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ISCG INTER SECTOR COORDINATION GROUP | Rohingya Refugee Response Bangladesh

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Photo Caption: A child wearing two orthotic devices stands with her mother's support, looking outside the window. Her mother gently watches her expression. © HI

Report
Disability Inclusion Sectoral Need Analysis
July 2025

Handicap International Federation- Humanity & Inclusion

Acknowledgment

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We would like to express our sincere gratitude to the sector focal points, implementing partners, and coordination bodies across the Health, WASH, Nutrition, Education, Protection, Food Security Sector (FSS), Shelter Camp Coordination and Camp Management (SCCCM), and Livelihoods and Skills Development Sector (LSDS). Your insights, reflections, and practical examples enriched the quality and depth of this assessment.

Special thanks to the Inter-Sector Coordination Group (ISCG) for their continuous support and guidance in facilitating sectoral engagement and coordination throughout this study. We extend our deep appreciation to the members of the Age and Disability Technical Working Group (ADTWG) for their technical input, contextual expertise, and strategic direction, which helped ensure that this analysis aligns with global standards, including the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.

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Finally, we acknowledge the commitment and voices of persons with disabilities, their caregivers, and representative organizations, who continue to remind us that inclusion is not only a matter of access but of dignity and rights. This study reflects our collective commitment to building a more inclusive, equitable, and accountable humanitarian system for all.

HI would like to express its deepest gratitude to all contributors, acknowledging not only the quality of their input but also their constructive team spirit and commitment to promoting disability inclusion.

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List of Acronyms

ADTWG	Age and Disability Technical Working Group
CDD	Centre for Disability in Development
CRPD	Convention on the Rights of Persons with Disabilities
DI	Disability Inclusion
DFAT	Australian Department of Foreign Affairs and Trade
FSS	Food Security Sector
GBV	Gender-based violence
IASC	Inter-Agency Standing Committee
IEC	Information, Education, and Communication
LSDS	Livelihood and Skills Development Sector
OPD	Organization of Persons with Disabilities
SCCCM	Shelter – Camp Coordination and Camp Management
UNHCR	United Nations High Commissioner for Refugees
ISNA	Inter Sector Needs Assessment
DMC	Disaster Management Committee
UNFPA	United Nations Population Fund
IOM	International Organization for Migration
WGFS	Women & Girl Friendly Space
WGQ	Washington Group Questionnaire
WASH	Water, Sanitation, and Hygiene
SAM	Severe Acute Malnutrition
FAO	Food and Agriculture Organization

Executive Summary

Persons with disabilities make up an estimated 16% of the global population, and this proportion is often significantly higher in humanitarian settings. Within crisis-affected communities, they are among the most marginalized and disproportionately impacted by conflict and emergencies. During disasters, their mortality rate can be two to four times higher than that of persons without disabilities.

According to the 2024 Inclusion Sector Needs Assessment (ISNA), approximately 12% of Rohingya individuals are reported to have at least one form of disability. The most reported difficulty is walking or climbing steps (7.2%), followed by difficulty seeing even with glasses (4.6%), self-care challenges (4.4%), memory or concentration issues (3.9%), difficulty hearing even with a hearing aid (2.8%), and challenges in communication (2.14%).

To promote the inclusion and protection of persons with disabilities, humanitarian actors in Cox's Bazar have increasingly sought technical support and capacity-building from disability-focused organizations. However, evidence shows that many sectors and agencies are still in the early stages of developing their capacity and strategy and often lack the necessary expertise or a focal person to ensure disability inclusion across their programs. While there is some commitment among humanitarian sectors and actors, a consistent and systematic approach to inclusion remains absent. In many cases, efforts to include persons with disabilities are driven by the personal initiative of a few motivated individuals within organizations. Additionally, funding dedicated to inclusive humanitarian action remains limited, hindering sustained and comprehensive implementation.

This Disability Inclusion Sectoral Analysis was undertaken to systematically assess the extent to which persons with disabilities are meaningfully included across the key sectors of the Rohingya humanitarian response in Cox's Bazar, Bangladesh. The analysis aimed to identify existing gaps, good practices, and technical support needs to guide inclusive planning, program implementation, and coordination. Anchored in the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, the study seeks to inform evidence-based actions that promote equitable access, participation, and protection for persons with disabilities across all phases of the humanitarian program cycle.

