Assessment of the situation of persons with disabilities in Mahad camp, Juba, South Sudan

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Background

Fighting erupted on 15 December 2013 between factions in military barracks in Juba, the capital of South Sudan. This politically motivated conflict soon assumed ethnic dimension between the two dominant groups – Nuer and Dinka. The conflict quickly spread to the oil-producing States of Jonglei, Unity and Malakal, and concentrated in and around strategic towns such as Bor, Bentiu and Malakal. Fighting continues between both parties in the conflict despite a ceasefire agreement on 23 January 2014. On 9 May 2014, the government forces and the opposition signed another agreement to stop all hostilities and allow humanitarian access to the affected communities, through the intervention of the international community. A few clashes and military remobilization have been reported in the affected States after the 9 May 2014 agreement, indicating that complete cessation of fights may take some time.

According to OCHA\(^1\), over 1.3 million people have fled their homes, including 310,000 taking refuge in neighbouring countries. Presently, aid agencies have reached 1.3 million of the 3.2 million people targeted for assistance by June 2014. The same report indicates that 54% of the 126 aid organisations in South Sudan operate in the worst-affected States – Jonglei, Unity and Upper Nile. There is a large influx of internally displaced persons (IDP) in States less affected by the conflict, including Juba. Aid organisations are also serving IDP in camps and UN bases where people have fled for protection.

Data on the IDP and refugees with disabilities in camps and communities is sparse. Persons with disabilities are often missed out in the distribution of aid and services in camps and settlements. They receive less food and non-food items; and health, education and sanitary facilities are often inaccessible. People who become permanently disabled because of conflict or disaster might receive immediate medical treatment but are most often left alone to coping with their impairments afterwards.

LIGHT FOR THE WORLD is a European confederation of non-governmental organisations working in 16 countries, including South Sudan. The organisation works to ensure an inclusive society, where persons with disabilities participate on an equal basis with non-disabled persons through empowerment and removal of barriers (attitudinal, physical, communication, environmental) that preclude them from accessing basic services. Additionally, the organisation provides eye care services and minor surgeries to prevent blindness. As part of its humanitarian response, LIGHT FOR THE WORLD is currently extending interventions on community based rehabilitation, inclusive education, disability mainstreaming and prevention of blindness to IDP camps in Juba. To guide the provision of these interventions in Mahad camp, a needs assessment of persons with disabilities and IDP in need of eye care services in the camp was undertaken.

Methods
Mahad camp is one of the IDP camps in Juba. It is located within Mahad Primary School at Kognokogno, Hai Malakal. It is a small camp hosting about 1,600 people (as at the second week of May 2014) from Jonglei State.

After establishing contact with ‘People in Need’\(^2\), the organisation responsible for the management of Mahad IDP Camp, LIGHT FOR THE WORLD obtained a written permission from the Relief and Rehabilitation Commission (RRC), Central Equatoria State to implement humanitarian interventions in the State. The needs assessment was conducted from 22-28 April, 2014. It entailed identification and registration of persons with disabilities in Mahad camp using a registration form (Appendix 1). Thereafter, individual assessments of the type/severity of impairments were conducted for the purposes of appropriate interventions and referrals (Appendices 3 - 8). In the second week of May, 400 new IDPs arrived in the camp, and persons with disabilities among them were registered and assessed. IDPs requiring eye care services were also identified.

LIGHT FOR THE WORLD designed an accessibility checklist based on the existing literature\(^3\). The checklist (Appendix 2), which was administered to service providers in the camp, camp management and through observations, explored accessibility of camp services and facilities to IDPs with disabilities in the following 11 domains:

i. Shelter / accommodation
ii. Water and sanitation
iii. Food and nutrition
iv. Non-food items distribution
v. Health services
vi. Physical rehabilitation
vii. Community based rehabilitation
viii. Inclusive education
ix. Psychosocial support
x. Protection
xi. Camp management

In order to contextualize the situations of IDPs with disabilities and to confirm the quantitative data, a focus group discussion (FGD) was conducted among 11 (7 males; 4 females) participants. The participants were men and women with disabilities, including parents of children with disabilities in the camp. The FGD guide (Appendix 9) explored the accessibility of services in the camp.


