



Protection Mainstreaming Training

Age and Disability Inclusion

Presented by – Md. Jahangir Alam
Head of Party ,
HelpAge International, Bangladesh

About Age and Disability Working Group (ADWG)

Purpose of ADWG:

To promote an inclusive humanitarian response toward Persons with Disabilities (PwD) and Older Person (OP) in the Rohingya camps and host communities in Cox's Bazar, Bangladesh

There are 4 core members, and more than 30 general member organizations are under ADWG:

**Handicap International-Humanity & Inclusion (HI),
Christian Blind Mission (CBM),
Centre for Disability in Development (CDD), and
HelpAge International (HAI)**

Key Activities of ADWG



- Conduct study to know exclusion, Service gaps and challenges of accessibility of PwD and OP
- Disability screening using WG-SSQ, generate Age and Disability disaggregated data
- Advocacy with the Sectors/Actors on Age and Disability Inclusive Humanitarian Response
- Capacity building and technical support

Protection Mainstreaming in HA

Mainstreaming principles, which are fundamental to crisis and post-crisis response:

- 1. Prioritize safety and dignity and avoid causing harm**
- 2. Secure meaningful access**
- 3. Ensure accountability**
- 4. Ensure participation and empowerment**

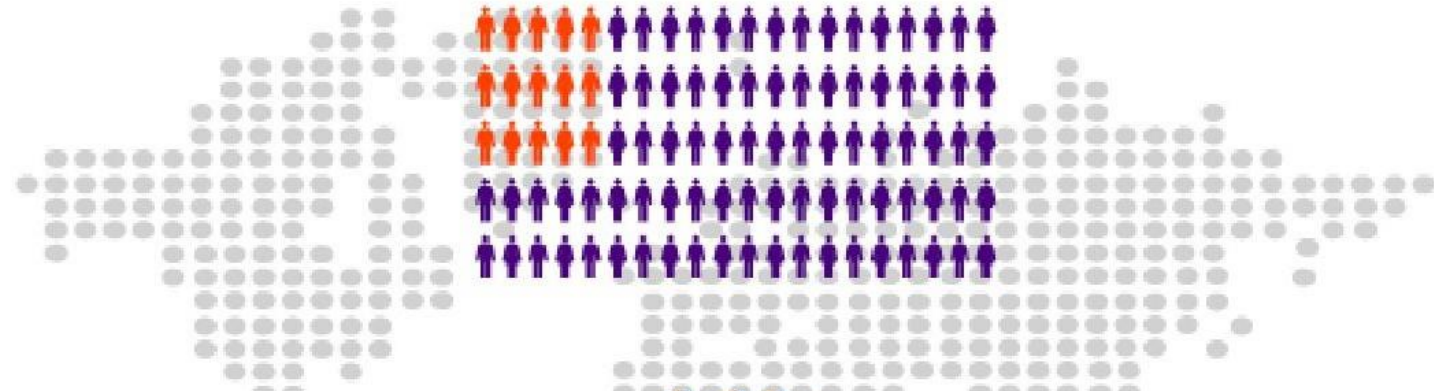


Expectation to Health Actors

Persons with Disabilities (PwD)s and Older People (OP) have safe and dignified access to health facilities, services and supplies.

15%

An estimated 15% of the world's population have a disability.



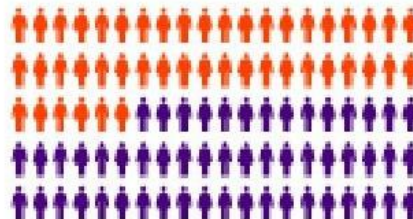
1 in 5

One in five women is likely to experience disability during her life.



46%

46% of persons aged 60 years and over have a disability.



1 in 10

One in ten children is a child with a disability.