Key Findings by Sectors	
Livelihoods and Skills Development Sector	Strong verbal commitments exist across sectors in the Rohingya response; however, disability inclusion remains inconsistently applied due to the absence of formal policies, limited internal technical capacity, non-standardized data collection, ad hoc collaboration with disability-focused organizations, and minimal participation of persons with disabilities in program design and feedback systems. This highlights an urgent need for structured guidance, practical tools, inclusive coordination, and sector-wide accountability mechanisms.
Food Security Sector	While Food Security Sector actors demonstrate growing awareness of disability inclusion, its integration into policies, programming, and monitoring remains limited and inconsistent. Current efforts are mostly ad hoc and driven by individual partners, with little strategic planning, insufficient data systems, and few accessible feedback mechanisms. Participation of persons with disabilities is minimal, and collaboration with disability-focused organizations tends to be reactive rather than systematic.
Protection Sector	The Protection Sector demonstrates strong verbal commitment to disability inclusion, yet practical implementation remains fragmented, marked by limited policy integration and dependency on external stakeholders such as the ADTWG and HI for capacity building. Most respondents reported no sector-specific guidance or policies explicitly focused on disability inclusion, as well as limited collaboration with the ADTWG or disability-focused agencies. In a few cases, disability inclusion is mentioned in annual plans or programming frameworks but not embedded in binding sectoral documents.
Health Sector	There is strong institutional and individual commitment to disability inclusion in the health sector of the Rohingya response, this growing momentum reflects increased awareness of the need to serve persons with disabilities more effectively. However, practical implementation remains fragmented and inconsistent. Although some agencies, such as UNFPA, have incorporated disability-inclusive policies into their strategies, most partners lack disability-inclusive operational tools, data systems, and standardized approaches to participation, feedback, and coordination. Inclusion efforts are often ad hoc, heavily reliant on external actors (e.g., HI, ADTWG), and frequently limited to physical accessibility measures (e.g., ramps), with minimal attention to broader accessibility needs, including sensory and cognitive considerations.

Key Findings by Sectors (Continue)	
Shelter - Camp Coordination & Camp Management	The SCCCM sector demonstrates a high level of verbal commitment to disability inclusion, largely led by individual actors such as IOM. While some inclusive practices exist—such as disability focal points, participation in camp coordination, and periodic data collection—there is no sector-wide standardization. Physical accessibility is limited, and the use of inclusive tools and participation approaches is inconsistent. Despite isolated good practices, less comprehensive and harmonized inclusion strategies and policies across the SCCCM sector result in inconsistent implementation and accountability.
Nutrition Sector	While commitment to disability inclusion exists and is increasingly recognized as a strategic priority, implementation remains fragmented and largely reactive. Efforts often depend on ad hoc initiatives, partner-led support, and external training. Most actors noted the absence of formalized sector-wide policies, harmonized indicators, and consistent inclusive programming practices. Participation of persons with disabilities and feedback mechanisms are irregular, and accessibility features are not consistently implemented across all nutrition facilities.
Education Sector	There is demonstrated commitment, especially in inclusive education materials and focal points. Yet, the participation of children with disabilities remains low. Resources and disability data collection are mostly project-driven and not coordinated sector-wide. Policies and tools exist but are inconsistently applied. Data collection, participation of children with disabilities, accessible feedback mechanisms, and inclusive infrastructure remain irregular.
Water, Sanitation, and Hygiene Sector	Disability inclusion is often viewed through the lens of infrastructure (e.g., ramps, accessible toilets), with some community-level engagement. However, the sector lacks a harmonized strategy, inclusive monitoring tools, and comprehensive feedback mechanisms accessible to persons with disabilities. Disability-related data collection is sporadic, participation of persons with disabilities in WASH planning structures is limited, and inclusive feedback mechanisms remain inconsistently applied. Much of the inclusion work is reactive and driven by external partners (e.g., ADTWG), indicating a need for stronger institutional ownership and mainstreaming of disability inclusion across the program cycle.