The assessment (quantitative and qualitative) was facilitated by LIGHT FOR THE WORLD’s Disability Mainstreaming Advisor and a translator. Apart from being a physiotherapist, she is trained in community based rehabilitation. She has over four years work experience with persons with disabilities in South Sudan. Assessment tools were developed and/or adapted by the Disability Mainstreaming Advisor and the Programme Manager. The Programme Manager is well experienced in disability-inclusive programming and research in African context. Additionally, the organisation’s Eye Care Advisor identified people requiring eye care services to prevent blindness.

Findings

Demographics
A total of 44 (2.8%) – 22 males; 22 females – of IDPs in Mahad camp live with disabilities as at the time of this report. Seven (15.9%) reported temporary impairments due to injuries sustained from the conflict. The age range is 2-70 years. Twenty-four (54.5%) are children, aged 2-17. Most of the identified IDPs with disabilities have physical impairments, except four and seven with hearing and vision impairments respectively; three with developmental impairments and eight with epilepsy.

Interventions/referrals
Overall, 39 (22 children and 17 adults) of the 44 are in need of interventions and medical referrals. Fourteen children with developmental, physical, vision and hearing impairments need rehabilitation services such as physiotherapy, activities of daily living, sign language, Braille, mobility and orientation. Six out of the 14 also need medical referrals for further management. Another eight children need medical referrals for epilepsy treatment. Furthermore, 17 adults with disabilities need different assistive devices – 14 auxiliary and elbow crutches, one wheelchair and two tricycles. Two children with cerebral palsy (a type of developmental impairment) need corner seats. Additionally, 200 (12.5%) of IDPs in Mahad camp are in need of treatments and minor surgeries for eye conditions.

Accessibility of basic services

Shelter / accommodation
Shelters, including cooking areas are not physically accessible and lack comfortable sleeping arrangements for people with physical disabilities (e.g., padded sleeping mats and raised beds). Shelters for persons with disabilities/families are about 25 minutes from essential services like health centres, water points and bathing areas. IDPs with disabilities reported that the camp is congested, with small, old tents that get flooded whenever it rains.
**Water and sanitation**
Toilets, bathrooms and water points are not physically accessible to persons with disabilities. Also, toilets and bathrooms do not provide sufficient privacy and security to women with disabilities, particularly. There is no system in place for providing assistance to unaccompanied individuals with disabilities and the elderly who are unable to fetch their own water. The toilets lack seats, making it difficult and uncomfortable for IDPs with physical disabilities that cannot squat, particularly women.

**Food and nutrition**
Food distribution points are physically inaccessible to persons with disabilities, and there is no provision for transport to collect their food rations by themselves. However, IDP with disabilities reported that they their food rations are delivered to them in their shelters. Those that cannot prepare their foods also receive assistance from neighbours/community workers to prepare their foods. Food may not be easy to eat and digest for children with developmental disabilities and the elderly, and there is no supplementary feeding for these groups of people.

**Non-food items distribution**
System is in place to deliver non-food items such as blankets, mattresses, cooking utensils, soaps to persons with disabilities at their shelters. But they do not have access to additional non-food items, if necessary. Additionally, there are no organisations providing necessary assistive devices and mobility aids to persons with disabilities.

**Health, physical rehabilitation, community based rehabilitation services and psychosocial support**
The only primary health care unit is far from the camp, and it is not physically accessible to persons with disabilities. IDPs with disabilities reported that they are often afraid of going to the clinic due to security reasons. In addition, health workers are not trained/sensitised to disability issues and communication methods; and health information is not available in accessible formats. Health services are far from accommodation, and there is no transport or other arrangement to assist persons with disabilities to access such services. All the children who have epilepsy are unable to access necessary treatment/medications. Furthermore, physical rehabilitation services are not available in the camp despite the fact that most of the IDPs with disabilities have physical impairments (permanent and temporary as a result of the conflict) requiring these services. Community based rehabilitation services are also unavailable in the camp. This is necessary for adults and children with disabilities in terms of home-based supports, referral to services and follow-up. Psychosocial supports are not available for persons with disabilities.

