



ESAR RCCE TWG
August 30, 2023

Agenda

- **Welcome and Agenda Overview**
- **El Nino preparedness**
- **Community Feedback and Social Science Subworking Group**
- **Deepdive: Disability Inclusion in RCCE**

RCCE Coordination

RCCE TWG Meeting Sept 13

- Presentation on El Niño Situation Analysis
- Updates from partners on preparedness plans
- Discussion on gaps and requests for support

Community Feedback and Social Science SWG

- Review of TOR and reactivation discussion
 - Development of tools
 - Technical guidance for countries establishing CFM and for social science
 - Webinars for partners on demand
 - Development of ad hoc CF reports during emergencies



Public Health Situation Analysis

El Niño

Global Climate Event

Covering July-September 2023

Population: El Niño affected countries
Reporting period: July-Sep 2023
Start date of crisis: July 2023
Typology of crisis: Heatwaves, drought, wildfires, floods, landslides, food insecurity, infectious diseases, cyclones

This living document was prepared by the Department of Alert and Response Coordination with inputs from relevant technical experts within WHO and partners. It may be updated periodically based on changes in the situation and availability of new data.



CDAC Trainings

Workshop 2: Targeting staff with a regional and cross-border mandate – 31 August, 10:00 – 12:00 Khartoum time

Topic: Practitioner Workshop: CCEA Priorities in the Regional Sudan Response

Register in advance for this meeting: https://us06web.zoom.us/meeting/register/tZlsc-Gtpj8iH9wJ89BLTpy_vdp_3gin9vzY

All are welcome to join, and please do share this invite with your in-country and regional colleagues. The agenda for the events is attached, and will be followed by a background brief on key CCEA priorities, developed with our members for facilitated discussion during the workshops.

Disability Inclusive Risk Communication & Community Engagement

RCCE Technical Working Group
Meeting 30 August 2023

unicef 
for every child



Agenda

1. Rights of people affected by public health emergencies
2. Social and Community Listening Insights on Disability and Inclusion in ESAR
3. Increased risks experienced by persons with disabilities during public health emergencies
4. Why disability inclusive risk communication & community engagement
5. Good practices
6. Call to action in preparedness and response
7. Resources

Rights of affected populations

UNICEF is committed to putting affected populations, including children, women and the most vulnerable groups, at the centre of its work. UNICEF facilitates the safe, appropriate and equitable engagement of communities by:

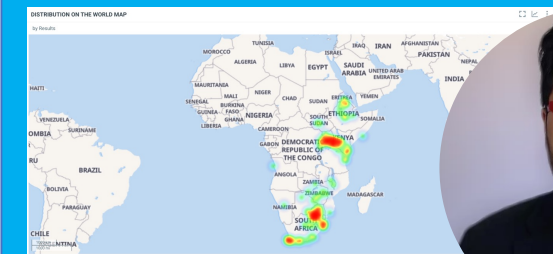
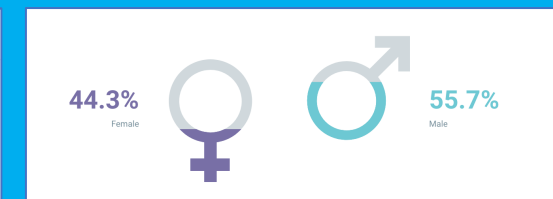
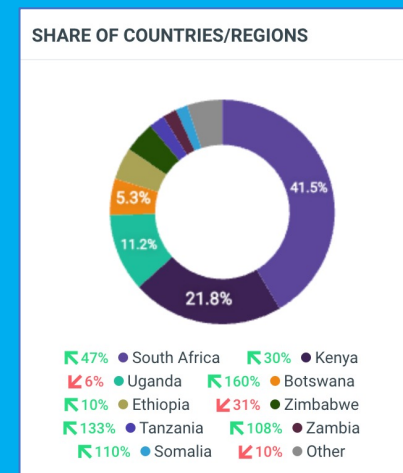
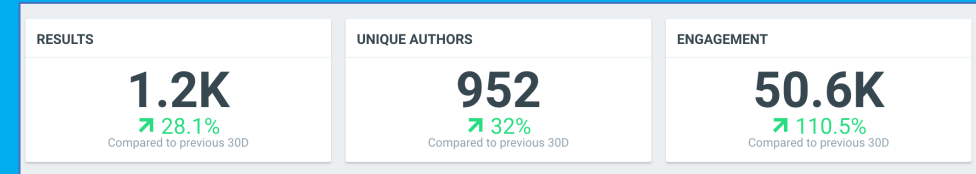
- Promoting the **participation of communities** in decisions on defining and prioritising interventions and determining the most appropriate delivery mechanisms
- Providing **access to life-saving information**, including on affected people's rights and how to exercise them, and appropriate **two-way communication channels** between aid providers and communities
- Providing secure means for affected communities to **provide feedback and complain** about programmes and responses, while regularly collecting, analysing and integrating this information into decision-making processes

