



# ROHINGYA REFUGEE CRISIS

IN BANGLADESH

## AGE AND DISABILITY INCLUSION

RAPID ASSESSMENT  
REPORT

# 5 KEY INCLUSION MUSTS

Identification

Accessibility

Meaningful participation

Empowerment

Rights

You can identify many problems in the picture of Balukhali II refugee camp. What you cannot see are hidden persons who have no access to humanitarian action although their needs are among the highest. These hidden persons can be older persons or persons with disabilities.





# KEY FINDINGS SUMMARY

A rapid assessment focusing on Age and Disability Inclusion in the Rohingya refugee response in the Cox's Bazar area in Bangladesh was undertaken from the 29th of November to the 4th December 2017 by Arbeiter-Samariter-Bund (ASB) and the Centre for Disability in Development (CDD) Bangladesh. Key findings of the assessment are outlined below. In general, beside some notable inclusion actors, the needs of persons with disabilities and older persons are not sufficiently being taken into account in the response.

## IDENTIFICATION

- There is, in general, limited awareness and practice of identifying persons with disabilities and older persons within the response.
- Few actors are collecting Gender, Age and Disability Disaggregated Data (GADDD).
- There is interest in increasing understanding and technical assistance for identification of persons with disabilities and older persons and collection of GADDD among response actors.

### RECOMMENDATION

- Persons with disabilities and older persons and their needs and capacities be identified and Gender, Age and Disability Disaggregated Data (GADDD) be collected by all response actors.

## ACCESSIBILITY

- Very few services or camp terrains are accessible to persons with disabilities and older persons with functioning limitations. This impacts on persons with disabilities and older persons basic needs being met and means they are reliant on their family members for support, often in a way that reduces their dignity.
- Information important to persons with disabilities and older persons is not reaching many of them.

### RECOMMENDATION

- That all services, communication and feedback and complaint mechanisms be accessible to persons with disabilities and older persons.

## MEANINGFUL PARTICIPATION

- Limited to no participation or consultation of older persons and persons with disabilities in community and camp activities and service provision and planning.

### RECOMMENDATION

- That persons with disabilities and older persons be supported to meaningfully participate in activities and decision making, particularly in relation to service provision.

## **EMPOWERMENT**

- Persons with disabilities and older persons face discrimination and barriers in the camps, including from service providers.
- Persons with disabilities and older persons have skills and capacities that are not being recognised. They are experts on lived experience of disability and ageing. They can be used as resources.

### **RECOMMENDATION**

- Integrate breaking down of negative stigmas and stereotypes about persons with disabilities and older persons into response initiatives.
- When identify persons with disabilities and older persons also identify their skills and capacities. Consider how they can be utilised as resources in response initiatives and their skills and capacities can be built on.

## **RIGHTS**

- Persons with disabilities and older persons interviewed were not aware of their rights as either refugees or as persons with disabilities or older persons.
- A general consensus among humanitarian actors consulted was that Sphere and Age and Disability Minimum Standards are not being met. There is limited knowledge on Sphere and Age and Disability Minimum Standards by many humanitarian actors and a high demand and need for capacity development and technical support.
- There is a need for greater focused coordination and advocacy on Age and Disability Inclusion across the coordination and cluster systems.

### **RECOMMENDATION**

- Increase understanding, compliance and opportunities for building capacity around the Sphere and Age and Disability Inclusion Minimum Standards, including all actors have access to copies of the handbooks in Bengali & English.
- Government, UN and other actors involved in formal registration processes for response actors ensure processes involve demonstrating understanding and commitment to comply with Sphere & Age and Disability Inclusion Minimum Standards.
- Look at dedicated positions who can lead on coordination and advocacy across all clusters in relation to inclusion, working closely with other disability and ageing actors.



**PEOPLE ARE BEING LEFT BEHIND**







## **DISCRIMINATION**

Some children with disabilities interviewed had been told by school teachers that they could not attend school or children friendly space because of their disability. They are being discriminated against.

## **UNEQUAL OPPORTUNITY**

One older man with mobility limitations had previously been provided with a wheelchair by the local community during Eid El Fitri. When he had the wheelchair he actively participated in community activities. After 6 months of use his wheelchair broke, and was not replaced. Since then, he has not been able to leave his home, participate in activities or access services.

## **INACCESSIBLE**

Two pregnant women with disabilities interviewed, had not accessed health services during their pregnancy because they are not able to physically reach the health clinics due to mobility limitations and fear of discrimination and stigma.

# RAPID ASSESSMENT FULL REPORT

A rapid assessment focusing on Age and Disability Inclusion in the Rohingya refugee response in the Cox's Bazar area, Bangladesh, was undertaken from the 29th of November to the 4th December 2017 by Arbeiter-Samariter-Bund (ASB) and Centre for Disability in Development (CDD). This report outlines the findings. It is recognised that this assessment was not a representational assessment, and only provides a snap shot of what is happening.

