

Age and Disability Inclusion Needs Assessment

Rohingya Refugee Response, Cox's Bazar, Bangladesh

May 2021

CONTEXT

Over the past four decades, Rohingya refugees have been fleeing in successive waves to Bangladesh from Rakhine State, Myanmar. Since August 2017, an estimated 715,000 Rohingya refugees have fled to Cox's Bazar District, Bangladesh, where approximately 860,000 refugees are now residing in 34 camps in Ukhiya and Teknaf Upazilas.¹ In response to the refugee influx, national and international organisations have been delivering humanitarian assistance alongside the government of Bangladesh. In this context, the meaningful and dignified inclusion of individuals across all age groups and persons with disabilities has been incorporated into successive Joint Response Plans in 2019 and 2020.² However, while the heightened risk of persons with disabilities and older persons is generally recognized by affected populations and humanitarian actors alike, a lack of data on disability prevalence across camps as well as the specific requirements, barriers and preferences of older persons and persons with disabilities complicates evidence-based inclusive programming.³

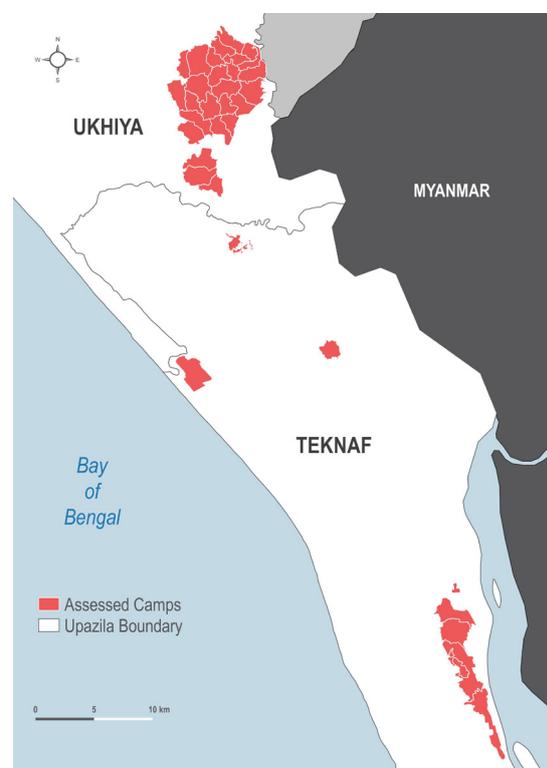
Against this background, REACH, with technical support from the Age and Disability Working Group (ADWG), conducted an Age and Disability Inclusion Needs Assessment across Rohingya refugee populations. The assessment aimed to understand disability prevalence, and to support key actors working in Cox's Bazar, including coordination bodies and technical agencies and actors, to consider the nuanced and specific requirements, access to services and assistance, and involvement of persons with disabilities across all age groups, and older persons living in Rohingya camps, within the response programming. The assessment was coordinated through the ADWG, and implemented with technical contributions from an Age and Disability Task Team (ADTT). The ADTT comprised of the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration Needs and Population Monitoring (IOM NPM), the Water, Sanitation and Hygiene (WASH) Sector, and REACH. Technical contributions were further made by Humanity & Inclusion (HI), CBM and the Centre for Disability in Development (CDD), and Protyashi.

METHODOLOGY

The assessment comprised a quantitative household survey and a qualitative component consisting of focus group discussions (FGDs). The quantitative component was implemented in all 34 camps in Ukhiya and Teknaf Upazilas. A stratified cluster sampling approach was employed, with the camps as strata and households as clusters. Information related to disability prevalence was collected through the Washington Group Questions (WGQs)⁴ on all household members in sampled households aged 2 and above. Information on service utilisation, access barriers and enablers, as well as participation and disaster preparedness was collected on sub-samples of those individuals. Information was collected directly from the concerned individuals themselves, if possible. In all other cases, information was collected by proxy from another adult household member. **In total, 2,530 household interviews, covering 11,187 individuals aged 2 and above, were carried out between 30 November 2020 and 7 January 2021.** Basic descriptive analysis was conducted, complemented by testing for statistically significant differences in outcomes between persons with and without disabilities, overall as well as for different age groups and genders, by types of functional difficulty, and between households with and without persons with disabilities. The achieved level of representativeness of findings differs by the sub-samples addressed for each question. For detailed information on levels of representativeness, as well as challenges and limitations of the assessment, please refer to [annex 1](#).

FGDs were conducted to further contextualise quantitative findings and provide more detailed insights into the specific barriers persons with disabilities and older persons face accessing services, participating in community life and in disaster preparedness, as well as potential solutions. A total of 20 FGDs were conducted with older persons with and without disabilities, adults with disabilities, children with disabilities (aged 11 to 17), and caregivers of children with disabilities, between 12 January and 8 February 2021. The complete FGD analysis can be found [here](#).

TARGET AREA



¹ See [UNHCR Operational Portal](#).

² Inter-Sector Coordination Group (ISCG), *2019 Joint Response Plan for Rohingya Humanitarian Crisis, January – December 2019* (Cox's Bazar, 2019a). Available [here](#) (accessed 28 February 2021); ISCG, *2020 Joint Response Plan for Rohingya Humanitarian Crisis, January – December 2020* (Cox's Bazar, 2020a). Available [here](#) (accessed 28 February 2021).

³ World Food Programme (WFP), *Refugee influx emergency vulnerability assessment (REVA) – Cox's Bazar, Bangladesh (April 2020)* (Cox's Bazar, 2020). Available [here](#) (accessed 12 February 2020); ISCG, *Joint Multi-Sector Needs Assessment (J-MSNA), July – August 2020, Rohingya refugees* (Cox's Bazar 2020b). Available [here](#) (accessed 28 February 2021); ACAPS-NPM Analysis Hub, *Considering age and disability in the Rohingya response* (Cox's Bazar, 2021). Available [here](#) (accessed 28 February 2021); REACH, *Rohingya refugees with disabilities: Prevalence, meaningful access, and notes on measurement* (Cox's Bazar, 2019). Available [here](#) (accessed 28 February 2021).

⁴ See guidance related to the [Washington Group Short Set \(WG-SS\) Enhanced Questions](#) and the [Washington Group/United Nations International Children's Emergency Fund \(UNICEF\) Child Functioning Modules \(CFM\)](#).

KEY FINDINGS

Overall, the prevalence of persons with disabilities (aged 2 and above) was 12%. There was no difference in disability prevalence between male and female individuals (the prevalence was 12% for both female and male individuals aged 2 and above). However, findings suggest an **increasing disability prevalence with increasing age**. Estimated disability prevalence further ranged from 6% to 19% depending on the camp.

While persons with disabilities were generally more likely than persons without disabilities to report facing certain barriers, **persons with difficulties in functioning in the self-care, upper-body movement or mobility domains appeared to be particularly likely to face barriers:**⁵

- Generally, high proportions of persons with disabilities reportedly face **barriers moving inside shelters and around camps**. This was particularly true for persons with difficulties in functioning in the self-care, upper-body movement or mobility domains.
- Persons with difficulties in functioning in those three domains were also more likely to report **being unable to shower/bathe or use latrines/go to the toilet without support from others**. Persons with difficulties in functioning in the self-care or upper-body movement domains were further **less likely to be reported as having used public not accessible latrines or public bathing facilities**.
- Generally, higher proportions of persons with disabilities than persons without disabilities reportedly face **barriers accessing services**, the most common ones being **facilities being too far and persons being unable to travel to facilities unassisted**. Persons with difficulties in functioning in the self-care or mobility domains were particularly likely to be reported as facing barriers accessing services.
- Reported participation in meetings, as well as reported proportions of individuals having been asked for feedback on camp services, were generally low. However, **persons with difficulties in functioning in the self-care domain were particularly likely to be reported as not having participated in meetings, or not having been asked for feedback**.
- Lastly, individuals were generally reported as preferring loudspeakers to hear about upcoming hazards. However, possibly linked to barriers to movement, persons with difficulties in functioning in the self-care or upper-body movement domains were particularly likely to be reported as preferring **in-person communication**.

Even if slightly less so, **persons with difficulties in functioning in the vision domain were to some degree also more likely to be reported as facing barriers:**

- These include a **lack of handrails** and a **lack of space to turn around** as barriers towards moving inside shelters.
- In relation to **support requirements in the case of natural hazards**, persons with difficulties in functioning in the vision domain were particularly likely to be reported as wanting to **receive support moving to safe places**.

Certain barriers were increasingly reported with **increasing age, often appearing to particularly affect female older persons:**

- **Difficulties moving inside shelters and around camps were increasingly reported with increasing age**.
- The **highest proportions of individuals being unable to shower/bathe or use latrines/go to the toilet without support from others**, on the other hand, were reported **among female older persons**.
- **Female older persons were also particularly likely to be reported as facing barriers accessing services**, as well as as not having received any assistive devices despite needing them.
- Lastly, **particularly low proportions of female older persons reportedly participated in meetings**, especially among persons without disabilities.

Younger children with disabilities, especially boys, were reportedly less likely to have attended any form of learning:

- Among children aged 5 to 9, **children with disabilities were more likely than children without disabilities to be reported as not having attended any form of learning before the COVID-19 outbreak**.
- While generally, in the population, the proportions of girls not attending any learning are higher than those of boys, especially among older age groups, **among children with disabilities, the proportion of boys reportedly not having attended any learning was higher than that of girls**.
- Similarly, while persons with disabilities were generally more likely than children without disabilities to be reported as not having completed any education, those proportions were higher among boys with disabilities than among girls with disabilities.

Rates of engagement in the informal sector and average incentives received were lower among households with persons with disabilities than among households without persons with disabilities:

- Households with persons with disabilities were less likely than households without persons with disabilities to report an adult as having been engaged in the informal sector. At the same time, they reported lower average levels of per capita incentives received from engagement in the informal sector than households without persons with disabilities, in particular post-COVID and among less educated households.

⁵ The assessment found an overlap between domains, such that one person was sometimes reported as having difficulties in functioning in several domains at the same time. Therefore, reported barriers may often be related to a combination of functional difficulties rather than being attributable to one functional difficulty. For instance, if 50% of persons with difficulties in functioning in the mobility domain were reported as facing a specific barrier, this barrier could be interpreted as affecting in particular persons with difficulties in functioning in the mobility domain. It may also be, however, that many of those 50% also faced other additional difficulties in functioning and the reported barrier was rather related to those. Therefore, in order to still be able to analyse the relationship between reported barriers and domains of functional difficulty, results for persons with difficulties in functioning in a specific domain were compared to results for persons with difficulties in functioning in **any** domain (i.e. persons with disabilities) but **not** in this specific domain. This gives an indication of whether or not persons with difficulties in functioning in a specific domain are particularly affected by the reported barrier. In the following, results are reported for persons with difficulties in functioning in domains for which significant differences were found, compared to persons with difficulties in functioning but not in those domains.