**CORE COMMITMENTS
FOR CHILDREN IN
HUMANITARIAN
ACTION**



Social and Community Listening Insights

- Insights derived from social media platforms, blogs, and online forums across 21 countries in ESAR
- Tools used to conduct this research include Talkwalker, CrowdTangle, Google Trends, PowerBI, and Google Scholar
- Prevailing perceptions, attitudes, and challenges faced by children with disabilities in the region
- Quotes are verbatim from social media users. Data collected spans 24 July to 24 August 2023.
- Names and locations have intentionally been omitted to align with social listening ethics and account for individuals' right to privacy
- Where individuals are identified, those are from news stories or from publicly accessible published journal articles



Lack of Inclusion in Public Health Discourse

- Despite the challenges faced by children with disabilities, there's a noticeable absence of disability and inclusion topics in the public health discourse
- This lack of discussion points to the need for increased advocacy for placing disability on the public health agenda
- Conversation related to childhood disability and health were often focused on newborns, highly negative, and openly violent



Negative Perceptions and Harsh Realities

- The societal views regarding children with disabilities are often stigmatized, leading to tragic consequences.
- “I don't think I can live the pain of having a disabled child, after birth in the hospital if tests show the kid is disabled, I'll just tell them to let him go and try again. **There's no need to let the kid live in such pain.**”
- “Have you ever seen a disabled Maasai? While in Narok, I was told **Maasai kill their children if they notice any disability.**”
- “Children born with spina bifida and hydrocephalus among the Acholi are **thrown into the river to die.**”



Violence and Exploitation

- Children with disabilities are often victims of violence, exploitation, and neglect.
- “Maybe that's why **they often kill them to destroy evidence.**” [context: conversation about children with disabilities]
- “I mean **the baby could just “accidentally” pass away** and I can try again.” [context: conversation about having a disabled newborn]
- “Children with disabilities are **dropping out of school and end up becoming victims of gender-based violence.**” - [Dr. Gillet Chigunwe, Zimbabwe](#)



Societal and Legal Concerns

- There's a lack of understanding and awareness about the rights of children with disabilities, leading to marginalization.
- “Legally is it allowed to terminate a pregnancy because the baby has disabilities?”
- “Parents are still hiding children who have disabilities” - Principal Secretary State Department for Social Protection and Senior Citizens Affairs Joseph Motari, Kenya
- “The beneficiaries (children with disabilities) deserve to receive the grants, but at the end of the day, they are not the ones benefitting from them. There are those guardians who make use of them.”



Academic Research Insights

- 2020 study titled '[Barriers and facilitators to healthcare access for children with disabilities in low and middle income sub-Saharan African countries: a scoping review conducted](#)' by Adugna et. al
- **Stigma was a major barrier**, with children with disabilities and families often hiding disabilities due to fear of discrimination. Negative attitudes from communities and healthcare workers also hindered access.
- **Lack of awareness and misconceptions** around disabilities led families to seek traditional healing rather than medical treatment. Cultural beliefs linking disabilities to supernatural causes also created barriers.
- **Major service access issues** included lack of facilities, staff shortages, long distances to clinics, unaffordable costs, and lack of disability-focused resources. Lack of clear clinical pathways and poor communication skills among staff were also barriers.
- **Poverty was the most frequently cited social barrier**, making costs like fees, transportation, and assistive devices prohibitive. Lack of family support and privacy concerns also emerged.
- **Key facilitators** were disability awareness-raising, peer/community support, financial assistance, perceiving health improvements, and inclusive design of facilities and information.



