



# Impact Report: An honest account **AHP Phase III Bangladesh**

## Change beyond numbers

CBM Global Disability Inclusion and Centre for Disability in Development (CDD) with the support of World Vision, CARE, Plan International, Save the Children, Oxfam and EKOTA (CAN DO).



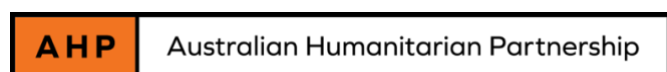
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**Cover photo: Credit to the AHP Phase III Communications & Advocacy Working Group.**

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# Abbreviations

Acronym	Description
AHP	Australian Humanitarian Partnership
CBM	CBM Global Disability Inclusion
CiC	Camp in Charge
CDD	Centre for Disability in Development
DFAT	Department of Foreign Affairs and Trade's
DRR	Disaster Risk Reduction
DSCs	Disability Support Committees
DSK	Dushtha Shasthya Kendra
DSS	Department of Social Services
EKOTA	CAN DO EKOTA consortium (Christian Aid, RDRS Bangladesh, Caritas Bangladesh, Green Voice, Dustho Shasthya Kendra (DSK))
FGD	Focus Group Discussion
FIVDB	Friends In Village Development Bangladesh
GBV	Gender-Based Violence
HI	Handicap International – Humanity & Inclusion
IAG	Inclusion Advisory Group
IGAs	Income Generating Activities
NGO	Non-Governmental Organisation
NGOF	NGO Forum for Public Health
OPCA	Organisation for the Poor Community Advancement
PIB	Plan International Bangladesh
SHGs	Self-Help Groups
SRH	Sexual and Reproductive Health
RDRS	Rangpur Dinajpur Rural Service (Bangladesh)
WASH	Water, Sanitation and Hygiene
WGSS	Women and Girls Safe Spaces
WV	World Vision
YPSA	Young Power in Social Action

# Introduction

The Rohingya crisis is the largest and most complex humanitarian crisis in the Indo-Pacific region, with more than 1.5 million people needing humanitarian assistance in Cox's Bazar, Bangladesh.

The Australian Government's Australian Humanitarian Partnership (AHP) Consortium brought together six partners: CAN DO (EKOTA), CARE, Plan, Oxfam, Save the Children, and World Vision during a three-year response program (2020 to 2023) to support Australia's wider efforts to assist the Rohingya crisis. AHP Bangladesh Consortium contributes 'to international efforts to meet humanitarian and protection needs and increase resilience and self-reliance of Rohingya and host populations in Bangladesh' through the delivery of a well-coordinated and inclusive program in strong partnership with national and local partners.

The AHP Bangladesh program in Cox's Bazar contributes towards the Department of Foreign Affairs and Trade's (DFAT) Investment package for Bangladesh by working towards all four end-of-program outcomes:

- **Basic needs:** Rohingya and host communities are safer and live in dignity with more equitable access to protection and humanitarian assistance (assistance, protection and services)
- **Self-reliance:** Rohingya and host communities are more self-reliant with safe and equitable access to education, skills, justice and freedoms (education and services, justice)
- **Resilience:** Rohingya and host communities are more socially cohesive and resilient to emerging disasters and shocks (infrastructure, disaster risk reduction (DRR))
- **Reform:** Humanitarian systems better meet the needs of the affected population (coordination; monitoring, evaluation, accountability and learning and quality controls; collaboration and accountability to affected populations).

The design of AHP Phase III explicitly emphasised the inclusion of people with disabilities, with the aim that people with disabilities are better represented and more actively involved in the program and have meaningful and equal access to services. To achieve these aims the consortium prioritised disability inclusion in four key areas: organisational capacity building, representation of people with disabilities, access to services, and collective learning. Through a technical partnership with CBM Global Disability Inclusion (CBM) and the Centre for Disability in Development (CDD), all six partners were provided training and advisory support to strengthen disability inclusion in all their AHP interventions.

This document gathers evidence of the progress and impacts that AHP Phase III interventions have achieved for people with disabilities. This document draws on focus group discussion data from people with disabilities in camps and host communities, AHP reports, case studies and key informant interviews with the AHP Disability Inclusion Working Group and the six AHP partner Disability Inclusion Focal Points.

**This report seeks to reflect the lived experience of people with disabilities in the Rohingya AHP Phase III Response, their stories and feedback on what has changed for them, and the continued barriers they face.**



## Disability Inclusion in AHP Phase III

AHP Phase III activities were affected right from the start of the program and faced several challenges throughout implementation. The already complex humanitarian context was compounded by the COVID-19 emergency and frequent disasters such as cyclones Sitrang and Mocha. Despite the challenges of AHP Phase III, the impact made in progressing disability inclusion is life changing.



Credit: AHP Phase III Communications & Advocacy Working Group

In a setting where people with disabilities are given limited rights, combined with physical and communication barriers, prejudice and other attitudinal obstacles in the community, **the smallest of changes can make the biggest impacts.** To name a few, this could be:

- A modified water tap
- An accessible bathroom with a toilet seat

- The installation of a ramp at your health centre
- A paved road so you can access facilities
- An assistive device customised for you
- Being able to wheel your child to school rather than carrying her
- Your teacher including you and ensuring that you can learn and understand what is being taught
- Receiving an assistive device that enables you to leave your home and make friends
- Being able to make your own livelihood which earns you respect in the community
- Community awareness campaigns and faith leader support that reduces the bullying and discrimination you face
- Joining a network of people with disabilities to safely share your experiences, as well as advocating together for government support
- Or even just being able to access physiotherapy to help your baby crawl for the first time.

These are changes seen in AHP Phase III.

