

CCCM CASE STUDIES 2021-22

II. Inclusion of people with disabilities



CCCM CASE STUDIES 2022

Chapter II

Published 2022

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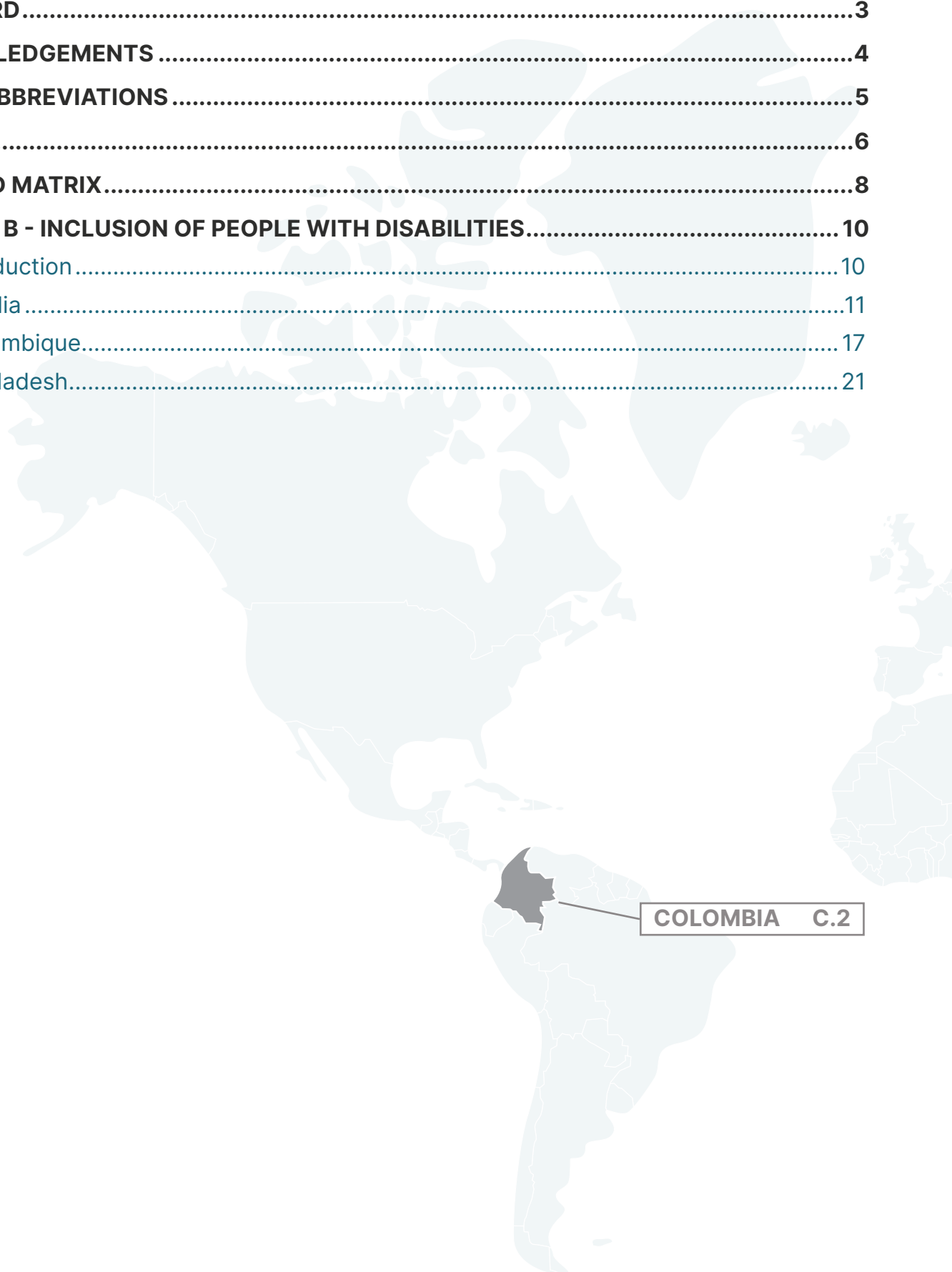
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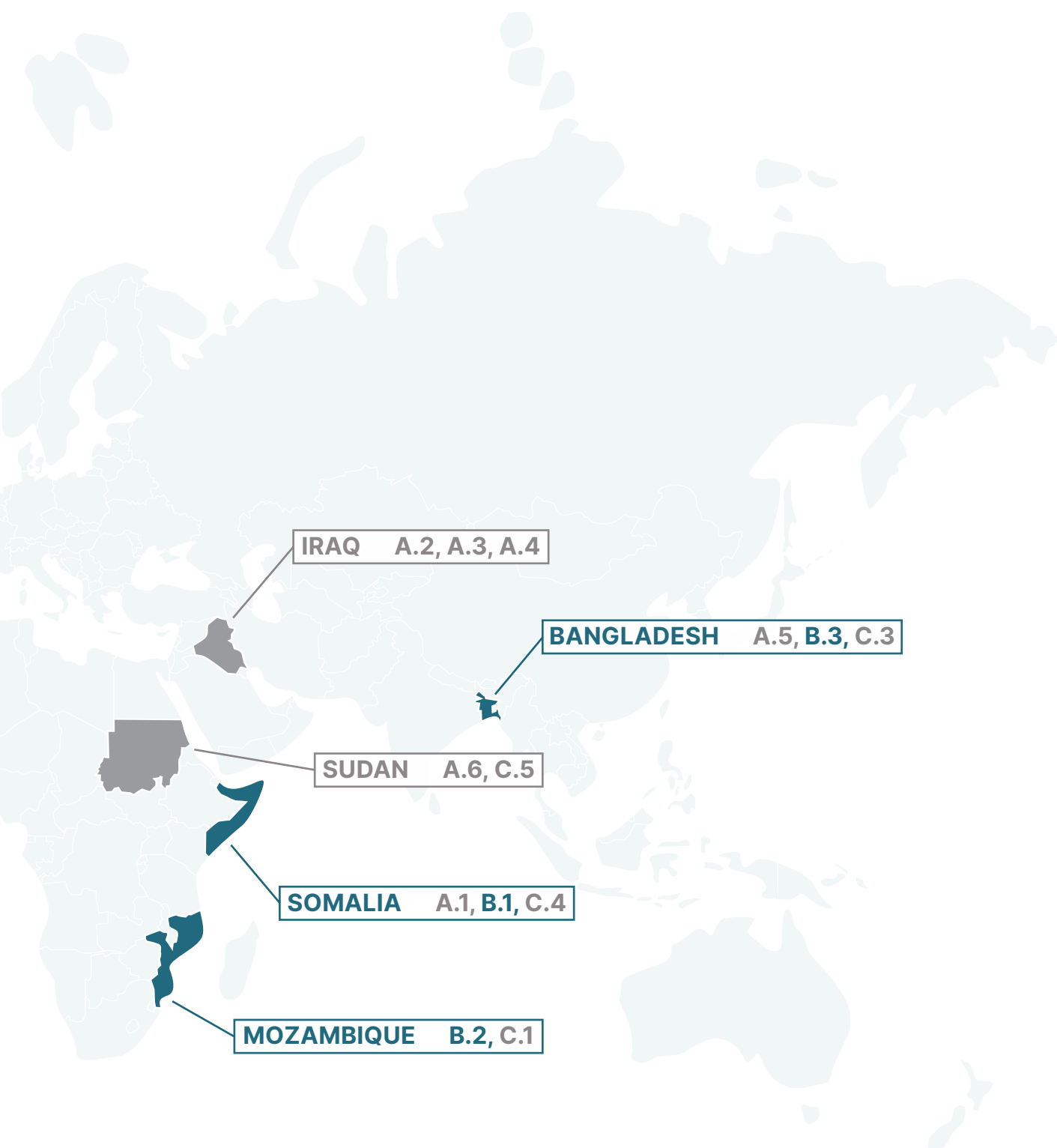
LIST OF ABBREVIATIONS