Increased risk during public health emergencies

- Disproportionately represented among older populations (more than 46% of the world's population of people over 60 have disabilities)
- May have underlying health conditions that increase their risk of complications
- Disproportionately represented among people living in poverty
- Lack of disaggregated data = inability of surveillance systems to determine the impact on persons with disabilities
- Inaccessible information and communication = persons with hearing, visual, intellectual or physical disabilities may not receive key information about prevention and assistance

Increased risk during PHE's

- Barriers to accessing essential health services and WASH facilities due to environmental barriers; lack of accessible public transit systems; limited capacity of health workers to communicate and work with persons with disabilities; high costs of health care
- Interrupted home, community and social services and supports, including personal assistance
- Inaccessible quarantine, health facilities and transport
- Prejudices, stigma, and discrimination
- Less likely to be prioritized in resource allocation and priority setting

Why disability inclusive RCCE

- 15 % of the population
- Convention on the Rights of Persons with Disabilities CRPD
Article 11 Situations of risk and humanitarian emergencies
- IASC Guidelines Inclusion of Persons with Disabilities in Humanitarian Action
- UNICEF Core Commitments for Children in Humanitarian Action

COVAX uptake in Tanzania among the deaf community

- Misinformation, lack of trust in the health care system
- Health care workers lack communication skills
- UNICEF partnered with CHAVITA (association of the deaf) to manage misinformation at local level
- UNICEF support MoH to develop inclusive RCCE SOPs, guidelines, PSS tools, AAP, mass messaging through media, communities, IOGT and SMS
- Result: 44% increase in vaccination coverage
- Replication with the umbrella organization of persons with disabilities

Malaria Mass Drug Administration in Uganda

- People did not seek treatment for fear of EVD
- National EVD task force recommenced Malaria Mass Drug Administration (MDA) along with nets and SBC to prevent Malaria in EVD outbreak districts
- UNICEF supported distribution in two districts targeting all
- Door-to-door approach created a chance for the 406 persons with disabilities to benefit from interpersonal communication on EVD, Malaria and the importance of MDA
- Health messages delivered through community engagements, trainings, community radios, and radio talk shows emphasized involvement of persons with disabilities and other vulnerable groups in MDA
- Result: 181,579 (406 persons with disabilities) received MDA

Disability Inclusive WASH in Ethiopia

- 50% of the population has access to basic water supply, 9% have access to basic sanitation, and 17% practice open defecation
- Partnership with umbrella Organization of Persons with Disabilities (FEAPD)
- Development of disability inclusive SBC audio, visual and print products (child focused games, comic books, story books and counseling cards) with characters with disabilities
- Disability focused WASH mobile application with audio, sign language and pictorials
- Disability and gender inclusive community feedback mechanisms for WASH services
- Journalist and media practitioner Disability Inclusive WASH kit
- Disability Inclusive WASH kit for religious leaders
- Finalization of SBC kits and distribution to all regions and schools
- Disability and gender inclusive community engagement framework
- Translation of the SBC packages to sign language and braille books

Cholera response in Mozambique

- Disability inclusion is factored into the cholera response
- UNICEF ensured that humanitarian cash transfers (HCT) for vulnerable groups target persons with disabilities
- UNICEF has also supported inclusive needs assessments. The Protection Cluster Needs Assessment tool has specific questions related to disability, gender and GBV
- UNICEF collaborates closely with the umbrella Organization of Persons with Disabilities – FAMOD - who is planning to carry out a Post Disaster Needs Assessment
- A representative from FAMOD will also be selected to be part of the Humanitarian Coordination Team to further strengthen their participation in the humanitarian response cycle
- RCCE: information is provided in different local languages through radio, door to door and school campaigns, mobile units and community theatre groups. However, there is no targeted information for persons with disabilities.



Disability Inclusive Client Responsiveness

Valentina Shafina, Client Responsiveness Specialist
Pauline Thivillier, Inclusion Technical Advisor
Aline Bazerly, Inclusion Technical Specialist

Overview of the session



Project timeline: April 2019 – May 2021

- Objectives of the project
- Client Responsiveness at IRC
- Scoping study process and findings
- Guidance and tools
- Limitations

Disability Inclusive Client Responsiveness*

Improving equal access to feedback mechanisms

Strengthening accountability by adapting IRC's feedback mechanisms to address the specific barriers and risks experienced by persons with disabilities in humanitarian contexts.



