Key findings of the situational analysis on the needs of persons with disabilities in Myitkyina and Waingmaw townships
Kachin State
November 2017
Reminders on disability...
What do we mean by inclusion?
What do we mean by Disability?

DISABILITY is a restriction of participation due to interaction between persons with impairment and barriers and lack of support in the environment.

Risk Factors

PERSONS
Sex, impairments, Ethnic group...

ENVIRONMENT
Barriers? (to be removed)
Support? (to be provided)

Interaction

- Inclusion and participation +
How do we measure disability?

The Washington Group (WG) Short Set is a set of questions designed to identify (in a census or survey format) adults with a disability.

Do you have difficulty seeing, even if wearing glasses?
Do you have difficulty hearing, even if using a hearing aid?
Do you have difficulty walking or climbing step?
Do you have difficulty remembering or concentrating?
Do you have difficulty (with self-care such as) washing all over or dressing?
Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Child functioning questionnaires to identify children with disabilities

⇒ Declarative questions

Presentation of the situational analysis key findings...
Disability and Access to Services in 8 IDPs Camps in Myitkyina and Waingmaw townships

Objective of the situational analysis: to understand the protection threats, barriers and facilitators of access and participation faced by IDPs with disabilities and the gaps in humanitarian service provision.

Methodology

- Location and Camp population (persons with disabilities population breakdown)

<table>
<thead>
<tr>
<th>Camp Name</th>
<th>Female</th>
<th>F Total</th>
<th>Male</th>
<th>M Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>Bet 18 &amp; 60</td>
<td>Over 60</td>
<td>Under 18</td>
<td>Bet 18 &amp; 60</td>
</tr>
<tr>
<td><strong>Myitkyina Township</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shwe Zet</td>
<td>4</td>
<td>10</td>
<td>13</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Man Hkiring</td>
<td>0</td>
<td>8</td>
<td>18</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Jan Mai Kawng</td>
<td>4</td>
<td>14</td>
<td>11</td>
<td>29</td>
<td>3</td>
</tr>
<tr>
<td>Zium Camp</td>
<td>3</td>
<td>14</td>
<td>17</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td><strong>Waingmaw Township</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Je Yang</td>
<td>7</td>
<td>12</td>
<td>8</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td>Hpunlum Yang</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Pa Jau</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Woi Chyoi</td>
<td>1</td>
<td>16</td>
<td>9</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>24</td>
<td>84</td>
<td>70</td>
<td><strong>178</strong></td>
<td>19</td>
</tr>
</tbody>
</table>

Main target population of the study: Internally displaced women and men, girls and boys with disabilities living in the identified 8 IDP camps. Their displacement is a result of an ongoing protracted armed conflict. The age range of the target group covers adolescents (12<18), Adults (18<60) and older people above 60.
### Methodology

<table>
<thead>
<tr>
<th>Method</th>
<th>Specification</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service observations</td>
<td>8 field observation visit to 8 IDPs camps</td>
<td>• Sanitation facilities including public and individual latrines, showers, laundry, water points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Shelters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Distribution points and information centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community gathering points</td>
</tr>
<tr>
<td>Key Informant Interviews</td>
<td>15 Key Interviews with service providers and coordinators</td>
<td>• 11 individual service providers providing health, shelter/NFI, WASH, protection services or involved in camp coordination</td>
</tr>
<tr>
<td>Focus Group Discussions</td>
<td>48 discussions with service users, with disabilities</td>
<td>• Service users with disabilities, including their representatives living in 5 geographical sectors of each site.</td>
</tr>
<tr>
<td>Service barriers and facilitator mapping</td>
<td>2 mapping sessions conducted to map services with existing barriers and potential facilitators of the 8 identified IDP camps</td>
<td>• Disability Focal Point volunteers and partner (KDG) team members</td>
</tr>
</tbody>
</table>
Key highlights

Access to Livelihoods

- Where all IDPs in general are suffering from shortage of livelihood opportunities, IDPs with disabilities are further more marginalized.
- 76.6% men and women with disabilities confirmed that they lack equal access to livelihood opportunities
- Attitudinal barrier from employers
- Distance to access fields (daily work – NGCA)
- Communication barrier (lack of information on the opportunities, non accessible communication)

Recommendations:
- Support access to capital and Technical support to run small business (tailoring, hairdressing, or electronic maintenance services)
- Support access to vocational training
- Support access to accessible and adapted tools and equipment for IGA (making bamboo products and farming)

Only 19% of men and women with disabilities assessed have source of income.