In 2021, the comprehensive REACH survey found an average prevalence rate of 12% of people in the Rohingya camps were people with disabilities. In AHP Phase III, Consortium partners conducted prevalence surveys using the Washington Group Short Set of Questions Enhanced (WGSS-E). The surveys recorded prevalence rates in their programs of between 6% and 13%. AHP agencies recorded an overall 4% of beneficiaries were people with disabilities, which is very likely an underestimate due to data collection issues. **Despite these challenges, AHP Phase III reached more than 20,000 beneficiaries with disabilities, with a significant impact on communities beyond these numbers.**

## Progress made: Catalytic and inclusive change for those left behind

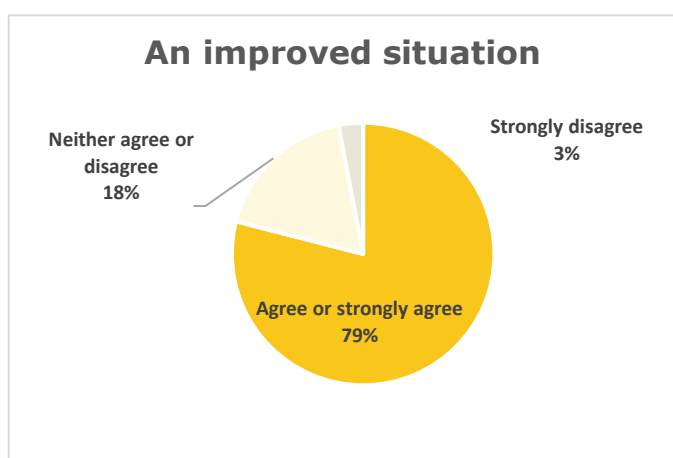
For this report, we have drawn upon the experiences of a small sample of direct beneficiaries of AHP Phase III interventions across Camp 4, Camp 14, Camp 15, Camp 22, Mathpara (Teknaf), Mohaskhali (Cox's Bazar), Sonarpara (Ukhiya), and Tolatuli (Ukhiya), as well as case studies collected throughout the three-year program. This does not convey the full scale of impact or reach of AHP Phase III, nor does it reflect the entire experience of people with disabilities in the Rohingya response. The experiences of people with disabilities differ significantly. This report gives a small indication of what a program like AHP Phase III can achieve and the impact that can be made – even with serious budget constraints, a COVID-19 emergency and complex humanitarian conditions.

Over the first half of 2023, the Disability Inclusion Technical Unit (CBM and CDD) conducted field monitoring activities with the six AHP agencies to assess and further understand access to services and participation of people with disabilities in AHP Phase III. Twelve focus groups were conducted over April and May 2023 to explore achievements

and challenges of progressing disability inclusion in AHP Phase III. The 12 focus group discussions involved 119 people with disabilities and their caregivers across different camps and host communities and explored outcomes across Basic Needs, Self-Reliance, Resilience and Reform including WASH, Education, Health, Protection, and Livelihoods. The data collected from the 119 project beneficiaries (53% female, 47% male, nine children and eight caregivers) in 2023 indicated positive levels of change.

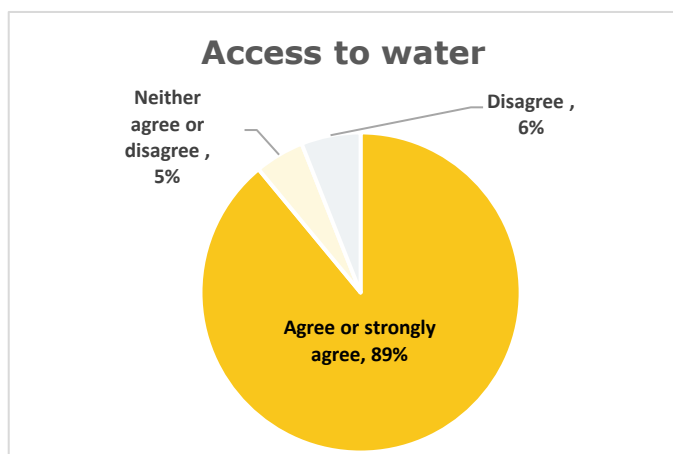
## Key findings

**An improved situation? 85 of 107 (79%) people with disabilities and caregivers agreed or strongly agreed that the situation has improved for people with disabilities over the last year.**



107 people reflected on the overall situation for people with disabilities. Just **over half (51%) strongly agreed that the situation for people with disabilities has improved over the last year**, with an additional 28% agreeing it has improved. However, 18% neither agreed nor disagreed, highlighting for some people with disabilities their situation is yet to be changed or improved. For 3% living in the same camp, there had been no significant improvement.

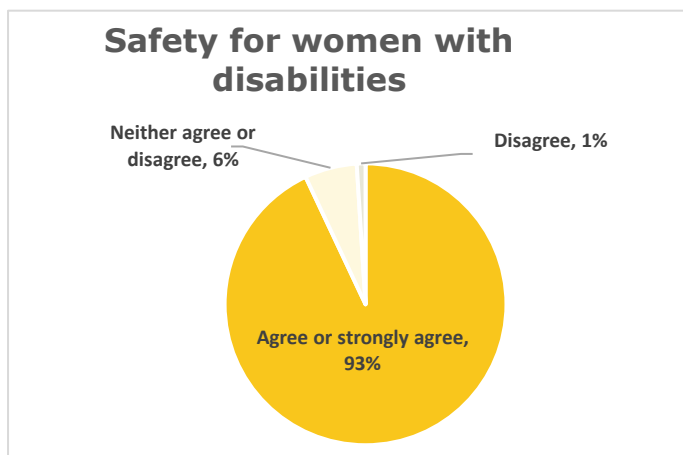
**Better access to water and sanitation? 90 of 108 (89%) people with disabilities and caregivers agreed or strongly agreed access to water and sanitation facilities has improved significantly.**



108 people reflected on access to water and sanitation, with 65% of respondents strongly agreeing that access to water and sanitation facilities has improved significantly. An additional 24% agreed with the statement. Again, there was an indication for 11% that their access had not improved or that water and sanitation is still inaccessible. The majority of those who reflected access had not improved were based in the same host community in Ukhiya, potentially due to a lack of WASH activities in this community.