*The term “client responsiveness” refers to measures to collect, analyze and respond to affected people’s feedback and complaints and supports their participation and engagement in project activities and decision-making processes. The term encompasses similar concepts and approaches used by organizations such as Accountability to Affected People (AAP) or Community Engagement and Accountability (CEA).

Disability Inclusive Client Responsiveness



Project timeline: April 2019 – May 2021

Objective: Addressing barriers and advancing access for persons with disabilities and older people to humanitarian services on an equal basis with other clients across all sectors.

Response: Through the adaptation of IRC's Client Responsive Programming and feedback mechanisms to be inclusive and accessible.

Method: Scoping study conducted in pilot locations (NW Syria and Tanzania) & with experts from an Interagency Advisory Committee (including Organizations of Persons with Disabilities, OPDs).

Outcome: Development of inclusive data collection and analysis methods; guidance and tools on disability mainstreaming related to humanitarian accountability.

Client Responsive Programming



Programming is client-responsive when our clients are engaged in influencing decisions about its design and delivery



We systematically listen to the perspectives of our clients and use their feedback to make decisions.



We communicate and explain to our clients how their feedback has informed our actions.

IASC Inter-Agency
Standing Committee

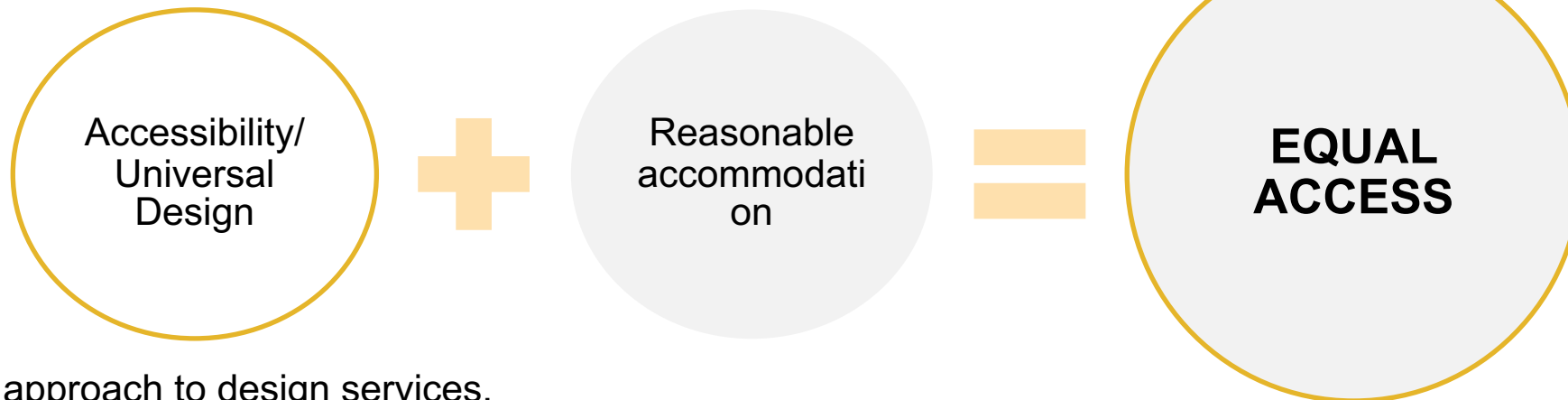
IASC Results Group 2 (RG2)

Core Humanitarian
STANDARD

Grand Bargain
Participation
Revolution

Equal Access to Feedback Mechanisms

A *process* that applies in cases where a person with disabilities may still face difficulties to access feedback mechanisms



An approach to design services, communication, and information to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

Scoping Study Process

- Year 1: Desk Review of tools and methods that IRC use to collect feedback and supports clients' participation.
- Establishment of an Advisory Committee to guide and support the project through all its phases; the committee included:
 - Organizations of Persons with Disabilities (OPDs)- more than 50%
 - Mainstream and disability focused INGOs
 - Research institutions
 - Organizations working on quality and accountability
- Advocacy to increase the accessibility of informed consent language and forms that can be processed by persons with disabilities during the consultations.