AAP	Accountability to affected populations
ABC	Area Based Coordination systems
ACTED	Agency for Technical Cooperation and Development
CAI	Integrated Assistance Centre
CBO	Community-based organization
CCCM	Camp Coordination and Camp Management
CFM	Complaint and Feedback Mechanism
CFP	Common Feedback Platform
CfW	Cash for Work
CLP	Community-Led Project
CSV	comma delimited
DRC	Danish Refugee Council
DRR	Disaster Risk Reduction
DSA	detailed site assessment
DSTWG	Durable Solutions Technical Working Group
DSWG	Durable Solutions Working Group
DTM	Displacement Tracking Matrix
ECHO	The European Commission's Humanitarian Aid and Civil Protection Department
FSL	Food Security and Livelihood
FU	Follow-Up
HDI	Human Development Index
HHs	households
HI	Humanity & Inclusion
HLP	their housing, land and property
IASC	Inter-Agency Standing Committee
ICCG	regional Inter-Cluster Coordination Group
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IOM	International Organization for Migration
JRP	Joint Response Plan
KIIs	Key Informant Interviews
MHPSS	unique Mental Health and Psychosocial Support
MoHADM	Ministry of Humanitarian Affairs and Disaster Management
MPCA	Multi-Purpose Cash Assistance
NFIs	non-food items
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OPDs	Organizations for People with Disabilities
PSEA	protection against sexual exploitation and abuse
QIP	Quick-impact project
RCMC	Rohingya Cultural Memory Centre
RHUs	Refugee Housing Units
S/NFIs	Shelter and Non-Food Items
SD	Site Development
SM	Site Management
SMCs	Site Maintenance Committees
SMS	Site Management Support
SNBS	Somalia National Bureau of Statistics
SODEN	Somali Disability Empowerment Network
SSL	solar streetlights
ToR	Terms of Reference
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, sanitation and hygiene
WATSAN	Water and sanitation
WGQs	Washington Group Questions
WHO	World Health Organization

CONTENTS

FOREWORD	3
ACKNOWLEDGEMENTS	4
LIST OF ABBREVIATIONS	5
MAP	6
KEYWORD MATRIX	8
CHAPTER B - INCLUSION OF PEOPLE WITH DISABILITIES	10
B.0 / Introduction	10
B.1 / Somalia	11
B.2 / Mozambique.....	17
B.3 / Bangladesh.....	21





CCCM CASE STUDIES 2022 - KEY WORD MATRIX

THEME/CHAPTER	COUNTRY	CASE STUDY	Displaced populations*				Location			Settlement options/ scenarios				Camp life-cycle		
			Refugees	Internally displaced	Returnees (refugees/IDPs)	Others of concern (e.g. migrants)	Rural	Peri-urban	Urban	Return	Relocation	Dispersed (rent/hosted/spontaneous)	Communal (collective centres/ planned sites / settlements /unplanned sites)	Set-up/ improvement	Care & Maintenance	Site Closure
CHAPTER A Camp Management and coordination	Introduction															
	Somalia	Durable Solutions		●			●	●		●	●	●				
	Iraq	Durable Solutions		●	●					●	●					●
	Iraq	Eviction		●	●					●	●					●
	Iraq	Camp Closure		●	●					●	●					●
	Bangladesh	Communication with Communities	●			●							●		●	
	Sudan	Community-led interventions	●			●							●		●	
CHAPTER B Inclusion of persons with disabilities	Introduction															
	Somalia	Inclusion of people with disabilities		●			●	●					●		●	
	Mozambique	Inclusion of people with disabilities		●			●	●					●		●	
	Bangladesh	Inclusion of people with disabilities	●			●	●						●		●	
CHAPTER C Site environment	Introduction															
	Mozambique	Capacity Development		●			●	●					●	●		
	Colombia	Covid-19 Response	●			●	●						●		●	
	Bangladesh	Site environment & inclusion	●			●							●		●	
	Somalia	Site Improvement		●	●								●		●	
	Sudan	Preparedness	●			●							●		●	

CCCM CASE STUDIES 2022 - KEY WORD MATRIX

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CHAPTER B

Introduction

Persons with disabilities are estimated to represent 15 percent of the world's population. In humanitarian contexts, they often form a much higher percentage. They are among the most marginalized people in crisis-affected communities and are disproportionately impacted by conflict and emergency situations. In disasters, their mortality rate can be two to four times higher than that of persons without disabilities. Persons with disabilities are not a homogenous group, but are diverse in their experience, in their identity, including their age, gender and ethnicity, and in the ways that attitudinal, physical and communication barriers affect them in humanitarian action.

The attitudinal, physical and communication barriers may prevent persons with disabilities from accessing humanitarian services and facilities, sometimes leaving them unaware of their rights and entitlements and unable to share information about needs and concerns, including through reporting mechanisms. These barriers further avert them from actively participating in public life (including in governance and decision-making processes) and influence their agency in both private and public spheres.

CCCM practitioners have a critical role to play in strengthening their inclusion in all aspects of a humanitarian response.

By partnering with Organizations of Persons with Disabilities (OPDs), when they exist, and fostering individual participation and representation in committees, CCCM actors will be able to develop more inclusive approaches and ensure concerns and feedback of all segments of the population are heard and responded to.

Meaningful participation may only be achieved through accessible CCCM programs, assistance and services, while accessibility measures will foster participation. Participation and accessibility are interdependent factors that reinforce each other and contribute to the safety, wellbeing, and dignity of persons with disabilities. The multiplication of participatory accessibility audits in sites, from the preparedness phase, and subsequent site improvement works is an important step forward at sector level.

As the international community committed to advancing the inclusion of persons with disabilities in humanitarian action, CCCM practitioners have been building their own skills and knowledge on inclusion, partnering with local OPDs and specialized organizations, developing methodologies to enhance accessibility in sites, working on data on prevalence and information collection on barriers and enablers to inclusion, and looking at persons with disabilities as active partners rather than only beneficiaries of assistance.

While much remains to be done, the CCCM sector can become a powerful advocate for more inclusive humanitarian approaches and adapted multisectoral responses at the site level. Building on existing resources such as the IASC Guidelines for disability inclusion in humanitarian action (2019), the Minimum Standards for Camp Management (2021) and their disability inclusion checklist, the Global CCCM Cluster will continue supporting inclusive initiatives so that persons with disabilities remain visible and high on the agenda.

The case studies presented in this chapter highlight how CCCM agencies work on inclusion in Somalia, Mozambique and Bangladesh, at Cluster or operations level. While approaches may vary by exploring different angles of this cross-cutting issue, participation of persons with disabilities remains a central thread of all initiatives, making the disability movement motto "Nothing about us, without us" a corner stone of disability inclusive actions in CCCM.

