

Laas Caanood Vulnerability Assessment For People With a Disabilities and Elderly People

May, 2023 | Somalia

KEY MESSAGES

- People with a disabilities and elderly people displaced from Laas Caanood report **limited access to basic needs like food, safe water**, and shelter. Secondary sources suggest this struggle extends to many others facing displacement from the same region¹.
- Elderly people and people with a disabilities **face additional burdens, such as difficulties accessing medication for person living with a chronic health condition**. This indicates that they encounter specific challenges beyond the general limitations of access to basic needs.
- **People with a disabilities** and **elderly people reported a wide range of different physical** and **mental barriers limiting their coping capacity**. Difficulty travelling long distance was regularly reported, while one person with a disability reported not being able to earn an income or remember key details such as distribution locations if assistance were to arrive.
- Other IDPs and the host community were a **critical form of support** for people with a disabilities and elderly people. **Social capital*** appeared to be a critical resource for these groups.
- **Women** and **minority ethnic person** and **people without relatives nearby** have reported more **vulnerability**.

CONTEXT & METHODOLOGY

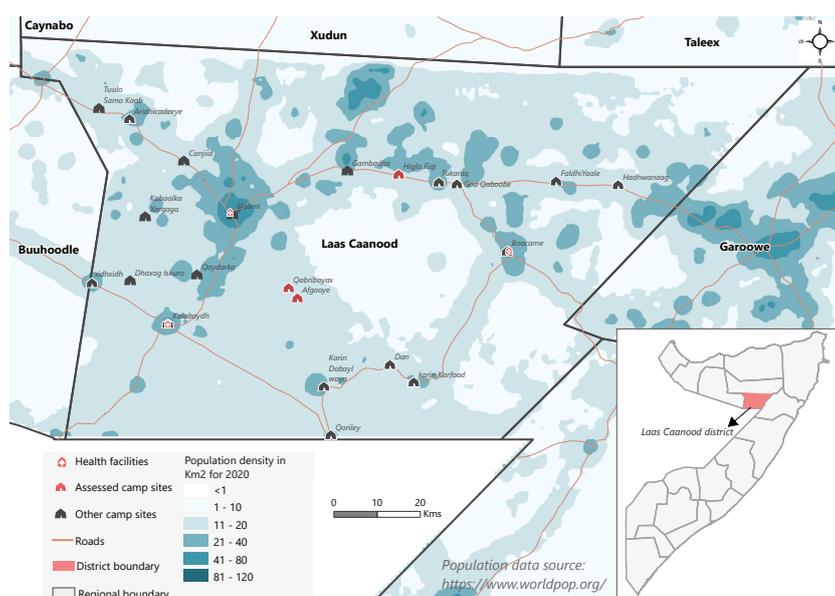
Conflict erupted in Laas Caanood in late December 2022. As of May 2023, the insecurity had estimatedly forced more than 200,000 people to flee their homes. More than 100,000 people have sought refuge in Ethiopia, while others have fled to villages in Sool, Togdheer, Nugaal, and Mudug regions².

People with a disabilities and elderly people often face particular needs and barriers to accessing services during crises³. Drawing upon Laas Caanood as a case study, REACH has conducted a qualitative assessment to better understand the vulnerabilities and resilience of people with a disabilities and elderly people who were forced to flee their homes in Somalia. The purpose of the assessment is to enable humanitarian actors to increase the inclusion of vulnerable groups in emergency responses, including the ongoing assistance to IDPs from Laas Caanood.

The assessment was conducted between 16 and 30 April 2023 in three locations in Laas Caanood, where displaced people lived in collective centres: Afgooye, Higlo Fiqi and Qabribayax. These sites were selected as they had not been included in previous OCHA-led interagency assessments to avoid duplication and assessment fatigue.

The assessment consisted of 24 key informant interviews (KIIs) with people a with disabilities and 6 focus group discussions with elderly people using semi-structured qualitative tools. Participants were purposively sampled to include a range of disabilities and focus groups were disaggregated by male and female.

Map 1: Coverage map



1. UNICEF, Laas Caanood Conflict Update, 26 April 2023. <https://www.unicef.org/somalia/media/3806/file/%20LaasCaanood%20Update%20>

2. ICRC, Operational update, May 2023. <https://reliefweb.int/report/somalia/operational-update-2-fighting-las-anod-continues-drive-displacement>

3. Humanitarian inclusion standards for elderly people and people with a disabilities, 2018. <https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities>

*In Somalia's humanitarian context, social capital refers to the collective value and resources that individuals and communities possess through their social networks, relationships, and mutual support systems based on clannism. It plays a crucial role in enhancing resilience and coping mechanisms in times of crisis and humanitarian emergencies.

