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MEMORANDUM OF FACT-FINDING MISSION TO UGANDA

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AND
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Overview

1. Global Approach
2. MFA Approach
3. Suggestions for Further Actions of Different Actors
4. Targeted Suggestions for Education
5. Targeted Suggestions for WASH

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Meeting at Bidibidi Settlement.

OVERVIEW



PHOTO: HEINI SARASTE

In front of school at Bidibidi. Ramp is located on the side.

This report is based on the short journey conducted in good cooperation with Finn Church Aid and World Vision to the refugee settlement of Bidibidi and meetings held at Yumbe district and Kampala. Due to relative short period of journey we consider these to be preliminary findings.

As a background UN convention on the rights of disabled people is stating very clearly that disabled people and their organization shall be included fully in all action concerning them. This means also in humanitarian interventions. Secondly Istanbul charter (2016) states that disabled people shall be included in humanitarian actions.

We hope to conduct a roundtable with WV, FCA and MFA based on this paper. (Implemented in December 2017)

1. Global Approach

Status of disability as an issue in UNHCR, ECHO and among multilateral state actors needs an improvement. International humanitarian regulations or the latest HIP for African Horn area has not even mentioned disability as an issue. (Ref.Ares 2017 5113382-19/10 /2017).

Later ECHO has given a new document where disability is an issue and ECHO officers have stated in December 6th in oral statement inclusion of disabled people in humanitarian actions. (https://ec.europa.eu/europaid/newa/-and-events/bridging-gap-translating-eus-commitment-inclusion-and-rights-persons-disabilities_en)

We have not seen the action in the field.

2. MFA Approach

As mentioned in the two documents above and observations on the field and reports from other disabled individuals there is a need to prioritize disability as an issue in MFA Humanitarian work. We can do this in multiple ways. At the moment DPOs do not get any funding in participating humanitarian action and the activities in the field include disabled people only occasionally.

So we recommend to MFA in Finland following steps from 2018 January

- A)** Always include a disability funding before any intervention. This means that next time MFA has to take care that disabled people are included in activities. During transition years it can mean that MFA provides disability specific funding to actors to make it possible even if it is not included in plans properly.
- B)** All humanitarian actors receiving MFA humanitarian funding should create a specific disability plan in the project level after two years transition phase.
- C)** Create a set funding that allows disability DPOs to cooperate directly with humanitarian actors.
- D)** Create a separate fund (0,5 % of total humanitarian funding) which should be allocated to create and strengthen inclusion methodology in humanitarian aid.
- E)** Encourage humanitarian actors to use disabled expertise. Using this expertise should be an added value in funding decisions.
- F)** Appoint a working group which consists of humanitarian professionals and disability experts.

Time for the working group should be no more than 2 years.

The TOR (F) would include

1. Education
2. Statistics
3. Good practises
4. Involvement of international NGO's
5. Seeking new solutions

At the moment DPO's cannot participate in any way in the Finnish process of developing the humanitarian activities because there is no funding available for that.

Another observation is that MFA support is always only yearly basis even if the humanitarian crises are evidently long lasting. There is difference between natural and manmade crises.



Loading the wheelchair.

PHOTO: HEINI SARASTE

3. Suggestions for Further Actions of Different Actors

We cannot recommend here who has responsibility on what because we do not know enough how the work is implemented.

How could disabled themselves be more proactive on the field?

1. It would be valuable to create a course called Disability 1.0 and later 2.0 version of the course. This could be co-financed by NGOs and MFA to create a small baseline knowledge of disability issues for people that are to be deployed to the field. This can be in a smaller extent done via web and would be done by disabled experts.
2. There is a need a full-time coordinator to specific intervention who has wide operative responsibility to answer questions on disability affairs such as latrines, assistive devices, safe spaces, accommodation and other issues. Person must be a disability issues specialist to certain extent and we can help facilitate this education.
3. This person could also be a parent of disabled individual and if possible a disabled individual themselves. We find that since the number of disabled people just at Bidibidi is 28.000 it is far too difficult to create a disability platform unless there is a personal capacity. We hope that actors in Bidibidi (and in other settlements or camps) could offer so called "case management" approach to individual disabled people's needs. This person could look that disabled people have all basic needs fulfilled and coordinate the work.
4. Every settlement or camp should have 1 disabled friendly space and preferably more. This setting must have availability of basic advice and services. This space must be accessible and located centrally in the camp. The disability safe space must be at a central location preferably close to a school, water point, curhc, mosque or other location. The space should be run by disabled people themselves and based on peer support.

5. There is a need of disability strategy that is structurally part of every implementation plan and always co-facilitated by a disabled individual themselves. We need a set disability program for each and every response by both actors where we would also create disability concerns for different phases of the response. When utilizing these recommendations it would be wise to consult disabled experts foreign and domestic.
6. There must be an approach for assistive devices that immediately utilizes certain number of individual assistive devices to regions immediately. Afterwards there must be evaluation of needs in regards to the amount of assistive devices. The delivery would only concern the beginning of response. Currently we lack everything such as sticks, white canes, wheelchairs, crutches etc. In the long run we never recommend bringing too much device from west to setting but rather create production on location whatever is possible. (e.g whirlwindwheelchair.org). WV is conducting these kind of activities but this was not apparent during our trip.
7. After this first phase we need to create workshops where people can build assistive devices themselves through workshops that could be created to the camp setting. Threshold can provide easy training on this through our partners such as WhirlWind mentioned above and we should also emphasize that disabled illiterate people must get non-verbal guidance.
8. Local material and sourcing means that it is sustainable in the long run and can create livelihood to individual refugees. This could be created as an “assistive devices workshop” as part of a project.