(Extracted from: IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, 2019, p 2)

Types of Impairments

Physical

- Difficulty in the performance of body functions e.g. walking and moving arms
- E.g. spinal cord injury, cerebral palsy, amputation*

Intellectual

- Difficulty with language, reasoning, memory, empathy, personal care, etc.
- E.g. Down's syndrome, cognitive impairments*

Sensory

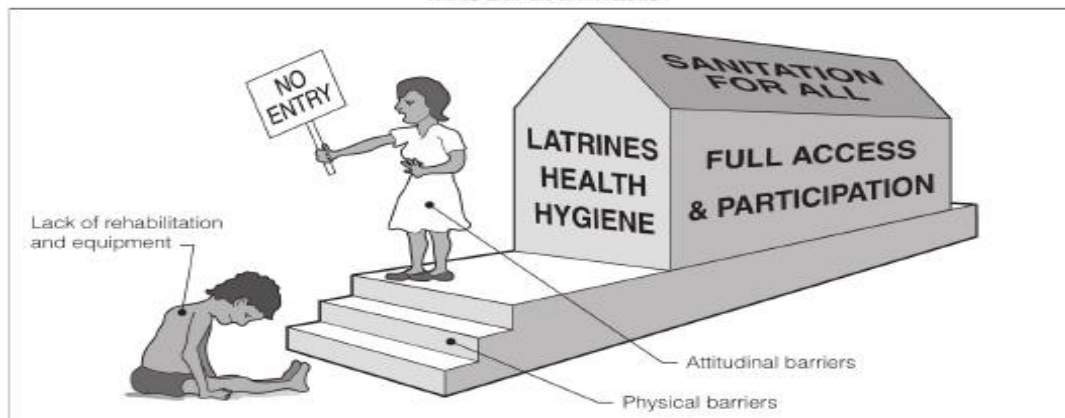
- Vision, hearing, communication
- E.g. people who are Deaf, hard of hearing, blind or have low vision*

Psychosocial

- Chronic severe mental disorders or psychosocial disorders
- E.g. schizophrenia, depression*

Barriers to Inclusion

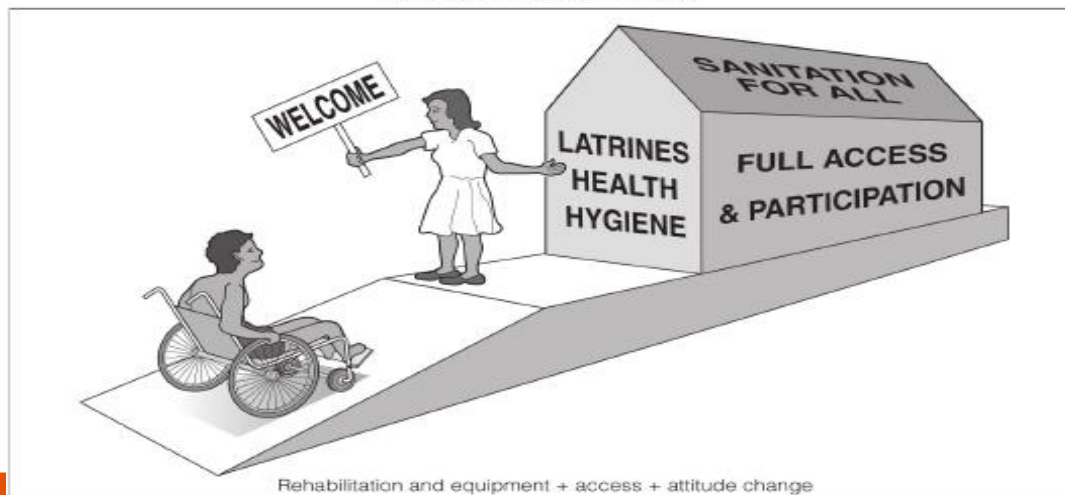
MAJOR BARRIERS



PARTIAL SOLUTIONS



INTEGRATED SOLUTION



Accessibility

Accessibility is best defined as *the provision of flexibility to accommodate each user's needs and preferences*; when used with reference to persons with disabilities, *any place, space, item or service, whether physical or virtual, that is easily approached, reached, entered, exited, interacted with, understood or otherwise used by persons of varying disabilities, is determined to be accessible.*



Statistics on older people and people with disabilities – Rohingya Response, REACH April 2021

*12% of Rohingya refugees aged 2 and above are persons with disabilities
(20% among adults)*

35% of household reporting have at least one person with a disability.

Statistics

Among Children aged 2-4 having 2% of disabilities

Among age group 5-17 having 3% disabilities.

4% of Rohingya Refugees are over 60 years.

51% of them have a disability.

17% of household reporting have at least one person over 60 years old

Barriers

Attitudinal	Negative attitudes that may be rooted in cultural or religious beliefs, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons.
Environmental	Include physical obstacles in the nature or built environment that ‘prevent access and affect opportunities for participation’, and inaccessible communication systems.
Institutional	Include laws, policies, strategies or institutional practices that discriminate against persons with disabilities or prevent them from participating from society.
Communicational/ Information	Includes the information exchange pathway between the service provider and the person with disabilities.

