

Tip sheet – Including Persons with disabilities in your COVID-19 CCCM Response in Somalia, April 2020



This tip sheet provides an overview of the factors that may put persons with disabilities at heightened risk in the COVID-19 pandemic and response in humanitarian settings; and proposes actions to address these risks within the COVID Camp Coordination & Management response. This note draws on [the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#)¹ Chapter 11 on Camp Coordination & Management, [SODEN Statement on how COVID-19 is affecting persons with disabilities in Somalia](#) and the practical field experience of HI and collaborating partners in Somalia. All sources were reviewed and are presented here in the form of a tip sheet for CCCM actors.

During the current phase of the COVID-19 response the needs and rights of persons with disabilities, older persons and those with chronic illnesses need to be considered. This document shares practical tips on how to identify and reduce the risk faced by these groups by designing and delivering a more inclusive response in the Somalia displacement setting.

WHY DOES DISABILITY INCLUSION MATTER IN THE COVID CCCM RESPONSE?

Persons with disabilities in Somalia are known to be at increased risk in the COVID-19 pandemic as they face higher exposure rates¹ see underlying health conditions exacerbated and face various attitudinal, environmental and institutional barriers to participate in and benefit from the pandemic response.

The CCCM services are aimed at improving living standards and social inclusion, thus leading to improvement of monitoring, management and coordination of CCCM services such as participation, accountability to the affected population, feedback mechanisms & governance.

The Somali Humanitarian response plan (HRP) 2020 has a key priority on ensuring CCCM interventions meet the needs of persons with disability. This requires CCCM partners to meaningfully consult persons with disability and their organizations, collect data on persons with disabilities, including on the barriers and risks they might face while accessing CCCM services. All CCCM staff should have basic sensitization on the risks and barrier men, women, boys and girls with disabilities face and how to address those.

Barriers faced in accessing in IDP site settings

Persons with disabilities might face additional **physical barriers to access COVID related services in camps and/or settlements**, including accessing handwashing stations, health infrastructure, or community gatherings due to inaccessible and unsafe camp set up and infrastructure and facilities. Their shelter might be far away from key infrastructure, while outreach services are lacking. They might be more exposed due to poor shelter and living conditions, crowded and inaccessible environment, including need to touch environment for spatial orientation and the lack of access to assistive devices and technology such as wheelchairs, crutches, walkers, white cane etc.

Communication barriers such as inaccessible formats and channels of information for feedback mechanisms or information campaigns, such as lack of use of multiple and accessible formats (pictorial messages, plain language, use of braille, audio messages, sign language) might lead to limited knowledge on how to protect themselves and support persons, access assistance, CCCM services, included COVID

¹ World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality

related services. Messages might not reach persons with disabilities as campaigns might not reach out pro-actively to persons with disabilities. Information shared on available services might not be sufficiently diverse, so that persons with disabilities and their support persons do not know where to go and what to do. Community workers or volunteers might not be skilled on inclusive communication and know how to accommodate needs and concerns of persons with disabilities.

Stigma and discrimination & other attitudinal barriers in particular against persons with intellectual and psychosocial disabilities within family, community or services level might be increased and hamper access to health messages and services or led to de-prioritization or even denial of access. People with underlying health conditions, often encounter stigma and discrimination at family and community level, negatively affecting mental health and wellbeing as well as access to services. Stigma and misperceptions may induce violence, further isolation, and lower their access to health care services and lead to in-effective campaigns against COVID 19.

Institutional Barriers such as lack of reasonable accommodation and universal design² of CCCM services, and lack of capacities of staff to accommodate needs of persons with disabilities lead to discriminatory practices, access issues and limited participation in decision making. A lack of consideration of persons with disabilities in sector standards, guidelines and policies or no budget provision for accessibility and reasonable accommodation in camps might further isolate and exclude them. CCCM staff is not sensitized or trained on disability inclusion and non-discrimination (such as how to adapt CCCM messages and awareness campaigns to diverse groups and communicate with persons with difficulties in speaking, hearing, seeing, understanding etc.).