**Safety for women with disabilities? 26 of 29 (90%) women from female-only focus group discussions agreed or strongly agreed that women with disabilities generally feel safer in the community.**



Of these 29 women, 26 agreed or strongly agreed that women with disabilities feel safer in the community. Three women reflected they do not agree or disagree. Of the total 75 people from mixed focus groups and female-only focus groups who reflected on safety, **93% agreed that women with disabilities generally feel safer in the community than they did a year ago.** For 7% they did not notice any change in feeling of safety or disagreed that women with disabilities feel safer.

**Significant changes identified by people with disabilities include accessibility, a shift in mindsets and attitudes, and an increase in participation and voice.**

Accessibility	Attitude/stigma	Participation and voice
<p><b>Accessible pathways</b> to water points and toilets, or now not having to go as far for health services.</p>	<p><b>Shifts in community thinking and attitudes,</b> resulting in more respect from the community, as well as family members.</p>	<p>Through participation in livelihood activities this has enabled <b>financial stability,</b> as well as opportunity to send children to school, resulting in positive impacts for household dynamics.</p>
<p>Receiving an <b>accessible latrine or having accessible toilets nearby, resulting in better hygiene.</b></p>	<p><b>Increasing involvement in different activities, not only NGO activities but also social and community activities</b> due to growing understanding that people with disabilities have the right to be fully included.</p>	<p>Being able to attend meetings and awareness sessions where people with disabilities <b>can now share their opinion</b> compared to before when no one would include them or listen.</p>
<p>Improved access to essential resources and services such as an <b>accessible health centre,</b> as well as medicine.</p>	<p><b>Reduction in bullying and discrimination of adults and children with disabilities</b> through education and awareness-raising activities.</p>	<p>Having <b>a voice to advocate, through the mobilisation of SHGs and DSCs,</b> including government recognition.</p>
<p><b>Development of skills through access to education and/or livelihood activities.</b></p>	<p><b>Self-respect and confidence improved and increased,</b> including positive changes in behaviour for children now leaving the house to go learn.</p>	<p><b>Communities involving people with disabilities in livelihood activities,</b> and they can manage their own costs by doing different income generating activities (IGAs).</p>



# AHP III Interventions: experience and impact

This summary provides an overview of the reflections of 119 people with disabilities and/or their caregivers who were involved in AHP Phase III interventions, as well as additional case study data collected throughout the AHP Phase III program.

## Improving basic needs

 Access to community water points	 Access to toilets
 Access to health services	 Access to learning centres/of children with disabilities out of learning centres
 Access to protection services for people with disabilities (GBV, psychosocial support)	 Access to information on protection, child marriage, child abuse child protection, anti-trafficking, and physical/ domestic violence

## WASH: Improving access to water points and toilets



People with disabilities have the same, if not greater, need for water and sanitation compared to people without disabilities but some people with certain types of impairments face challenges in accessing latrines and water points. **Four of the six AHP partners (World Vision, EKOTA, CARE and Oxfam) implemented WASH interventions to improve latrines and bathing cubicles to increase durability and quality, ensure safety, privacy and address specific needs for gender, disability, age, and other vulnerabilities.**

**‘I cannot go to the water point because I cannot see.’ – EKOTA beneficiary who has a visual impairment (Camp 4)**

What did this mean for people with disabilities? **In AHP Phase III, the experience of accessing water points and toilets differs.** The lack of smooth and accessible pathways, hilly terrain, broken roads, long distances from homes to bathrooms, slippery surfaces (especially during the rainy season), suffocating toilet space in sweltering heat in the dry season, inaccessible bathrooms, lack of assistive devices, inaccessible tube wells that are difficult to operate, lack of sufficient water and lack of sufficient lighting at night makes it challenging to access water and toilets. People with disabilities are limited in reaching water sources largely due to inaccessible pathways and hilly terrain. In these

cases, where people with disabilities are restricted from accessing water and toilets, they often must rely on assistance from family members, volunteers, or neighbours. For some people with disabilities, toilets and water points have been modified or installed closer to home enabling accessibility, but for others, significant environmental challenges still exist.



Credit: AHP Phase III Communications & Advocacy Working Group

In some households, modifications have been made to toilets to make them accessible for people with disabilities. These modifications include the installation of ramps instead of stairs, grab bars, handgrips, handrails, and the provision of a toilet chair and sanitiser. **In Camp 22**, one woman with a disability who uses a wheelchair reflected that Oxfam and Dustho Shasthya Kendra (DSK) modified her toilet with these features. **In Camp 15** where CARE is providing WASH interventions, one parent of a child with a disability reflected that previously their son could not use a toilet on his own, but now since CARE and Organisation for the Poor Community Advancement (OPCA) installed an accessible toilet, their son can use the bathroom independently. Similarly, another person who works as a caregiver shared their daughter needed someone to carry them to the bathroom, but now only needs a little help as OPCA provided a toilet chair and set a guardrail for the toilet.

AHP partners have made accessible pathways near toilets, however people with physical and visual disabilities often require support from neighbours or relatives for accessing toilets due to inaccessible pathways from their home.

**'I am using a one-point [walking] stick for going to the toilet. The road has broken, it's hard to reach the toilet.'** - Oxfam beneficiary (Camp 22)

Mr. Kala Miah, a 63-year-old man with a physical disability, living in Teknaf needed his family members to support him in performing daily activities, including going to the bathroom and using an inaccessible latrine. Oxfam's implementing partner NGO Forum (NGOF) with on-site technical support from CBM and CDD, was able to install an accessible latrine near his home. Since having access to this latrine Mr. Miah can now go to the bathroom independently.