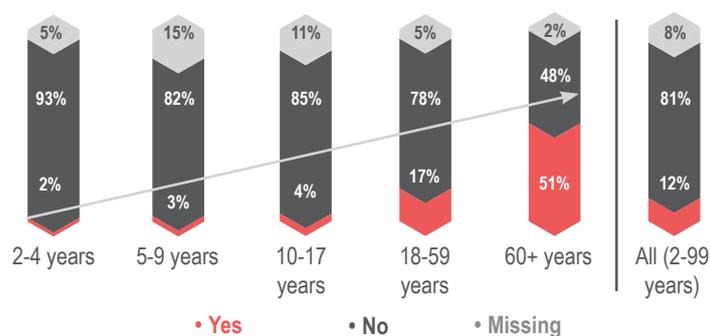
DISABILITY PREVALENCE

KEY FINDINGS

- Overall, the prevalence of persons with disabilities (aged 2 and above) was 12%. There was no difference in disability prevalence between male and female individuals. However, findings suggest an **increasing disability prevalence with increasing age**. Estimated disability prevalence further ranged from 6% to 19% depending on the camp.
- Among adults, 20% of individuals were identified as persons with disabilities, with the highest proportions of individuals reportedly having difficulties in functioning⁶ in the anxiety domain, followed by the depression and the mobility domains. However, among older persons (aged 60 and above), who were found to comprise 3.2% of female individuals and 4.9% of male individuals in the population, more than half were identified as persons with disabilities, compared to 17% of adults aged 18 to 59.
- Among the 5 to 17 year-olds, 3% of individuals were identified as persons with disabilities. The highest proportion of individuals reportedly had difficulties in functioning in the anxiety domain, followed by the depression domain.
- Among the 2 to 4 year-olds, overall 2% of individuals were identified as persons with disabilities. The highest proportion of individuals reportedly had difficulties in functioning in the learning domain. In all other domains, less than 2% of male or female individuals were reported as having difficulties in functioning.

OVERALL DISABILITY PREVALENCE

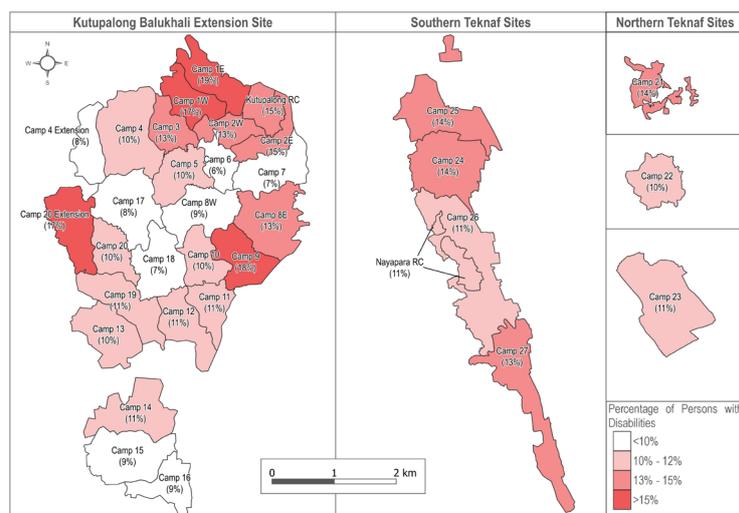
% of persons with disabilities, by age group and overall^{7, 8}



Trends across age groups

- The difference in estimated disability prevalence between 5 to 9 and 10 to 17 year-olds is largely driven by increases in the proportions of individuals with difficulties in functioning in the anxiety or depression domains.
- Among adults, across all domains, with the exception of the hearing and communication domains, disability prevalence among older persons was multiple times higher than among individuals aged 18 to 59.

% of persons with disabilities aged 2 and above, by camp (out of all individuals aged 2 and above)⁹



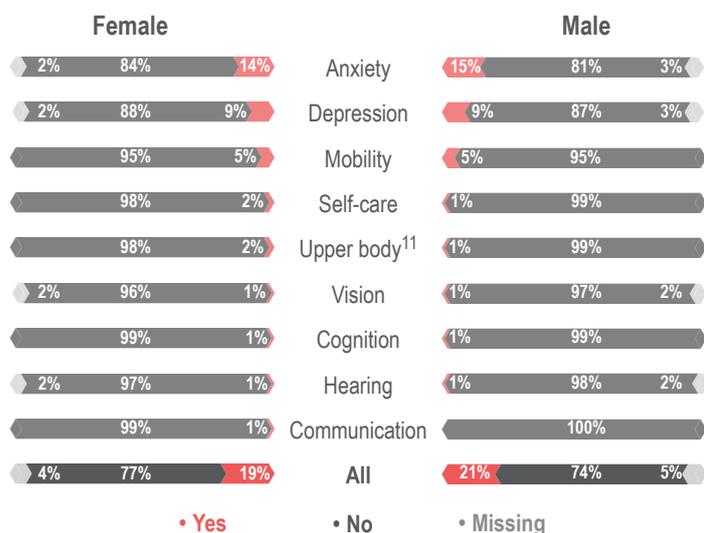
Prevalence of older persons and household-level prevalence

- The proportion of older persons in camps was found to range from 2% to 6%, with an overall prevalence of 4%. In total, 17% of households reportedly had at least one older person.
- In total, 35% of households reportedly had at least one person with a disability.

⁶ "Difficulties in functioning" in the following always refers to "a lot of difficulty" or "not being able at all" to do something having been reported in response to the WGQs (as opposed to "some difficulty"), or for questions with different response options, the equivalent response options outlined in the Washington Group guidelines that would identify someone as a person with disabilities.
⁷ Results are rounded and may therefore not always add up to 100%.
⁸ Results for 5 to 9 year-olds and 10 to 17 year-olds are representative with a 3% margin of error (5 to 9 year-olds, n = 1,873; 10 to 17 year-olds, n = 2,107). Results for 18 to 59 year-olds are representative with a 2% margin of error (n = 5,393). Results for 60+ year-olds are representative with a 5% margin of error (473).
⁹ Prevalence maps can also be found in A4-format [online](#).

DISABILITY PREVALENCE BY AGE GROUP AND GENDER

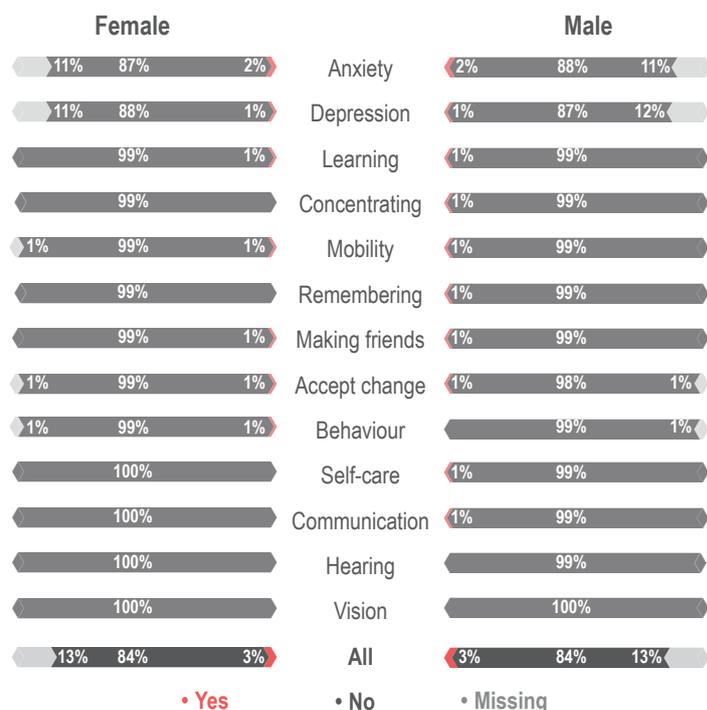
% of 18 to 99 year-old individuals identified as persons with disabilities by domain and overall, by gender¹⁰



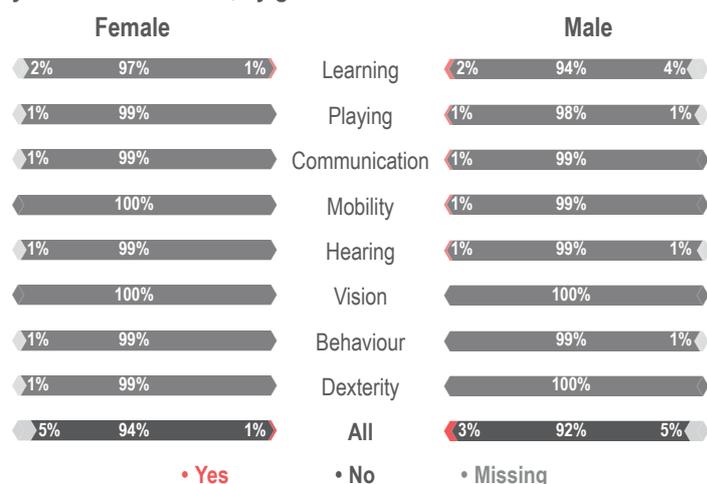
Comparison to other disability prevalence estimates

- The disability prevalence estimates found in this assessment are higher than those found in previous studies that estimated 8%¹² or 14%¹³ of households as having at least one household member with disabilities using the WG-SS of questions at the individual level, or studies that estimated 3%,¹⁴ 9%,¹⁵ or 10%¹⁶ of households as having a household member with disabilities asking the WGQs at the household level and with the estimate of 3% having been obtained remotely.
- Results do, however, reflect previous studies in that disability prevalence across the domains included in the short set is highest in the mobility domain, and less than 2% in any of the other domains included in the WG-SS of questions.¹³
- This does suggest that results are generally in line with previous studies in relation to disability prevalence across domains, while at the same time yielding higher overall disability prevalence estimates due to methodological differences. Such differences include the types and number of WGQs used as well as the methodology employed to administer them, leading to incomparability of results across studies. Thus, results always need to be interpreted cognisant of the employed methodology in each specific case.

% of 5 to 17 year-old individuals identified as persons with disabilities by domain and overall, by gender¹⁷



% of 2 to 4 year-old individuals identified as persons with disabilities by domain and overall, by gender¹⁸



¹⁰ Results are representative with a 2% margin of error (female individuals, n = 3,146; male individuals, n = 2,719).

¹¹ "Upper body" refers to the upper-body movement domain.

¹² REACH, *Water, Sanitation, and Hygiene (WASH) Household Monsoon Season Follow-up Assessment (October 2019)* (Cox's Bazar 2019). Available [here](#) (accessed 28 February 2021).

¹³ REACH, *Water, Sanitation, and Hygiene Household Survey* (May 2019).

¹⁴ ISCG, 2020b.

¹⁵ UNHCR & REACH, *Settlement and Protection Profiling: Round 5* (Cox's Bazar, 2019). Available [here](#) (accessed 28 February 2021).