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Female</th>
<th>Male</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>42.2%</td>
<td>39.2%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Yes</td>
<td>7.2%</td>
<td>11.4%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>49.4%</td>
<td>50.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Sources of income (yes/no) for persons with disabilities assessed, disaggregated by gender
Key highlights

Access to distributed Food and NFI
(Reach, Receive and Usage)
- Communication and physical barriers to access distributions (non accessible communication, distance of the distribution points, difficulty to carry items)
- Access to distributed food items through a friend or a family members
- Distribution of NFI: Some participants illustrated that they don’t get information about distributed non-food-items
- In some camps, camp committee and ward leaders organize an alternative distribution modality and deliver items to the shelters of the most vulnerable

Barriers or exclusion factors to access food and NFI

- Communication barriers = Lack of access to information
- Communication barriers = Capacities of staff to communicate with people with different types of disabilities
- Physical barrier = Difficulty carrying the items
- Physical barrier = crowdedness of the distribution site

Recommendations
✓ Ensure accessibility of information and communication on distributions (food and NFI) through awareness raising among camp and ward leaders
✓ Scale-up, systematize alternative distribution mechanisms (mobile services, proxy systems, assistance for transportation or transportation fees)
Key highlights

Access to Psychosocial Support Services

- More difficulty for adolescents to access PS support (communication barriers and protection issues in NGCA)
- For adults, women with disabilities have more access than men to PSS activities
- Adult males and older males with disabilities express they can’t access the services, either because of their lack of confidence, discomfort as well as difficulty in reaching the meeting space and hearing or communicating (physical or communication barriers)

Recommendations

✓ Provide outreach services or support for transportation to reduce physical access barriers.
✓ Select more accessible locations, which ensure confidentiality
✓ Train local organizations, including DPO’s (Organizations of Persons with Disabilities) on basic psychological support (PFA)
✓ Make information about services accessible (involve local volunteers and people with disabilities in the sensitization and mobilization of people with disabilities to the available PSS services)

Barriers or exclusion factors to access PSS

Communication barriers = Difficulty to communicate

Communication barriers = Capacities of staff to communicate with people with different types of disabilities

Physical and economic barriers = No transportation

Physical barriers = Lack of specific assistance for people with specific needs
Key highlights

Access to Water and Sanitation Facilities

- Facilities are **not accessible** to persons with disabilities (High steps, squat toilets)
- No Lights at night and lack of privacy
- Toilets are **slippery** during rainy season, far from shelter.
- Absence of toilet ceiling/roof = safety hazard

“We don’t have comfortable toilets or bathroom. We take a small chair along with us at the bathroom and we need help even in the toilet or bathroom”
“We often slip at the bathrooms especially in the rainy season”

Interviewee from IDPs camp, Kachin

**Recommendations**

- Promote the respect of **quality standards and universal design standards** = WASH Cluster
- **Receive technical support on accessible design of WASH facilities**
- **Install accessible facilities**, close to living areas and provide private facilities were needed (commode)
- **Liaise with CCCM actors/ local actors access to shelters close to latrines facilities** for families with persons with disabilities or elderly
Key highlights

Access to safe and accessible housing (shelters)

- **Distant locations**: not possible to move and come back
- **Roads between** camps facilities and shelter **not accessible**
- **No access to mobility aid** for people with physical difficulties