**Inclusive education**
There is a primary school and a child-friendly space in the camp. Both are not physically accessible to children with disabilities. Children with physical disabilities
find it uncomfortable to sit on the floor because there are no chairs. All the volunteer teachers in the school lack knowledge of inclusion of children with disabilities in the classrooms. There is no early childhood intervention programme for identification of children with disabilities, provision of support to families and linking children to available services. Additionally, there are no adaptive learning materials for children with disabilities.

**Protection**
Protection officers and protection working group members are not trained on the risks faced by children, women and men with disabilities and on the appropriate communication methods. Furthermore, there is no reporting mechanism for persons with disabilities, their families and neighbours to report protection risks or abuse involving children, women and men with disabilities in the camp. IDPs with disabilities in the camp reported that they do not feel safe because the camp is in the neighbourhood of a busy market. There are also reports of violence against children with disabilities in the camp by non-disabled children. Adults with disabilities in the camp also reported emotional abuse by non-disabled peers because of the priority and/or assistance they receive in accessing food and non-food items.

**Camp management**
The camp management structure is inclusive of persons with disabilities by appointing a camp manager with physical disability. However, this was not done on purpose. The camp manager was appointed because he is well respected and has a good relationship with all the tribes in the community. IDPs with disabilities reported that the camp manager has no office, but checks on them in their shelters on a regular basis. Apart from this, there is no camp management system to cater for the needs and concerns of IDPs with disabilities. Questions on disability are not included in the screening of new arrivals, data collection and registration exercises in the camp. In addition, the camp management staff and staff responsible for registration/data collection are not sensitized and trained on disabilities issues. IDPs with disabilities reported that camp information is not accessible to people with hearing impairments, and those with severe physical disabilities.

**Next steps**
Following the needs assessment of IDPs with disabilities in Mahad camp, the following actions will be undertaken:

i. Awareness-raising and sensitization on disability issues for the camp community

ii. Training and sensitization of service providers and the camp management on disability; vulnerability of children, women and men with disabilities; accessibility and disability mainstreaming into basic services

iii. Provision of community based rehabilitation to children with disabilities, as necessary:
a. Training of family members on how to take care of children with disabilities
b. Provision of assistive devices to persons with disabilities through collaborations with other organisations
c. Referrals for medical treatment and medications, as appropriate
d. Placement of children with disabilities that are of school-age in school, and sourcing support for adaptive learning materials for them
e. Training of volunteer teachers on the basics of class management for inclusive education

iv. Provision of mobile eye care services, including cataract and trachoma surgeries, to IDP with eye conditions

**Conclusion**

The assessment indicates that children, women and men with disabilities are among the IDPs in Mahad camp. The findings suggest that they may be more marginalised than other IDPs in the camp due to lack of access to basic services and camp facilities. However, the incidental representation of persons with disabilities in the camp management structure ensures that IDPs with disabilities receive priorities/assistance in food and non-food items distribution. Many of them also require treatments/interventions and referrals that could improve their health and situations. There is need for collaborations between service providers, camp management and organisations that work on disability issues to improve the current situations of IDPs with disabilities in Mahad camp.
About LIGHT FOR THE WORLD
LIGHT FOR THE WORLD is a European confederation of national development NGOs aiming at an inclusive society. We strive for a world in which persons with disabilities have a decent life, participate equally in society, and have access to their rights.

- At present we work in 16 partner countries and on an international level on health, education, and livelihood.
- Our work has a specific focus on eye health, prevention of blindness, and community based rehabilitation (CBR).
- We engage in the empowerment of persons with disabilities and support them in overcoming barriers in society to bring about social change.
- We work with local/national partners as well as international alliances/organisations.

LIGHT FOR THE WORLD supports development programmes in South Sudan since 2002.

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