¹⁶ ISCG, *Joint Multi-Sector Needs Assessment (J-MSNA). In-Depth, August – September 2019* (Cox's Bazar, 2019b). Available [here](#) (accessed 28 February 2021).

¹⁷ Results are representative with a 3% margin of error (female individuals, n = 1,943; male individuals, n = 2,037).

¹⁸ Results are representative with a 5% margin of error (female individuals, n = 658; male individuals, n = 676).

SERVICE UTILISATION, BARRIERS AND ENABLERS¹⁹

KEY FINDINGS

- **Barriers related to mobility in shelters or around camps were reported for 52% and 76% of persons with disabilities, respectively.** In particular, persons with **difficulties in functioning in the self-care or mobility domains** reportedly face barriers moving both inside shelters and around camps. In addition, persons with **difficulties in functioning in the upper body movement or vision domains** reportedly particularly face barriers moving inside shelters. **Mobility-related barriers were also increasingly reported with increasing age.**
- Especially **persons with difficulties in functioning in the self-care, upper body movement or mobility domains** were reportedly **unable to use latrines or shower without support from others.** Age and gender were further found to **compound difficulties with self-care**, with particularly high proportions of female older persons with disabilities reportedly being unable to shower or use latrines without support from others.
- Reported **utilisation of public not accessible latrines or public bathing facilities was particularly low among persons with difficulties in functioning in the self-care or upper body movement domains.** At the same time, the reported utilisation of private or accessible latrines – while higher than for other individuals – also remained low among those groups.
- **A significantly higher proportion of persons with disabilities than persons without disabilities reportedly faces barriers accessing services.** In particular, persons with difficulties in functioning in the self-care or mobility domains as well as female older persons with disabilities reportedly face barriers.
- Overall, **more than half the persons with disabilities had reportedly not received any assistive devices in the year prior to data collection despite needing them.** This proportion was highest among female older persons with disabilities.

MOBILITY INSIDE SHELTERS AND AROUND CAMPS



of persons with disabilities aged 2 and above reportedly face difficulties moving inside shelters without support from others²⁰

Significantly higher proportions of persons with difficulties in functioning in the self-care,²¹ upper-body movement,²² and mobility²³ domains were reported as facing barriers, compared to persons with difficulties in functioning not in those domains:

Domain	Persons with difficulties in functioning in this domain	Persons with difficulties in functioning not in this domain
Self-care	79%	45%
Upper-body movement	70%	53%
Mobility	67%	26%



of persons with disabilities aged 15 and above reportedly face difficulties moving around camps²⁰

Significantly higher proportions of persons with difficulties in functioning in the mobility,²⁴ and self-care²⁵ domains were reported as facing barriers, compared to persons with difficulties in functioning not in those domains:

Domain	Persons with difficulties in functioning in this domain	Persons with difficulties in functioning not in this domain
Mobility	87%	51%
Self-care	85%	74%



of persons without disabilities aged 15 and above reportedly face difficulties moving around camps

¹⁹ Results in this section are indicative only for persons with difficulties in functioning in the anxiety or depression domains, as well as for persons without disabilities. Overall results for persons with disabilities exclude persons with difficulties in functioning in the anxiety or depression domains only (5 to 99 year-olds), or the behaviour domain only (2 to 4 year-olds). See "Challenges and limitations" in [annex 1](#) for further explanations.

²⁰ Persons with disabilities exclude those with difficulties in functioning in the anxiety or depression domains only.

²¹ p-value < 0.0001 (results for persons with difficulties in functioning but not in the self-care domain are representative with a 6% margin of error, n = 358)

²² p-value < 0.01 (results for persons with difficulties in functioning but not in the upper-body movement domain are representative with a 6% margin of error, n = 302)

²³ p-value < 0.0001 (results for persons with difficulties in functioning but not in the mobility domain are representative with an 8% margin of error, n = 185)

²⁴ p-value < 0.01 (results for persons with difficulties in functioning but not in the mobility domain are representative with a 9% margin of error, n = 131)

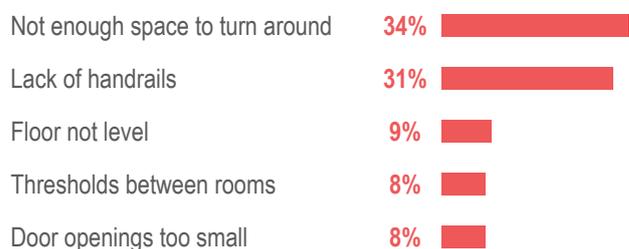
²⁵ p-value < 0.0001 (results for persons with difficulties in functioning but not in the self-care domain are representative with a 6% margin of error, n = 321)

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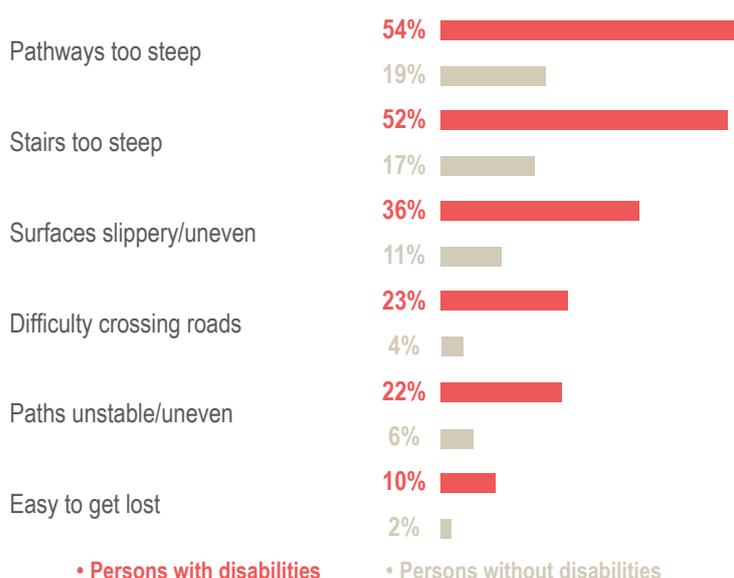
% of persons with disabilities aged 2 and above reportedly facing difficulties moving inside shelters without support from others, by reason²⁶



Comparison by type of functional difficulty

- All the above barriers reportedly affect significantly larger proportions of **persons with difficulties in functioning in the self-care or mobility domains**, compared to persons with difficulties in functioning not in those domains.
- Persons with difficulties in functioning in the upper-body movement domain** are particularly affected by **door openings being too small**.
- Persons with difficulties in functioning in the vision domain** are particularly affected by a **lack of handrails and a lack of space to turn around**.

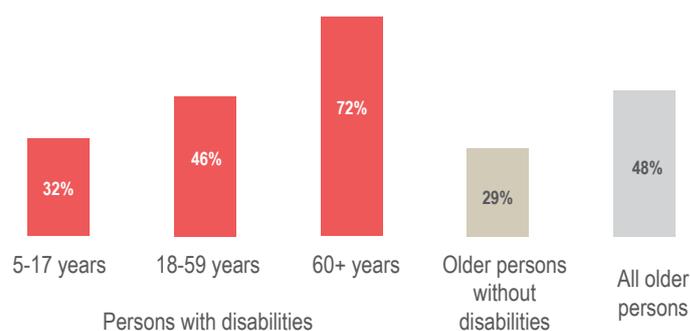
% of persons with and without disabilities aged 15 and above reportedly facing difficulties moving around camps, by reason²⁶



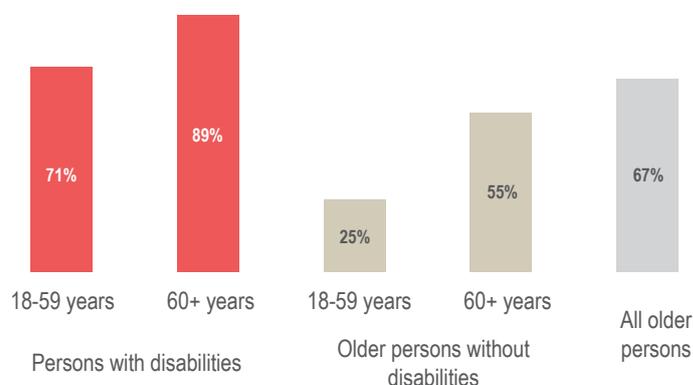
Comparison by type of functional difficulty

- All reported barriers towards moving around camps, with the exception of it being easy to get lost, reportedly affect significantly larger proportions of **persons with difficulties in functioning in the mobility domain**, compared to persons with difficulties in functioning not in this domain.
- Persons with difficulties in functioning in the self-care domain** are particularly affected by **difficulties crossing roads, and pathways being unstable or uneven**.

% of persons with disabilities aged 5 and above and older persons reportedly facing difficulties moving inside shelters without support from others, by age group²⁶



% of persons with and without disabilities aged 18 and above and older persons reportedly facing difficulties moving around camps, by age group²⁶



²⁶ Persons with disabilities exclude those with difficulties in functioning in the anxiety or depression domains only.

SELF-CARE AND UTILISATION OF WASH INFRASTRUCTURE



of persons with disabilities aged 2 and above are reportedly not able to shower/bathe without support from others²⁷

Significantly higher proportions of persons with difficulties in functioning in the self-care,²⁸ upper-body movement,²⁹ and mobility³⁰ domains were reported as facing barriers, compared to persons with difficulties in functioning not in those domains:

Domain	Persons with difficulties in functioning in this domain	Persons with difficulties in functioning not in this domain
Self-care	77%	20%
Upper-body movement	59%	26%
Mobility	43%	20%

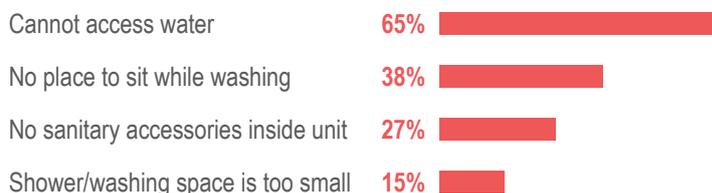


of persons with disabilities aged 2 and above are reportedly not able to use latrines/go to the toilet without support from others²⁷

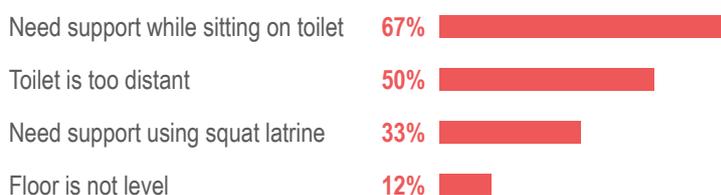
Significantly higher proportions of persons with difficulties in functioning in the self-care,²⁸ upper-body movement,²⁹ and mobility³⁰ domains were reported as facing barriers, compared to persons with difficulties in functioning not in those domains:

Domain	Persons with difficulties in functioning in this domain	Persons with difficulties in functioning not in this domain
Self-care	68%	17%
Upper-body movement	49%	25%
Mobility	40%	13%