Key findings:
The Needs and Gaps Assessment-OP and
OP with disabilities (50+)

September 2018 & December 2020

Morbidity, Psychological Condition

Morbidity & psychological condition	September 2018	December 2020
Having single or multiple NCD	78%	83%
Joint pain (e.g., arthritis/osteoarthritis)	46%	57%
Hypertension	28%	34%
Severe psychological distress	46%	54%

Nutritional Status

Nutritional Status	September 2018	December 2020
SAM	2%	5%
MAM	15%	14%
GAM	17%	19%

Source: September 2018: Needs and Gaps Analysis older refugee population September 2018

Source: December 2020 Needs and Gaps Assessment-Rohingya older people and older people with disabilities, December 2020

Disability Condition

Physical Difficulty	September 2018	December 2020
Physical Difficulty (single or multiple)	77%	86.7%
Difficulty in single domain	38%	44.4%
Difficulty in multiple domain	39%	42.3%
Difficulty in mobility	68%	67%
Lot of difficulty in mobility	14%	25.7%
Dementia (lot of difficulty in remembering or concentrating)	9%	8.9%
Difficulty in communicating or understanding	40%	36%
Lot of difficulty in communicating	10%	9.3%
Incontinence problem	23%	29%

Protection

Safety feelings

Safety feels	September 2018	November 2020
Do not feel safe and dignity at health center	14%	26%
Do not feel safe at water point	30%	32%
Do not feel safe to use toilet	35%	45%
Do not feel safe to use bathing facility	30%	44%

Violence, Abuse & Neglect (VAN)

Violence, Abuse & Neglect	September 2018	November 2020
VAN	7%	12%
Men	2%	4%
Women	8%	8%

Weakness in Health Programming

- Less Participation of PwD and OP in Problem Identification and Needs Assessment Exercise
- Absence of Disability Screening using WG-SSG
- Inadequate analysis of primary/Secondary data on Chronic diseases and their underlying causes
- Lack of knowledge and skills about tools/techniques of Age and Disability inclusive humanitarian programming
- Inadequate priority and resource for OP and PwD under JRP and GOB essential service list

Weaknesses of Existing Health Services

- Health Facilities are in accessible to PwD and OP
 - Lack of communication of skills of Health Staff with PwD and OP
 - Absence of appropriate medical team consisting Doctor/Paramedics, Rehabilitation Officer and MHPSS Counselor
 - Lack of knowledge and skills of medical staff on chronic disease, dementia, geriatric and palliative care
 - Non-availability of medicine for chronic disease including assistive products
 - Absence of outreach and home-based services to reach OP and PwD we can't avail services from static center because of disability
 - Lack of diagnosis and hospitalization facilities
 - Excluded Older people from Nutrition Intervention

Group work

Group- 1

- Recommendation for OP and PwD in the upcoming JRP

Group-2

- Recommendation for improvement of existing health services to make those accessible, adequate and appropriate for OP and PwD

Group-3:

Recommendation of measures need to be taken for OP and PwD in COVID-19 Pandemic situation

