community policing)

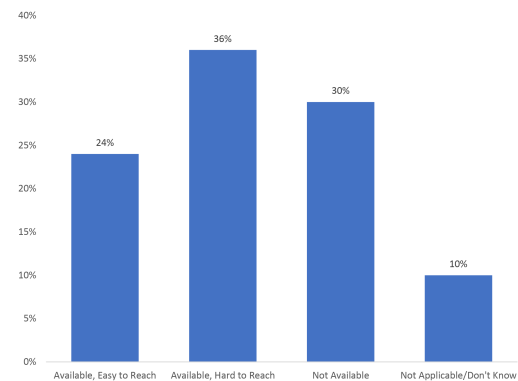
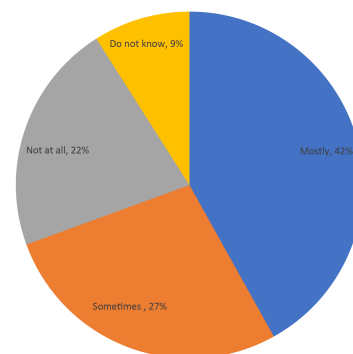


Figure #25: Are you able to share concerns about discrimination, feelings of harassment or stigma with somebody when needed?



Over 24% of respondents reported that they encountered dangers when accessing or using services within IDP sites or the greater community. Of such abuses, physical attacks or violence such as stone throwing occurred according to almost 9% of participants. Furthermore, verbal attacks, negative attitudes, emotional abuse and discrimination occurred in over 6% of situations. Bribery was also cited in over 5% of occurrences with coercion also being reported as a danger when accessing services. These results depict a perilous situation where access to services may be constrained due to abuses that are performed by members of the community. What is also alarming is that incidents of bribery appear to be prevalent for persons with disabilities. Such findings showcase the necessity in having accountability mechanisms that are understood by persons with disabilities and fully accessible for all members of the community to use. Further education of PSEA reporting mechanisms are needed for all members of the IDP community with particular sessions provided to members of the IDP community that may experience enhance exposure to such abuses such as persons with disabilities.

There's a broad lack of accessible child protection services that are available to persons with disabilities living in IDP sites. Only 8% of respondents cited that child protections services are available and easy to reach. The reason for this absence of child protection service knowledge may be predicated in low degrees of community engagement and outreach geared at persons with disabilities in IDP sites. Further assessments are needed to determine capacities of Child Protection actors, existing enablers and capacities in respective locations for capacity development on disability of CP actors, and respective resourcing of such efforts. Additionally, as youth members of the IDP community tend to be the least exposed to humanitarian information, there is a requirement for enhanced engagement and outreach work in sites that focus on shelter-level information dissemination.

Similar to child protection service access, access to GBV prevention and response programming appears to be limited for persons with disabilities living in Kismayo IDP sites. Shelter-level awareness is critical in ensuring that all members of the IDP community have access to referral pathways and response mechanisms. Furthermore, shelter-level mobilization efforts by GBV partners are necessary to promote appropriate case intakes as persons with disabilities within the study highlight limited physical access to certain centralized facilities. Additionally, permission to leave shelters is required for 88% of all survey respondents which may present a further barrier in being able to access GBV mobilizers or appropriate facilities that exist within the community.

Figure #26: Have you encountered any dangers when accessing or using services?

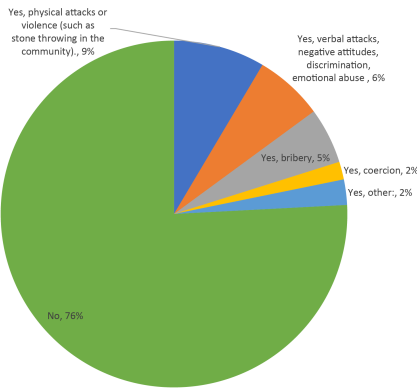


Figure #27: % of respondents stating their access to child protection services (child friendly spaces, family reunification, and/or foster families for unaccompanied children or similar).

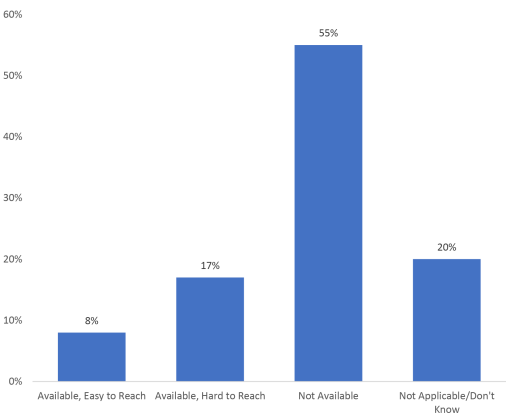


Figure #28: % of respondents stating their access to GBV services (prevention and response).