## ASSESSMENT FOCUS

- Inclusion of persons with disabilities and older persons within the Rohingya refugee humanitarian response in the Cox's Bazar area.
- The Five Key Inclusion Musts were used to frame the assessment and report.
- The report aims to provide key recommendations related to inclusion for humanitarian actors in the crisis.

## METHODOLOGY

- Secondary Data/ Document review.
- 1 day visits to Bhalukhali 2 (29/11/17) & Shamlapur (30/11/17) that included:
  - Observation and listening
  - Survey & semi-structured interviews with 27 older persons and persons with disabilities. In Bhalukhali 2 all people interviewed had previous contact with HelpAge, and the interview team were guided by HelpAge volunteers who translated.
  - Key informant interviews.
  - Assessments were undertaken by two teams: one with a female translator and female and male representative from ASB and CDD; the second with a male translator and two male representatives from ASB and CDD. The CDD representative in this team identified as being a person with disability who is blind.
- Informal discussions with humanitarian workers in Cox's Bazar including representatives from UN agencies and local and international NGOs including from the inclusion sector.
- Insight gathered from running three short introductory trainings for Humanitarian Actors in Cox's Bazar on Sphere and Age and Disability in Humanitarian Action with 57 participants from more than 40 UN, INGOs, NGOs and Civil Society Organizations.

This Rohingya woman is deaf. She is only able to communicate through informal sign language with her husband. She has never been tested by a doctor.





Semi structured interview and survey using the Washington Group Short Set of Questions on Disability at a HelpAge “Age friendly space” at Balukhali Camp II

## IDENTIFICATION

- There is, in general, limited awareness on the importance of, how to collect disability data and identify persons with disabilities and older persons within the response.
- No reports or plans sighted mentioned or advocated collection of Sex or Gender, Age and Disability Disaggregated Data (SADDD or GADDD) as recommended in the Age and Disability Inclusion in Humanitarian Action Minimum Standards. In general, only Sex or Gender, and Age disaggregated data was referred to. Of reports that were sighted that included disability data rates were sighted at 3–4% of the refugee population, but ways for capturing the data did not follow recommended approaches to disability data collection, and thus it is assumed that actual prevalence of disability among Rohingya refugees in the camps is higher.
- In Shamlapur persons with disabilities and older persons had not been identified by camp management and their specialised needs were not recognised or addressed.
- All older persons interviewed had functioning limitations with specific needs related to this, but not all considered themselves persons with disabilities.
- Many persons’ interviewed had acquired disabilities or functioning limitations recently due to violence in Myanmar and old age.
- Actors are wanting more information and technical support on collecting disability data. Contact with Oxfam, led to influencing them to include the Washington Group Short Set of Questions on Disability in a survey that they will be rolling out.

## RECOMMENDATION

- That persons with disabilities and older persons and their needs and capacities be identified and Gender, Age and Disability Disaggregated Data (GADDD) be collected by all response actors.
- A large-scale survey be undertaken that collects GADDD and needs of persons with disabilities, older persons and persons with functioning limitations using the



Washington Group Short Set of Questions on Disability across camps and is published publicly.

- Advocacy and capacity building activities on the collection of GADDD and use of the Washington Group Short Set of Questions on Disability be undertaken for humanitarian actors to encourage greater use of them in data collection and support uptake of GADDD.

## ACCESSIBILITY

- Very few services are accessible to persons with functioning limitations, such as toilets, water sources, access around camps and distance to health and distribution points. This impacts on persons with disabilities and older persons' ability to meet their basic needs and access services. In some cases, people did not access some services at all – such as health services.
- All persons with disabilities and older persons interviewed are reliant on their family members to collect food and non-food items and in most cases, support them with their basic needs such as going to the toilet and bathing, particularly as toilets are often far away from their living space and not accessible. This leaves them vulnerable and reduces their dignity. This also demonstrates a need for trained adequate care givers.
- Most older people and persons with disabilities interviewed did not have access or were not aware of specialised health services, including opportunities for accessing assistive devices to meet their needs.
- None of the persons interviewed who required accessible toilets had access to them. A frequent request from older persons and persons with disabilities was for a chair that could be used in the toilet.
- Dignified transportation to reach services (including within camps) is needed.
- All respondents have experienced great loss, particularly of family members. There is a need for culturally appropriate and accessible psycho-social support services.

## RECOMMENDATION

- All services, communication and feedback mechanisms be accessible to persons with disabilities and older persons.

### ASK

- o Can all people access services?
- o Can all people access information?
- o If not, how can they be made accessible for all?

- Some people need trained adequate care giver support, beyond the capacity of family members. Look at providing care giver support, and/or support capacity/skills of current informal care givers to provide adequate appropriate support.
- It is important that organisations that are providing assistive devices ensure they are customised and made to meet the needs of each individual person and take into account the reality and terrain of the camp. One size fits all, in general, is not appropriate for assistive devices, such as wheel chairs.