General Recommendations for Sectors

Livelihoods and Skills Development Sector	Adapt assessment and monitoring tools and processes to collect data on the capacities and needs of persons with disabilities. Ensure accessibility in all facilities and training centers, along with the provision of reasonable accommodation and assistive devices where needed, with or without the support of referral. Conduct capacity-building for all LSDS actors through hands-on training. Ensure the meaningful participation of persons with disabilities in vocational training selection, cash-for-work activities, and resilience planning.
Food Security Sector	Develop sector-specific disability inclusion guidelines and action plans, including accessible food distribution protocols, targeted support strategies, and accessible facility designs. Create inclusive targeting mechanisms to proactively identify and prioritize persons with disabilities and their caregivers for food assistance and livelihood support. Conduct barrier assessments at distribution points. Adapt feedback and complaint mechanisms to ensure accessibility and ensure that complaints from persons with disabilities are tracked down and addressed.
Protection Sector	The Protection sector should institutionalize disability inclusion across program cycles by developing sector-wide guidance and SOPs on disability inclusion in protection response (including case management, community-based protection, GBV, and child protection). Standardize disability data collection through WGQ, formalize the participation of persons with disabilities in coordination, needs assessment, and feedback mechanisms; integrate DI in coordination agendas; and strengthen collaboration with the ADTWG.
Health Sector	Develop a disability-inclusive health strategy aligned with the IASC guidelines, establish a focal point, standardize disability data collection (using WGQ), and ensure accessibility across all service facilities, including feedback and service design. This should be complemented with sustained technical support and hands-on coaching on inclusive planning, budgeting, and monitoring, in partnership with OPDs and the ADTWG.

General Recommendations for Sectors (Continue)

Shelter - Camp Coordination & Camp Management	The SCCCM sector should develop and adopt sector-wide Disability Inclusion Operational Guidance. This should include formalizing disability-specific participation approaches (e.g., in DMCs, needs assessment phase, FGDs) at the camp and coordination levels, standardizing disability data collection and monitoring in sectoral assessments, and establishing inclusion indicators. Conduct camp-wide accessibility audits and strengthen cross-sector collaboration with the ADTWG.
Nutrition Sector	The Nutrition sector should develop a sector-led Disability Inclusion Operational Framework that institutionalizes inclusion into every stage of programming. This should include standardizing disability inclusion indicators (e.g., % of children with disabilities receiving nutrition services, inclusion in SAM/MAM tracking, referrals made) across partners; sector-wide capacity building through regular coaching and refresher trainings; improving infrastructure accessibility in all service facilities; and assigning dedicated disability focal points at both the sector coordination and implementing partner levels to guide inclusive practices and monitor implementation.
Education Sector	Implement a disability inclusion checklist in all learning centers, develop sector-wide DI action plans, and ensure ongoing training and tool development aligned with the Inter-agency Network for Education in Emergencies (INEE) and IASC guidelines. Standardize inclusive education indicators (e.g., enrollment, retention, access to assistive devices) across all partners. Build capacity through sector-led coaching on inclusive approaches, accessible learning environments, and universal design.
Water, Sanitation, and Hygiene Sector	The WASH sector should adopt and operationalize a Disability-Inclusive WASH Strategy, aligned with the IASC Guidelines. This should include standardized accessible infrastructure design (toilets, bathing areas, water points) using universal design principles; integration of disability-disaggregated indicators and systematic data collection for monitoring inclusion; and capacity building for sector staff and partners through regular, sector-led on-the-job coaching and training.

Introduction

Overview of the Rohingya Humanitarian Crisis

The Rohingya humanitarian crisis is one of the most protracted and complex refugee situations globally. Following the widespread violence and forced displacement in Myanmar's Rakhine State in August 2017, over 700,000 Rohingya refugees crossed into Bangladesh, joining earlier waves of displacement. As of October 2024, a total of 1,004,986 refugees (204,148 families) were registered in the Cox's Bazar District of Bangladesh, residing in 33 camps in the Teknaf and Ukhiya sub-district (upazilas).[1] This sudden mass influx led to an unprecedented emergency requiring multi-sectoral humanitarian responses. The Government of Bangladesh and the international humanitarian community mobilized extensive resources under the Joint Response Plan (JRP), coordinated by the Inter Sector Coordination Group (ISCG) and guided by the Inter-Agency Standing Committee (IASC) humanitarian framework.[2]