'I never thought I would be able to do my own work like before. Now I can go to the latrine without any support, even at night, because of the solar light. They gave me a toilet chair, so I can sit without any difficulties, and I can complete all the toileting activities independently.'- Mr. Miah

In addition, Mr. Miah's son shared 'they [NGOF, Oxfam's implementing partner] consulted with my father before installing the latrine. We are really happy to see that, now my father can independently do the toileting by installing this type of [accessible] latrine.'

## The greatest barrier for people with disabilities accessing water points and toilets is accessibility.

For some people who cannot access toilets, they have adapted by making their own toilets near their houses. One person shared they made their own toilet and simply covered it with a blanket as it is too hard to go to an accessible toilet from their house, due to it being too far away.

**‘I need help for using the toilet, sometimes it’s hard to take support from others.’ – World Vision beneficiary with a visual impairment in a Ukhiya host community**

AHP partners continue to work to address the barriers and difficulties in building accessible toilets including space constraints and construction restrictions. People with disabilities shared the need for accessible pathways, the installation of handrails, higher commodes, and adequate door width.

**‘The pathway is not accessible; I need two people for going to the toilet.’- EKOTA beneficiary who has a physical disability (Camp 4)**



Credit: AHP Phase III Communications & Advocacy Working Group

Fatema is a 13-year-old girl who has a physical disability and speech impairment, living in Camp 15 with her family. Fatema was unable to move without the support of her mother. Fatema had to use an inaccessible latrine and relied on her mother to take her to the latrine and go to the bathroom. Through AHP Phase III, CARE Bangladesh installed an accessible latrine for her family. Now after receiving an accessible latrine, Fatema’s mother only needs to help her reach the latrine, with Fatema now able to go to and use the toilet independently. Fatema’s 55-year-old mother, Morium, shared that ‘earlier I used to take Fatema to the latrine, help her to sit on the toilet pan and I was waiting in the latrine until the end of her toilet activities because she didn’t sit independently. I also helped her with cleaning after toileting. After getting this type of latrine [accessible latrine] I have only need to reach her to the latrine. Now she can do the other toilet activities independently. Even if I go out of the house, I don’t have to worry about Fatema.’

Improving water points, toilets, and bathing facilities for people with disabilities in the community involves increasing the number of latrines, providing sufficient water supply, establishing bathing rooms, addressing menstrual hygiene needs, enhancing volunteer facilities, ensuring accessibility, addressing specific challenges such as mosquito control, and coordinating efforts between organisations.





## Supporting people with disabilities to be independent

Camp 15 is the most populated Rohingya camp in Cox's Bazar, Bangladesh. There are 11,054 households and around 54,574 people living in eight blocks and 102 subblocks.<sup>1</sup> According to the REACH survey on Age and Disability Inclusion Needs Assessment, the disability prevalence rate among individuals aged 2 and above is 9%.<sup>2</sup> It was reported that 83% of people with disabilities aged 15 and above used inaccessible public latrines and 14% of people with disabilities used inaccessible private latrines in the camp.<sup>3</sup> It was further reported that 34% of people with disabilities are unable to use the latrines without support from others.<sup>4</sup>

Under WASH activities, CARE has focused on upgrading tube well platforms, gender-separated latrines, bathing cubicle construction, bathing cubicle repair, solid waste management, awareness sessions, distribution of hygiene kits, menstrual hygiene kits and buckets with lids for disposal, and WASH committee activities. There are now five inclusive latrines installed by CARE Bangladesh under the AHP project at Camp 15. CDD and CBM visited the CARE WASH activities in Camp 15 and provided on-site technical support for ensuring the latrine installation work was inclusive. Following the installation of five accessible latrines, community members reported that people with disabilities can now independently complete their toilet activities. Before people with disabilities required support to complete their toilet activities.

## Establishing accessible health services for all



Save the Children and CARE are the two AHP agencies providing significant health interventions in AHP Phase III. People with disabilities require access to the same mainstream health care as people without disabilities. They may also have healthcare needs that are specific to their impairment or health condition. Disasters and conflict can also result in injuries, psychological distress, malnutrition etc. that may result in impairments leading to long-term disability. People with newly acquired disabilities will require access to rehabilitation and the provision, fitting and training in the use of assistive devices to increase their functioning, as well as psychosocial support. Women and girls with disabilities additionally face prejudice and discrimination and systemic exclusion from sexual and reproductive health care services.

**For people with disabilities, access to health services has been a challenge but modifications have been made to**



Credit: AHP Phase III Communications & Advocacy Working Group

<sup>1</sup> <https://data2.unhcr.org/en/documents/details/91305>

<sup>2</sup> Age and Disability Inclusion Needs Assessment-Rohingya refugee response-May 2021

<sup>3</sup> Age and Disability Inclusion Needs Assessment-Rohingya refugee response-May 2021

<sup>4</sup> Age and Disability Inclusion Needs Assessment-Rohingya refugee response-May 2021

**make health services more accessible. This has meant people with disabilities can access and receive the services they need.**

In Camp 14, people with disabilities shared previously there was a lack of access to health services, particularly sexual and reproductive health services for people with disabilities. With CARE's OPCA health centre now closer to their home, they have been able to better access health care. For those who are unable to visit the health centre, they can obtain health care and sexual and reproductive health care through OPCA's community outreach programs. In addition, there is the 'human ambulance' volunteer service that enables people with disabilities to go to service locations to access health services. There is an ongoing need for these services to continue.



Credit: AHP Phase III Communications & Advocacy Working Group

**'When I did not come to the centre because of severe disease, volunteers help me to come to the centre.'** – CARE OPCA Health beneficiary (Camp 14)

**In Camp 4**, Save the Children has modified its health post to make health services more accessible. For one participant, they reflected it had been difficult to enter the health centre but since building a ramp they are now able to better access the centre. Similarly, others shared that widening the width of the door, ramps, sitting arrangements with a fan and signage have all been beneficial modifications to improve access. However, some people with disabilities still need support to come to the health centre due to how far away the centre is or because the pathway to the health centre is not accessible. **These physical barriers prevent people from accessing health care.**

People with disabilities shared they have been able to access health services, medicine, physiotherapy, assistive devices such as toilet chairs, walking sticks, and lumbar corsets. Some people with disabilities reflected they can now also access reproductive health services.

