

**Access to HUMANITARIAN services by persons with DISABILITIES**  
in **Omugo settlement** Arua District, West Nile region of Uganda

# **BARRIERS AND FACILITATORS**

A S S E S S M E N T   R E P O R T   2 0 1 8

Conducted by: **Humanity & Inclusion**

December | 2018

Email: [r.duly@hi.org](mailto:r.duly@hi.org)

**RYAN DULY**  
Country Manager



# Table of contents

## CONTENTS

Table of contents	2
Acronyms and Abbreviations	3
Introduction	4
Disability in Uganda	5
Justification	5
Objective of the assessment	6
Methodology	7
1. Secondary data review	7
2. Key informant interviews	7
3. Focus group discussions	7
5. Accountability to affected populations	8
Target group	8
Assessment limitation	9
Key findings	9
Barriers limiting persons with disabilities from accessing services	11
Factors/good practice that facilitates persons with disabilities to access these services	14
Key recommendations	16
Conclusion	18
1. Annex 1. 2 Tools	19

# Acronyms and Abbreviations

<b>HI</b>	Humanity and Inclusion
<b>PWDs</b>	Person (s) with Disability (ies)
<b>MHPSS</b>	Mental Health Psychosocial Support
<b>UN</b>	United Nations
<b>UNCRPD</b>	United Nations Convention On the Right of Persons with Disability
<b>WFP</b>	World Food Program
<b>WASH</b>	Water, Sanitation and Hygiene
<b>PSNs</b>	Person(s) with Specific Need(s)
<b>RWCs</b>	Refugee Welfare Council(s)
<b>CWD</b>	Children with Disability
<b>GBV</b>	Gender Based Violence
<b>IRC</b>	International Rescue Committee
<b>FGD</b>	Focus Group Discussion
<b>DPO</b>	Disabled Peoples Organization
<b>UNHCR</b>	United Nations High Commissioner for Refugees

## Introduction

Humanity & Inclusion (HI) relaunched its activities in Uganda in October 2017, with a major objective of providing inclusive protection and life-saving integrated humanitarian assistance to the most vulnerable population (refugees and host population) affected by the refugee crisis in West Nile Region specifically in Omugo and Imvepi settlements.

In order to achieve this objective, HI implements a series of activities in four strategic areas of Mental Health & Psychosocial Support (MHPSS), Protection, and rehabilitation. Recently Inclusion department was introduced to ensure that the groups at risk of discrimination, in particular people with disabilities from host and refugee communities are protected, have meaningful access and participate in the humanitarian response on an equal basis like any other person in the community. Nearly everyone faces hardships and difficulties at one time or another. But Global data shows that people with disabilities, face disproportionate protection risks and environmental barriers in situation of humanitarian crisis/ and or displacement and this non-access has greater impact. In some cases, the morbidity rate for persons with disabilities in disasters was estimated to be four times higher than for others. 75% of persons with disabilities report barriers to accessing humanitarian services, 92% of humanitarian actors estimate that persons with disabilities were NOT properly taken into account in the response

Access to services is a fundamental human right, yet sometimes persons with disabilities face a number of environmental and attitudinal barriers and are exposed to disproportionate protection risks. People with disabilities, particularly girls and women, might hence become more vulnerable to (sexual) violence and abuse than before displacement . It is acknowledged that environmental barriers in combination with age, gender and disability factors exposing individuals, groups or communities to compounded vulnerability and expose certain communities, groups or individuals to higher protection risks and discriminative practices. In particular persons with disabilities are often left behind in crisis-affected communities, while being disproportionately exposed to violence, abandonment and neglect

Disability is an evolving concept which results from the interaction between people with impairments with attitudinal and environmental barriers, hindering respect of rights, access to humanitarian assistance and full protection.

Its therefore one of HI's strategy to ensure the particular risks, access barriers and facilitators are identified, analyzed, prevented and mitigated together with service providers, decision makers and service users including persons with disabilities to ensure full protection and inclusion.

## Disability in Uganda

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (United Nations Convention on the Rights of Persons with Disabilities, 2006)

According to Development Pathways, 2018, 15% of the global population are persons with disabilities, Approximately 10 million of the globally displaced population are persons with disabilities and 17% of the households in the settlements of Uganda are also persons with disabilities (National Population Housing and Census Report, 2014).