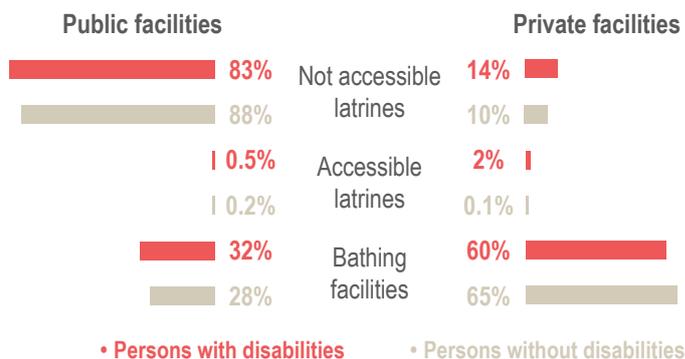
Of persons with disabilities aged 2 and above reportedly unable to shower/bathe without support from others, % reporting reasons (top 4)^{27, 31}



Of persons with disabilities aged 2 and above reportedly unable to use latrines/go to the toilet without support from others, % reporting reasons (top 4)^{27, 32}



% of persons with and without disabilities aged 15 and above reportedly having used different WASH services in the month prior to data collection²⁷



Utilisation of WASH infrastructure by type of functional difficulty

- Persons with difficulties in functioning in the self-care or upper-body movement domains reportedly **used public not accessible latrines³³ and public bathing facilities³⁴ at significantly lower proportions** than persons with difficulties in functioning not in those domains.
- In turn, persons with difficulties in functioning in the self-care or upper-body movement domains as well as persons with difficulties in functioning in the mobility domain **used private accessible latrines at significantly higher proportions** than persons with difficulties in functioning not in those domains.³⁵

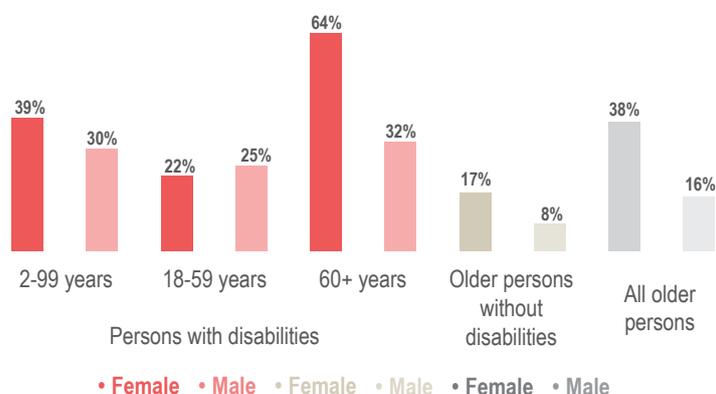
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³⁰ p-value < 0.0001 (results for persons with difficulties in functioning but not in the mobility domain are representative with an 8% margin of error, n = 184)
³¹ Results are representative with an 8% margin of error (n = 170).
³² Results are representative with an 8% margin of error (n = 151).
³³ Upper-body movement domain: p-value < 0.01; self-care domain: p-value < 0.01
³⁴ Upper-body movement domain: p-value < 0.01; self-care domain: p-value < 0.01
³⁵ Upper-body movement domain: p-value < 0.001; self-care domain: p-value < 0.0001; mobility domain: p-value < 0.05

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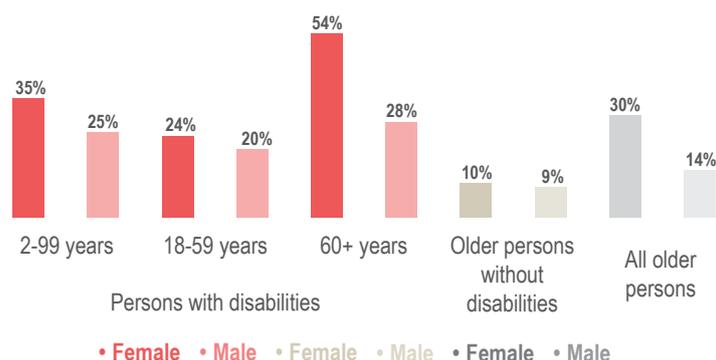
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% of persons with disabilities aged 2 and above and older persons reportedly not able to shower/bathe without support from others, by age group and gender³⁷



% of persons with disabilities aged 2 and above and older persons reportedly not able to use latrines/go to the toilet without support from others, by age group and gender³⁷



Gender differences in the utilisation of WASH infrastructure

- The strongest differences in the proportions of male and female individuals reportedly having used different WASH infrastructure was found in relation to **bathing facilities**.
- Likely in part at least linked to gender-related social norms, **significantly lower proportions of female than male individuals, particularly among older persons, reportedly used public bathing facilities**. In turn, **significantly larger proportions of female than male individuals, particularly among older persons, reportedly used private bathing facilities**.
- Among persons with disabilities, overall and aged 18 to 59, no significant differences in the reported use of WASH infrastructure were found between male and female individuals.

OTHER BARRIERS TO ACCESSING MULTI-SECTORAL SERVICES



64% of persons with disabilities aged 15 and above reportedly face barriers accessing services³⁷

Significantly higher proportions of persons with difficulties in functioning in the self-care,³⁸ and mobility³⁹ domains were reported as facing barriers, compared to persons with difficulties in functioning not in those domains:

Domain	Persons with difficulties in functioning in this domain	Persons with difficulties in functioning not in this domain
Self-care	77%	61%
Mobility	70%	53%



39% of persons without disabilities aged 15 and above reportedly face barriers accessing services

% of individuals with and without disabilities aged 15 and above reportedly facing barriers accessing services, by type of barrier³⁷



³⁷ Persons with disabilities exclude those with difficulties in functioning in the anxiety or depression domains only.

³⁸ p-value < 0.05 (results for persons with difficulties in functioning but not in the self-care domain are representative with a 6% margin of error, n = 321)

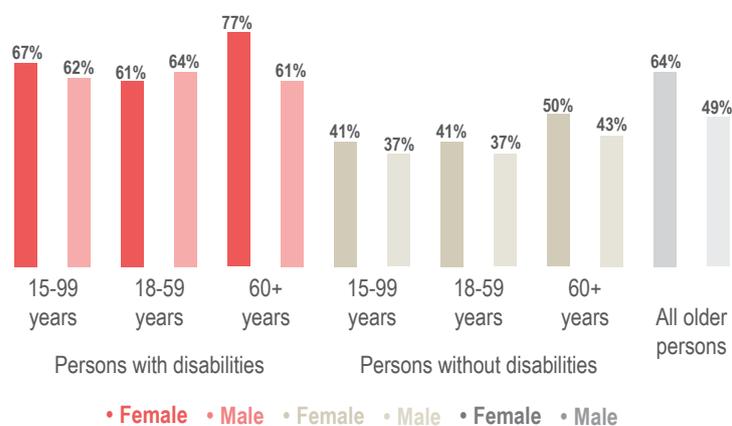
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% of persons with and without disabilities aged 15 and above and older persons reportedly facing any barriers accessing services, by age group and gender⁴⁰



Gender differences related to barriers accessing services

Female older persons, and in particular those with disabilities, were significantly⁴¹ more likely than male individuals to be reported as facing barriers accessing services. The barriers disproportionately affecting older female persons, in particular those with disabilities, include:

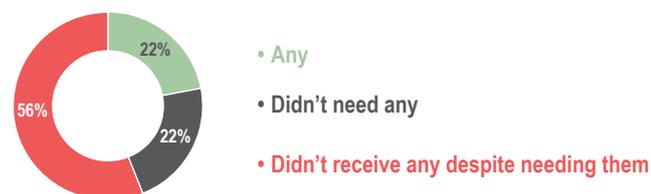
Barrier	Older persons with disabilities		All older persons	
	Female	Male	Female	Male
Persons being unable to travel to facilities unassisted	32%	22%	23%	15%
Persons being unable to use facilities without assistance	23%	3%	14%	5%
Travel to facilities being unsafe	14%	4%	8%	3%

Quality of services

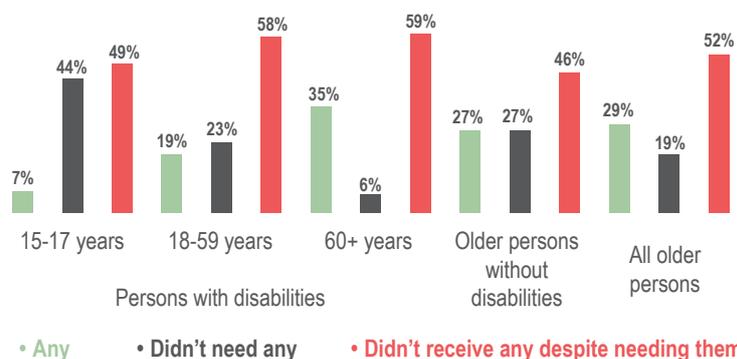
- In addition to access-related issues, during FGDs, **issues of quality were raised, most commonly related to health services.**
- Across the majority of FGDs (13 out of 20), a **need for better access to treatment of disability-related health conditions** was identified.
- There seemed to be a perception that the forms of health treatment needed were **unavailable** and/or of **low quality** in camps, and that sometimes **inadequate** treatment was received.

ACCESS TO ASSISTIVE DEVICES

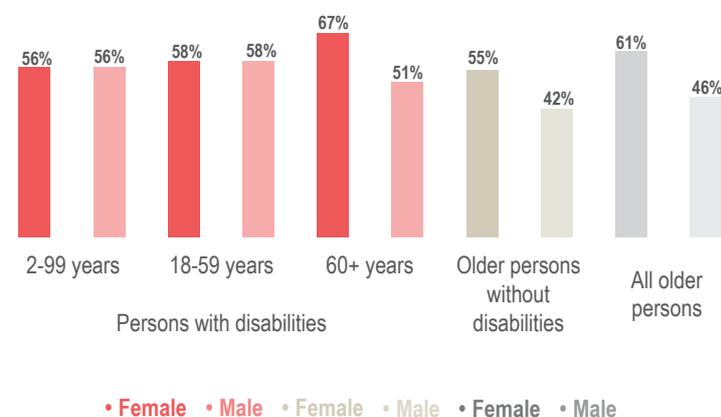
% of persons with disabilities aged 2 and above reportedly having received assistive devices in the year prior to data collection⁴⁰



% of persons with and without disabilities aged 15 and above and older persons reportedly having received assistive devices in the year prior to data collection, by age group⁴⁰



% of persons with disabilities aged 2 and above and older persons reportedly not having received assistive devices despite needing them in the year prior to data collection, by age group and gender⁴⁰



⁴⁰ Persons with disabilities exclude those with difficulties in functioning in the anxiety or depression domains only.
⁴¹ Older persons with disabilities: p-value < 0.05; all older persons: p-value < 0.01

