

Assessment of the situation of persons with disabilities (PwDs) in Mahad, Lologo and Gumbo IPDs camp.

Juba, South Sudan

July 2014

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, Bantiu 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 OCHA¹, over 1.3 million people have fled their homes, including 310,000 taking refuge in neighboring 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 organizations in South Sudan operate in the worst-affected States – Jonglei, Unity and Upper Nile.

There is a large influx of internally displaced persons (IDPs) in States less affected by the conflict, including Juba. Aid organizations are also serving IDPs in camps and UN bases where people have fled for protection.

¹ OCHA (12 May, 2014). Humanitarian needs and response. <http://reliefweb.int/report/south-sudan/south-sudan-crisis-humanitarian-snapshot-12-may-2014>

Data on the IDPs 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 organizations working in 16 countries, including South Sudan. The organization 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 organization provides eye care services and minor surgeries to prevent blindness.

As part of its humanitarian response, LIGHT FOR THE WORLD collaborated with OVCII – CBR project to extend a rehabilitation program to people with disabilities (PwDs) in the IDPs camps of Juba.

To guide the provision of these interventions in Mahad, Gumbo and Lologo IDPs camps, a needs assessment of persons with disabilities in these camps was undertaken.

Methods

Mahad, Gumbo, and Lologo camps are IDPs camps in Juba. These camps host people from states affected by the current conflicts in the country.

Mahad IDPs camp is located within Mahad Primary School, east of Konyo konyo main market. It is a small camp hosting about 1,600 people from Jonglei State.

While Gumbo IDPs camp is located south east of Juba, inside the compound of Don Bosco parish, it hosts about 150 household for about 1000 people. Mostly women and children.

Lologo camp is located south of Juba at the river bank in Lologo “2” area hosting.

After establishing contact with ‘LIGHT FOR THE WORLD’ one of our stakeholders in the area of disabilities and inclusion, an organization that has already been working in the IDPs Camps of Gumbo and Mahad, we started entering the camp of Mahad on 8th July where we met the camps leaders, together with Light For the world, and introduced our program (CBR emergency) to them.

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, so they supported our presence through the focal persons in the Camps, especially Mahad camp.

We used an accessibility checklist based on the existing literature, designed by LIGHT FOR THE WORLD to explore the accessibility of camp services and facilities to IDPs with disabilities through observations and the camp management 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

Gumbo camp Findings

Our assessment was conducted from 7th-11th July 2014. It entailed identification and registration of persons with disabilities in Gumbo camp using a registration form, and at the same time we conducted individual assessments of the type/severity of the impairments for the purposes of appropriate interventions and referrals.

In total we registered the following:

Epilepsy	Movement Difficulty	Hearing Impairment	Visual Impairment	Intellectual disability	Others	Total
5	0	1	0	0	0	6

The assessment in the camp of Gumbo showed that there are few cases of disabilities, 5 children with epilepsy 1 child with hearing impairment.

All of them could be referred for treatment within Juba (Usratuna centre).

Children	Adults	Female	Male
6	0	1	5

Numbers of IDP in Gumbo is constantly increasing, further assessment and referral are going to be done during the CBR activity.

Intervention:

In the following week, 14th July 2014, we started the referral of the children with epilepsy to Usratuna PHCC where there is epilepsy treatment unit. All the 5 were diagnose and given epilepsy treatment.

According to the camp management, there were people and children with disabilities, but because of the conditions in the camp they moved away to the neighboring communities.

So we have to find a strategy of involving the camp neighborhood and the host community where some IDPs have integrated to.

Lologo Findings

Our assessment was conducted from 7th-11th July 2014. It entailed identification and registration of persons with disabilities in Lologo camp using a registration form, and at the same time we conducted individual assessments of the type/severity of the impairments for the purposes of appropriate interventions and referrals.

In total we registered the following:

Epilepsy	Movement Difficulty	Hearing Impairment	Visual Impairment	Intellectual disability	Others	Total
1	1	0	4	0	0	6

The assessment in the camp of Lologo showed that there are few cases of disabilities, 2 children (one is hemiplegic with speech difficulty and the other has mild movement difficulty associated with coordination) 4 adults have eyes problem.