- Actors already integrating inclusion in the camps such as Centre for Disability in Development, HelpAGE and Handicap International can be resources and inspiration for how to be inclusive. Such as HelpAge who has a cheap and easy to install toilet design, used in their age friendly space in Balukhali II Camp.
- A resource that can be utilised by response actors to support inclusion in practice is the CBM Humanitarian Hands-on Tools (HHoT) smartphone application which has step-by-step guidance on inclusive humanitarian field work (<https://hhot.cbm.org/>).

Children with disabilities are sometimes not allowed to attend school/child friendly space activities. Including this boy who is living with a mobility limitation.



## MEANINGFUL PARTICIPATION

- Limited to no participation or consultation of older persons and persons with disabilities in community, camp activities and service provision.
- Almost all the women that were interviewed are not participating in camp activities – it is an assumption that this may not just be due to them being persons with disabilities or older persons but also due to cultural reasons as documented in other reports focusing on gender.
- People identified access to assistive devices such as wheel chairs, walking sticks and eye glasses/eye care would enable them to participate in activities and services.

A water source was built next to a woman with mobility disability's home. When the woman raised the concern that the water source was built too high due to a large step and she could not access it, she was told the design could not be changed, and thus the woman was not able to access the water.

## RECOMMENDATION

- Persons with disabilities and older persons be supported to meaningfully participate in activities and decision making, particularly in relation to service provision.



## EMPOWERMENT

- Persons with disabilities and older persons face discrimination and barriers in the camps, including from service providers.
- Persons with disabilities and older persons interviewed have skills and capacities that are not being recognised. They are also experts on lived experience of disability and ageing. They can be used as resources.

### RECOMMENDATION

- Integrate breaking down of negative stigma and stereotypes around persons with disabilities and age into response initiatives.
- When identifying persons with disabilities and older persons, also identify their skills and capacities, and consider how they can be utilised as resources in response initiatives and their skills and capacities be built on.

## RIGHTS

- Persons with disabilities and older persons interviewed were not aware of their rights as either refugees or as persons with disabilities or older persons.
- There is a general consensus among humanitarian actors that Sphere and Age and Disability Minimum Standards are not being met in the response.
- There is limited knowledge on Sphere and Age and Disability Inclusion Minimum Standards by many humanitarian actors responding.
- There is great interest in increasing understanding/capacity of Sphere and Age and Disability Inclusion Minimum standards among humanitarian actors. 100% of the 57 participants that attended the introductory training run by ASB & CDD said they were interested in attending intensive multi-day trainings on Sphere and Age and Disability Inclusion Minimum Standards, and requested copies of the Sphere and Age and Disability Inclusion Minimum Standard handbooks.
- There is a need for greater focused coordination and advocacy on Age and Disability Inclusion across the coordination and cluster systems.

### RECOMMENDATION

- Actively support staff awareness of Sphere and Age and Disability Inclusion Minimum standards.
- Ensure that all actors are actively trying to meet Sphere and Age and Disability Inclusion Minimum standards in the response.
- Support for trainings/actors attending trainings on Sphere and Age and Disability Inclusion minimum standards in English and Bengali.
- Publish, distribute and ensure all actors have access to Bengali and English Sphere and Age and Disability Minimum Standards handbooks.
- Create a communication campaign in English and Bengali on Sphere and Age and Disability Minimum standards targeting response actors.
- Government, UN and other actors involved in formal registration processes for response actors (such as registering as part of the “Bangladesh Humanitarian Response Plan”) ensure that registration processes involve demonstration of understanding and commitment to complying with Sphere & Age and Disability Inclusion Minimum standards.  
Look at dedicated positions that can lead on coordination and advocacy across all clusters in relation to inclusion, working closely with disability and ageing actors.



## ARBEITER-SAMARITER-BUND

ASB is a German relief and social-welfare organisation engaged in a wide range of social service provision in Germany and abroad. Since its foundation in 1888 ASB has represented continuity and reliability founded on non-political, non-religious and non-sectarian principles. Through an integrated approach ASB provides effective worldwide assistance and supports the establishment of locally developed solutions.

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## CENTRE FOR DISABILITY IN DEVELOPMENT (CDD) BANGLADESH

The Centre for Disability in Development (CDD) is a not-for-profit organisation established in 1996 to develop a more inclusive society for persons with a disability. It is estimated that 16 million people in Bangladesh are living with a disability, receiving little or no assistance and excluded from mainstream life. CDD's mission is to address this by simultaneously educating the community in how to be more inclusive whilst also enabling persons with disabilities to participate in society by providing them with essential supports.



## AKTION DEUTSCHLAND HILFT (ADH)

ADH (Germany's Relief Coalition) is a federation of German relief organisations that provide rapid and effective aid in the case of major catastrophes and emergency situations.

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For questions on this assessment report, please contact: [a.schmidt@asb.de](mailto:a.schmidt@asb.de)



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