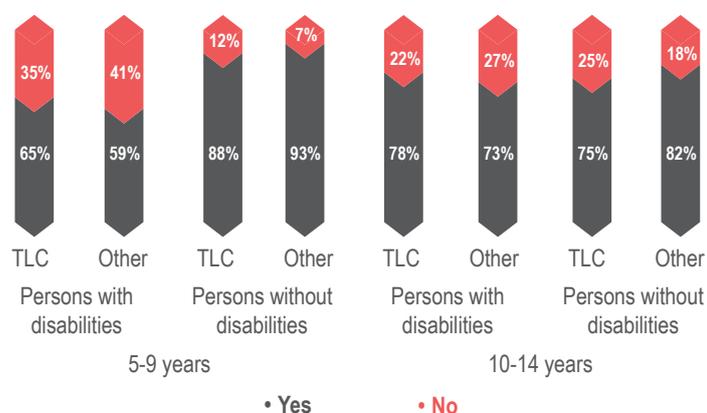
ENROLMENT AND HIGHEST LEVELS OF EDUCATION

KEY FINDINGS

- Among younger age groups, significantly lower proportions of children with disabilities than children without disabilities were found to have been enrolled into both formal and informal learning centres before their closure due to the COVID-19 outbreak (in March 2020). Overall, 65% of children with disabilities aged 5 to 9 had reportedly attended temporary learning centres (TLCs) for at least 4 days a week prior to the COVID-19 outbreak. In comparison, 88% of children without disabilities of the same age group had reportedly attended TLCs.
- While among children without disabilities, the proportion of girls, in particular among older children, reportedly not having been enrolled was higher than that of boys, among children with disabilities, the opposite was true. Overall, only 59% of boys with disabilities aged 5 to 14 were reported as having been enrolled in TLCs, compared to 82% of girls with disabilities of the same age group.
- Similarly, the proportions of children reportedly not having completed any education were higher among children with disabilities than children without disabilities, in particular among younger age groups, and among boys with disabilities compared to girls with disabilities.

ENROLMENT

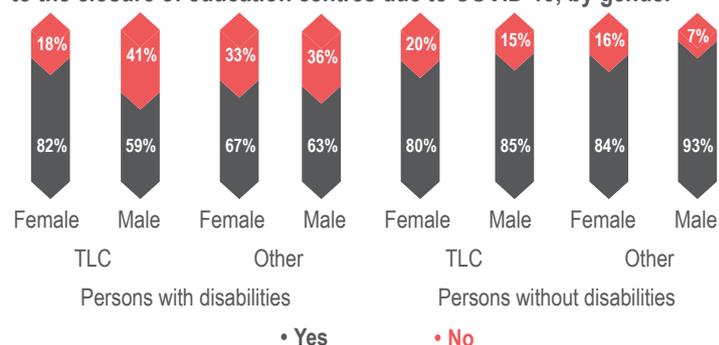
% of children with and without disabilities aged 5 to 14 reportedly having attended a TLC for at least 4 days a week or having attended home-based learning activities, a madrassa or moktab ("Other") prior to the closure of education centres due to COVID-19, by age group⁴²



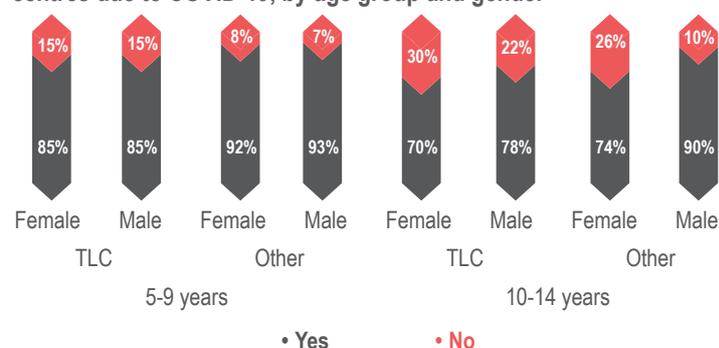
Limitations

- The data represents enrolment rates irrespective of the degree of participation of children with and without disabilities in their education. As such, **no inferences on the quality of education for those enrolled** or potential differences in the quality experienced or the inclusion of children with and without disabilities can be made.
- Results represent pre-COVID enrolment rates of children with disabilities as reported at the time of data collection. They **may not exactly reflect children with disabilities' pre-COVID enrolment rates** (refer to [annex 1](#) for more information).

% of children with and without disabilities aged 5 to 14 reportedly having attended a TLC at least 4 days a week or having attended home-based learning activities, a madrassa or moktab ("Other") prior to the closure of education centres due to COVID-19, by gender⁴³



% of children aged 5 to 14 reportedly having attended a TLC at least 4 days a week or having attended home-based learning activities, a madrassa or moktab ("Other") prior to the closure of education centres due to COVID-19, by age group and gender⁴⁴



⁴² Results for 5 to 9 year-old persons with disabilities are representative with a 13% margin of error (n = 59). Results for 5 to 9 year-old persons without disabilities are representative with a 3% margin of error (n = 1,534). Results for 10 to 14 year-old persons with disabilities are representative with a 15% margin of error (n = 46). Results for 10 to 14 year-old persons without disabilities are representative with a 3% margin of error (n = 1,228).

⁴³ Results for female persons with disabilities are representative with a 14% margin of error (n = 49). Results for female persons without disabilities are representative with a 3% margin of error (n = 1,338). Results for male persons with disabilities are representative with a 14% margin of error (n = 56). Results for male persons without disabilities are representative with a 3% margin of error (n = 1,424).

⁴⁴ Results are representative with a 4% margin of error (5 to 9 year-old female individuals, n = 903; 10 to 14 year-old female individuals, n = 709; 5 to 9 year-old male individuals, n = 970; 10 to 14 year-old male individuals, n = 736).

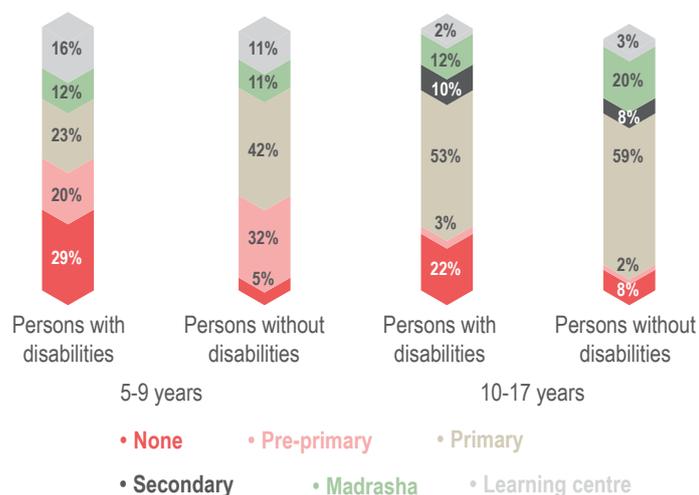
Age and Disability Inclusion Needs Assessment

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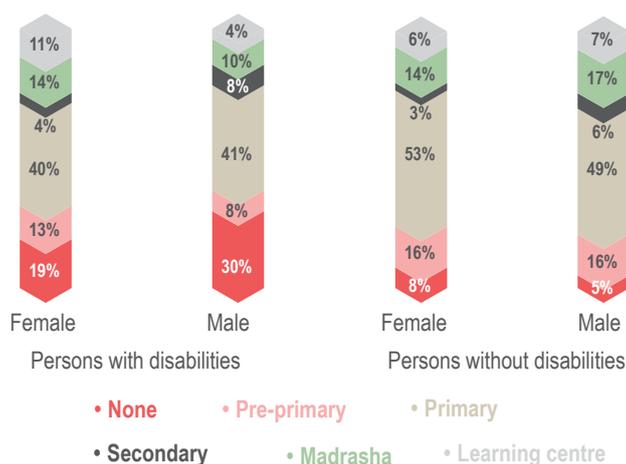
May 2021

HIGHEST LEVELS OF EDUCATION

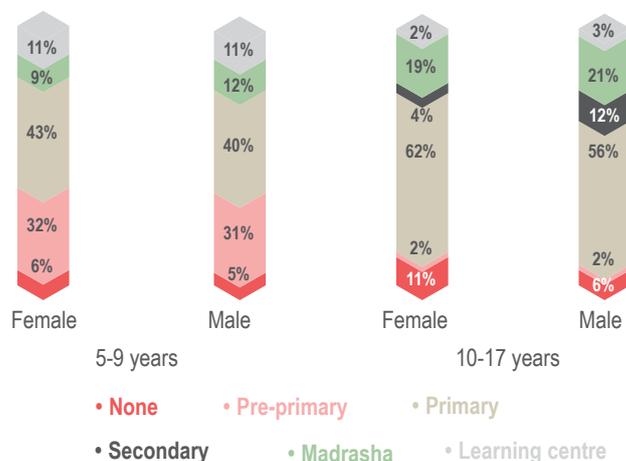
% of children with and without disabilities aged 5 to 17 by reported highest level of completed education, by age group⁴⁵



% of children with and without disabilities aged 5 to 17 by reported highest level of completed education, by gender⁴⁶



% of children aged 5 to 17 by reported highest level of completed education, by age group and gender⁴⁷



Trends and limitations

- Overall, results seem to indicate a trend of persons with disabilities being enrolled into education at a later stage than persons without disabilities, rather than not being enrolled at all, while potentially also taking longer or being slightly less likely to complete their education.
- With disability being an evolving concept,⁴⁸ limited conclusions can be drawn as to whether pre-COVID barriers to accessing education may to some degree have disproportionately affected children with disabilities, e.g. among younger children and boys. Moreover, older individuals may not have been affected by the same functional difficulties when they were younger. **As such, findings related to educational attainments cannot necessarily be related to disability at the time when education was obtained**
- Findings can neither necessarily be directly related to access to different levels of education among persons with or without disabilities specifically in the camp context, with older individuals in particular potentially having received their education in Myanmar. Nevertheless, the most notable difference between boys and girls in terms of completed education is that **11% of girls with disabilities were reported as having completed education at learning centres compared to 4% of boys with disabilities**. With learning centres being the primary form of education in camps, this difference might be indicative of gender differences among persons with disabilities in particular in the camp context.

⁴⁵ Results for 5 to 9 year-old persons with disabilities are representative with a 13% margin of error (n = 59). Results for 5 to 9 year-old persons without disabilities are representative with a 3% margin of error (n = 1,534). Results for 10 to 17 year-old persons with disabilities are representative with a 11% margin of error (n = 86). Results for 10 to 17 year-old persons without disabilities are representative with a 3% margin of error (n = 1,798).

⁴⁶ Results for female persons with disabilities are representative with a 12% margin of error (n = 69). Results for female persons without disabilities are representative with a 3% margin of error (n = 1,626). Results for male persons with disabilities are representative with a 12% margin of error (n = 76). Results for male persons without disabilities are representative with a 3% margin of error (n = 1,706).