After accessing health care, people with disabilities reflected they have seen changes. Access to medication or physiotherapy has made them more active than before.

'My daily functional activity has improved now.'- Save the Children Health Post beneficiary



## Education: Ensuring access to learning centres



World Vision, Plan and Save the Children are working in AHP Phase III to provide better access to learning for children and adolescents with disabilities. Children with disabilities encounter additional barriers to access, such as a lack of ramps, steep and rough terrain, as well as the unavailability of inclusive teaching-learning materials. Barriers for children with disabilities accessing education during emergency response and recovery can include: negative attitudes from teachers, other students and parents; a lack of teachers including those with an understanding of inclusive education or specialised support for those with particular impairments (e.g. vision or hearing impairment); lack of accessible transport to reach schools or temporary learning facilities; and children and adolescents with disabilities may also lose their assistive devices in an emergency and displacement situation.

What have AHP interventions meant? **Getting children with disabilities into schools and out of isolation, families being supported by their communities, and more time for parents to dedicate to work and to maintaining the home. Children who accessed the early childhood development centres were much more advanced in their understanding and socialisation for primary education, compared to children who had not attended the learning centres.**



Credit: AHP Phase III Communications & Advocacy Working Group

**In Sonarpara, Ukhiya host community where World Vision has established a learning centre,** parents shared that after building this centre, children with disabilities are getting the chance to come and learn with children who do and do not have a disability.

Parents reflected the eagerness of their children to go to the learning centre and some shared that their child's communication skills have developed and improved as a result.

**'My child woke up early morning and after completing breakfast [they] want to go the centre but the centre didn't open on that time but they eagerly waiting to go there.'** – Parent of a child with a disability attending a World Vision Learning Centre in Ukhiya

Parents shared they are satisfied with the quality of learning and education for children with disabilities. Some shared children with disabilities have received walkers, special shoes and other assistive devices. In addition to assistive devices, it was reflected that accessible WASH facilities and ramps have been built and that teachers are giving attention to children with disabilities.



Yasmina is a 12-year-old girl (pictured above) with a physical disability living with her family in Ukhiya. Before the establishment of World Vision's learning centre in the host community, there was limited opportunity for children to access learning centres. Yasmina's mother shared that World Vision has made such an impact for them. World Vision sourced a wheelchair for Yasmina, so her mother does not have to carry Yasmina to the centre, and further sourced a custom chair for her to use in the classroom. Teachers and facilitators have been trained to teach and include children with disabilities in the centre. Additionally, a community has been fostered with parents volunteering and supporting facilitators in the classroom. One mother reflected 'all the children are my children. There is safety and security here. They are safe here. They learn here. They are all our children'.

Yasmina's mother reflected that Yasmina is happy here. She rushes her mum out the door to take her to the learning centre. One other parent reflected the children like school more than they like their parents! That being said, parents reflected they needed this 10 years ago. It has been so important for the children, but also the parents and the community.

**In Mathpara, Teknaf education and learning centres are not accessible to some**, particularly for children with intellectual disabilities. There are barriers that prevent children from coming to learning centres including muddy roads or road-crossing difficulties, as well as attitudinal barriers such as lack of awareness by family members and neglect, which hinders children with disabilities from coming to learning centres.



**'There is one learning centre within 3 wards, but it will be great if each ward might have one learning centre.'**- Parent of a child with a disability based in Teknaf

Plan's interventions are providing opportunities through their learning centre for play activities, raising awareness on the rights of people with disabilities and early learning opportunities before school.

Noor is a 16-year-old girl who has a disability and was previously not given any opportunity to join learning centres. When Plan established a community-based youth club, Noor was finally able to participate with her peers. For an adolescent learner like Noor, after participating in youth club activities her physical and mental health improved. Noor now has the opportunity to learn and socialise with girls the same age as her.



Credit: AHP Phase III Communications & Advocacy Working Group

**In Camp 14**, through Save the Children and Young Power in Social Action (YPSA) education interventions, parents of children with disabilities shared their children are now accessing education services. Parents reflected that learning centres were not always available and now children can access education and increase their knowledge. Children also receive pens, water bottles and school bags.

**‘When this learning centre wasn’t here children waste their time for gossiping, playing and different unnecessary chores but now-a-days they use their time to increase knowledge.’- Parent of a child with a disability accessing Save the Children and YPSA Education intervention in Camp 14**

One parent reflected their child who has a disability has been able to increase their knowledge and learn, and another reflected their son’s behaviour has changed since coming to school, as they no longer quarrel with other children. A community has been developed as if a child is enrolled and they do not come to school, teachers go and check on the children in this community. In addition to education for children, parents have opportunities through meetings arranged by YPSA to attend awareness programs relating to protection, as well as capacity-building opportunities.

**Depending on the context – camp or host community – there are challenges with what can be achieved such as building accessible bathrooms on site, building play areas or playgrounds, and ensuring there is enough space in centres for the number of children.** People with disabilities see the need to improve accessible toilet facilities, space and ventilation of learning centres, and opportunities for learners to learn English.

## Protection: Important information and services for all



AHP partners (World Vision, Plan, CARE, Oxfam and Save the Children) incorporate protection activities in to their interventions. People with mobility restrictions caused by socio-cultural or physical limitations, such as the elderly, people with disabilities, adolescent girls, female-headed households, transgender populations and other diverse groups face heightened protection risks.