Some data on persons with disabilities in Uganda; 14% of the population have a disability (National Population Housing and Census Report, 2014) with most prevalence in North and Eastern Regions, refugee population not included. 80% of PWDs live below the poverty line (United Nations Health Survey, 2006). Households who have a person with a disability as the head are 38% more likely to be poor than those without (World Bank).

Disability and poverty link is strong i.e.72% of PWDs live in 'chronic poverty' in Northern Uganda.

### Justification

According to global and national legal frameworks for instance Article 11 of the United Nations Convention on the rights of persons with disabilities (UNCRPD), everyone has the right to be protected and access services on an equal basis without any forms of discrimination.

It is part of HI's strategy of (2016-2025) to promote meaningful access to services whether they are mainstream of specific and to promote the social participation and equal opportunities of people with disabilities and vulnerable populations in emergency, post-emergency and development context.

However there are some environmental and attitudinal barriers that might hinder persons with different types of impairment from meaningfully accessing HI services, be informed, consulted and participate in decision-making process to humanitarian response on an equal basis as others.

At this moment, there is no clear data or critical information available concerning the protection risks, factors for discrimination, vulnerability and barriers, facilitators to ensure disability inclusive service provision, programs and strategies. Therefore this activity aimed at meaningfully consulting people with disabilities and the organizations representing them living in Imvepi settlement and to collect data, (identification of needs, priorities, environmental and attitudinal barriers, facilitators and resources) to ensure disability inclusive service provision to people with disabilities living in Imvepi settlement.

## Objective of the assessment

- To collect accurate and relevant disability data including barriers and facilitators towards inclusion and protection of persons with disabilities in Imvepi settlement
- To Identify resources and good practices to ensure disability inclusive services, programs and strategies to people with disabilities living in Imvepi settlement
- To ensure active participation of people with disabilities in HI's humanitarian response

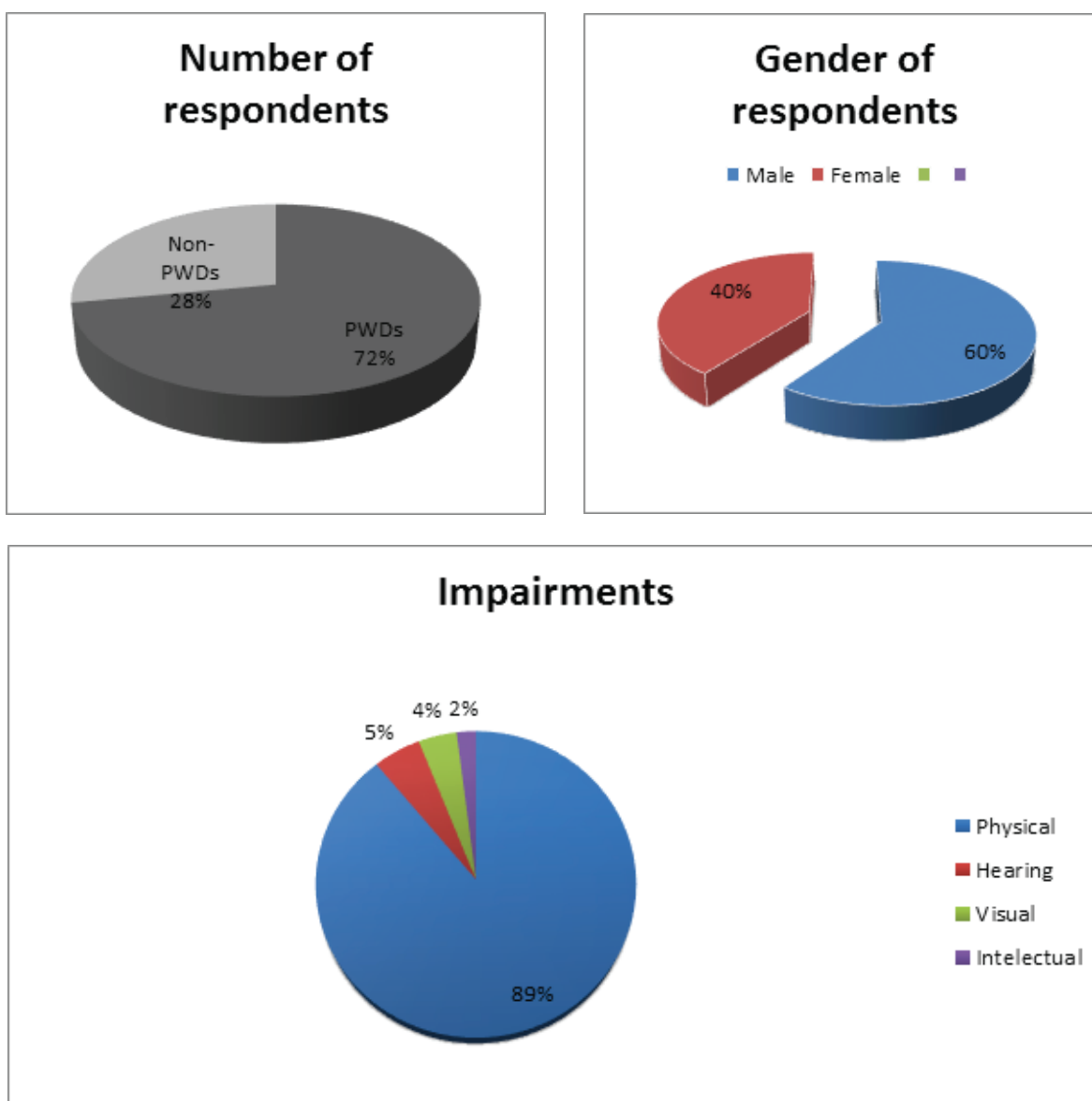
This assessment is meant to inform service providers, including HI and organizations representing people with disabilities and users on the actions required to promote protection, meaningful access and participation of people with disabilities in humanitarian action, through providing recommendations on how the site services and camp coordination can better address the needs of people with disabilities and the challenges they face.