⁴⁷ Results for 5 to 9 year-old female persons are representative with a 4% margin of error (n = 903). Results for 5 to 9 year-old male persons without disabilities are representative with a 4% margin of error (n = 970). Results for 10 to 17 year-old female persons are representative with a 3% margin of error (n = 1,040). Results for 10 to 17 year-old male persons are representative with a 3% margin of error (n = 1,067).

⁴⁸ Compare to the [preamble of the Convention on the Rights of Persons with Disabilities \(CRPD\)](#): disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

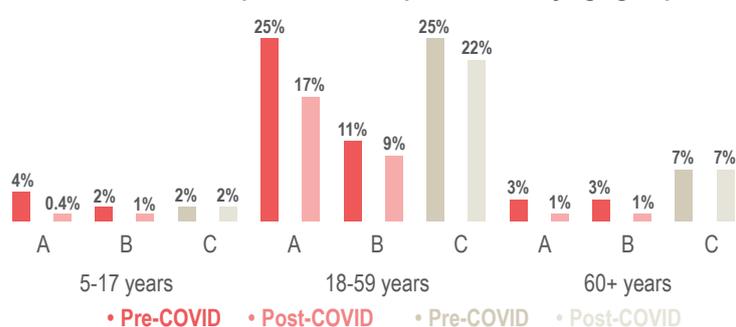
MEANS OF LIVING

KEY FINDINGS

- The proportions of persons with difficulties in functioning in the anxiety or depression domains reportedly having been engaged in the informal sector were at least three times higher than those of persons with difficulties in functioning in other domains, both before the COVID-19 outbreak in March 2020 (pre-COVID) and at the time of data collection (post-COVID). At the same time, findings indicate a **greater loss of access to self-reliance activities among persons with disabilities than among persons without disabilities.**
- Slightly higher proportions of households with persons with disabilities reported at least one child as having been engaged in the informal sector both pre- and post-COVID compared to households without persons with disabilities. The proportion of households with persons with disabilities reporting at least one adult as having been engaged in the informal sector was significantly lower than that of households without persons with disabilities.**
- Average daily per capita incentives received by households engaged in the informal sector and with persons with disabilities were lower than those of households engaged in the informal sector but without persons with disabilities, in particular post-COVID and among less educated households.**

ENGAGEMENT IN THE INFORMAL SECTOR AT THE INDIVIDUAL LEVEL

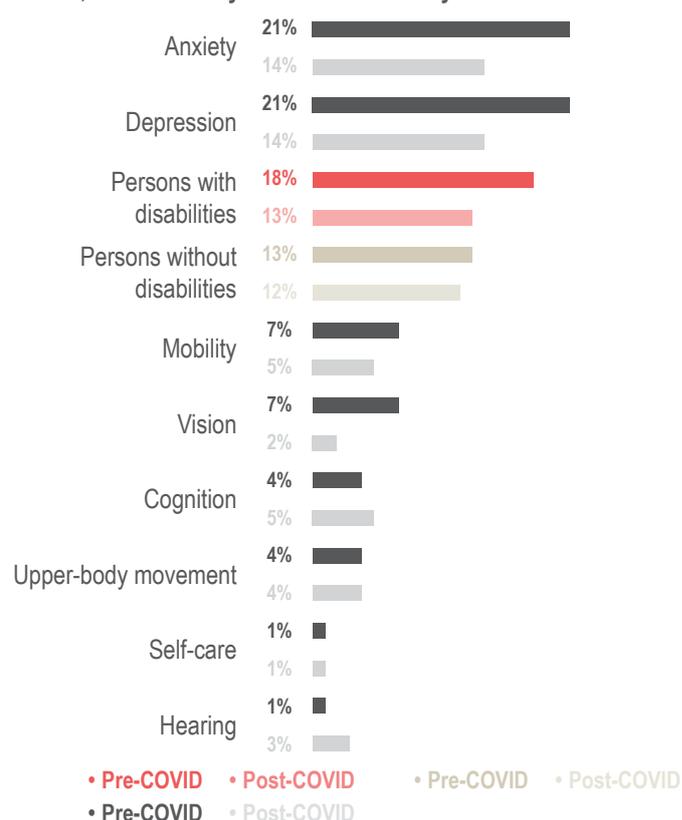
% of persons with disabilities – all (A) and excluding persons with difficulties in functioning in the anxiety or depression domains only (B) – and persons without disabilities (C) reportedly having been engaged in the informal sector pre-COVID and post-COVID, by age group⁴⁹



Limitations

- Persons reportedly having experienced anxiety or depression at the time of data collection appear to have been more likely to have experienced loss of access to self-reliance activities than, for instance, persons without disabilities.
- With **disability being an evolving concept**, however, it is possible that these individuals only started experiencing anxiety or depression post-COVID, e.g. as a result of – among other factors – (potentially COVID-related) loss of access to self-reliance activities. Results **may not exactly reflect persons with disabilities' pre-COVID rates of engagement in the informal sector.**

% of persons with and without disabilities aged 4 and above reportedly having been engaged in the informal sector pre-COVID and post-COVID, overall and by domain of disability⁵⁰

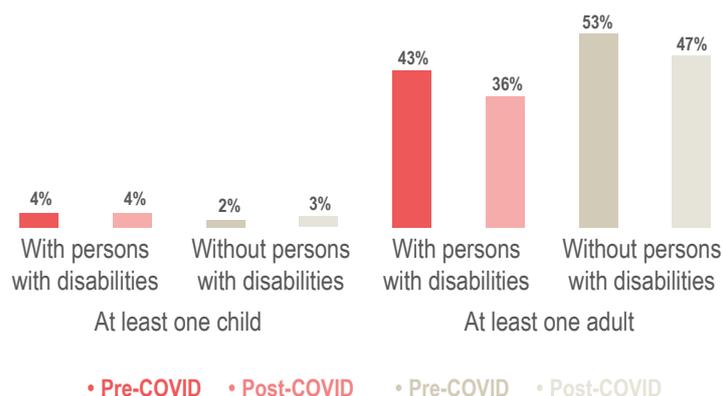


⁴⁹ Results for 5 to 17 year-old persons with disabilities are representative with a 7% margin of error (n = 145). Results for 5 to 17 year-old persons with disabilities, excluding those with difficulties in functioning in the anxiety or depression domains only, are representative with a 12% margin of error (n = 72). Results for 5 to 17 year-old persons without disabilities are representative with a 2% margin of error (n = 3,332). Results for 18 to 59 year-old persons with disabilities are representative with a 4% margin of error (n = 916). Results for 18 to 59 year-old persons with disabilities, excluding those with difficulties in functioning in the anxiety or depression domains only, are representative with a 7% margin of error (n = 237). Results for 18 to 59 year-old persons without disabilities are representative with a 2% margin of error (n = 4,209). Results for 60+ year-old persons with disabilities are representative with a 7% margin of error (n = 237). Results for 60+ year-old persons with disabilities, excluding those with difficulties in functioning in the anxiety or depression domains only, are representative with an 8% margin of error (n = 156). Results for 60+ year-old persons without disabilities are representative with a 7% margin of error (n = 226).

⁵⁰ Results for persons with difficulties in functioning in the hearing domain are representative with a 13% margin of error (n = 59). Results for persons with difficulties in functioning in the self-care domain are representative with a 10% margin of error (n = 107). Results for persons with difficulties in functioning in the upper body movement domain are representative with a 11% margin of error (n = 89). Results for persons with difficulties in functioning in the cognition domain are representative with a 12% margin of error (n = 72). Results for persons with difficulties in functioning in the vision domain are representative with a 11% margin of error (n = 94). Results for persons with difficulties in functioning in the mobility domain are representative with a 6% margin of error (n = 298). Results for persons with difficulties in functioning in the depression domain are representative with a 4% margin of error (n = 925). Results for persons with difficulties in functioning in the anxiety domain are representative with a 4% margin of error (n = 605).

ENGAGEMENT IN THE INFORMAL SECTOR AT THE HOUSEHOLD LEVEL

% of households with and without persons with disabilities reporting at least one child or at least one adult as having been engaged in the informal sector pre-COVID and post-COVID



Household engagement in the informal sector

- During FGDs, family members were largely reported to be the only ones supporting persons with disabilities in their daily lives. As such, the fact that households with persons with disabilities are less likely to report adult members as being engaged in the informal sector might be due in part to **those individuals taking on caregiver roles for their household members with disabilities**, leaving them with less time to engage in the informal sector.
- At the same time, **adult household members with disabilities** (excluding those with difficulties in functioning in the anxiety or depression domains only) **may be less likely to engage in the informal sector**, further reducing household engagement.
- These factors may then potentially contribute to increased proportions of individuals below the age of 18 in those households reportedly engaging in the informal sector, compared to households without persons with disabilities.
- However, the proportions of children reported as having been engaged in the informal sector were very small, generally indicating this not to have been a widespread phenomenon – even though also possibly under-reported – and limiting further analysis.

AVERAGE INCENTIVES RECEIVED

Of 18+ year-old persons with and without disabilities reportedly having been engaged in the informal sector, average reported daily incentives received (left), and of households with individuals engaged in the informal sector, and with and without persons with disabilities, average daily household per capita incentives (right), pre-COVID and post-COVID⁵¹

	Average daily incentive per adult individual (BDT)		Average daily household per capita incentives (BDT)		
	Pre-COVID	Post-COVID	Pre-COVID	Post-COVID	
Persons with disabilities	311	305	78	74	Households with persons with disabilities
Persons without disabilities	324	321	82	81	Households with persons without disabilities

Highest level of education in the household as a compounding factor

- In addition to the presence of household members with disabilities, the highest level of education of adult household members appeared to play a role in determining average daily household per capita incentives received. **Specifically, the reported amount of received incentives increased among better educated households compared to less educated households.**
- Particularly, **post-COVID, the gap between households with and without household members with disabilities was considerably larger among less educated households than among better educated households.**

Of households with individuals engaged in the informal sector, average daily household per capita incentives pre-COVID and post-COVID, by presence of household members with disabilities and highest level of education of adult household members⁵¹

	Highest level of education of adult household members	Average daily household per capita incentives	
		Pre-COVID	Post-COVID
Households with persons with disabilities			
	No formal education	71	67
	Primary	79	71
	Secondary and above	85	86
Households with persons without disabilities			
	No formal education	75	77
	Primary	82	81
	Secondary and above	92	89

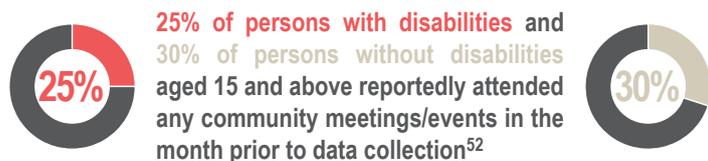
⁵¹ Per capita incentives were calculated dividing the sum of the reported daily incentives received by all individuals engaged in the informal sector in a household by the number of household members. This does not take into account the regularity of the receipt of incentives or the number of days a month individuals engaged in the informal sector received incentives. BDT 1 = 0.0117916 US Dollars (USD) (XE Currency Converter, available [here](https://www.xe.com/), accessed 10 March 2021).