**Many people with disabilities reflected that they can access protection services and information, although barriers still exist for some. In the context, ensuring these services are available to all is very important, especially for the most marginalised groups. AHP partners have worked to ensure access.**

Men, women and parents of children with disabilities shared that through World Vision’s interventions they can discuss child marriage, child protection and child abuse. In learning centres, teachers discuss and raise awareness with parents of learners with disabilities on issues such as child marriage, child protection, child abuse and anti-trafficking related issues. Youth clubs have also discussed physical violence, domestic violence, child marriage, child protection, child abuse and anti-trafficking with adolescent learners.



Credit: AHP Phase III Communications & Advocacy Working Group

**‘Sometimes I share with my child about anti-trafficking and child related discussion.’- Parent attending protection programs in Ukhiya**

**‘This protection related awareness program needs to continue. It will also be great if Save the Children-YPSA arrange rehabilitation service, assistive device like walker, hearing aid.’ – Parent of a child with a disability accessing Save the Children and YPSA Education intervention in Camp 14**

It was reflected that people with disabilities have equal opportunity and access to the services provided by Plan. Although there are varying experiences regarding access to information. In terms of barriers, people with hearing, speech, psychosocial or cognitive disabilities can have difficulty accessing information due to language or communication difficulties. Through awareness sessions, people have noticed a reduction in child marriage reflecting ‘previously early marriage is common but now it has reduced’. Similarly, parents are giving equal care to their children.

**‘We are giving equal importance to both our child [girl and boy].’- Parent attending protection programs in Teknaf**

In terms of access to protection services through CARE’s interventions, people with disabilities shared their experience using the case management, psychosocial services and GBV awareness services offered by the Women and Girls Safe Space (WGSS). When psychosocial support and GBV-related support are needed, it is known to communicate with MUKTi santi khana’s specific person (caseworker). People with disabilities know they need to visit the WGSS and speak to a case worker if they want to submit a GBV report. By attending WGSS awareness-raising sessions, people with disabilities have been able to access information on topics such as child marriage, child protection, child abuse, anti-trafficking, physical violence, and domestic violence. They specifically shared learning about the negative effects that child marriage has on their children. Also raised was the difficulties people with hearing impairments face accessing this information. WGSS staff use pictures to communicate the subject matter to ensure the information is accessible to all.

In the community where Oxfam is providing interventions, access to protection services such as GBV support and psychosocial support for people with disabilities varies. Some individuals are aware of these services and know they can file complaints with the Maji (community leader), Camp-in-Charge (CiC) Officer, and volunteers. Though there have been cases in which the Maji has taken money and done nothing. Access to information on protection issues, including child marriage, child protection, child abuse, anti-trafficking, physical violence, and domestic violence differs for people with disabilities. Some people with disabilities are aware and know they can report incidents to the CiC. It was reflected that some people with disabilities may face barriers in accessing information properly, such as those with hearing impairments or cognitive disabilities.

Those involved in Save the Children interventions reflected they now know about child abuse, child marriage, sexual abuse, child protection and anti-trafficking through the awareness programs available, however, protection-related awareness programs need to continue.



## Safe spaces

Sisters Asmida (26), Muslima (20), and Jaytun Ara (18) fled Myanmar in 2017 amid the Rohingya genocide and have been living in a displaced persons camp for five years. When Asmida was a young girl, she lost her ability to speak after an accident. Muslima and Jaytun were born deaf and are unable to communicate verbally. The Women and Girls Safe Space (WGSS) operated by World Vision in Cox's Bazar has expanded that world and released the sisters' creativity and handicraft skills. The sisters make handicrafts, sew clothes, and talk amongst themselves using home signs. Now their modest home is decorated with embroidery and crafts. At the WGSS, the sisters have learned nakshi khata, a traditional Bengali style of embroidery, as well as how to use sewing machines to create various handicrafts, like pillow covers. When they are at home, they spend their spare time working on their crafts. For oldest sister Asmida, attending the WGSS has also led to her becoming a member of the local Community Watch Group. Through this work, she regularly visits other households in the camp to listen to any problems and shares information on child marriage, human trafficking, and gender-based violence using sign language and printed information materials.

Before, family members did not permit the sisters to go outside independently, leaving them isolated and bored. 'Although they couldn't fully express their feelings, as a mother, I understood what was happening in their mind; they became depressed more frequently after they reached puberty. I was tense about their mental health but could not do anything for them,' said Nur Bahar, their mother.

Nur Bahar heard about the WGSS, run by AHP partner World Vision in a meeting. After visiting the centre, she decided it would be the right place for the sisters to gain skills and meet new friends. 'When I visited the WGSS, I saw women and adolescents were receiving training on making handicrafts and sewing in a very safe environment. I took a decision immediately to send my daughters to WGSS so that they could be engaged in some activity that would prevent depression,' she said.

The WGSS and accompanying mobile psychosocial support services for people with disabilities, supported through the AHP, aim to provide new opportunities for women and girls, including those with disabilities, to live happy and fulfilled lives.

Asmida, Muslima and Jaytun benefitted significantly from structured psychosocial support delivered through the WGSS and have also had the opportunity to learn about protection issues such as gender-based violence, human trafficking, the negative impact of child marriage, and how to report and get help.

'Our trainers use flip charts and other communication materials specially designed for people with hearing and speech disabilities in the WGSS to make the sessions more inclusive and accessible,' said Elias Murmu, AHP Consortium Manager for World Vision in Bangladesh. 'This creates access for people with disability and they are now contributing to and sharing information with their families as well as in the wider community.'

World Vision works closely with CDD and CBM for technical assistance to continue improving communication with people with hearing and speech disabilities.