### Geographical coverage and sampling

The assessment was conducted in Omugo refugee settlement, Arua district in the West Nile region in Northern Uganda in the month of December 2018. A total of two hundred (200) respondents were reached out during this assessment of whom 88 were female and 112 were male.

One hundred forty four (144) of the respondents were persons with disabilities i.e. (62 females) and (82 males) with different impairments as reflected in figure below. A total of sixteen participants were drawn from eight service providers (10 male & 06 female), 2 from each organization.

*Pie-charts showing the presentations of respondents by gender, and impairments*



### 1. **Secondary data review**

Secondary data review was conducted, with the initial data review based on global research and reports related to protection and access to services by persons with disabilities. The data review was done with the following aims;

Situational analysis in Uganda: prevalence, legal landscape, disability inclusion in humanitarian response

What are the main protection threats, barriers and facilitators identified in the literature as impacting on access to services by persons with disabilities?

How are humanitarian coordinators, inter-agency initiatives and organizations/programs promoting meaningful access and participation for persons with disabilities?

### 2. **Key informant interviews**

Semi-structured key informant interviews with service providers and authorities working in the settlement were conducted. Example of key informants included cluster coordinators, policy makers, and program staff among others working on different sectors such as livelihoods, protection, and health, education among others to complement data collected through the secondary data review, including identifying barriers, facilitators, and best practices. Eight service providers were reached, a total of 16 participants (male 10 and female 06). The questions included not limited to the followings; what services are being provided, what are the environmental and attitudinal barriers that hinder persons with disabilities from accessing these services, what are the facilitators promoting persons with disabilities to access these services, and what could be done to improve access to service by persons with disabilities to mention but a few.

### 3. **Focus group discussions**

Ten (10) focus group discussions were conducted in the settlement to better understand the experiences and perceptions of persons with disabilities living in the settlement, accessing services, and their suggestions for improving safe, dignified and easy access to services. In order to understand the situation clearly: groups of women, men, youth, community leaders and caretakers were involved in the discussions. A total of 164 persons with disability participated in the focus group discussions.



#### 4. **Participation of person with disabilities**

A number of approaches were utilized to identify the persons with disabilities to participate. The snowball sampling method, where a person with disability identifies another was used to obtain some members to participate in the focus group discussions. Other persons with disabilities were identified by either community based volunteers/community leaders or HI staff operating in the settlement.

