humanity & inclusion
the new name for handicap international

Access to HUMANITARIAN **services** by **persons with** DISABILITIES

in **Imvepi settlement** Arua District, West Nile region of Uganda

BARRIERS AND FACILITATORS

ASSESSMENT REPORT 2018

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Acronyms and Abbreviations

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

Methodology

Geographical coverage and sampling

The assessment was conducted in Imvepi refugee settlement, Arua district in the West Nile region in Northern Uganda in the month of August 2018. The total number of respondents were 53; female 27 and male 26, 31 were persons with disabilities i.e. (16 females) and (15 males) with different impairments; Hearing 4, Visual 6, Intellectual 1, and physical 20.

This was possible through;

1. **Secondary data review**

Secondary data review was conducted. This initial data review is 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 analyses 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 for example cluster coordinators, policy makers, programming staff among others working on different sectors such as livelihoods, protection, health, education among others to complement data collected through the secondary data review, including identifying barriers, facilitators, and best practices. 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, what could be done to improve access to service by persons with disabilities among others.

3. **Focus group discussions**

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.

Methodology

4.   **Participation of person with disabilities**

Persons with disabilities were identified by both the community based volunteers and HI staff who operate in the settlement. They were mobilized and took an active role in the assessment. Through the snowball sampling method (people with disabilities identified their peers). They identified and mobilized their colleagues to also participate in the assessment.

5.   **Accountability to affected populations**

Throughout the assessment, accountability to affected populations (participants) was an important consideration. Prior to starting the interviews, participants were provided with information about the assessment and expected outcomes in 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.

Target group

The assessment reached out to 6 key informants i.e. 12 participants (6 female & 6 male), and 5 focus group discussions with caretakers, community leaders, youth, women and men with disabilities.

The total numbers of respondents were 53; female 27 and male 26. Of the 53, 31 were persons with disabilities i.e. (16 females) and (15 males). Those with different difficulties took part in this assessment for instance those with hearing 4, Visual 6, Intellectual 1, and physical 20.

Key Informants Interview (KII) with actors working in the settlement on different aspects such as policy makers, programming staff among others.	Seven actors participated in this assessment. 12 participants from the organizations; 6 female and 6 male.
Focused Group Discussion (FGDs)	Five focused group discussions were conducted with care takers, community leaders, youth, women and men with disabilities.

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; Protection, Mental Health and Psychosocial Support Services (MHPSS), Livelihoods, Shelter, Water Sanitation and Hygiene (WASH), Education, Health, Food, and non-food items. These services are targeted to the refugees and host community.

However, no social protection, nutrition or specialized services are available in the settlement for people with temporary or long term impairments. Rehabilitation services are limited and some-times not available in the settlement.

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 impairment (blind or low vision) where information shared are not available in multiple format or on braille papers.
- Attitudinal which is characterized by discrimination.
- 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.
- Safe and dignified access: safety and dignity: Accessing these available services is generally safe except for livelihoods. One of the participants said "**you can only be safe after receiving the service**." They are not sure whether they will access the service.

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 among them and rehabilitation services to aid their mobility and functioning in the settlement. It should be noted that some of these factors do affect both service providers and at the same time persons with disabilities for instance communication barrier.

The respondents suggested that to improve safety, health centers should keep their information confidential, respect opinion of persons with disabilities.

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. It should be noted that this representation is to the Refugee Welfare Councils (RWCs) which make up the leadership structure in the settlement. There is no DPO or other organizations representing persons with disabilities operating in the settlement.

Others reported that they do complaint because there is need to involve RWCs together with PWDs in dialogue/meetings so as to present their complaints and suggested that this should regularly.

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.

Barriers limiting persons with disabilities from accessing services

A number of barriers to access to services 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. One of the participants of the FGD said "I am located 6km away from a service point and transport cost is 12,000/= which I cannot afford, the only option is to miss the service." Here mobile or door to door method of service delivery which is not on ground which would be a better option.

- Physical inaccessible environment due to rough terrain of the settlement and infrastructure such as housing, latrines, water pumps, protection centers among others. The settlement is hilly and this makes it very hard for those with difficulties to move around. Most of the service providers are not located in accessible environments.

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. "I do not attend meeting because my views will not be considered because of my disability." (Statement of one FGD participant) yet he could raise issues affecting him and other persons with disabilities.

- 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 psychosocial sessions.

- Both the service providers and the community do discriminate persons with disabilities (stigma, prejudge) 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;

- 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 provides do provide these services without training and this leaves persons with disabilities behind.
- Education programs: 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.

The assessment found out that the service providers do not have disability inclusive policy in place. Most times, it's the field staffs who try to include persons with disabilities in service delivery, creating misunderstanding at managerial level.

In the education sector, the selection criteria discriminate on the basis of age for example learners below 12 years are left out because they cannot take care of themselves when

referred to special needs schools. They require extra support which is costly. They only consider children within the age bracket of 12-17 years and sometimes 18years for exceptional cases.

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 sign language interpreters among others
- 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 items especially on the day of food 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).

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' 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.

Institutional facilitators;

- Initial data is available on vulnerability factors. The situational assessment for persons with specific needs conducted. The assessment provides data on the different difficulties and the needs of the PSNs. However, no specific attention was given to persons with disabilities. Key recommendations have not yet been implemented because of limited resources.

Key recommendations

The following recommendations are made due to the assessment findings above;

- 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 among others.

- 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. Build a roster of external sign language interpreters for all service providers.

- 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 rising campaigns can be done through the community dialogue, awareness raising campaigns and meetings and participation of PWDs in world disability day and other activities.

- 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 with people 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 build ing 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. Example collaboration between disability mainstreaming organization and food security actor for joint assessment. (WFP assessment, May 2018)

- Consider alternative modalities for intervention and prioritization during services provision for persons with disabilities to move around and wait for long service time. The periodizat ion 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 repre sentative 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 men and women with disabilities to address existing priorities, needs and challenges. Design and implement accessible complaint mechanisms for instance phone, complaint desk, sugges tions box among others by consultation of persons with disabilities and mainstream organi zations to remove barriers of access.

- Ensure budget for modifications and reasonable accommodation and apply universal acces sibility 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

People 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 help to ensure meaningful access to services by persons with disabilities.

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

1	Access
1.1	What services are being provided by humanitarian organizations in your community? *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")*
Answer	
1.2	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
Answer	
1.3	What problems have you experienced in accessing the services provided? *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).*

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.

Note: consider probing for which service sector.

Answer

1.5 What are the facilitators/factors that make you access these services easily? Probe for more details here.

Answer

What could be done to improve access to services?

Answer

Safety & Dignity

How do you feel about safety when accessing services? Have you ever felt threatened when accessing services? If yes, please elaborate.

N.B: Threats could be either when receiving a service, on your way to receiving a service, or after you received it

Facilitator Notes: 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).

Answer

2.2	What could be done to improve safety when accessing services? By whom? *Facilitator Notes: Probe about community, agency and government.*
Answer	
2.3	Describe how you feel about the way services are delivered. *Facilitator Notes: 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?*
Answer	
2.4	What could be done to improve dignity in services provision?
Answer	
3	**Participation**
3.1	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 *Facilitator Notes: Consider probing about participation at different stages of the project cycle (e.g. assessment, design, implementation, or monitoring & evaluation).*
Answer	
3.2	How do you provide feedback and complaints about services in your community? *Facilitator Notes: Consider probing for areas of Satisfaction and dissatisfaction.*
Answer	
3.3	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
Answer	

What could be done to better include your views and perspectives in humanitarian programming?

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