Scoping Study Findings

Client Feedback Mechanisms must be accessible to persons with disabilities and must consider their requirements from design to implementation. That requires:

1. Strong understanding of rights-based approach to disability
2. Disaggregation of data by disability, sex and age
3. Regular assessment of safety and accessibility of feedback mechanisms and collection of data on barriers and enablers
4. Methods to identify programmatic changes related to accessibility
5. Improved communication with clients with disabilities

New Guidance and Toolbox

Guidance on how to adapt Client Responsiveness:

<https://www.rescue.org/resource/inclusive-client-responsiveness-focus-people-disabilities-and-older-people>

Three sections for guidance:

- ✓ Key concepts for inclusive feedback mechanisms
 - ✓ Barriers to access,
 - ✓ Accessibility and Universal Design,
 - ✓ Equal Access.
- ✓ Selection and design of inclusive feedback mechanisms
 - ✓ Participation of Persons with disabilities and older people in the design,
 - ✓ Accessibility Audit,
 - ✓ Overcoming barriers.
- ✓ Monitoring access to feedback mechanisms of persons with disabilities and older people through appropriate data collection and analysis
 - ✓ Data disaggregation in proactive and reactive channels,
 - ✓ Indicators for monitoring access.



New Guidance and Toolbox

Inclusive Client Responsiveness Toolbox:

<https://www.rescue.org/resource/inclusive-client-responsiveness-toolbox>




Toolbox sections:


- ✓ Tipsheet on communication
- ✓ Guidance on collecting disability disaggregated data
- ✓ Questions to collect data on barriers to access and preferences
- ✓ Barriers and enablers in IRC's feedback channels
- ✓ Easy to read guidance
- ✓ Instructions to conduct an accessible Focused Group Discussions and Key Informant Interviews

Limitations:

- Child friendly feedback mechanisms – experience in NW Syria but more work require to scale-up
- Closing the loop – through adaptive programming
- Inclusive budgeting



Get in touch at
valentina.shafina@rescue.org
pauline.thivillier@rescue.org
aline.bazerly@rescue.org



**THANK YOU
FOR YOUR
ATTENTION!**



CCCM Cluster Disability Data Aggregation

Wednesday August 30th

Site Verification

- CCCM conducts several information related assessments enabling an updated population with Sex Age Disaggregated Data (SADD), PLWDs and types of disabilities, evictions risk mapping and flood risk areas.
- Carried out twice a year for districts with CCCM presence.
- PLWD data was collected using the Washington group disability questions.
- KI interview approach at site level put on hold to refine the process
- Special training on disability inclusion to partners, data collection preferably at household level, in collaboration with HI.
- Further collaboration required with CLAs to make this a reality.

CCCM Cluster SOMALIA VERIFIED IDP SITES IN LUUQ AS OF MARCH 2022



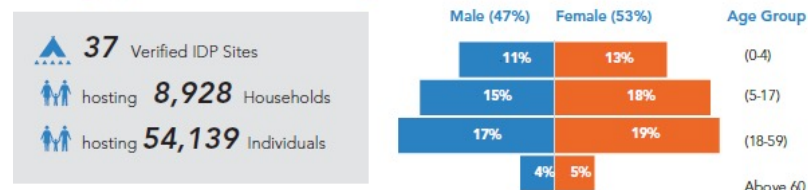
Download dataset - <https://bit.ly/3sSVIED>

Map of verified IDP sites in Luuq - March 2022

Assessment overview

A joint IDP site verification exercise was conducted in Luuq in March 2022. The operation was led by CCCM partners and local authorities, WVI, NRC, SHRA, JUCRI and IOM. 37 IDP sites were identified hosting 8,928 households or 54,139 individuals. Compared to the IDP site master list IDP population for Luuq, there was an increase of 24 IDP sites, 5,645 households or 35,124 individuals.

Demographic data of IDPs living in Luuq



People living with health difficulty

Using the Washington group disability questions, statistics of people living with health difficulty were derived

1,053 (1.9%)
people living with health difficulty

- 211 (50% Female) have difficulty with seeing (even wearing glasses)
- 203 (47% Female) have difficulty with hearing (even using a hearing aid)
- 179 (54% Female) have difficulty with communicating and/or understanding
- 205 (44% Female) have difficulty with walking and/or climbing stairs
- 105 (53% Female) have difficulty with dressing and/or washing
- 150 (44% Female) have difficulty with remembering/concentrating

Eviction Risk Mapping

IDP sites were assessed based on their risk of eviction. Several factors were put into consideration such as IDP site tenure, type of agreements in place and whether an eviction notice has been issued recently.