PARTICIPATION⁵²

KEY FINDINGS

- Participation in meetings or events did not differ significantly between persons with and without disabilities, or across age groups. Participation did differ between male and female individuals, however, with lower reported participation among female individuals.
- Most commonly, individuals had reportedly attended NGO meetings, with especially female individuals largely only having attended those types of meetings. Any other types of meetings that were assessed had reportedly been disproportionately attended by male individuals. The overall gender gap was larger among persons without disabilities than among persons with disabilities.
- In terms of having been asked for feedback, differences between disability, age and gender groups were small. Only a person's disability and gender appeared to play a small role. Slightly higher proportions of persons without disabilities than persons with disabilities were reportedly asked for feedback. Moreover, slightly larger proportions of female than male individuals among younger age groups, and slightly larger proportions of male than female individuals among older age groups were reportedly asked for feedback.

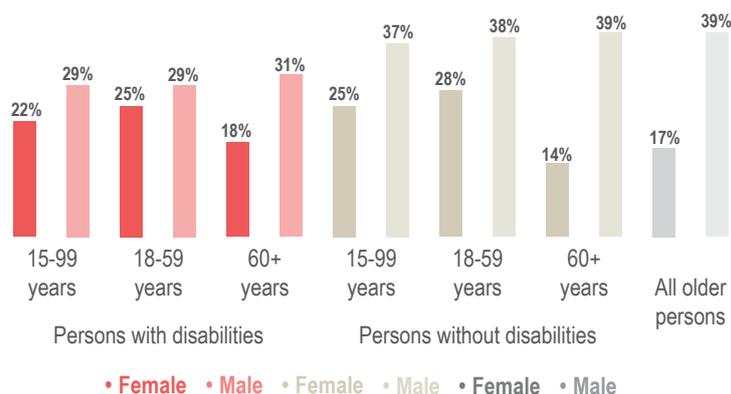
PARTICIPATION IN MEETINGS/ EVENTS



% of persons with and without disabilities aged 15 and above reportedly having attended community meetings/events in the month prior to data collection, by type of meeting⁵³



% of persons with and without disabilities aged 15 and above reportedly having attended community meetings/events in the month prior to data collection, by age group and gender⁵³



Comparison by type of functional difficulty

- No statistically significant differences in the proportions of persons with and without disabilities reportedly having participated in community meetings or events in the month prior to data collection were found.
- Comparing between domains of functional difficulty, differences in levels of participation were only found to be significant⁵⁴ for persons with difficulties in functioning in the self-care domain.
- Overall, 16% of persons with difficulties in functioning in the self-care domain had reportedly participated in meetings and/or events in the month prior to data collection, compared to 28% of persons with difficulties in functioning not in this domain.

⁵² Results in this section are indicative only for persons with difficulties in functioning in the anxiety or depression domains, as well as for persons without disabilities. Overall results for persons with disabilities exclude persons with difficulties in functioning in the anxiety or depression domains only (5 to 99 year-olds), or the behaviour domain only (2 to 4 year-olds). See "Challenges and limitations" in annex 1 for further explanations.

⁵³ Persons with disabilities exclude those with difficulties in functioning in the anxiety or depression domains only.

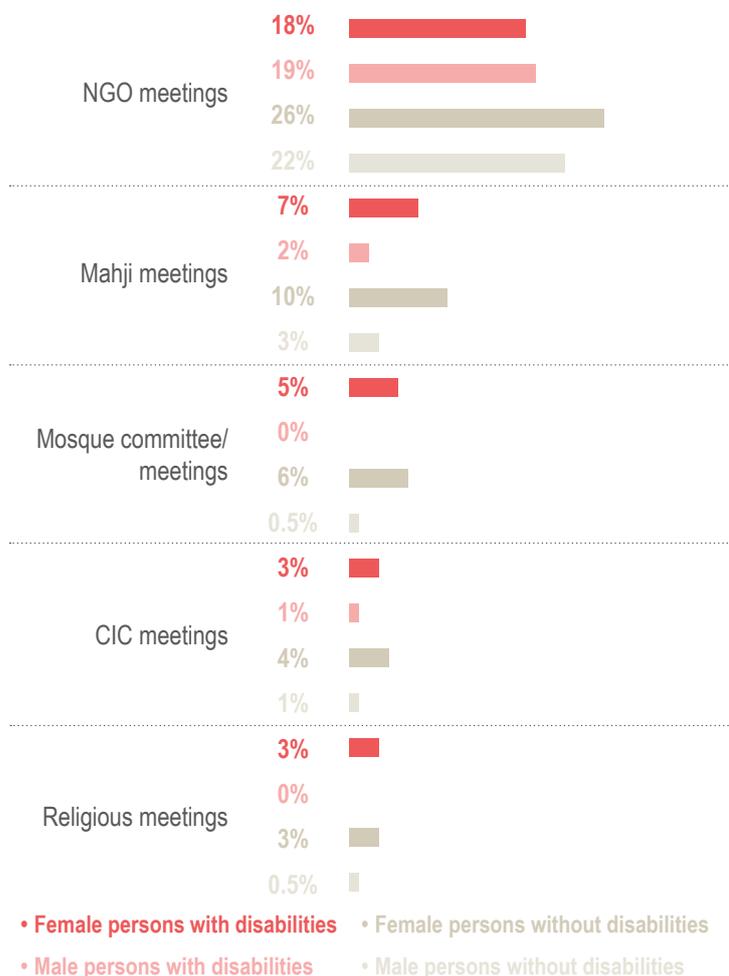
⁵⁴ p-value < 0.05

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% of persons with and without disabilities aged 15 and above reportedly having attended community meetings/events in the month prior to data collection, by type of meeting and gender⁵⁵



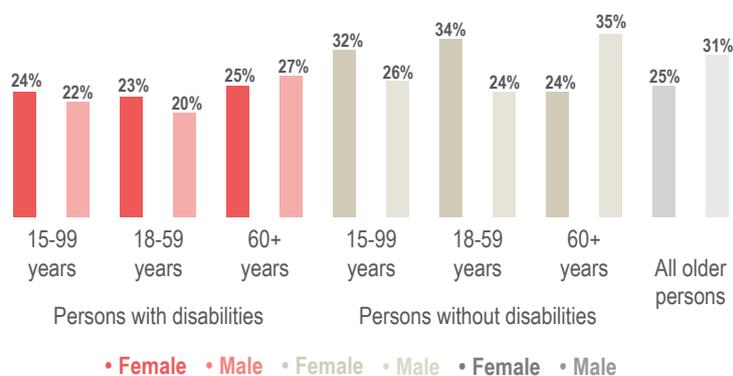
Barriers to participation and potentials for inclusion

- During the FGDs, there seemed to be a common perception that treatment as well as to a lesser degree education were required for persons with disabilities to be able to mix with other members of their community. This likely reflects stigma persons with disabilities face, leading to perceptions of them not being welcome in meetings. **Such stigma and related perceptions can therefore be considered barriers preventing persons with disabilities from participating in meetings.**
- Other commonly reported barriers reported during FGDs included **inaccessibility of meeting venues, or not being invited to meetings.**
- There was a common feeling among adults with disabilities and persons that they could support their communities in various ways. These included through teaching handicraft, teaching in general, or providing advice to the community or to NGOs. All of this is indicative of a general **desire to be actively involved in community life.**

FEEDBACK



% of persons with and without disabilities aged 15 and above reportedly having been asked for feedback on camp services in the month prior to data collection, by age group and gender⁵⁵



Comparison by type of functional difficulty

- No statistically significant differences in the proportions of persons with and without disabilities reportedly having been asked for feedback on camp services in the month prior to data collection were found.
- Comparing between domains of functional difficulty, **differences in the proportions of individuals reportedly having been asked for feedback were only found to be significant⁵⁶ for persons with difficulties in functioning in the self-care domain.**
- Overall, 15% of persons with difficulties in functioning in the self-care domain had reportedly been asked for feedback in the month prior to data collection, compared to 25% of persons with difficulties in functioning not in this domain.

⁵⁵ Persons with disabilities exclude those with difficulties in functioning in the anxiety or depression domains only.

⁵⁶ p-value < 0.05

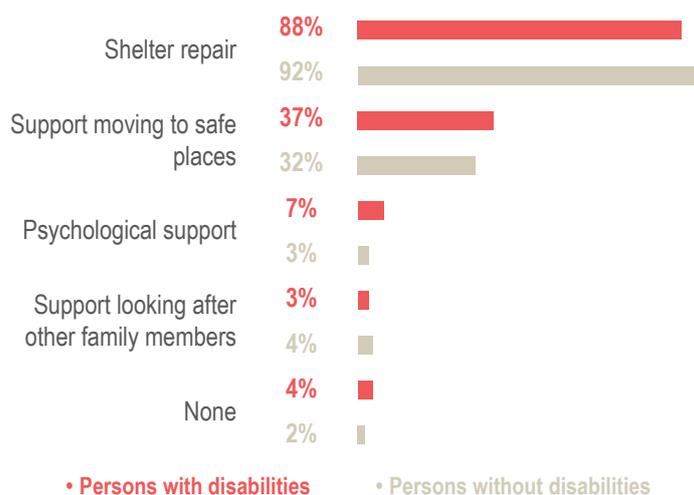
DISASTER PREPAREDNESS⁵⁷

KEY FINDINGS

- In terms of preferred support in the event of a natural hazard, the majority of persons with and without disabilities would reportedly like to receive support with shelter repair. **In particular persons with difficulties in functioning in the self-care or upper body movement domains were further reported as wanting to receive psychological support. Almost half the persons with difficulties in functioning in the vision domain would reportedly like to receive support in moving to safe places.**
- Generally, preferred means of communication to hear about upcoming hazards did not differ between persons with and without disabilities, with a large majority of individuals reportedly preferring loudspeakers. However, possibly linked to a limited ability to move, **significantly larger proportions of persons with difficulties in functioning in the self-care or upper body movement domains than persons with difficulties in functioning not in those domains reportedly prefer in-person communication.**

PREFERRED SUPPORT

% of persons with and without disabilities aged 15 and above reportedly wanting to receive different types of support with regard to natural hazards⁵⁸