SOMALIA

CCCM Support towards Enhancing Inclusion-Focused Data Collection and Activities

The project focuses on enhancing inclusion through the implementation of dedicated activities, including the deployment of assessments using questions on disability from the Washington Group Questions (WGQs), and questions on the inclusion of minority groups within IDP sites. These CCCM Cluster-led initiatives have generated more comprehensive information on persons living with disabilities and minority clan communities living in IDPs settlements. Project activities also enabled to get a better understanding of the barriers these groups face to access humanitarian services and assistance. More importantly, the project fostered more meaningful participation of persons with disabilities and minority groups through the involvement of four local NGOs and one Organization of Persons with Disabilities (OPD) as Cluster members. Thanks to these partnerships, inclusion was strengthened in CCCM responses in Somalia.



PROJECT LOCATION



Somaliland, Puntland, Galmudug, Hirshabelle, Southwest State, Banadir, Jubaland

PROJECT DURATION



Jan 2021 - Dec 2021 & beyond

TARGETED BY PROJECT



1,040,000 IDPs

CCCM COORDINATION MECHANISM



Government line ministries, Regional, District and local authorities, CCCM National and Sub-National Cluster, Inter-Cluster Collaboration & Coordination, National Disability Agency, SODEN

KEYWORDS: Disability Inclusion, Community-level Coordination, Localization



Women participates in site improvements Baidoa nov 21 © Abdi Abdullahi, IOM

Context

Since the onset of the Somali Civil War in 1991, Somalia has been engulfed in conflict as armed groups attempt to take control of different regions of the country, leading to mass population displacements fleeing violence and insecurity. More displacements are further triggered by perennial climatic shocks forcing people to leave to other parts of the country, and the country has now a total estimated population of 2.9 million IDPs. The great majority of displaced persons reside in self-settled sites in rural and peri-urban settings, of which a majority are established on privately-owned land. A large percentage of these sites are located in drought-prone or flood-prone areas. Living conditions in these sites are dire for displaced communities. Being essentially informal and unplanned, many the sites are overcrowded and lack of access to basic services and assistance. The weak land tenure systems and continuous eviction threats further exacerbate the hardships faced by displaced persons, especially vulnerable groups and individuals.

Protection Risks

Overall, IDPs are marginalised, struggling to access district-level services and legal structures. Persons living with disabilities and persons belonging to minority clans face even steeper challenges. Persons living with disabilities notably face access barriers and mobility challenges preventing them to reach communal services or infrastructure, as most sites are unplanned. Findings from the Disability Inclusion Study¹ conducted by the CCCM Cluster in Kismayo IDP site show that persons with disabilities also experience various forms of violence when attempting to access support services including physical attacks, stone-throwing, verbal attacks, emotional abuse and discrimination. Overall, local authorities and humanitarian agencies make little efforts to reach out to persons living with disabilities, and hardly any initiatives have been put in place to empower persons with disabilities and ensure their inclusion in site governance structures or community-level decision-making mechanisms.

Members of minority clans living in IDP sites are often excluded from humanitarian assistance systems due to clan favouritism or control over resources. The risks of exclusion are further deepened by the lack of information over the presence and needs of minority clans' members, as collecting data on this issue is perceived as being too sensitive to be discussed with key informants. As a result, both minority clan members and persons with disabilities have been largely unable to access assistance and participate in activities organized in IDP sites.

Project Overview and Objectives:

The primary objective of the project was to enhance inclusion in CCCM programmes, looking at improving of 'how' CCCM activities are implemented at site-level. First, the CCCM Cluster looked at addressing knowledge gaps. **CCCM Cluster data collection systems and tools were strengthened to integrate questions on inclusion** for the use of all Cluster partners. Assessments and thematic studies were conducted to identify accessibility challenges and prioritise activities to ensure a better inclusion of persons living with disabilities and minority clans' members. Based on the findings, the CCCM Cluster drafted a **localisation framework and Disability Inclusion Action Plan**, which entailed guidance for all CCCM Cluster members on how to design and implement activities to foster stronger inclusion of persons with disabilities and members of minority groups. Suggested actions entailed developing partnerships with OPDs to identify persons with disabilities in need of mobility aids and assistive devices in IDP sites. As a result, **four local minority rights NGOs and one OPD were invited to join the CCCM Cluster**. Partnerships were developed to implement joint activities in IDPs sites, with local organizations being provided with direct access to funding from donors or through alternative sources.

Selection of beneficiaries and Geographical targeting

The Somalia CCCM Cluster consulted partners and analysed data from IDP registration databases as state-level census work, which revealed a lack of data available on persons with disabilities and the presence of members of minority clan groups in the IDP sites.

¹ [Disability Inclusion Study, IDP Sites in Kismayo, Somalia – December 2021](#). IOM & Humanity & Inclusion (HI).

CCCM activities

1. Data collection systems improved to capture relevant information on inclusion of persons with disabilities

Improved existing CCCM data collection tools and systems to integrate key questions on disability including the Washington Group Questions² with the support of a local OPD, the Somali Disability Empowerment Network (SODEN), and Humanity & Inclusion.

2. Roll out of the annual detailed site assessment (DSA) focusing on minority groups

The annual detailed site-level assessment (DSA) focused on minority groups and was conducted in collaboration with Minority Rights Group International and local minority rights NGOs. Questions pertaining to barriers to accessing services were incorporated within the scope of exercise, and results allowed a better prioritization of humanitarian services.

3. Inclusion of local OPDs and Minority rights NGOs as active CCCM Cluster members

SODEN, a local OPD, as well as four of the most prominent local minority rights agencies became members of the CCCM Cluster. The CCCM Cluster facilitated their access to CCCM funding for programming.

4. Implementation of a comprehensive Disability Inclusion Study

The CCCM Cluster conducted a comprehensive study on disability inclusion in Kismayo, a district hosting 146 IDP sites. The study incorporated the WGQs, and was conducted at a household level and enabled to capture detailed information on prevalence data and existing barriers faced by persons with disabilities.³ Findings were presented to the Inter-Cluster Coordination Group (ICCG) and Humanitarian Country Team (HCT) and results are being used to inform actions to improve disability inclusion operations across various sectors.

5. Development of a Disability Inclusion Action Plan

Based on the findings of the Disability Inclusion Study, a Disability Action Plan was developed, which contains actions to be undertaken by Cluster members to improve disability inclusion within all CCCM operations, enhance overall access to services and promote inclusive accountability to affected populations (AAP) systems in sites hosting IDPs. Activities included in the action plan entail:

- ▶ Integrate WGQs in all data collection activities, and include persons with disabilities as key informants during assessments
- ▶ Ensure the integration of persons with disabilities in camp management committees, with at least two members being persons living with disabilities in each committee
- ▶ Ensure that at least 10% of beneficiaries of cash-for-work activities are persons living with disabilities

6. Generated a CCCM Cluster Inclusion Workplan for 2022

A CCCM Cluster Inclusion workplan was also developed for 2022 with the support from the CCCM Cluster's Inclusion Focal Points. Key deliverables entail:

- ▶ Holding disability and minority inclusion trainings for all Cluster members,
- ▶ Broader incorporation of aspects related to inclusion into other CCCM tools and assessments,
- ▶ Facilitate knowledge sharing and transfer between organizations, including with local partners.