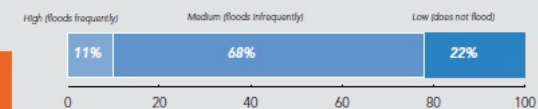
6% of IDP sites have been classified as having extreme (3%) and high (3%) risk of eviction

- 73% of sites are landowner authorized occupancy
- 68% of sites have no agreement in place
- 100% of those that have agreements have oral agreements
- 97% of those that have agreements have no agreed end dates
- 3% of sites have been issued with eviction notice within the last 3 months

Flood Risk Mapping

IDP sites were assessed based on their risk of flooding.

4 IDP sites (11%) have been classified as extreme (always floods) and high (floods frequently)



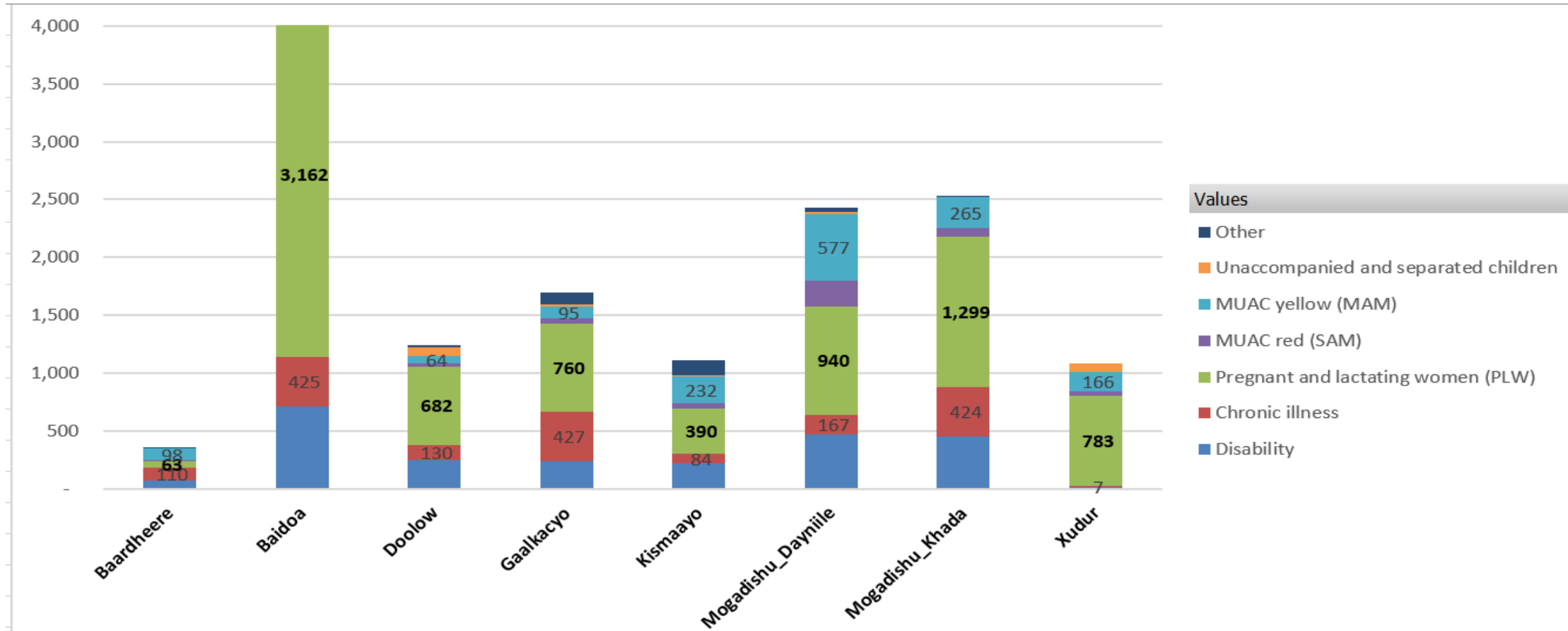
For more information please contact the CCCM Cluster Coordination Team

Benjamin Conner
<bconner@iom.int>

James Macharia
<macharia@unhcr.org>

NAT 2.0 Household Registration

Vulnerability Section



- A refined household level based data collection – Limited to New Arrivals in scope.
- Pregnant and lactating mothers are 3% of the New Arrival population registered in NAT 2.0
Disability, Chronic illness and mild acute malnutrition(MAM) are 1% each