Handicraft of disabled refugees in Palorinya.



Deaf mother participating in handicraft workshop.



PHOTO: HEINI SARASTE

Jackson Baia and his mother Jain Yan.

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9. Numerous women with disabilities are alone in the camp and often with children. They have a hard time picking wood and using coal. They should utilize easy solar cookers for individual disabled people to help them in cooking. It is vital to make usage of equipment socially normal. We can also create workshop model here where the women would build easily their own cookers. Cookers are very cost-effective only needing 20 dollars or less.
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10. There is a lack of shelter among weak disabled individuals as their capacity to help themselves is low. Could a voluntary network be created where other refugees would help them with technical issues related to shelter and heat?
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11. Distribution of food and water requires specific attention to disability needs and we would need more information about how current policies are created. Would it be possible to accommodate disabled and elderly closer to distribution points?
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12. Distances are a huge issue both in terms of school, food, water and social interaction. Camp system needs to create a policy where living settings of disabled are not too far from the services. At the school there were numerous children who can't come every day to the accessible school as their living setting is too far away. There needs to be a policy addressing distances.
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13. Toilet systems must be renewed. The toilets are way too little and the ramps are too steep. The toilet system is also taking big amount of physical space and then providing a single latrine. Disabled people require a toilet setting which provides opportunity to sit since not everyone can utilize current toilets. The book of FDDP on WASH and handbook on accessebilyt by Threshold should be utilized. Latrines where very poorly located in regards to landscape, often the road to latrine was so bad that the accessible restroom does not serve users since they can't physically go there in the first place



PHOTO: HEINI SARASTE

Morubu Couti (deaf) with his father.

4. Targeted suggestions for education

There should be a special attention towards disabled children since the quality of education or whether they receive any education is so crucial. We need an "education policy blueprint" for disabled children that includes making trips to school accessible, creating quiet spaces, offering cash assistance and assistive devices to families.

If Bidibidi for example has disabled children with the estimation of 250 individuals we'd need 1 child specialist that would create a plan addressing the most vital needs.

Vital needs are as following:

1. Health
2. Lack of devices (wheelchairs, crutches etc)
3. Distance between education setting and their tent/house/other living arrangement
4. Possible payment issues if school outside imposes fees
5. Books and clothing necessary to attend meaningfully
6. Possible financial incentives for family

5. Targeted suggestions for WASH

In the book published by FDDP we devote time to describe issues with latrines. We hope especially that there would be more in single place as the number is so limited. Problems are easy for us to fix since they are mostly about too steep climb, too low seat or lack of seating. Also the locations were problematic.

Threshold can provide easy-to-adapt material on the issue provided. Hopefully we could directly utilize this as it is very usable in variety of places and can be easily adapted to the needs seen in Uganda. Threshold material is easy to translate for local languages so the disabled people can study basic issues themselves.



MEETINGS DURING THE MONITORING VISIT:

Bidibidi settlement:

Parents of the disabled children attending school

Disabled children interviewed in a small group setting

Adult disabled individuals

Yumbe district:

NUDIPU regional committee

Health Center Palanarya:

15 person group including disabled refugees and disables from host community in Uganda

FCA team member

WV team members

ABILIS – foundation facilitator in Kampala

NUDIPU representative in Kampala

Family of the disabled child interviewed individually (Winnie Kutumba)



NUDIPU staff.

PHOTO: HEINI SARASTE



People of Palorinya settlement.

PHOTO: HEINI SARASTE



Winnie Kutumba talking with Kalle.

PHOTO: HEINI SARASTE

APPENDIX



Christopher Boy talking with Heini Saraste.

People interviewed by Heini Saraste:

Kaisa Huhtela, FCA.

People interviewed in Bidibidi:

Morubu Couti, deaf 12-year-old, and his father.

Jain Yann, a widower, and her son **Jackson Baja**, physically disabled.

Chistopher Boy, 62-year-old shopkeeper with physical disability.

Joseph Hbigo Elia, 62, teacher, amputee.



Christopher Boy.

PHOTO: HEINI SARASTE



Joseph Hbigo Elia with his spouse.

PHOTO: HEINI SARASTE



PHOTO: HEINI SARASTE

Jain Yan has lost her husband and six children.

People interviewed in Palorinya:

Anette Mojong, physically disabled woman with 4 children. She is a single parent and is provided employment through World Vision project.

Agulu Samsa, a single parent with polio.

Kampala:

Beatrice Nafuna, Abilis' country coordinator.

Ester Kyoriza, NUDIPU vice-chair.

Winnie Kutumba, project worker for FCA.
Mother to a severely disabled child.

Full interviews published in *Le Monde Diplomatique's* 6/2017 Abilis supplement and *Voima's* 10/2017 Kynnys supplement.



PHOTO: HEINI SARASTE

Anette Mojong.



PHOTO: HEINI SARASTE

**THANK YOU!
FINNISH CHURCH AID AND
WORLD VISION!**