7. Incorporation of services

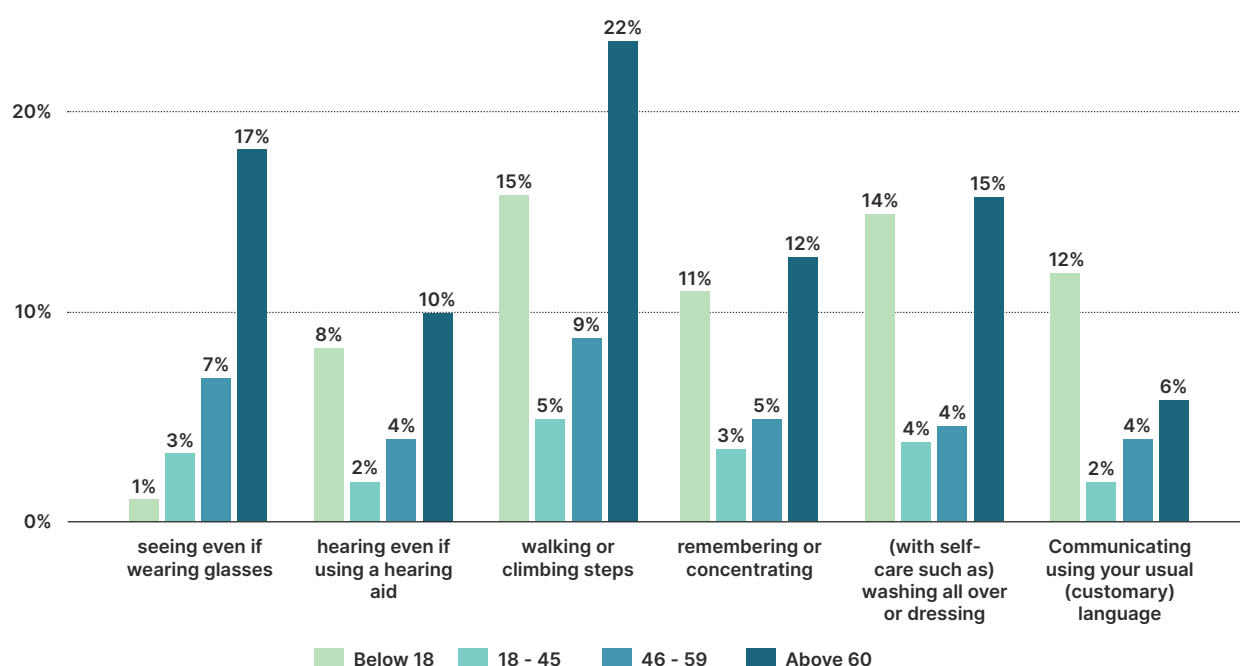
Group discussions at the site level with persons with disabilities highlighted the lack of funding and programming to support the provision of mobility devices. As a result, the CCCM Cluster supported referrals of persons living with disabilities to health practitioners working on assistive technology, including orthosis therapy, physical rehabilitation and occupational therapy for further individual assessments and recommendation for tailored mobility aid. Dedicated funding was secured to procure assistive devices, provide transportation and accommodation to persons with disabilities to allow them to access rehabilitation centres.

² [Washington Group on Disability Statistics](#).

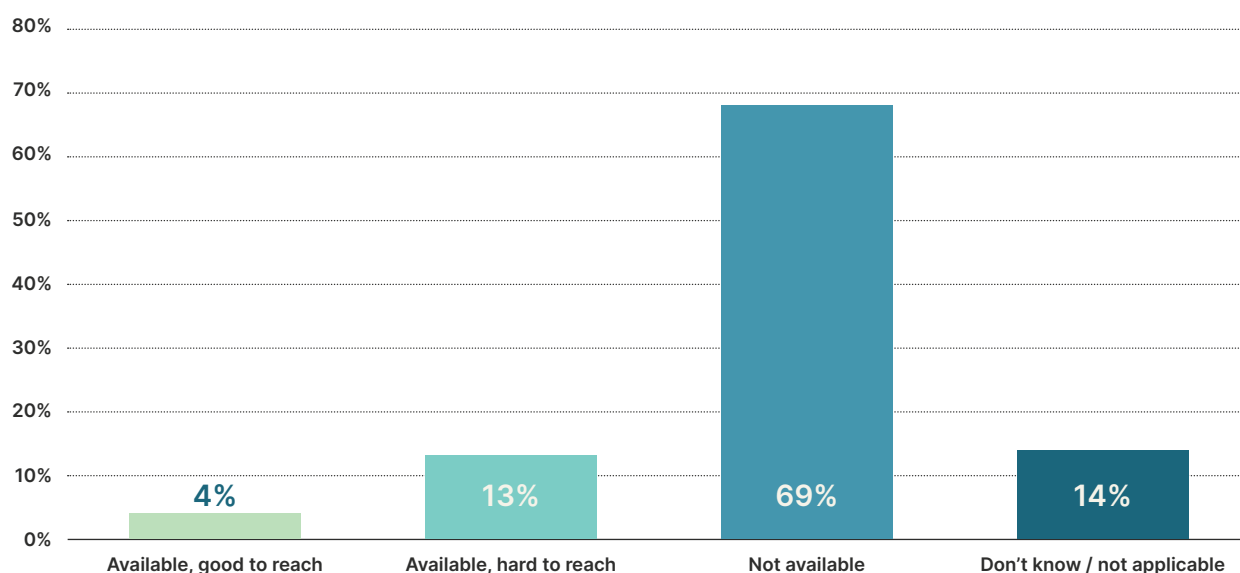
³ Capturing a 95% confidence interval for the assessment.

⁴ WGQs incorporated in all activities

⁵ [The Washington Group Short Set](#) (WG-SS) is a set of questions designed to identify people with functional limitations. The tool can be rapidly and easily used in a variety of settings to produce [disaggregated data](#).

% OF RESPONDANTS REPORTING DIFFICULTIES WITH AGE DISAGGREGATION

[Disability Inclusion Study, IDP Sites in Kismayo, Somalia – December 2021.](#) © IOM & Humanity & Inclusion (HI).

% OF RESPONDANTS CITING ACCESS TO REHABILITATION SERVICES SUCH AS PHYSIOTHERAPY, ASSISTANCE DEVICES, MOBILITY TRAININGS AND SIGN LANGUAGE TRAINING

[Disability Inclusion Study, IDP Sites in Kismayo, Somalia – December 2021.](#) © IOM & Humanity & Inclusion (HI).

What impact did coordination have on this project?

The project has helped elevate the issues of disability inclusion and minority inclusion within the CCCM Cluster response, enabling the development of guidance and implementation of action plans for Cluster leads and Cluster members. Through supporting trainings, workshops and activities focused on inclusion, CCCM Cluster members strengthened their understanding of, capacities and skills on inclusion, leading to programmatic changes at the site level.

Key Achievements of Project

1. Site Prioritisation Matrix 2022

- ▶ A Site prioritization matrix was generated based on baseline data collected through the project indicating the prevalence, challenges and needs, enabling the identification of sites with most acute gaps to be prioritised by services providers from various sectors.

2. Increased Funding Streams

- ▶ Funding streams towards local organizations (including minority rights agencies and OPDs) were increased, both through CCCM Cluster funds and other sources.

3. Enriched Data and Qualitative Information

- ▶ Information gathered during the project contributed to strengthen the overall CCCM Cluster response strategy and improve the quality CCCM programming at site level.

4. Best Practice Documents

- ▶ The Disability Inclusion Study, Disability Inclusion Action Plan and inclusion annual workplan, can now be used as best practice documents in Somalia and other CCCM responses.