#### 5. **Accountability to affected populations**

Throughout the assessment, accountability to affected populations (participants) was an important consideration. Prior to starting the interviews and discussions, participants were provided with information about the assessment and expected outcomes in an appropriate and accessible language and they accepted to participate in the assessment voluntarily. Individuals invited to participate were informed that their participation is voluntary and that their decision to participate would have no impact on their access to services.

#### **Assessment limitation**

The topics covered by the assessment were basically on the general access to services and not on wider programming and strategies. The assessment did not go into in-depth but simply focusing on meaningful access to services with no in-depth assessment of representation, participation and protection risks.

This assessment was qualitative in nature and therefore did not aim to employ rigorous sampling methodology. The findings presented in this report therefore may not fully point out the detailed information since it only looked at the meaningful access to services by persons with disabilities but not in-depth on representation, participation and protection risks.

#### **Key findings**

##### General living conditions

The living conditions of persons with disabilities in the settlement are challenging. Persons with disabilities reported lack of safety, dignity and easy and safe access to services. This is due to, low self-esteem, physical inaccessible services, discrimination, poverty, negative attitude, inaccessible environment among others that makes persons with disabilities to have low participation and access to services.

## Availability of services

According to the assessment, the following services are being provided by the different actors in the settlement; Livelihoods, Education, Reproductive health, Sexual Gender Based Violence to adolescents, Life skills activities, ending violence against children, Protection, Mental Health and Psychosocial Support Services (MHPSS), Shelter, Water Sanitation and Hygiene (WASH), Health, Food, and non-food items. Rehabilitation services are only being provided in the settlement by HI. These services are targeted to the refugees and host community.

However, no social protection, nutrition or specialized services are available in the settlement for persons with temporary or long term impairments.

## Meaningful access to services

Persons with disabilities as part of the UNHCR criteria of persons with specific needs (PSNs) can benefit from additional support to access services. They receive support for shelter construction that involves houses and latrines among others. This service in a way does not facilitate persons with specific needs to access services. The common access barriers identified by persons with disabilities include the followings;

Physical access barriers, that include long distance to the service points, physically inaccessible service points, information and communication services which affects mainly persons with disabilities who are illiterate or have difficulties to communicate, understand or being understood, with hearing impairment ( deaf or hard hearing) due to lack of sign language interpreters and those with visual impairments (blind or low vision) where information shared are not available in multiple formats.

Attitudinal which is characterized by discrimination due to negative attitudes.

Financial barriers, this is due to lack of economic resources and access to livelihoods opportunities for instance they cannot afford transport to and from the service points.

Positive attitudes facilitating factors are, the existence of assistance and community support ( service providers who are at the service point for example at food distribution, they help in collecting and transporting back home, there is some community support, prioritization among others that makes it easy for them to access the service. HI is providing transportation assistance to persons with disabilities.

Safe and dignified access: safety and dignity: Accessing these available services is generally safe except for livelihoods.

Priorities and needs expressed by persons with disabilities during the assessment prioritized the need for livelihoods interventions to generate some income to reduce on the level of poverty, and dependency. Asked for rehabilitation services to aid their mobility and functioning in the settlement.

The respondents suggested that to improve safety, service providers should be sensitized about their rights and responsibilities in the community. This will ensure that they observe their rights for instance keeping their information confidential in the health centers, respect their opinion among others.

### **Meaningful participation and access to feedback and complaint mechanism**

There is limited participation of PWDs in the decision making process. Different groups of persons have representation in the leadership structure of the settlement for example the youth, women and PSNs among others.

Persons with disabilities are hidden under PSNs (children, women, youth, pregnant women, older persons etc.)

They are actively represented in the PSNs group neither (the person representing them is a PSN not person with disability). Additionally as the PSN group has very diverse needs, requirements and priorities their concerns are not addressed.

Most of the respondents in the FGDs reported that this person does not know their issues since he/she is not a person with disabilities. There is no DPO or other organizations representing persons with disabilities in the settlement.

Persons with disabilities suggested that they should be able to elect their own that is a person with disability to represent them in the leadership structure in the settlement and also to form their groups that will help in advocating for their meaningful participation in decision making and access to services.