People with a disabilities

In the 2023 HNO⁴, approximately 8.9 million people are in need, with 1.2 million being people with a disabilities and 412,000 being elderly people in Somalia. Existing social inequalities and limited resources marginalize vulnerable groups, including elderly people and people with a disabilities. Insecurity in Laas Caanood and the surrounding areas has led to displacement, particularly affecting vulnerable groups like elderly people and people with a disabilities. REACH aims to provide information on these IDPs and their challenges in accessing humanitarian assistance during this conflict.

Core Needs

In the interviews with people with a disabilities, key informants consistently reported **food, shelter, safe water and health as their core needs**. Reportedly, the assessed IDP sites had **not yet received humanitarian assistance**, meaning many households faced difficulty meeting their basic needs.

The shelter situation varied substantially between KIs: some reported living in **brick or stone buildings** with members of the local community, while others reported living in schools or, in many cases, **shelters constructed from sticks and clothing (often donated by the local community)**. Those in less stable shelters emphasised the importance of shelter not only for comfort, but also for **protection and dignity** as households sometimes shared one room. A lockable door or strong walls were often suggested as a key improvement that would help respondents feel more secure in their location.

The main needs identified by the KIs (**food, shelter and water**) were in line with those of the rest of the displaced population, as found in the inter-agency assessments⁵. This is due to the fact that people with a disabilities reported living in households with others, meaning that many challenges and resources are shared. However, health seemed to be of particular importance to some people with a disabilities, with many reporting the **need for medications that were unavailable in the displacement sites**. One key informant gave the example of **people living with a diabetes and people living with a heart disease** as particularly vulnerable groups due to the difficulty in obtaining medication. One KI reported that it was **difficult to access medications for diabetes and heart disease** conditions, that typically are more prevalent amongst elderly people. While not directly covered in this assessment, these findings suggest **people living with a chronic health condition are also a potentially vulnerable group to consider when designing emergency responses**.

Almost all KIs reported that the **security situation in the IDP camps was relatively good**, with minimal conflicts with the host community. **No cases of SGBV were officially reported**; however, some KIs mentioned that there were **fears of SGBV** incidents for women while they were **collecting firewood or using the toilets at night**. Nonetheless, due to cultural sensitivities surrounding the

reporting of SGBV, it becomes challenging to **precisely assess the actual risk**.

Vulnerabilities

While many people with a disabilities reportedly faced similar needs to the overall IDP population, the findings from the assessment suggest their coping capacity to mitigate these needs was often more restricted, in particular because of **barriers to accessing income and assistance**.

Some male KIs reported difficulties to earn an income due to their disabilities and reported a sense of reliance on others for resources while a female KI reported difficulties conducting critical activities for her household, such as **fetching water, cooking and childcare**. Such difficulties may have reduced coping capacity. Not only did many people with a disabilities face **limited livelihood opportunities** at the time of displacement, but limited livelihood opportunities before displacement may have also reduced their resilience, such as savings for transport and shelter.

One challenge consistently raised was the barriers to travel. Many KIs reported difficulties fleeing Las Caanood during the conflict as many of the vehicles people were using to escape the city were either difficult, or for one KI who faced severe mobility challenges not possible, for them to use. This suggests that the onset of a crisis can be a moment of particularly high vulnerability to protection risks for people with a disabilities. After reaching the IDP sites in Laas Caanood, travel continued to be a potential barrier for many people with a disabilities. KIs frequently reported that if humanitarian assistance arrived, **they would face challenges reaching the distribution site**. This was reported by KIs experiencing both mobility constraints and visual impairment.

However, People with a disabilities are not a homogenous group, and some specific disabilities entailed specific vulnerabilities. For instance, a KI with memory issues reported fearing not being able to remember and find distribution sites. This suggests that, while sometimes less **visible, mental disabilities can limit access to services just as much as physical disability**.

Community-based resilience

While the 3 IDP sites had reportedly not received humanitarian assistance, KIs described **good relations** with the local community, with some reporting direct support being provided such as shelter. The local community was also reportedly the main source of information for most people with a disabilities.