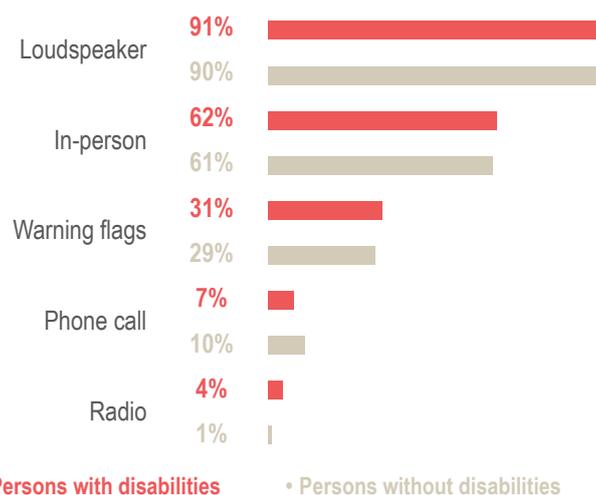


Comparison by type of functional difficulty

- Only in relation to **psychological support**, the proportion of persons with disabilities reportedly wanting to receive this type of support was significantly⁵⁹ larger than that of persons without disabilities, in particular among **persons with difficulties in functioning in the self-care or upper-body movement domains.**⁶⁰
- Moreover, **46% of persons with difficulties in functioning in the vision domain** would reportedly like to receive **support moving to safe places.**

MEANS OF COMMUNICATION

% of persons with and without disabilities aged 15 and above reporting preferred means of communication to hear about upcoming cyclones or similar hazards⁵⁸



Comparison by type of functional difficulty

- Significantly larger proportions of persons with difficulties in functioning in the self-care or upper body movement domains reportedly prefer in-person communication.** Among persons with difficulties in functioning in the upper body movement domain, this is also true for phone calls.⁶¹
- In turn, **significantly lower proportions of persons with difficulties in functioning in either of those two domains reportedly prefer warning flags.** Among persons with difficulties in functioning in the upper body movement domain, this is also true for loudspeakers.⁶²

⁵⁷ Results in this section are indicative only for persons with difficulties in functioning in the anxiety or depression domains, as well as for persons without disabilities. Overall results for persons with disabilities exclude persons with difficulties in functioning in the anxiety or depression domains only (5 to 99 year-olds), or the behaviour domain only (2 to 4 year-olds). See "Challenges and limitations" in [annex 1](#) for further explanations.

⁵⁸ Persons with disabilities exclude those with difficulties in functioning in the anxiety or depression domains only.

⁵⁹ p-value < 0.001

⁶⁰ p-value < 0.01 in both cases

⁶¹ In-person communication: upper-body movement domain - p-value < 0.01; self-care domain: p-value < 0.05; Phone calls (upper-body movement domain): p-value < 0.05

⁶² Warning flags: p-value < 0.05 for both domains; loudspeakers (upper body movement domain): p-value < 0.001

ANNEX 1

Representativeness of results

Household-level results for camps are representative at a 90% confidence level and with a 10% margin of error, or an 11% margin of error for camps 13, 16 and 22. They are representative at a 95% confidence level and with a 2% margin of error at the response level, and at a 95% confidence level and with a 4% margin of error for households with (n = 885) and without (n = 1,645) persons with disabilities.

At the individual level, the final level of precision reached at a 95% confidence level depends on the different sub-samples addressed for different sets of questions as well as the level of disaggregation, as shown in the table below. Results related to service utilisation, barriers and enablers, participation and disaster preparedness for persons without disabilities as well as persons with difficulties in functioning in the anxiety or depression domains are indicative only due to a sampling bias.⁶³

Precision of individual-level results at a 95% confidence level

Set of questions	Sub-sample	Sample size	Margin of error
Current enrolment rates among 3 to 14 year-olds	Persons with disabilities ⁶⁴	119	9%
	Persons without disabilities	3,553	2%
Highest level of education	Persons with disabilities ⁶⁴	1,312	3%
	Persons without disabilities	8,558	1%
Means of living	Persons with disabilities ⁶⁴	1,299	3%
	Persons without disabilities	8,153	1%
Disability prevalence	All	11,187	1%
	2 to 4 year-olds	1,341	3%
	5 to 17 year-olds	3,980	2%
	18 to 99 year-olds	5,866	2%
Service utilisation, barriers and enablers, participation, disaster preparedness (ages 15 and above) ⁶⁵	Persons with disabilities ⁶⁶	411 (female: 212; male: 199)	5%
	Persons without disabilities	1,200 (female: 639; male: 561)	Indicative
	Vision	87	11%
	Hearing	43	15%
	Mobility	280	6%
	Cognition	72	12%
	Self-care	90	11%
	Upper body movement	89	11%
	Anxiety	367	Indicative
	Depression	261	Indicative
	18 to 99 year-old persons with disabilities ⁶⁶	393 (female: 205; male: 188)	5% (female: 7%; male: 8%)
	18 to 99 year-old persons without disabilities	1,068 (female: 574; male: 494)	Indicative
	18 to 59 year-old persons with disabilities ⁶⁶	237 (female: 122; male: 115)	7% (female: 9%; male: 10%)
	18 to 59 year-old persons without disabilities	842 (female: 492; male: 350)	Indicative
	60+ year-old persons with disabilities ⁶⁶	156 (female: 83; male: 73)	8% (female: 11%; male: 12%)
	60+ year-old persons without disabilities	226 (female: 82; male: 144)	7% (female: 11%; male: 9%)
All 60+ year-old persons	473 (female: 199; male: 274)	5% (female: 7%; male: 6%)	

⁶³ For more information, please refer to the full [report](#).

⁶⁴ Includes all persons with disabilities.

⁶⁵ Domains of functional difficulty not included here were not analysed separately due to insufficient sample sizes.

⁶⁶ Includes all persons with disabilities with the exception of those with difficulties in functioning in the anxiety or depression domains only. Please refer to the full [report](#) for further explanation.

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Precision of individual-level results at a 95% confidence level (continued)

Set of questions	Sub-sample	Sample size	Margin of error
Service utilisation, barriers and enablers (ages 2 and above) ⁶⁷	Persons with disabilities ⁶⁸	489	5%
	Vision	97	10%
	Hearing	61	13%
	Mobility	302	5%
	Cognition	72	12%
	Self-care	107	10%
	Upper body movement	89	11%
	Communication	52	14%
	Learning	48	15%
	Anxiety	251	Indicative
	Depression	195	Indicative
	5 to 17 year-old persons with disabilities ⁶⁸	72	11%
	18 to 99 year-old persons with disabilities ⁶⁸	393 (female: 205; male: 188)	5% (female: 7%; male: 8%)
	18 to 59 year-old persons with disabilities ⁶⁸	237 (female: 122; male: 115)	7% (female: 9%; male: 10%)
	60+ year-old persons with disabilities ⁶⁸	156 (female: 83; male: 73)	8% (female: 11%; male: 12%)
	60+ year-old persons without disabilities	226 (female: 82; male: 144)	7% (female: 11%; male: 9%)
All 60+ year-old persons	473 (female: 199; male: 274)	5% (female: 7%; male: 6%)	

⁶⁷ Domains of functional difficulty not included here were not analysed separately due to insufficient sample sizes.

⁶⁸ Includes all persons with disabilities with the exception of those with difficulties in functioning in the anxiety or depression domains only (5 to 99 year-olds) and those with difficulties in functioning in the behaviour domain only (2 to 4 year-olds). Please refer to the full [report](#) for further explanation.

Challenges and limitations

Challenges and limitations of the assessment include:

- **Representativeness:** Due to time constraints, not all persons without disabilities or those with difficulties in functioning in the anxiety or depression domains only (5 to 99 year-olds), or in the behaviour domain only (2 to 4 year-olds), could be asked the questions on service utilisation, barriers and enablers, participation and disaster preparedness. These questions were therefore only asked to a mixed random sample of individuals from those groups. This, however, potentially introduced a sampling bias for each group, such that results related to service utilisation, barriers and enablers, participation and disaster preparedness for those groups are indicative only.
- **Analysis for persons with disabilities:** As a result of the above limitation, in order to still obtain representative overall results for persons with disabilities, results for persons with disabilities related to service utilisation, barriers and enablers, participation and disaster preparedness exclude persons with difficulties in functioning in the anxiety or depression domains only (5 to 99 year-olds), or in the behaviour domain only (2 to 4 year-olds).
- **Analysis by domain of functional difficulty:** Due to limited sample size, the analysis disaggregated by domain of functional difficulty could only be conducted for domains with sufficient sample size to achieve representative results.
- **Co-occurrence of functional difficulties:** Persons with disabilities were often reported as having a functional difficulty in several domains at the same time. Therefore, results by domain of functional difficulty must be interpreted cognisant of the fact that they may be the result of a combination of functional difficulties rather than attributable to a single functional difficulty.
- **Disability and highest level of education/pre-COVID engagement in the informal sector:** The assessment determined current disability prevalence or functional difficulties. With disability being an evolving concept,⁶⁹ this does not necessarily reflect disability prevalence or functional difficulties in the same population at any other point in time. In particular, difficulties in functioning in the anxiety or depression domains may have been impacted to some degree by the COVID-19 outbreak, associated control measures, and their impact on programming throughout much of 2020. Therefore, findings related to persons with disabilities' highest levels of education, pre-COVID enrolment in educational facilities and pre-COVID engagement in the informal sector have to be interpreted cognisant of the fact that they represent current persons with disabilities' highest levels of education, pre-COVID enrolment rates and pre-COVID engagement in the informal sector. They may only be indicative of the highest levels of education, pre-COVID enrolment rates and pre-COVID engagement in the informal sector of persons with disabilities at the time when the education was obtained or self-reliance activities were pursued.
- **Analysis by age group:** The analysis related to service utilisation, barriers and enablers, participation, and disaster preparedness by age groups excludes the 2 to 4 years' age group, as the sample size for this age group was too small for a disaggregated analysis.
- **Proxy reporting:** Data on individuals aged 17 or younger as well as on adult individuals unable to respond on their own behalf was collected by proxy from other household members. Results may therefore not directly reflect the lived experiences of the concerned individuals.
- **Respondent bias:** Certain indicators, such as barriers to accessing services, may be under- or over-reported due to the subjectivity and perceptions of respondents. For instance, respondents might have the tendency to provide what they perceive to be the "right" answer to certain questions ("social desirability bias").
- **Perceptions:** Questions on individuals' perceptions may not directly reflect the realities of service provision in refugee camps but only respondents' perceptions of them.
- **FGD participants:** In order to facilitate communication with participants, for qualitative data collection, FGD participants were selected from UNHCR partner, HI and CBM-CDD beneficiaries. Therefore, qualitative results reflect project beneficiaries' perceptions, needs, barriers, and preferences, and may not be reflective of persons with disabilities across the entire Rohingya population.

⁶⁹ Compare to the [preamble of the Convention on the Rights of Persons with Disabilities \(CRPD\)](#): disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

Age and Disability Inclusion Needs Assessment

Rohingya Refugee Response, Cox's Bazar, Bangladesh

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Technical contributions:



REACH Informing
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Helvetas Swiss Intercooperation is a Swiss INGO, registered in Bangladesh, with livelihood, WASH, governance and emergency projects in the country. REACH Initiative operates under the umbrella of Helvetas as a technical implementing partner. REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.