## Specific findings to Education and Livelihoods

### (a) Education

#### Barriers to accessing education

Lack of parental support for children with disabilities (CWD), to go to schools. There are no mobile systems; buddy or peer support systems available and parents have limited time to accompany their children to school.

Due to high population in classrooms, there is no proper special and genuine attention given to children with Disability more especially for those with mental disability.

There are no specific games introduced for children with disabilities in schools. Therefore, they miss taking part in co-curricular activities such as sports.

There is bullying due to negative attitudes from their colleagues. This is normally from the stubborn pupils in the school.

There is the challenge of moving around the school compound due to the terrain of the environment.

There is discrimination to other types of impairments for instance mental in some activities such as games, group discussions among others

There are communication barriers especially for those with hearing visual impairments. There are no specialized teachers to handle such categories. There are no braille machines, papers and sign language specialist in the schools and this make teaching and access to education service difficult.

#### Facilitators to accessing education

Some schools have ramps at all the entrance of classrooms, staff rooms, offices among others.

The schools have a special and disability friendly WASH facilities for instance latrine/toilet among others for children with disability

There are some partners/organizations who are offering children with disabilities with scholastic materials since most of them are not able to afford due to rampant poverty.

Some schools/teachers give equal treatment to all children in the class or classrooms which make it very easy for children with disabilities to enjoy going to schools. They discourage discrimination.

Special attention given to visual and hearing impairments and the identified beneficiaries are taken to specialized schools in Arua.

## Recommendations

Recruit and employ specialized teachers to handle children with disabilities in schools

Build the capacity of the available teachers to handle children with disabilities

Awareness raising/sensitization of the communities and the children to curb discrimination, segregation in order to improve inclusive education for children with disabilities. Also encourage and promote the participation and socialization of children with disabilities in other activities such as sports.

Modifications of the school compound to adapt to the needs of every one and easy movement around the school

Introduce and advocate for more services or activities to include children with Disabilities.

### (b) Livelihoods

Barriers to accessing livelihoods services

Livelihoods programs, lack of diversity and disability inclusive services. It's noted that there are some interventions that require physical skills for instance poultry. The service providers do provide these services without training and this leaves persons with disabilities behind.

Long distance to service points: Most persons with disabilities are located far away from the service point thus making it very difficult for them to access these services.

The physical environment of Omugo terrain makes some areas inaccessible to persons with disabilities. They are not able to move around freely hence their right to meaningful access and participation is limited.

Low self-esteem among persons with disabilities, they don't come to access services because the feel, they are not accepted or people will laugh at them.

Most of the services providers find it very hard to identify persons with disabilities at the time of providing services to the community.

Poverty among persons with disabilities is yet another barrier identified. There are some livelihoods intervention for instance poultry, piggery among others that need constant money for maintenance for instance vaccination/treatment among others. Most persons with disabilities are not able to afford, therefore they simply ignore these services when being provided.

Persons with disabilities lack information on the available livelihoods services in the settlement.

## **Facilitators to accessing livelihoods services**

Equal opportunity is given to all people regardless of their status for instance religion, tribe, and gender among others.

Trainings are offered to all beneficiaries on a given income generating activities before the service is extended to them. This aims at ensuring that the activity is sustained.

## **Recommendations to accessing livelihoods services**

Service providers are encouraged to start including persons with disabilities in their programs/activities in areas of livelihoods

Build the capacity of the service providers on disability and inclusion to ensure proper and inclusive service provision.

Awareness raising/sensitization of the communities to curb discrimination, segregation in order to improve inclusive service provision for persons with disabilities. Also encourage and promote the participation and socialization of persons with disabilities to access other services.

Modifications of the service points to adapt to the needs of every one and easy movement around.

Introduce and advocate for more specific services or activities for persons with Disabilities.

Barriers limiting persons with disabilities from accessing other services in the settlement

A number of barriers were identified during the assessment and they are grouped as follows;

### **Physical barriers;**

Autonomy and Independence: persons with disabilities lack access to assistive devices and technology; this affects persons with disabilities to easily access services in a dignified and autonomous way.

Long distance to the service point, most persons with disabilities are located far away from the service points. They have limited financial resources to pay for transportation, have lack of access to mobility devices to support independent access to service points.