Nearly all KIs reported that they faced little discrimination due to their disabilities. At the same time, KIs who reported being **members of minority clans** reported that they experienced **discrimination**, something which was not reported by most KIs. Similarly not all KIs appeared to have equal access to this critical support. One KI reported

4. <https://hrdcsomalia.org/wp-content/uploads/2023/02/FINAL-Inter-Agency-Assessment-Report-to-Kalabeyr-27-February-2023.pdf>, <https://banooda.com/index.php/news/item/2484-joint-inter-agency-assessment-report-on-laascaanood-displacement-on-11-13-february-2023>

5. <https://reliefweb.int/report/somalia/somalia-humanitarian-needs-overview-2023-february-2023>

experiencing severe difficulty accessing basic needs because they had no relatives to support them on the site. Moreover, while many male KIs reported that all people with a disabilities were roughly equally vulnerable, some men and most female KIs reported that **women and children with disabilities faced particular challenges**.

One KI reported people with a disabilities especially women and girls have fear of being stigmatized, and were reluctant to go to the market to access food. These findings suggest that social capital is a key resource for many people with a disabilities. While overt discrimination may not be a universal experience for all people with a disabilities, for those facing social disadvantages from gender or clan, it can increase vulnerability. These issues risk remaining hidden unless a wide range of people with different experiences are consulted.

Assistance preferences

Just as people with a disabilities experienced a range of different vulnerabilities, they also had different preferences for humanitarian assistance. While most reported mobile phone as their preferred way to receive information about upcoming assistance, the type and modality of assistance requested varied. Some KIs reported preferring direct food or shelter items, while others reported preferring cash as they could spend it flexibly to meet their needs. Of those preferring cash, many reported preferring unconditional to conditional. While no KI reported explicitly not wanting cash, some KIs reported most needing specific items such as wheelchairs, hearing aids and visual aids. Some of this specialised equipment may be difficult to obtain and costly in the markets in some emergency responses, suggesting it is important to consider the specific needs of People with a disabilities in the design of emergency cash programmes.

Elderly People

In addition to people with a disabilities, elderly people can face unique challenges during humanitarian crises. The core needs identified by elderly people in FGD discussions were often similar to those of people with a disabilities: food, shelter, and water. It is worth noting in these FGDs, participants often raised needs relevant to their community as a whole, such as regularly reporting education for young people as a core need.

A potential explanation is that elders FGD participants were acting as advocates for their community, something which is supported by reports from participants that elderly people are respected in their communities. All FGDs reported that elders did not experience discrimination and felt relatively safe in their location. It is worth noting the FGD format may have made it more difficult to report exceptions, so it cannot necessarily be assumed all elders in IDPs had the same level of social capital.

However, the social capital some of the elderly people experienced, does not mean they did not also face unique vulnerabilities. As with people with a disabilities, health was raised as a core need by some FGD participants, who noted that many elderly people were people living with a chronic health condition.

As regards assistance preferences, elderly people FGD participants reported similarly to people with a disabilities KIs: the **main source of information was the host community**, and the preference for modalities for humanitarian assistance had varied amongst the participants. Nevertheless, food, shelter, and water were the core preferences. However, unlike people with a disabilities, official meetings and IDP councils were reportedly the preferred way to receive information.

Movement intentions

The KIs as well as the participants of the FGD indicated that they had no intention of returning to Laas Caanood until they were certain that the security situation had improved. The vast majority reportedly expected to remain in their current location in the next three months. At the same time, many reported family separation, with some members of their family going to alternate sites or crossing the border into Ethiopia, suggesting the possibility of secondary displacement for those with the resources and physical ability to travel. With no immediate plans to return, the needs described in this brief are likely to be deteriorating in the absence of humanitarian assistance. At the time of data collection, there had not been any humanitarian assistance for the displaced people in the assessed IDPs⁶.

Conclusion

Overall the findings for both People with a disabilities and the elderly people illustrate the complexity of 'vulnerability' in emergency responses. Consistent with other studies, these groups have unique needs, particularly those with chronic illnesses, and experience specific barriers. The volatile dynamic of the Laas caanood conflict directly impacts the humanitarian needs and situations of vulnerable populations. Consultation with these communities is vital to understand their unique requirements and provide effective support. Specific attention should be given to individuals with health needs and chronic illnesses, provision of humanitarian assistance should consider specialized equipment, which may be difficult for IDPs to access in any capacity. In-kind distribution could be preferable for such items due to limited availability. Additionally, aid distribution should address the specific challenges faced by people with a disabilities and elderly people. While food, shelter, and clean water are priorities for the whole population, it is essential to take into account the unique needs of vulnerable groups, including women and children with disabilities, as well as ethnic minorities facing increased vulnerability. Organizing inclusive meetings involving both males and females will ensure equal participation and access to information in decision-making processes.

6. UNHCR Somalia Operational Update (April 2023). Retrieved from: <https://reliefweb.int/report/somalia/unhcr-somalia-operational-update-1-30-april-2023>



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ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).