5. Empowerment of persons with disabilities

- ▶ Actions implemented contributed to progressively empower persons with disabilities living in IDP sites, enabling their involvement in decision-making mechanisms and giving them access to cash-for-work activities.

6. Appointment of focal persons

- ▶ Two inclusion focal persons were appointed within the CCCM Cluster to provide oversight and ensure accountability on planned inclusion activities.

“Since CCCM and other Clusters started to focus more on minority group inclusion, we have seen many UN donors and donors approach us about partnerships or requesting programme-related advice. Before such initiatives began, we were struggling to implement activities and now we are viewed as critical stakeholders within the humanitarian response.”

Burhan, Puntland Minority Women Development Organization

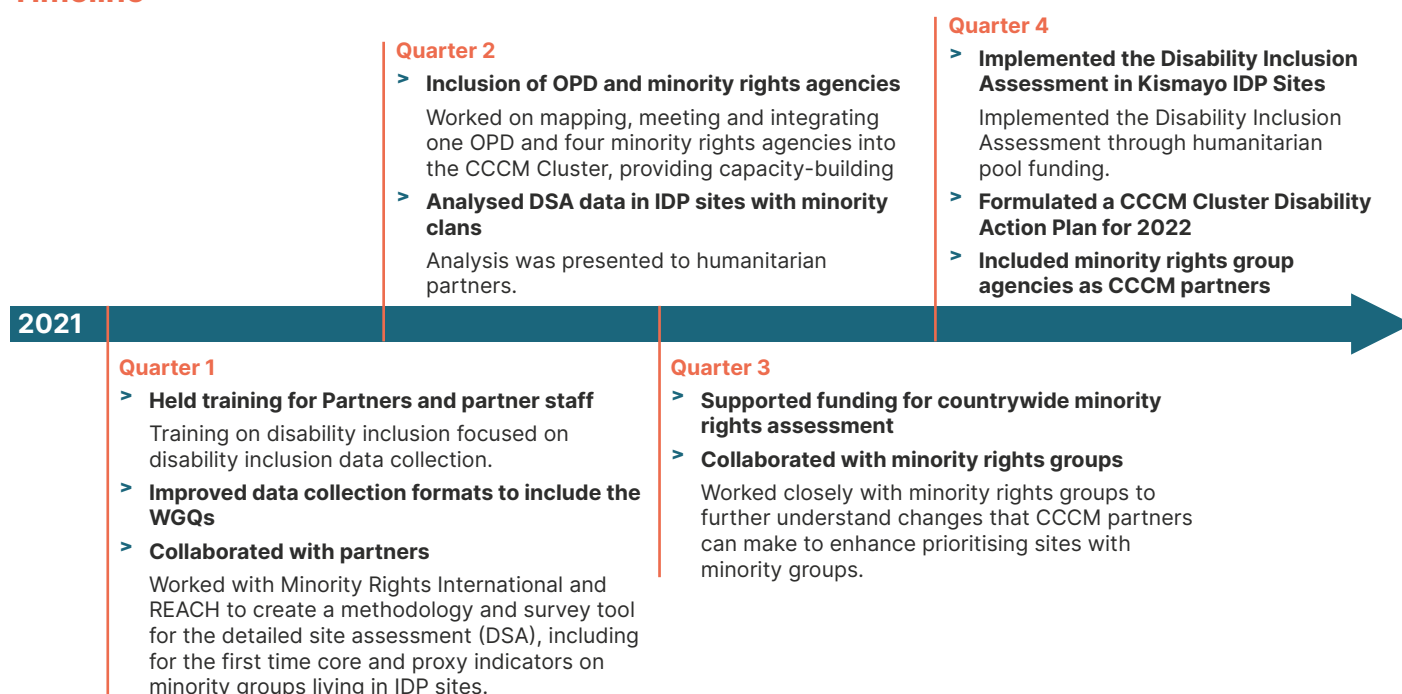
Challenges

1. Humanitarian agencies often lack continuous site presence due to insecurity and funding shortages, leading to low levels of engagement with community members resulting in significant information gaps on service access.
2. Lack of data about persons with disabilities living in IDP sites due to the large volume of IDP sites and absence of IDP registration or state-level census work.
3. Persons with disabilities experience exacerbated access challenges and barriers to reach communal infrastructure and services due to the unplanned nature of IDP sites.
4. The lack of data related to IDP sites with minority clan groups creates a challenge to ensure that such sites are prioritised for humanitarian aid, resulting in difficulties to reconcile aid delivery imbalances.
5. Minority clan groups living in IDP sites are often side-lined from receiving humanitarian support due to clan favouritism or subjugation.

Lessons learned and Recommendations

1. Questions incorporated within assessments highlighting barriers that minority groups face in accessing aid are not as sensitive as previously understood. Perceived sensitivity of the topic was why questions specific to minority groups were previously avoided, but with this new understanding of context, these questions should be streamlined in all data collection operations.
2. Key informants at site level should include persons from minority group backgrounds and persons with disabilities with support from OPDs/ minority rights groups working in the specific IDP site.
3. The use of the Washington Group Questions requires immense training both for enumerators and also for members of the IDP community to understand and correctly implement the question sets.
4. The Disability Inclusion Assessments must have their results and recommendations amplified at the HCT and donor level to encourage programmatic shifts and further funding opportunities for similar studies.

Timeline



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References to CCCM case studies for Somalia	2021-2022 CCCM case studies	A.1, C.4
	2020 CCCM case studies	B.1, C.2
	2016-2019 CCCM case studies	B.6

MOZAMBIQUE

Site environment & inclusion

The Disability Inclusion Committee is a 10-to-15 member representative structure within a site through which persons with a disability voice their concerns, needs and opinions, and humanitarian actors can communicate and provide feedback. Twelve Disability Inclusion committees were set up in Cabo Delgado, Mozambique, to ensure that persons with disabilities have the space and the structure to take on decision-making roles and participate in the management and coordination of the camp. The committees identified persons with disabilities and barriers to inclusion, participated in assessment exercises and supported service providers to develop projects and activities that could take into consideration their requirements and needs.



PROJECT LOCATION



Cabo Delgado, Mozambique

PROJECT DURATION



N/A

TARGETED BY PROJECT



IDPs with disabilities

CCCM COORDINATION MECHANISM



Sub-national

KEYWORDS: Community Participation, Disability Inclusion, Capacity Building



FGD with Disability Inclusion Committee in Ntokota in Metuge District © Muanesse Oma, IOM

Context

Mozambique is one of the most risk-prone countries in the world when it comes to weather-related hazards and the impact of climate change. It has faced the interlinked impacts of conflict and natural disasters in the past few years. Increased security incidents in northern Mozambique since 2017 and Cyclone Kenneth in 2019 resulted in population displacement as well as an increase in acute humanitarian needs.

There is a total of 781,564 internally displaced people in Cabo Delgado, of which about 60% are living in camps or camp-like settings¹. Results of this assessment show that elderly people represented the largest reported vulnerable group, followed by pregnant women, separated children and persons with chronic illness. Regarding persons with disabilities, 2,506 individuals were identified, representing 0,32% of the IDP population. This is likely underreporting: as an average, persons with disabilities represent 15% of the total population² and may form a much higher percentage in humanitarian settings.