Zite Manager CCCM's CFM Tool

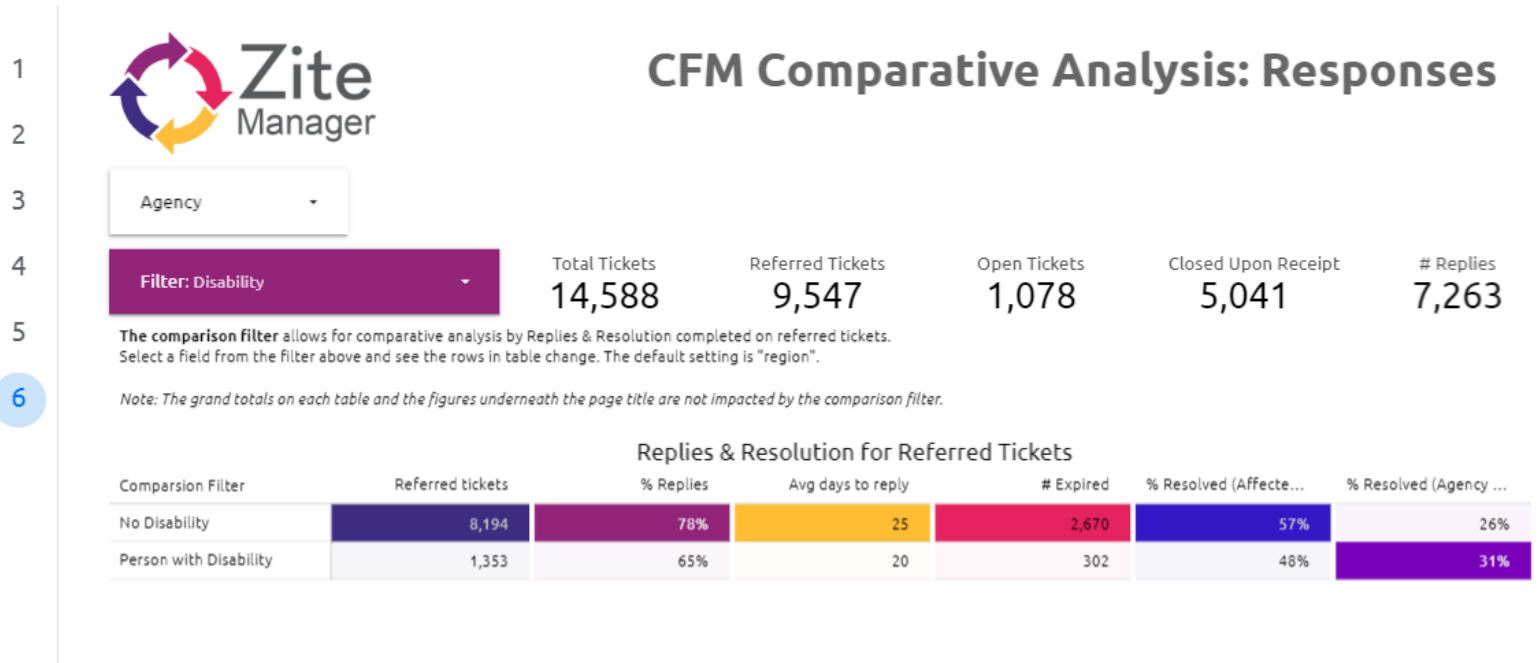
- The CFM by the cluster in use from 2023
- It provides the ability to disaggregate complaints processed from IDPs by Gender, Disability, Vulnerable HH and arrival status(New Arrivals, Protracted IDPs)
- Complaints from PLWDs made up 9% of total complaints received this year, and took an average of 20 days to reply as compared to the 25 day average for the population with no disability

Dashboard




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Somalia Feedback Overview




Insights accessible to public : <https://www.zitemanager.org/somalia>

Rapid Gender Analysis



 **CCCM CLUSTER**
SUPPORTING DISPLACED COMMUNITIES
cccmcluster.org

CCCM 2022 RAPID GENDER ANALYSIS



September 2022

The CCCM Cluster would like to provide a special thanks to AMARD, CESDO, IMC, IOM, IRC, IRDO, IRW, NoFYL, PSA, SOMLIFE, WARO for implementing this year's Rapid Gender Analysis. Additionally, the CCCM Cluster would like to recognize the leadership and support provided by the Somalia Senior GenCap Advisor (OCHA) and by UN Women East and Southern Africa Regional Office Gender Statistics Unit.