KEY CONSIDERATIONS TO ADDRESS IDENTIFIED RISKS: RECOMMENDATIONS FOR PROGRAMMERS

Needs assessment, analyses and planning

- **Collect data on persons with disabilities during the needs assessment, by directly reaching out to persons with disabilities** and their families, and organization of persons with disabilities; disaggregate individual data by disability ([Washington Group short set of questions](#)³); identify and analyze barriers and risk persons with different types of disabilities face in accessing services at camp level
- **Collaborate with Organizations of Persons with Disabilities (OPDs)⁴ active in and around the camps to address discrimination:** Engage them in identification of persons with disabilities and access barriers (such as barriers assessment or accessibility audits information campaigns, health messaging, quarantine and treatment centers. Identify barriers and actions to remove them, as well as measures that will facilitate access.

Design and implementation of CCCM programs

- **Plan for sensitization sessions on disability inclusion for staff engaged in the response as well as to communities,** addressing potential misperceptions and stigma. Engage OPDs on sensitization of camp

² Universal Design is an approach that advocates that “the design of products, environments, programs and services [should] be usable by all people, to the greatest extent possible, without the need for adaptation. The principles of universal design facilitate accessibility, including for persons with disabilities. IASC Guideline Disability Inclusion 2019.

³ Contact HI for Somali translation of the Washington Group Set of Questions. See contact details at the end of the document.

⁴ See initial contact detail list of Organizations of Persons with disabilities willing to collaborate.

level staff, communities, and coordination mechanisms, as well as local humanitarian actors and governments active in and around the camps on disability inclusion.

- **Involve persons with disabilities and OPDs in planning and improvement of services** in current COVID response. Seek their advice on how to remove barriers and reduce protection risks in equal access to COVID response and other essential services.
- **Collaborate with OPDs in and around the camps to ensure awareness messages on COVID-19 are accessible and response to needs of men, women, boys and girls with disabilities** of different ages. Review IEC materials, information campaigns, complaint and feedback for accessibility and diversity (ensure representation of different types of disability, highlighting people's capacities rather than their challenges. Use multiple and accessible formats, including local and plain language, pictograms/symbols, color contrast. Depict persons with disabilities in a positive manner)
- **Ensure that camp infrastructures critical for COVID** (handwashing stations, distribution sites, latrines, water taps) are easy and safe to access: install communal ones in close proximity to persons with moving difficulties' households and/or provide households with individual accessible WASH facilities⁵, respecting universal design standards.
- **Arrange community meetings and gatherings and public information campaigns in accessible areas, and in close physical proximity, and mobilize persons with disabilities** to meaningfully participate (choose an accessible location, mobilize persons with disabilities pro-actively, provide reasonable accommodation such as sign language interpreters, easy-to-read materials, assistance, provide additional lighting).
- **Strengthen orientation and referral systems to ensure persons with disabilities can access critical services** (update mapping of services, include hotlines, treatment facilities, support mechanisms)
- **Appoint a focal point on disability inclusion/ inclusion in different working groups** and at cluster level.
- **Involve persons with disabilities in all activities and decision-making processes related to durable solutions.** Support governance mechanisms to engage persons with disabilities in formal and informal processes of consultation and decision-making.

Monitoring and evaluation

- **Disaggregate relevant indicators to assess access and participation of persons with disabilities to COVID CCCM response.** For example, the number of isolation center built according to universal design standards; the number of persons with disabilities involved in camp management; the number of staff sensitized on disability; the number of households who received individual solutions to ensure access to COVID services (referral & assistance)
- **Make complaint and feedback mechanisms accessible** to persons with all types of disability by using accessible formats and different channels.
- **Monitor quality and accessibility of services among persons with disabilities**, by engaging them in site assessment, monitoring activities, and by collecting data on access barriers and risks in obtaining access to COVID services. Involve women, men, girls and boys with different types of disabilities of different ages. Monitor misperceptions and protection risks towards persons with disabilities that might have aggravated in the current situation (GBV, isolation, abonnement, denial of access to assistance)
- **Engage persons with disabilities during in camp management committees**, spot check, post-distribution monitoring.