Age and Disability INCLUSION =

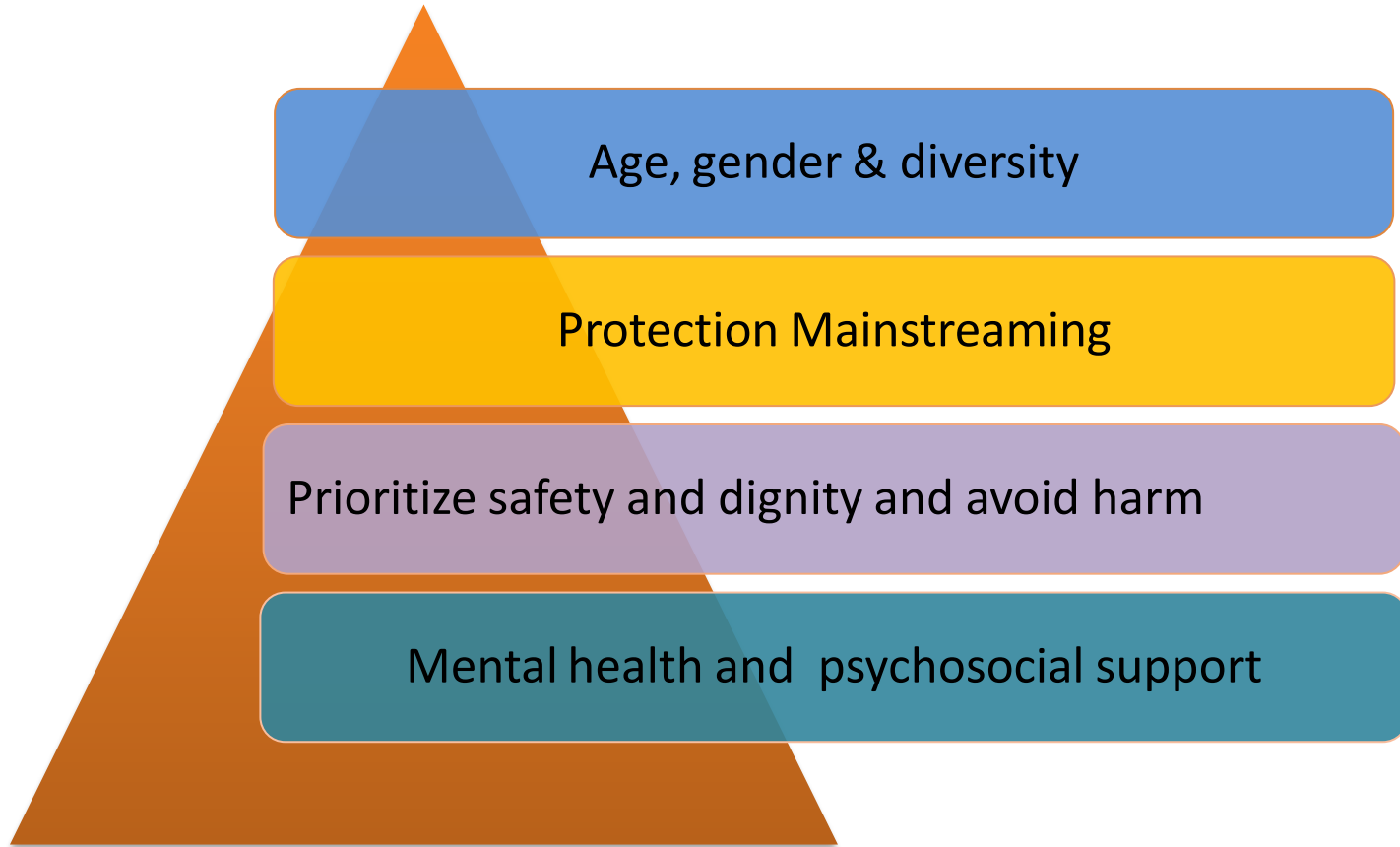
A PROCESS AND AN OUTCOME

Process = persons with disabilities and older persons meaningfully participate in humanitarian action

Outcome = persons with disabilities and older persons benefit equally from humanitarian activities



Cross cutting consideration



IASC guideline: Four Must do Actions

Promote

- Promote meaningful participation

Remove

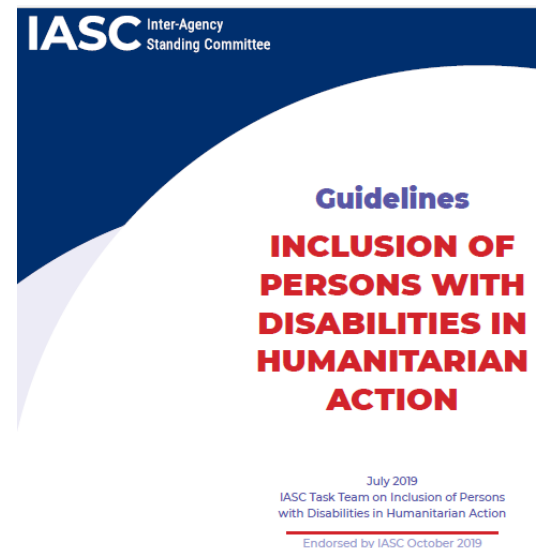
- Remove barriers

Empower

- Empower persons with disabilities;

Disaggregate

- Disaggregate data for monitoring inclusion



Our works in pictures



Some Inclusive work in pictures



Some Inclusive work in pictures



Some Inclusive work in pictures



Some Inclusive work in pictures





Thank You