Purposes this year to assess how men, women, boys and girls experience humanitarian crisis and assistance in CCCM-managed IDP sites and help identify gaps in programming with regards to:

- 1) The participation and empowerment of affected people, especially women and youth, in camp management and activities
- 2) Camp management capacity in the context of growing displacement
- 3) Protection risks in IDP sites, especially GBV risk.

It will aim to capture data on women, men, boys and girls with disabilities

THANK YOU

Questions?



Call to Action: preparedness

- Include “disability and inclusion indicators” in existing partnerships
- Build capacity of existing partners
- Collaborate/partner with Organizations of Persons with Disabilities
- Based on social and community listening insights, there is an immediate need to advocate for the representation of disability topics in major public health discussions and policies

Call to Action: response

- Provide life- saving information in appropriate multiple and accessible formats
- Provide safe and accessible feedback mechanisms
- Utilize the communication channels that are used by young people with disabilities
- Engage persons with disabilities as agents of change
- Ensure that messages are disability inclusive
- Collect disability disaggregated data using the CFM (children) and the WGSS (adults)

Life- saving information in appropriate multiple and accessible formats

- Braille and large print for people who are blind or have low vision. When those are not available or not used by local populations, information should be provided orally (e.g. through loudspeakers in the community)
 - Easy-to-read version or plain text accompanied by pictures/ diagrams, which are more accessible for people who have intellectual disabilities and also benefit many other children, including those with low literacy or who use of different languages
 - Written formats or video with text captioning and/ or sign language, for people with hearing impairments
 - Accessible web content for people using assistive technologies such as screen readers
- **The key to improving accessibility is to provide all information in multiple formats - written, oral and pictorial, to reach people with diverse communication needs and preferences**

Provide safe and accessible feedback mechanisms

- Ensure participation of persons with disabilities and their Organizations in design, implementation and monitoring
- Ensure both accessibility and reasonable accommodation
- Conduct an accessibility audit
- Include indicators to collect disability disaggregated data to monitor access

Ensure that messages are disability inclusive

- Use 'person- first language' when referring to persons with disabilities (e.g. a child who is deaf, rather than deaf child), to promote positive and respectful terminology
- When representing communities, include images of girls and boys with disabilities to highlight human diversity
- When developing messages for parents and families on how to support their children, ensure that these are inclusive of children with disabilities. For example, in activity toolkits for parents to use with their children, ensure that activities such as hand washing games and rhymes have adaptations for children with disabilities (e.g. physical actions to accompany rhymes for children with hearing impairments)

Resources

- [UNICEF Disability Inclusive Policy and Strategy 2022-2030](#)
- [UNICEF Accessibility Toolkit: accessible events](#)
- [UNICEF Disability Inclusive Communication and Advocacy Procedure \(internal\)](#)
- [UNICEF Inclusive Communication Module \(AGORA\)](#)
- [UN Disability Inclusive Communication Guidelines](#)
- [UNICEF Digital and Web Accessibility \(AGORA\)](#)
- [UNICEF Web Accessibility Standards](#)
- [UNICEF, Social and Behavioural Change Interventions to Strengthen Disability-Inclusive Programming \(2020\)](#)
- [UNICEF Disability Inclusive Training Package for FLWs \(internal\)](#)

Resources

- [UNICEF Zimbabwe SBC Strategy](#) (internal)
- [UNICEF Zimbabwe SBC campaigns accountability framework](#) (internal)
- [UNICEF Zimbabwe SBC campaigns endline report](#) (internal)
- UNICEF SBC Toolkit (forthcoming in Q4)
- [UNICEF Brief on Gender and Disability Inclusion in Public Health Emergencies](#) (internal)
- [UNICEF Core Commitments to Children in Humanitarian Action](#)
- [IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action](#)
- [UNICEF: Including children with disabilities in humanitarian action](#)
- [UNICEF: Disability Inclusive Humanitarian Action Toolkit](#)



Thank you.