### **Communication barriers;**

Physical access to information about available services: Lack of accessible and diversity of information about the existing services to persons with disabilities. This is due to no sign language interpreters, no braille, and accessibility standards of written messages or spoken messages are not respected and multiple formats are not available.

### **Attitudinal barriers;**

Low self-esteem among persons with disabilities due to negative attitudes (community/social stigma) causes low participation of some persons with disabilities in community meetings.

Limited community solidarity and support, Key informants reported that some community members refuse to accompany persons with disability with difficulties to move to attend to psycho-social sessions and other activities.

Persons with disabilities are discriminated (stigma, prejudice) saying that they do wastes resources and therefore, there is no need to provide services. Others say that they are weak even to carry or transport their items home.

### **Institutional barriers;**

The assessment found out that the service providers do not have disability inclusive policy in place. The assessment also found out that there are some challenges that service providers do face while providing these services to persons with disabilities and they are as follows;

Service providers do not have the appropriate tools and resources to equally ensure the inclusion of persons with disabilities in to their services.

Limited resources (funding) to provide fully accessible services and specific services to persons with disabilities

Lack of technical resources for instance; teachers and sign language interpreters.

Lack of skills and knowledge of capacity of the staff trained to equally include persons with disabilities.

### **Safety and dignity**

Persons with disabilities reported theft of food and non-food items especially on the day of distribution. This is because they cannot transport their food ratio at once, as they do bit by bit, those remaining behind are stolen. They also reported missing of their names in registers for distribution (WFP Assessment May 2018).

## Factors/good practice that facilitates persons with disabilities to access these services

The assessment realized there are some factors/good practices that promote persons with disabilities from accessing the different services being offered in the settlements and they are grouped as follows;

Physical facilitators;

Location of the complaint desks and service points, though some of the respondents reported that the service points are being located far away from their homes, others said that these points are near their homes and this makes it so easy for them to access these services. It should be noted that not everyone will be located near all the service points but to some.

Punctual provision of assistive devices to persons with disabilities increases autonomy and independence. However, it should be noted that these devices provided were not easily accessible and available for all people in need due to resources and lack of diversity. Assistive device and technology mainly target those with physical impairment but not with hearing and visual impairments

Physical access to facilities: Provision and improvement of physical accessibility of public spaces, such as the installation of ramps in schools, health centers among others for persons who have difficulties to move around.

Attitudinal facilitators;

Some community members assist persons with disabilities to access services for example to pick up food, take them to community activities such as meeting, group sessions among others. However, there is need to increase on the level of awareness and sensitization to the community to improve on the support extended to persons with disabilities. Their support is sustainable compared to the support provided by the service providers.

Prioritization of persons with disabilities at service points, a percentage of persons with disabilities reported that it's because of the good attitudes and the organization's policies. Community members and leaders though sometimes, they have limited capacity to support.

Availability of information and support center is yet another good practice. Persons with disabilities are informed about the existing services that are being offered in the settlements. However, it should be noted that this information does not reach out to all persons with disabilities for instance those with hearing and visual impairments.



The main partner providing education is in partnership with other partners to treat CWDs who may fall sick while at school. This is because most of the children with disabilities cannot afford treatment and drop out of school. Therefore, this promotes access to education to children with disabilities.

## **Recommendations**

The following recommendations are made to improve access to services by persons with disabilities;

Provide fees or accessible transportation for those with mobility challenges and consider mobile service provision. This will help in accessing services for instance going to pick food and non-food items.

Sensitize and build the capacity of all humanitarian staff and community members. (Invite DPO's and disability mainstreaming organizations for sensitization and incorporate a module in staff induction packages).

Train humanitarian staff and community members on inclusive communication, provide information in multiple formats and mobilize sign language interpreters.

Create awareness among persons with disabilities and the community on the rights, entitlements of PWDs. This can be done through community authorities, organizations representing people with disabilities, awareness campaigns can be done through the community dialogue, meetings and participation of PWDs in world disability day.

Develop disability inclusive policies, strategies and operational procedures in your organization.

Conduct qualitative and quantitative Assessment of factors of discrimination and disability specific protection risks at all stages of the program cycle (for example through Focus group discussions with persons with disabilities during program design, monitoring and evaluation stages).