## Building self-reliance and resilience



Access to Income  
Generating  
Activities/Life skill  
activities/DRR



Cash-transfers/  
food/cash for work

## Life Skills and Income Generating Activities



Plan, CARE and EKOTA worked to engage people with disabilities in livelihood activities and trainings. Around the world, people with disabilities of working age have very high unemployment rates. Attitudinal barriers can mean that the abilities of people with disabilities are widely neglected and they are discriminated against when seeking employment. People with disabilities can also be left out of skills development programs and activities due to barriers including physical accessibility of training venues; lack of accessible communication; lack of availability and high cost of transport and (where required) support persons; lack of self-confidence or family support; and inability to meet any required pre-requisite basic literacy and numeracy skills due to barriers experienced in childhood or life-long educational opportunities.

**Livelihood activities are helping people with disabilities become independent and respected in the community. People with disabilities establishing their own businesses is breaking down social stigma and negative attitudes.**

There can be challenges though for people with different types of impairments in engaging in livelihood activities. **There is need to increase disability awareness and improve work opportunities for people with disabilities.**



In Mathpara, Teknaf, people with disabilities have access to and sufficient resources and support in livelihood activities established by Plan. Livelihood activities have included farming, livestock, and fish drying businesses. People with disabilities have also received training on IGA/life skills. For every intervention, Plan provides support on ensuring accessible infrastructure.

Credit: AHP Phase III Communications & Advocacy Working Group

## Livelihoods for all

Salina is a 22-year-old girl who has a speech and hearing impairment and lives with her family at Baharchara union, Teknaf, Cox's Bazar. Her father also has a physical impairment. Salina's father was the only earning family member, making it difficult to maintain living costs. After a while, Salina was considered a burden in the family because she was yet to be married off and could not participate in any earning activities. When Friends in Village Development Bangladesh (FIVDB) and Plan International Bangladesh started the livelihood activities at Baharchara union, Salina received 20 thousand takas for involvement in small business and income-generating activities in December 2021. Salina decided that she would use this money for chicken farming in front of her house. Now, taking care of her farm independently, Salina is also an earning member of her family and uses the profit for herself and her family. Now, she is respected in her family, and she can contribute to decision-making.

CDD-CBM provided technical support to PIB and their implementing partners on how to identify people with disabilities, how to communicate with them, and how to involve people with disabilities in livelihood activities and provide on-site support for ensuring disability inclusion in the livelihood activities.

Through EKOTA Rangpur Dinajpur Rural Service (RDRS) interventions, opportunities are provided to people with disabilities to access and engage in different types of IGAs. After getting funding support from RDRS, people with disabilities are developing different small-scale businesses. Various trainings provided by RDRS are helping to increase knowledge on livelihoods. People with disabilities are receiving training from RDRS on raising goats, poultry farming and life skills, thus building farming skills and business knowledge. After getting support from RDRS, people with disabilities are now thinking about how to increase their assets.



**'We are doing IGA activities based on our own preferences, can manage our own costs, and are able to maintain the family and education costs of children and feel independent. It would be great if we can get more support for investing in our individual IGA activities.'** – EKOTA RDRS beneficiary



RDRS has provided some funding to people with disabilities for IGA activities and under DRR activities have provided trees to beneficiaries. Some IGA's receive money by *bKash* payment. RDRS beneficiaries did not report facing any challenges in getting cash. All participants shared that they could access and maintain their own costs by themselves. They do not face any restrictions from anyone.

Similarly, CARE engaged people with disabilities in Cash for Work activities under WASH and Disaster Risk Reduction activities and provided life skills training through Gender-Based Violence interventions.

Increasing funding for income-generating activities and access to assistive devices would further benefit livelihood activities.

In Ramu Upazila, Mr. Tipu who has a physical disability received livelihood assistance from Oxfam and DSK. Through this support Mr. Tipu was able to set up his own mobile banking store. Previously, Mr. Tipu did not have any earning source. However, after receiving livelihood assistance from Oxfam and DSK, he can support not only himself but his family too. Currently, his monthly earnings are enough to meet his



family expenses. This has enhanced his confidence in himself and earned him the respect of his community.

## Ensuring reform in humanitarian systems



**Consultation and engagement – A voice**



**Awareness and respect**

Ensuring people with disabilities have a voice and are active participants in humanitarian interventions is crucial to ensuring no one is left behind. There are increasing efforts in the humanitarian sector to ensure that affected communities have a greater voice, and that no one is left behind in humanitarian action.

**People with disabilities have found they are consulted and given equal opportunity to make decisions about project activities as other people without disabilities. People with disabilities reflected they have seen a change in attitudes in their community.**

Previously, people in the community bullied, teased, and did not respect people with disabilities, but following AHP interventions these negative actions are reportedly reducing through awareness raising and education. Discrimination and bullying still occur, highlighting the importance of continuing to sensitise and raise awareness in the community.

- In Save the Children interventions, people with disabilities shared that staff discuss and respect their opinions regarding education services and have been given equal opportunity to make decisions about health service project activities.
- People with disabilities in Oxfam interventions shared Oxfam and their partner DSK make efforts to include people with disabilities by actively reaching out to people with disabilities to join meetings or ensure they are aware and can access services.

**‘Some can attend, and some cannot attend the community or NGO meeting. In case of project activities, they get equal opportunity, but community people sometimes neglect their opinion.’ – Oxfam beneficiary (Camp 22)**

- In Plan interventions, people with disabilities shared that at the community and household level, they have equal opportunity to make



Credit: AHP Phase III Communications & Advocacy Working Group

decisions about project activities as people without a disability. There have been opportunities to attend important meetings about access to water and toilets, livelihoods, food for work, education, GBV and protection.

- Before building the learning centre, World Vision consulted people with and without disabilities. People with disabilities reflected at the household and community level that they are consulted/given equal opportunity to make decisions about project activities. One respondent shared that World Vision first informed us that people with disabilities have the right for voting.



**‘Our involvement in this intervention has increased [due] to different activities such as social activities and other NGO activities.’- World Vision host community project beneficiary in Ukhiya**

- People with disabilities reflected staff from EKOTA and RDRS discuss and respect their opinions regarding the IGA activities the same as they do for people without disabilities.
- Women with disabilities engaged in CARE’s interventions shared that they were consulted before project activities were designed or if there was a need to modify those activities.