Project Overview and Objectives

The primary objective of this CCCM project was to ensure the participation of IDPs within site management, especially the marginalised and at-risk groups. Setting up Disability Inclusion committees ensured that people with disabilities had the space and the structure to take on decision-making roles and participate in the management and coordination of the camp. The more integrated all site residents were into the decision-making forums, the better partners and site management could tailor responses based on specific urgent needs that exist within the site.

The committees played a key role in identifying people with disabilities, and participating in focus group discussions and accessibility audits to identify the main barriers for people with disabilities within the camp. They also advocated for the rights of people with disabilities to government agencies, partners and the traditional governance structures. Committees actively participated in assessment exercises and the identification of people with disabilities within the camp, supporting service providers to develop projects and activities that include their needs. The inclusion of people with disabilities from host communities as members of the committee enhanced the social cohesion between the IDP community and the host community.

Selection of beneficiaries and Geographical targeting

The project sites were the relocation and temporary camps in Cabo Delgado province. Selection of the members of the committees was done by the community itself using a self-selection approach: the Terms of Reference (ToR) and objective of the Disability Inclusion Committee were advertised to the community, and persons with disabilities self-selected based on the criteria presented. Persons with disabilities who have not received any assistance before were especially prioritised. This process allowed community members to communicate with one another about the committee and ensured a level of transparency with the appointment of such positions.

¹ DTM Mozambique. February 2022.

² World Health Organization. [World Report on Disability 2011](#).

Site Management / CCCM activities

Before the committees were set up, the CCCM team was trained by a local organisation with the aim of increasing their knowledge and awareness of disabilities and strengthening their skills on how to include people with disabilities living in camps and camp-like settings.

Several focus group discussions were held in each camp with existing governance structures, people with disabilities and their caregivers to assess how this group participated in camp life and to identify the main barriers and opportunities. Attitudes that reinforce discrimination, lack of livelihoods activities targeting persons with disabilities and lack of inclusive education were identified as the main barriers. The barriers impacted the ability to actively participate in camp life and to be included in decision-making processes. Being prioritised during distributions, being selected as beneficiaries for livelihoods activities, and having plots allocated closer to services and to their caregivers were identified as major requests to partners and CCCM.

The Disability Inclusion Committee plays a key role in advocating for the needs of persons with disabilities. CCCM facilitated the dialogues between community leaders, partners and the Disability Inclusion Committee. In addition, thanks to the Disability Inclusion committees, CCCM teams collected requests and complaints and referred them to partners through the Complaint and Feedback Mechanism (CFM).

With the support of the CCCM team, the Disability Inclusion committees met regularly to discuss the needs and concerns identified by persons with disabilities at the camps.

What impact did coordination have on this project?

The inclusion of people with disabilities in camp life was a shared responsibility among all the stakeholders. The presence of the Disability Inclusion Committee contributed to information sharing and inclusive programming by service providers. Service providers were collaborating with the committees for the implementation of inclusive WASH facilities, ad hoc shelters and site planning interventions. Inclusive latrines and shelters were presented by partners to the committees for validation, and the beneficiary selection was done together with the committee based on the criteria presented by the partner. Persons with disabilities were more active and more vocal during site management committee meetings and also reached out to partners through the Complaints and Feedback Mechanism, advocating for their rights with partners and existing governance structures.

Key Achievements of Project

1. Twelve Disability Inclusion Committees were set up in Cabo Delgado.
2. 120 Disability Inclusion Committee members were trained on the main concepts of CCCM and Protection against Sexual Exploitation and Abuse (PSEA)
3. Thirty CCCM field staff were trained on the inclusion of people with disabilities in camp management activities.
4. People with disabilities were included and active in the site management committee.
5. Information, Education and Communication (IEC) materials were developed for the promotion of disability inclusion.
6. Government and service providers enhanced their knowledge and awareness of the rights and requirements of persons with disabilities.

Challenges

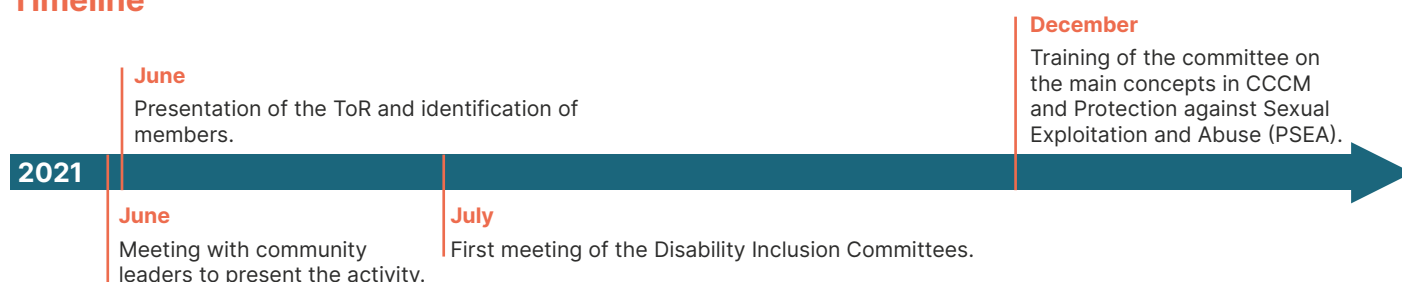
1. Changing the mindset of the community and the committee members that people with disabilities have the capacity to actively contribute to the improvement and development of their community.
2. The physical barriers that limited the movement and access to services for people with disabilities within the camps. In some sites, service providers adapted the water points by adding a ramp, and latrines were adapted to respond to the needs of persons with disabilities.

3. Few partners were ready to adapt their interventions and consider the needs of people with disabilities.
4. Adapting meetings and communication based on different types of disabilities (visual, physical, auditory). Caregivers would participate in the meetings and facilitate the communication among members with different disabilities.
5. The development of IEC materials involved many partners and took more time than initially planned.

Lessons learned and Recommendations

1. The capacity of people with disabilities to actively participate within the committees and take on decision-making roles can increase through learning their rights and developing their skills. The promotion of training and coaching for the Disability Inclusion committees is a key factor in their success.
2. People with disabilities rely heavily on their caregivers to access services and information. The presence of the committees and the linkages with the Complaints and Feedback Mechanism strengthens the direct communication between people with disabilities and service providers, thus increasing accountability and transparency.
3. Training CCCM staff on disability inclusion ensures the creation of a supportive and inclusive environment and the success of the activities.
4. There is a need to collaborate with other organisations and service providers working in disability inclusion to strengthen the Disability Inclusion committees
5. Continued advocacy is needed to ensure that partners prioritise people with disabilities in designing their interventions and setting up infrastructure in IDP sites.
6. CCCM can have a leading role in greater inclusion and access to the rights of persons with disabilities in camp settings, yet the response will need to be multisectoral.

Timeline



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References to CCCM case studies for Mozambique	2021-2022 CCCM case studies	C.1
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BANGLADESH

Supporting coping mechanisms for people with mobility-related disabilities in Cox's Bazar Camps: A Community-Led Project

The Rohingya Cultural Memory Centre (RCMC) is a unique Mental Health and Psychosocial Support (MHPSS) initiative preserving Rohingya cultural heritage and promoting better mental health and wellbeing. Through community-based skills development and cultural education activities, RCMC ensured the transfer of Rohingya indigenous skills and knowledge from one generation to the next. RCMC volunteers conducted outreach activities such as “master classes” in Rohingya traditional arts and crafts and workshops in areas of Rohingya traditional life with people with disabilities, with partner organizations and different sectors.