Advocate for and collaborate with actors who provide targeted health services to persons with disabilities such as rehabilitation, provision of assistive devices and caregiver education.

Strengthen the identification of person disability by using the Washington group set questions ( a tool of 6 questions, which are developed for the use of non-medical staff to identify disability in an easy way)

Strengthen the identification of disability targeted protection threats such as theft, robbery of items, through the integration of disability data in protection assessment;

Improve meaningful participation of persons with disabilities; improve meaningful access to feedback and complaint mechanisms; conduct protection assessment with persons with disabilities and their representative organizations.

Resource humanitarian programs and strategies (technical, financial, human etc.) by building budget for trainings, reasonable accommodation, accessibility, collaboration with DPOs.

Collaboration and partnership linkages between humanitarian actors and organizations representing persons with disabilities (DPOs) should be strengthen during all phases of humanitarian program cycle.

Consider alternative modalities for intervention and prioritization during services provision for persons with disabilities to move around and wait for long service time. The periodization can be at the food or cash distribution, health or information service centers among others.

Persons with disabilities should be fully represented in the community structures and representative organizations in the settlements and decision making (youth and women groups) and the PSN group should have disability inclusive objectives and outcomes. Organize within your organization regular consultation, active information sharing and meetings with persons with disabilities to address existing priorities, needs and challenges. Design and implement accessible complaint mechanisms for instance phone, complaint desk, suggestions box among.

Ensure budget for modifications and reasonable accommodation and apply universal accessibility standards to the design and modification of existing structures and facilities to allow for easy and safe access for all people. This looks at both the physical, sensory and visual access. Information should be provided in such a way that everyone can access including those with hearing and visual impairments.

Reduce disability targeted protection risks, by building on a strong working relationship with the community leaders during beneficiary's selection process. A step by step guideline on the beneficiary selection should be developed and the community leaders taken through. They should be encouraged to work closely with the leaders of persons with disabilities.

### **Conclusion**

Persons with disabilities report a wide variety of barriers and factors of discrimination (attitudinal, communication, physical & institutional), to access services being provided in the settlement, services responding to the particular needs and priorities of persons with disabilities. Barriers to access these services persist due to distance, negative and discriminative attitudes and due to the way programs and facilities are designed. Persons with disabilities have limited access to information on the available services offered and how to access these services, their rights and legislations. Some services being provided do not fully correspond to their diverse needs. Limited modification is done to accommodate persons with disabilities in service provision. Providing sensitization of staff and community members, accessible information about services, rights and legislations, caregiver support, orientation and referral to other service providers will help to ensure meaningful access to services by persons with disabilities.

## 1. Annex 1. 2 Tools

Interview guide for key informants

Hello, my name is ..... I work with Humanity and Inclusion, formerly known as Handicap International.

We are conducting an assessment about the barriers and facilitators towards access to services by persons with disabilities in the settlements.

I would like to ask you some questions about the services your agency offers to the general public and to persons with disabilities in particular. We are interested in learning how you serve PWDs, the kind barriers and facilitator you face while implementing your project activities. This is to enable better planning for inclusive services/programmes.

Any information that you provide will be kept strictly confidential.

It is your own choice to participate or not. Would you agree to take part in this assessment?

0 yes            0 no

Key Informer interview questions

1. What kind of services are you providing in Imvepi settlement?
2. Who are your target population? Are persons with disabilities part of the target population?
3. How do you specially serve PWDs? Do you have any specific measures in place to ensure your services are accessed by PWDs?
4. In your opinion, what challenges do you think PWDs face while accessing your services?
5. What challenges does this organization face when providing services to PWDs?
6. What do you think can be done to promote access to services by PWDs?

***Thank you for this information. It will be really helpful to this assessment.  
I appreciate you taking this time.***

**Interview guide with persons with disabilities and the caretakers**

Hello, my name is ..... I work with Humanity and Inclusion, formerly known as Handicap International.

We are doing an assessment about the barriers and facilitators towards access to services by persons with disabilities in the settlements.

I would like to ask you some questions about the barriers and facilitator you and your household may face. It is important for us to have more information about the gaps or opportunities that people with difficulties face.

Any information that you provide will be kept strictly confidential.

It is your own choice to participate or not. Would you agree to take part in this assessment?

