

The Rohingya are an ethnic group who have faced decades of discrimination and statelessness in Rakhine State, Myanmar. A recent spike of persecution has sent more than 700,000 Rohingya refugees across the border to refugee camps in Cox's Bazar, Bangladesh.¹

Although the exact number of Rohingya refugees with disabilities is unknown, it is estimated that around 44% of these refugees have a disability or a serious medical condition.² An inaccessible environment reduces the mobility of persons with disabilities. The result is that they are often socially isolated, less likely to access essential services, and more likely to face higher risks of abuse and exploitation. While humanitarian actors are working to ensure Rohingya refugees with disabilities are included in the humanitarian response, many barriers and implementing challenges remain.

In November 2018, with the support of UK Aid, Humanity & Inclusion (HI) conducted a participatory

assessment³ of access to humanitarian assistance for persons with disabilities in Jadimura Camp, Teknaf, Cox's Bazar District. The team evaluated both the barriers for persons with disabilities, as well as the facilitators that improve access to such assistance. They surveyed 63 refugees with disabilities including men, women, boys, and girls, in addition to 11 humanitarian service providers working in the camp. The results of the Jadimura Camp assessment are not intended to be applicable to the situation of the Rohingya refugees with disabilities in general.

The assessment revealed several significant barriers for persons with disabilities. These ranged from accessing and benefiting from health services, food distribution, education, and livelihood programs, to participating in community activities and decision-making groups. The survey showed room for improvement among humanitarian service providers, who should increase their awareness and ability to implement an inclusive humanitarian response.

QUICK FACTS

Among surveyed persons with disabilities and service providers in Jadimura Camp:

- **100% reported facing barriers in accessing health services.** The most common types of barriers were a lack of accessible healthcare facilities (85%), long distances to healthcare providers (46%), and long wait times (17%).
- **76% reported having no access or a lot of difficulty accessing community spaces and activities.**
- **67% reported that movement was difficult or impossible within their shelter.** The most frequent barriers to movement were steps leading up to shelter entrances (79%), bed height (67%), and narrow doors (37%).
- **56% reported having no access to food distributions,** which are considered as the main source of food.
- **43% reported having no access to drinking water** while 39% said they had a lot of difficulty accessing drinking water.
- **No persons with disabilities were participating in cash for work, vocational, livelihood, or skills training programs,** even though they face greater difficulties than persons without disabilities in accessing informal work.
- **School-aged children with disabilities attended school at a lower rate than average** for the Rohingya refugee community. The main barriers cited were a lack of accessible spaces, difficulty traveling to school, which were often far away, lack of assistance for inclusive learning environments and practices, and negative attitudes from their peers or teachers.
- **Persons with disabilities also reported not participating in any community decision-making.**
- **10 out of 11 service providers reported a lack of knowledge** on where persons with disabilities were and how to identify them. **None of the actors were using the Washington Group Questions⁴ to identify persons with disabilities.** Only two service providers reported "fully" consulting with persons with disability about accessibility.
- **All service providers reported a need for more training on the inclusion of persons with disabilities.**

1. 2019 Joint Response Plan for Rohingya Humanitarian Crisis, February 2019.

2. REACH, UNHCR Multi-Sector Needs Assessment Cox's Bazar Rohingya Refugee Response, July 2018.

3. The participatory methodology used for the assessment is based on practical and evidence-based experience. The methodology, which HI started developing in Iraq in 2013, aims to collect information on contextual risk and factors of discrimination faced by persons with disabilities).

4. To learn about the Washington Group Questions, visit: <http://www.washingtongroup-disability.com/>; to learn about disability data in humanitarian action, visit: <https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action>

FACTORS OF DISCRIMINATION

Several barriers impacted the wellbeing, rights, and participation of persons with disabilities in Jadimura Camp. These barriers include physical, social, and systemic challenges that prevent persons with disabilities from accessing humanitarian services and being included in their community.

Many obstacles result from physical challenges, such as inaccessible buildings, distance to services and long waiting times. For example, most of the refugees mentioned physical distance and inaccessible facilities among the top barriers preventing them from using many essential services

Persons with disabilities also experience discrimination in the form of a lack of representation. 15% reported perceived negative attitudes in the community. This signals that factors of discrimination and stigma are obtrusive to the participation of persons with disabilities in the social sphere.

Finally, persons with disabilities also face discrimination and exclusion due to information barriers and the lack of adapted communication methods used by community members, as well as humanitarian service providers.

Recommendations

Donors should

- Promote comprehensive, accountable, safe and non-discriminatory humanitarian actions, through adequate funding and prioritization of inclusive activities, services and programming. This includes promoting accessible services for persons with disabilities, in addition to the protection of the most at risk.
- Support the use of guidelines and standards such as those defined by the Inter-Agency Standing Committee (IASC) and the Age and Disability Capacity Programme (ADCAP),⁴ which promote qualitative, accountable, safe and non-discriminatory humanitarian action, in line with the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action.⁵
- Promote the use of the Washington Group Questions to gather disability disaggregated data, in addition to markers and indicators that monitor meaningful, safe, and dignified access to services.

Camp coordination mechanisms should

- Address physical access barriers in and around the sites by meaningfully consulting and collaborating with persons with disabilities, and by performing accessibility audits on footpaths and access routes throughout the camp.
- Review and more rigorously apply universal design principles to shelter, water, sanitation and hygiene (WASH), education infrastructure, and other buildings and services. Provide non-food items and shelter kits with items suitable for all persons with disabilities.
- Increase the participation of persons with disabilities in site management and in internal standard operating procedures, by developing stronger representation mechanisms and by building their capacities.
- Build staff and volunteer capacities regarding inclusion of persons with disabilities and older people.

Humanitarian staff and service providers should

- Mobilize the necessary financial resources, capacities and tools to plan and deliver services that are inclusive of persons with disabilities.
- Align data management systems to the Washington Group Questions, extend disaggregation of data to all phases of the data management cycle, and link to referral pathways and mechanisms.
- Meaningfully consult persons with disabilities at all phases of the project cycle to ensure the provision of inclusive services. Some outcomes might include door-to-door food distribution options or home-based care; priority lines; shaded resting areas; accessible toilets in the vicinity of services; provision of specific assistance, including individual education plans for children with disabilities; inclusive education trainings for teaching staff; provision of inclusive cash-for-work programs in accessible locations.
- Conduct accessibility audits of humanitarian services. When accessibility seems impossible, increase the use of reasonable accommodations, by also promoting the use of technology.
- Increase awareness of the community and caregivers of the needs and, rights of persons with disabilities, as well as the risks they face.
- Seek technical support from international or local mainstreaming actors and groups representing persons with disabilities.

Humanity & Inclusion (HI)

HI has been operating in Bangladesh since 1997. HI works to advance the long-term rights and social inclusion of people with disabilities. It is active in physical rehabilitation as well as providing access to quality services and support in isolated areas of the country. In addition, the organization works to improve the quality of life in refugee camps.

5. IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action>; Humanitarian Inclusion Standards, https://www.hi-us.org/humanitarian_inclusion_standards_for_older_people

6. <http://humanitariandisabilitycharter.org/>