Recommendations

- **Consult camp committees and persons with different types of difficulties** to consider the possibility of relocating shelters of persons with different types of difficulties to **more accessible shelters** located close to sanitation facilities
- **Involve people with disabilities** in the assessment of barriers and facilitators.
Key highlights

Access to health and functional rehabilitation services (specific needs)
- Health facilities are located in distant locations. Difficult to access services independently at the hospital
- Some camps organise local clinics and basic medicine and ovisits from local nurses
- No rehabilitation services inside the camps nor in NGCA

64% of persons with disabilities, when asked the support needed, requested health care and related support. Including functional rehabilitation services

Recommendations
✓ Liaise with Health cluster and MoH to raise awareness of public hospital staff about disability and inclusion
✓ Map specialised services and support referral
✓ Identify and mobilize rehabilitation actors for the provision of assistive devices and rehabilitation services.

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Female</th>
<th>Male</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare and Related</td>
<td>44%</td>
<td>19%</td>
<td>64%</td>
</tr>
<tr>
<td>Livelihood and Related</td>
<td>12%</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>Assistive Devices</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Nutrition Support</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Educational and Vocational Training</td>
<td>4%</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>63%</td>
<td>37%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Percentage calculation, breakdown by gender
Key highlights

Safety, dignity and Protection

Safety while living inside the camp and accessing services:
• Interviewees in NGCA reported not feeling safe within the camps (hygiene, shelling, conflict, natural disaster etc.)
• In GCA, women with disabilities reported case of rape as well as bullying and discrimination

Safety outside the camp:
• Sexual abuse of women and girls with psychosocial difficulties by soldiers was reported.
• Soldiers' attitudes who tend to assume that men with disabilities are ex-combatants.

Protection risks endangering women with disabilities in comparison to men
• Early marriage and trafficking of girls with disabilities are the main protection risks identified by the respondents in particular in NGCA
• All groups agreed that women with disabilities are more vulnerable and higher exposed to sexual, physical and verbal violence
• Communication barriers to report cases for women/girls with communication difficulties

Recommendations
✓ Support protection services to be more inclusive
✓ Community awareness raising on the Rights of persons with disabilities in particular women and girls
✓ Sensitise legal actors on disabilities issues and strengthen access to sign language translator or speech therapist

“Women are less safe than the men. Some of the people from outside came and took the girl from our camp for sex maybe, we don’t know exactly. We have had that kind of issues in our camp”

Interviewee from IDPs camp, Kachin
Key highlights

Accountability and Participation

Involvement in local decision making:
• All respondents agreed that the final decision regarding their situation is up to camp committee
• Lack of knowledge about disability from communities and camps leaders
• Participants agreed that information is mostly transferred orally via camp committee, line (ward) leaders, family members and neighbors (isolation and communication barriers)

Feedback and complaints mechanisms
• Mainly people declared to avoid providing complaint/feedback
• Feedback/complaint mechanisms in place doesn’t ensure anonymity (location of the complaint boxes)
• Accessibility and lack of diversity in the tools to provide feedback/complaint are key barriers

Recommendations
✓ Community awareness on Rights of people with disabilities and support recognition of diversity to increase participation in decision making
✓ Support development of Self Help Groups
✓ Strengthen accessibility of the FCM by diversification of tools and ways to provide feedback/complaints
Priority actions to be implemented by Humanity & Inclusion and its partners

Specific services in the targeted areas of intervention:

- Deliver psychosocial support to persons with disabilities
- Develop functional rehabilitation outreach services including delivery of assistive devices (in coordination with ICRC)
- Support inclusive livelihoods for persons with disabilities
- Map health services, including specialized services and support access to health services
- Carry out community awareness raising on rights of people with disability

Support to disability inclusion in the targeted areas of intervention:

- Strengthen inclusion of protection services and CCCM actors (accessibility of shelter and WASH)
- Advocate for systematization of accessibility of distributions (home services, proxy etc.)
- Promote the systematic use of WGQ in identification of persons with disabilities
- Strengthen map of actors and mutual referral
- Advocate for recognition of needs for functional rehabilitation by health sector