PROJECT LOCATION



Camps 15,18, 20 and 20 Extension, Cox's Bazar, Bangladesh

PROJECT DURATION



2021-2022

TARGETED BY PROJECT



80 individuals

CCCM COORDINATION MECHANISM



Site Management and Site Development Sector

KEYWORDS: Disability Inclusion, Community-led



An RCMC artisan and a participant after the graduation ceremony for the first masterclass at the Site Management Hub in Camp 20 Extension, Cox's Bazar. The walking stick (with improved handle) was constructed during the masterclass by another participant, to the measurements of the PWD. © Thomas Badham-Thornhill, IOM

Context

Since the late 1970s, Rohingya refugees have been fleeing from Rakhine State, Myanmar to Bangladesh in search of a safe settlement site. In August 2017, a large influx of Rohingya refugees arrived in Cox's Bazar District in Bangladesh, and more than 900,000 refugees are now residing in 34 camps in Ukhiya and Teknaf Upazilas.

Among these refugees, 12% of individuals were identified as persons with disabilities across the Rohingya refugee population in Bangladesh.¹ These people are considered one of the most at-risk groups by the Rohingya community. Moreover, households including persons with disabilities tended to be more at risk from an economic perspective as they were more likely to take on debt to cover health expenditures. According to the Age and Disability Inclusion Needs Assessment in 2021, persons with disabilities and their households faced barriers that include mobility inside camps and shelters, self-care and utilisation of WASH infrastructure, access to services and mobility devices, education and participation.

The need to address the meaningful and dignified inclusion of all at-risk groups, including persons with disabilities, was included as a core component of the 2019 Joint Response Plan (JRP).² Building upon these priorities, protection mainstreaming, including the equitable consideration and inclusion of individuals across all age groups and persons with disabilities, was incorporated into the 2020 JRP³ as a cross-cutting issue.

Protection Risks

When Site Management Support (SMS) engaged with the camp communities, unaddressed requirements of persons with disabilities were frequently mentioned as an issue of concern. This feedback was echoed through the Common Feedback Platform, the Women's Participation Project and by Protection actors. It was exceptionally challenging for people with disabilities to move in and around their shelters, interact with other community members or access services such as health clinics. Personal transport was assessed as dangerous and often undignified for people with disabilities that limit their ability to move over the uneven paths and stairs of the camps. They were often wrapped into blankets, hung under a bamboo pole, and carried by two people.

People with disabilities are often entirely dependent on their caregivers, causing both to live in more challenging conditions than other people in the camps. People with disabilities often lack access to mobility aids to support some degree of independent movement within the camp, and medical treatments create additional living costs for the households.

In addition, there were no actors working with persons with disabilities in many of the camps, including Camps 20 and 20 Extension. This resulted in a lack of participation and representation of people with disabilities in Cash for Work (CfW) activities and community governance. It is important to note that some programming, especially Cash for Work activities, are becoming much more inclusive with the support of partners, and all Site Management and Site Development teams are receiving training in disability inclusion to be able to strengthen inclusion at the site level.

Project Overview and Objectives

Part of the objectives of the Rohingya Cultural Memory Centre (RCMC) initiative was to showcase a participatory, low-cost, sustainable, and effective way of creating improvements in living standards for some of the most vulnerable members of the Rohingya community.

Specifically, the initiative aimed to:

- ▶ encourage equal opportunities for people with disabilities in CfW programmes and provide them learning opportunities to become skilled carpenters or basket weavers, ensuring income-generating opportunities.
- ▶ increase the community's resilience and upgrade the living condition of people with disabilities by providing mobility aids (such as crutches and stretchers).
- ▶ promote the collaboration between multiple actors, in particular SMS, RCMC and specialised organisations to work in a participatory approach to design basic mobility aids and train people with disabilities to manufacture them.

¹ REACH, 2021. Bangladesh: [Age and Disability Inclusion Needs Assessment – Rohingya Refugee Response](#).

² ISCG, 2019. [Joint Response Plan for Rohingya Humanitarian Crisis, January – December 2019](#).

³ ISCG, 2020. [Joint Response Plan for Rohingya Humanitarian Crisis, January – December 2020](#).

Selection of beneficiaries and Geographical targeting

People with disabilities in Camps 15, 20 and 20 Extension were selected as the beneficiaries. The Camp 18 master class, storytelling through crafts, targeted women in general, not specifically people with disabilities. The intention was to select people from different areas of each camp so that they would be able to interact with other members of their communities across a wide area. People who live close to the Site Management Hub are more likely to be part of a network that already interacts with Site Management Support. Beneficiary selection was the single most challenging aspect of this project because it has an impact throughout the length of the project lifecycle.

In some camps, there have been challenges with the different abilities of the participants, especially for carpentry activities, as a greater degree of strength and dexterity is needed for some tasks. Basket weaving has proven generally easier and more popular for some participants. It is important to establish a group with persons with a range of abilities so that sub-groups of co-dependent skillsets can be formed.

It is also important to manage expectations and to be persistent in the communication surrounding selection. In some master classes, several participants arrived expecting to be paid for their attendance, and then dropped out after several classes. Participants need to be able to commit for one day a week for two and a half months. The SMS agency has discussed involving caregivers in the master classes, but no action has been taken on this yet.

Site Management Support / CCCM activities

Implementation was divided into two basic phases. While Phase 1 was completed, Phase 2 is being planned at the time of writing.

During **Phase 1**, artisans from RCMC facilitated a training curriculum to co-design mobility aids in a participatory manner under the technical guidance of disability inclusion specialists and train a group of people with disabilities to build the mobility aids. After completing the training, participants were qualified as skilled labourers and engaged in CfW for multiple rotations.

In **Phase 2**, it is envisaged to engage skilled teams with co-dependent skill sets to work together in small groups and continue to craft custom made mobility aids for their community, with the ambition to incorporate it into a CfW scheme.