0 yes            0 no

<b>1</b>	<b>Access</b>
1.1	<p>What services are being provided by humanitarian organizations in your community?</p> <p>Facilitator Notes: If everybody has answered but the facilitator knows there are more services available to them, consider probing by asking whether they know about those services (e.g. Health, education, food, livelihood, shelter, wash, protection, legal, GBV”)</p>
<b>Answer</b>	
1.2	<p>Do you feel you are able to reach and use the services provided by humanitarian workers whenever you like/choose/need it? If yes, please elaborate. If no, proceed to next question</p>
<b>Answer</b>	
1.3	<p>What problems have you experienced in accessing the services provided?</p> <p>Facilitator Notes: If multiple services/sectors are available, consider asking the question multiple times for each service. Services include anything that is meant to benefit individuals. This can include but is not limited to Health Facilities, Food Distributions, WASH Services, Shelter, Sensitization Sessions, and Participation Activities. Feedback, Complaints, and Response Mechanisms are also considered a service. When recording the answers, see if they correspond to any identified barriers to access (e.g. physical access, economic barriers, social or cultural barriers, discrimination, lack of information, unavailable services).</p>
<b>Answer</b>	
1.4	<p>Do you feel the services are being provided equally and fairly to all people? If yes, elaborate and if no, please specify which groups are excluded from accessing the services and why.</p> <p>Note: consider probing for which service sector.</p>

<b>Answer</b>	
1.5	What are the facilitators/factors that make you access these services easily? Probe for more details here.
<b>Answer</b>	
1.6	What could be done to improve access to services?
<b>Answer</b>	
2.0	<b>Safety &amp; Dignity</b>
2.1	<p>How do you feel about safety when accessing services? Have you ever felt threatened when accessing services? If yes, please elaborate.</p> <p>N.B: Threats could be either when receiving a service, on your way to receiving a service, or after you received it</p> <p><i>Facilitator Notes:</i> Consider that safety in this context could include physical violations, coercion, deliberate deprivation, threats, and bribery. Threats to safety can come from any sources. It could come from armed groups, humanitarian actors, or the environment (e.g. standing in the sun on a hot day, crossing a river to access a service).</p>
<b>Answer</b>	
2.2	<p>What could be done to improve safety when accessing services? By whom?</p> <p><i>Facilitator Notes:</i> Probe about community, agency and government.</p>
<b>Answer</b>	
2.3	<p>Describe how you feel about the way services are delivered.</p> <p><i>Facilitator Notes:</i> Consider probing about respect, confidentiality, or consideration by staff. Possible follow-up questions: Do you feel respected? Do you feel that your opinion is considered by the staff? Do you feel that your dignity is respected when you access a service? If yes, please elaborate. If no, what concerns have you experienced?</p>
<b>Answer</b>	
2.4	What could be done to improve dignity in services provision?
<b>Answer</b>	

<b>3.0 Participation</b>	
3.1	<p>Have you been involved in decision-making processes around the services provided in your community by humanitarian organizations? If yes, how have you been involved? If no, why</p> <p><i>Facilitator Notes:</i> Consider probing about participation at different stages of the project cycle (e.g. assessment, design, implementation, or monitoring &amp; evaluation).</p>
<b>Answer</b>	
3.2	<p>How do you provide feedback and complaints about services in your community?</p> <p><i>Facilitator Notes:</i> Consider probing for areas of Satisfaction and dissatisfaction.</p>
<b>Answer</b>	
3.3	<p>In your community, do you feel that the community's feedback and complaint are being considered and responded to? If yes, elaborate and if no, explain</p>
<b>Answer</b>	
3.4	<p>What could be done to better include your views and perspectives in humanitarian programming?</p>



CHAÎNE  
DU BONHEUR  
LA SUISSE SOLIDAIRE



**humanity  
& inclusion**

the new name for  
handicap international

## HUMANITY & INCLUSION OFFICES

**Arua Base:** Plot # 3, Ahamed Awongo Close,  
Arua, Uganda.

Tel. : +256 393 206 911  
+256 752 406 946

**Kampala Base :** Plot #10, Kyambogo View Road,  
Kampala-.Uganda.

Tel. : +256 752 406 821  
+256 782 270 767