The 4 people with visual impairments could be treated in Buluk eye clinic, while the children could be treated in Usratuna centre, respectively.

Children	Adults	Female	Male
2	4	0	6

Intervention:

In the following week, on 14th July 2014, working with the parents of the two children concerning rehabilitation. The CBR worker referred the visually impaired to Buluk eye clinic where they got treated.

According to the camp management, there were people and children with disabilities, but because of the conditions in the camp they moved away to the host community. Since most of the displaced people in the camp are slowly leaving the camp integrating in the host community we are presumably able to reach them during the "ordinary" CBR activity in that area.

Mahad IDPs camp Findings

Our assessment was conducted from 14th-16th July 2014. It entailed identification and registration of persons with disabilities in Mahad camp using a registration form, and at the same time we conducted individual assessments of the type/severity of the impairments for the purposes of appropriate interventions and referrals.

In total we registered the following:

Epilepsy	Movement Difficulty	Hearing Impairment	Visual Impairment	Intellectual disability	Others	Total
31	16	2	21	0	0	70

The registration by age showed that 41 of the registered (59 %) are children, and 29 (41%) are adults. In terms of gender, 63% are female, while 37% are male.

People that could be referred for rehabilitation may be less than seventy, since some of the registered disabilities cannot be rehabilitated, anymore.

Children	Adults	Female	Male
59%	41%	63%	37%

Intervention:

In the same week, 17th July 2014, we started the referral of the people with movement difficulty, based on how possible their rehabilitation is to the nearest service delivery.

Out of the 70 clients we found in the camp, 24 of them were referred for epilepsy assessment/treatment, 4 adults were referred for physical rehabilitation. 4 children are yet to be referred for both physical and speech therapy.

We have so far referred about thirty people to the nearest rehabilitation centre, in Juba, since 17th July 2014.

Water and sanitation

Toilets and bathrooms do not provide sufficient privacy and security to women with disabilities, though toilets, bathrooms and water points are physically accessible to persons with disabilities.

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 accessible to persons with disabilities, except there is no provision for transport to collect their food rations by themselves. However, IDPs with disabilities reported that their food rations are delivered to them in their shelters. Those that cannot prepare their foods also receive assistance from neighbors/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

There is no system in place to deliver non-food items such as blankets, mattresses, cooking utensils, soaps, specially, to persons with disabilities at their shelters. Additionally, there are no organizations 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/sensitized 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) that require 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, too.

Inclusive education

There is a primary school and a child-friendly space in the camp Gumbo. Both are physically accessible to children with disabilities, except communication issue (sign language) there is no teacher to attend to children with hearing impairment, as well as visually impaired children.

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 neighbors to report protection risks or abuse involving children, women and men with disabilities in the camp.

IDPs with disabilities, in Mahad camp reported that they do not feel safe because the camp is in the neighborhood 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 (Mahad camp). 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 the three camps (Mahad, Gumbo, and Lologo) the following actions will be undertaken:

- I. Awareness-raising and sensitization on disability issues for the camp community will be done by our partner LIGHT FOR THE WORLD in Mahad camp, CBR program can do it in other camps.

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 will be done in coordination with LIGHT FOR THE WORLD. (for all the three camps).

iii. Provision of community based rehabilitation to children with disabilities, as necessary will be done by OVCI – CBR emergency program, in all the three camps.

a. Training of family members on how to take care of children with disabilities will be offered by CBR emergency staff, in every camp.

b. Provision of assistive devices to persons with disabilities through referrals to the appropriate rehabilitation center.

c. Referrals for medical treatment and medications, as appropriate, can be done by the CBR emergency workers, in the camps.

d. Placement of children with disabilities that are of school-age in school, and sourcing support for adaptive learning materials for them can be done in collaboration with the LIGHT FOR THE WORLD.

e. Training of volunteer teachers on the basics of class management for inclusive education can be done by the LIGHT FOR THE WORLD.

iv. Provision of mobile eye care services, including cataract and trachoma surgeries, to IDP with eye conditions can be done by LIGHT FOR WORLD.

Conclusion

Most of the impairments can be treated or rehabilitated within Juba, however, the support or collaboration from the families and the community in the camps is very important in order to achieve the expected rehabilitation.