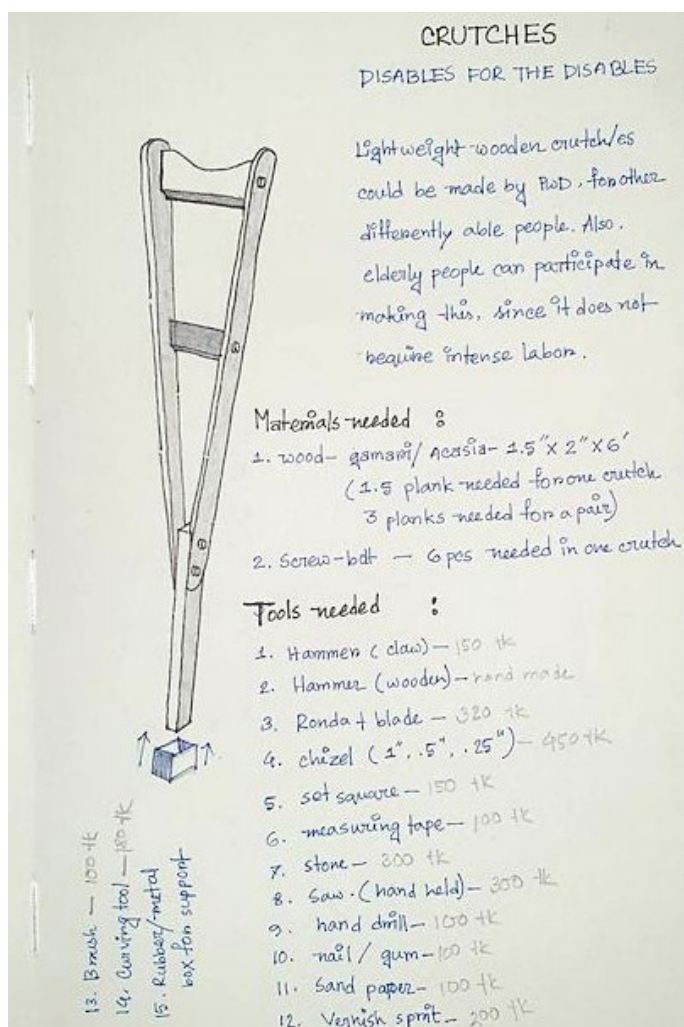
The RCMC Master Class

The RCMC master class provided participants with practical knowledge to become skilled carpenters and basket weavers. For ten weeks, every Tuesday morning and under the technical guidance of disability inclusion teams, RCMC held master classes with two different groups: one focused on carpentry skills and the other on basket weaving. The carpentry team crafted pairs of crutches and other types of mobility aids while the basketry team learned the basics of basket weaving and stretcher construction for patient transport. The craftsmanship taught was based on vernacular Rohingya craftsmanship and included the use of simple and available technology. RCMC agents and artisans facilitated a participatory approach in designing the items with inputs from the community. The training was later recorded in a catalogue illustrating the design, material and tools required to produce each item.

Towards the end of the RCMC master class, the participants formed geographically localised groups that enabled them to work without traveling the long distance to the Site Management Hub. These groups included participants of different ages and abilities, with specific targeting towards the elderly and young adults. Elderly people with previous experience and knowledge in carpentry and weaving collaborated with more physically capable young adults who had no previous knowledge or experience, but keen interest to develop a livelihoods skill. These two target groups designed and crafted the mobility aids for their community members who required walking and standing assistance.

A tool was designed to measure the participants' satisfaction and craft knowledge, pre- and post-intervention. Several weeks after the final master class, a graduation and group discussion session were held, giving participants a chance to offer feedback and share stories of how the master class had impacted them. The training syllabus below describes the training content:

	Objective	Carpentry	Basketry
Session 01	Interactive session and evaluation	Introduction to tools and products and their mechanism	Introduction to tools and products and their mechanism
Session 02	Introduction to materials	Different types of wood and their uses	Different types of bamboo and their uses
Session 03	Cutting methods (Requires tools and materials)	Cutting wood for different purposes	Cutting and slicing bamboo for different purposes
Session 04	Design and measurement (Requires paper, pencil, measuring scale/ tape)	Designing, drawing and measuring for a product	Designing, drawing and measuring for a product
Session 05	Making a product day 01 (Requires tools and materials)	Cutting different pieces of the product out of a wood plank	Cutting/slicing bamboo for making the product
Session 06	Making a product day 02 (Requires tools and materials)	Cutting different pieces of the product out of wood plank	Weaving pattern 01
Session 07	Making a product day 03 (Requires tools and materials)	Nailing/joining/gluing the pieces to make a product	Weaving pattern 02
Session 08	Making a product day 04 (Requires tools and materials)	Detailing /carving	Weaving pattern 03
Session 09	Making a product day 05 (Requires tools and materials)	Use of sandpaper and varnish /color for the finishing of the product	Varnish/finishing of the product
Session 10	Product display and evaluation	Maintenance techniques	Maintenance techniques



Example Catalogue of crutch design © Fawzia Bhuiyan, IOM

What impact did coordination have on this project?

Involvement of specialised actors on disability was crucial to be able to provide technical guidance to teams in terms of the design of mobility aids. Mobility aids are equipment that need to be adjusted to users' specific needs, height and weight, and may need to be adjusted in time or replaced. In the second phase of the project, stronger coordination will be established with medical specialists for the design and distribution of devices.

Key Achievements of Project

- ▶ Participants gained new livelihoods skills.
- ▶ The project brought people together and provided the opportunity for people to expand their networks and support structures.
- ▶ The project supported and included people who are the least likely to have access to Cash for Work activities.
- ▶ The participatory nature of the project allowed camp residents who understand their own needs to identify the items they would like to build. They also suggested design improvements and the artisans from the RCMC helped with writing the designs.

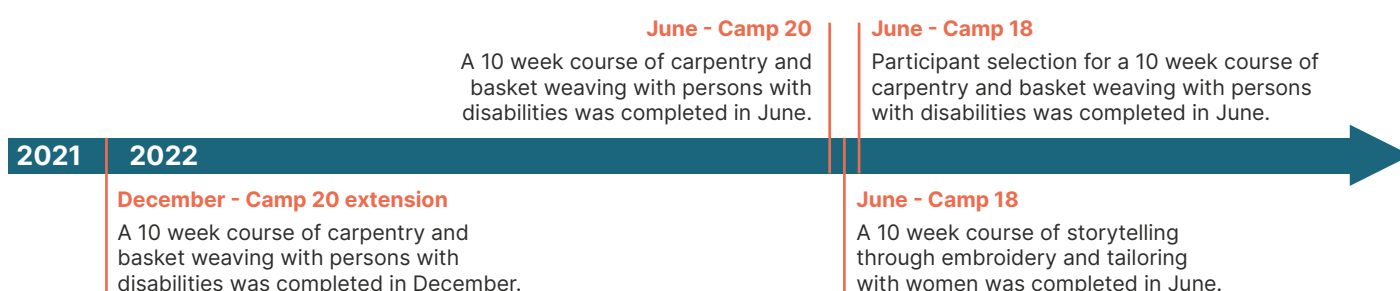
Challenges

1. Though many of the Cox's Bazar camps are adjacent to each other, it was challenging for artisans from RCMC to travel to the Site Management Hubs in other camps to conduct the master classes, especially during the Covid-19 pandemic.
2. As an SMS community-led project, funding was difficult. The standard Community-Led Project (CLP) monthly funding caps were adequate to cover only Phase 1.
3. Participant selection is crucial. It has been challenging to get this balance correct as participants need to be able and willing to participate meaningfully. However, it is also important to ensure that participants do not have too much previous experience, as the 10 week course is meant for beginners who do not previously have these capabilities.
4. Monitoring and evaluation have been important. There is a simple pre-test and post-test for the master classes, along with lessons learned sessions, allowing the master classes of Phase 1 to evolve. More effort is needed to establish an effective monitoring and feedback approach for Phase 2, including from a medical point of view to assess devices and users' experience after a certain period of time.

Lessons learned and Recommendations

1. Due to the small-scale, pilot nature of the project, Phase 1 only reached the communities that already had access to SMS and did not reach most marginalised community members. This will need to be addressed in the future regarding the selection of participants.
2. In camps where the formal Phase 2 has not been initiated due to budget constraints, participants are still managing to make and sell items in their community. Only the basket weaving graduates are making items as the materials for carpentry are too expensive. Future iterations of this project need to take the agency of the participants into account.
3. Participant selection is the single most important step in the process, as it impacts every single downstream activity.
4. The "qualification" of skilled labourer that participants earned at the end of the 10 week course is dependent on their regular attendance.

Timeline



References to CCCM case studies for Bangladesh	2021-2022 CCCM case studies	A.5, C.3
	2020 CCCM case studies	A.1, A.2, B.4, B.5
	2016-2019 CCCM case studies	C.1