**‘We can make decisions on what kinds of IGA activities we want to do. This feels like they give us ownership of IGA activities.’ - EKOTA RDRS project beneficiary with a disability**

AHP Phase III strongly committed to the active and meaningful participation of people with disabilities. In doing so, Self-Help Groups, Disability Support Committees and Community Groups were established. A significant success through the formation and advocacy of these groups has been the opportunity for people with disabilities to receive Suborno Nagorik Cards, also known as a Golden Citizenship Card/Disability Identification Card. For people with disabilities who have received this card, it means they can now access various disability-related government services. The Suborno Nagorik Card is essential to accessing such services. Under AHP Phase III, the Disability Inclusion Technical Unit’s Disability Rights Advocate worked closely with SHG members to spread awareness on the importance of this card. The Disability Rights Advocate also worked with the local government service providers such as the Union Parishad, and Department of Social Services to facilitate access to social safety net programs for people with disabilities, including ensuring provision of Suborno Nagorik Cards. This has resulted in a number of people receiving government recognition through this card under AHP Phase III.

### **Empowerment of people with disabilities through Self-Help Groups**

AHP Phase III ensured the active participation of people with disabilities through developing and training Self-Help Group (SHG) members in host communities to conduct accessibility audits of AHP services. Accessibility training for SHG members was conducted with 12 participants on barriers to basic rights and needs, the concept of accessibility, reasonable accommodation, the necessity of accessibility, the difference between accessibility and reasonable accommodation, laws and policies of accessibility, ways of ensuring accessibility and how to conduct accessibility audits. With the technical support of CBM and CDD, EKOTA and PIB are continuing the capacity-building initiatives of SHG members. As a result of the capacity building of

the members, SHG members can now independently do accessibility audits to ensure accessible learning centres, accessible WASH facilities etc. Md. Hasim, an SHG member reflected, 'A person with disability can do the similar things like person without disabilities. We just need motivation and opportunity to do that.' Additionally, under AHP Phase III, CARE, Oxfam and World Vision worked with Disability Support Committees (DSCs) in the camps. The AHP Phase III Disability Inclusion Technical Unit supported two Disability Support Committees through training. **In total, 13 SHGs and DSCs were supported, engaging over 150 people with disabilities in awareness-raising activities on the rights of people with disabilities and skill development training.**

AHP Phase III also empowered SHGs to advocate to the Department of Social Services. The SHG Advocacy program with the Department of Social Services (DSS) for implementation of UNCRPD-SGDs and Rights Protection Act, 2013, saw a total of 43 participants attend this advocacy program from the DSS of Cox's Bazar, as well as 18 members of SHGs who have a disability. The session informed the DSS of the activities of CDD and CBMG for people with disabilities in this humanitarian context, sharing the implementation of UNCRPD-SGDs and the Disability Rights and protection act 2013 and sharing the gaps and challenges that people with disabilities are currently facing with relevant authorities. The event was also used to discuss the way forward on how to ensure the empowerment of people with disabilities and find the scope of support that people with disabilities can access from the DSS.

Societal stigma and limited awareness of the rights and capabilities of people with disabilities also affect the participation and treatment of people with disabilities in AHP Phase III activities. It is important to remember that experiences differ, with some people with disabilities not being consulted or given equal opportunities to make decisions about project activities at the household or community level. Attitudinal barriers are a big obstacle, with reflection that there is a need for more awareness activities to increase knowledge and change attitudes and perceptions within the community. In addition to attitudinal barriers, physical barriers also prevent people from accessing meetings. It is important that all people with disabilities can attend meetings and actively participate in discussions that impact them. There was further reflection that rehabilitation services and assistive devices may help people with disabilities participate better in that regard. People who have hearing or speech impairments do not have the opportunity to participate meaningfully and give their opinions openly. Additionally, due to physical restrictions, some women face barriers in accessing information about gender-based violence (GBV) and sexual and reproductive health (SRH). These experiences need to be addressed and support made available.

People with disabilities reflected they can access complaints and feedback by mobile phone call, suggestion box and meetings, as well as directly with staff when they come to discuss project activities. It was reflected that humanitarian actors give equal respect to people with disabilities, and though there is opportunity to attend community meetings the experience differs for people with disabilities. **Accessibility was noted as the greatest issue for people with disabilities**, such as the location and severe physical barriers preventing attendance during community meetings, consultations or receiving information. Humanitarian actors need to ensure information is accessible.



## Conclusion: Progress that matters

Through the uptake of the Washington Group Questions, the efforts to make services accessible and the establishment of Self-Help Groups, the AHP agencies and their implementing partners have progressed disability inclusion greatly, with recognition of the individual experience that people with disabilities face. AHP Phase III improved the participation of people with disabilities in the processes of the program and improved outcomes for people with disabilities by the identification and tackling of barriers. It meant recognition of the daily barriers faced in accessing water, going to the bathroom, access to health, getting to school, and being included in livelihood activities.

AHP Phase III has set the foundation for mainstream organisations and their implementing partners to continue to build on the disability inclusion progress that has been made. Partners have identified and actively worked to include people with disabilities in AHP Phase III interventions. AHP agencies are better equipped to address and reduce barriers to ensure that people with disabilities actively participate in humanitarian activities. People with disabilities have received life-changing assistive devices, health services and WASH facilities have become more accessible, livelihood interventions opened opportunities up for people with disabilities, and children with disabilities are being included in education interventions in AHP Phase III. AHP Phase III reduced stigma and gave a voice to people with disabilities.

**However, there are still many people with disabilities who need to be reached, and there are still many barriers that need to be addressed in order for all interventions to be accessible and inclusive.**



Credit: AHP Phase III Communications & Advocacy Working Group