⁵ See IASC Disability Inclusion Guidance Chapter 18 on inclusive WASH guidance, page 177 onwards and Shelter Chapter, 17, page 167

RECOMMENDATIONS FOR CCCM FRONTLINE STAFF

- **Ensure representation and active engagement of persons with disabilities when setting up CCCM activities.** Engage persons with disabilities in CCCM committees, during preparation, construction of isolation centres, make shift hospitals and address their concerns, risks and barriers
- **During community interventions, share messages on the rights of groups at risks, including men and women with disabilities and how to ensure their protection and equal access to CCCM services** by having appropriate and accessible feedback mechanisms. Speak about access barriers they face, actions to remove those barriers, how communities can support persons with disabilities
- **Reach out to persons with disabilities through health, WASH and protection actors to monitor their wellbeing and verify access** to protective measurements and messages. Report to existing mechanisms and partners access issues and risks. Provide additional support to meet the access needs and adjust existing facilities and constructions on the outcomes of barriers assessment and accessibility audit (isolation and makeshift hospitals for COVID 19 response)
- **Offer information to persons with disabilities through existing or COVID specific information channels and mechanisms.** Include information about how to protect yourself, stay healthy, access assistance, access treatment and testing, access social support services, report protection incidents . Provide information through telephone, text messaging
- **Visit regularly the isolation centres, camp site and makeshift hospitals, to monitor easy and safe use. As well as other areas where persons with disabilities** are located or frequently visit. Report and address barriers, misperception and risks that might hinder equal access, such as physical access barriers/ concerns for safe use.
- **When setting up distributions, ensure to install them in easy to access and safe locations. Install gender divided priority lanes** for those with difficulties in waiting for long service times; allow care-givers and a proxy to collect items;
- **Ensure all information about services is accessible and fits the needs of persons with disabilities.** update service mapping, to include COVID related services; conduct door to door campaigns to share information, make information available in call-centers; share update service mapping to persons with disabilities and their networks
- **Invite persons with disabilities in community sessions, and conduct door-to-door respecting protective measures,** Approach persons with disabilities directly, and use inclusive communication techniques: speak slow, directly facing person at eye-height; use plain language and simple instructions; request support from care-givers and family members to ensure all information is fully understood and accessible.
- **Ensure attitudinal barriers and protection risks such as stigma, misperceptions and denial of access to services reported by persons with disabilities in Somalia are identified in risk assessments and not perpetuated in RCCE activities and treatment choices,** for instance engage person affected by stigma in the RCCE teams and messaging and ensure protection actors reach out equally to persons with disabilities at risk of neglect, isolation and/or abuse.
- **Arrange and advocate for reasonable accommodation⁶ through camp management and in collaboration** with other actors:
 - For critical consultations, engage sign language interpretation or personal assistants,

⁶ Reasonable Accommodation is an individual measure that benefits a specific person – but may also bring wider benefits. For instance, a path that is made accessible for one person can subsequently be used by many. The same may be true of changing the procedure for obtaining cash transfers, reorganizing food distribution methods, or reorganizing work to meet the needs of a colleague with a disability. IASC Guideline on Disability Inclusion 2019, see for examples, Annex 1: Providing reason-able accommodations, page 189 of the Guideline.

- Transportation costs for support persons,
- For social support and assistance during quarantine or isolation of care-givers,
- To access additional protective gear,
- For Provide pick-up and delivery of medical and hygiene supplies, or other.

For more...

...Information, feedback and/or recommendation on Inclusion &/or Connecting with organizations

below contact Humanity & Inclusion (HI): Inclusion Technical Advisor: Paul Mugambi,

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Contacts of Organizations of Persons with disabilities and disability specific organizations, a list under development (12/04/2020)

| Organization Name | Email Address |
|---|--|
| Somali Union for the Blind | somaliunionfortheblind@gmail.com |
| Somali National Disability Council | ndc.somalia@gmail.com |
| Somali Women Disability | uwd01@hotmail.com |
| Disability Aid Foundation | awad@daf.so |
| Somali Association Female with Disability | safdi.somalia@gmail.com |
| National Disability Cluster | somali.disability.cluster@gmail.com |
| Raho Somalia | rahosom@gmail.com |
| Somali Association for the Deaf | sonad.deaf@gmail.com |
| Somali National Association of the Deaf | sonaddeaf@gmail.com |
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| Somali Disability Journalists Association | shaaciye011@gmail.com |
| Somali Disability & Empowerment Organization (SODEN) | info@somalidisability.org |
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This project is supported by the German Federal Foreign Office