The camps in Cox's Bazar are overcrowded and located in hilly, landslide-prone areas, putting refugees at significant risk and sometimes hindering their access to essential services. Despite the humanitarian community stretching its resources to meet refugees' needs, the situation is worsening, with escalating social and security issues. The Government of Bangladesh considers the refugee presence temporary, anticipating returns when conditions in Myanmar allow, but the ongoing conflict in Rakhine State may delay this process.[3]

Disability inclusion is an essential component of effective humanitarian action. Since the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), disability has been recognized as a fundamental human rights issue. In response, major donors have increasingly made disability inclusion a requirement for funding. Additionally, numerous humanitarian organizations have committed to integrating persons with disabilities into their programmes and operations, in alignment with core humanitarian principles.[4]

Globally, approximately 16% of the population live with a disability, making persons with disabilities one of the largest minority groups. The prevalence of disability often increases during humanitarian crises, as conflicts and disasters contribute to a rise in disability through increased exposure to risk and injury, as well as disruptions in essential services and support systems.[5]

According to Age and Disability Inclusion Need Assessment (2021) reported that 12% of the population, across both genders, are persons with disabilities. Additionally, the prevalence of

[1] UNHCR. (2024, October 31). Joint Government of Bangladesh – UNHCR Population Factsheet. https://data.unhcr.org/en/documents/details/112379
[2] Inter-Sector Coordination Group (ISCG). (2025, March 24). *2025–26 Joint Response Plan: Rohingya humanitarian crisis in Bangladesh*. https://rohingyaresponse.org/project/2025-26-jrp/
[3] Inter-Sector Coordination Group (ISCG). (2024). Inter-Sector Needs Assessment (ISNA): Bangladesh, Rohingya refugee crisis. https://fscluster.org/coxs-bazar/document/fss-coxs-bazar-2024-inter-sector-needs
[4] Funke, C., & Dijkzeul, D. (2021). Mainstreaming disability in humanitarian action: A field study from Cox's Bazar, Bangladesh. IFHV Working Paper, 11(1). https://www.ifhv.de/publications/ifhv-working-papers/issues/11_01
[5] International Federation of Red Cross and Red Crescent Societies (IFRC). (2024, November). Building blocks for disability-inclusive programmes: Guidance note. IFRC. https://pgi.ifrc.org/resources/building-blocks-disability-inclusive-programmes

disability increases with age, ranging from 2% among children aged 2–4 to 51% among older persons aged 60 and above.[6]

In response to the information needs of the humanitarian operation, the 2024 Inter-Sector Needs Assessment focused on context-specific and programmatic data to inform the Joint Response Plan (JRP) for 2025-2026. As revealed in the ISNA 2024, there are around 12% Rohingya individuals who have at least one disability. Difficulty in walking and climbing steps is the highest reported disability at 7.2%, followed by difficulty in seeing even after wearing glasses at 4.6%, difficulty with self-care at 4.4%, difficulty remembering or concentrating at 3.9%, difficulty hearing even after wearing a hearing aid at 2.8%, and difficulty understanding or being understood at 2.14%.[7]

Moreover, as per the ISNA 2024, it was identified that 79.21% of persons with disabilities face challenges in accessing humanitarian assistance due to physical and communication barriers. These gaps include insufficient targeting and mainstreaming of disability inclusion across all sectors, limited accessibility of camps and facilities, inadequate access to information, and a lack of opportunities for persons with disabilities to voice their concerns and assume leadership roles. Addressing these gaps is crucial for ensuring equitable access and meaningful participation for persons with disabilities in humanitarian efforts.

To ensure the inclusion and protection of persons with disabilities, humanitarian actors have been increasingly reaching out to disability-focused organizations for technical support and capacity-building. Research in Cox's Bazar demonstrates that many organizations have only just started to build their capacity and thus lack expertise in how to ensure the inclusion of persons with disabilities throughout their programs.

Despite demonstrated commitment from many humanitarian actors, a systematic and institutionalized approach to disability inclusion across organizations, programs, and services remains limited. In many cases, the inclusion of persons with disabilities relies heavily on the personal initiative and motivation of a few individuals within organizations, rather than being embedded in organizational structures and strategies. Furthermore, financial resources dedicated to inclusive humanitarian action remain insufficient, hindering sustained progress.[8] To strengthen humanitarian actors' disability-inclusion capacity, it is vital to have a more profound understanding of the conditions that impede and encourage the inclusion of persons with disabilities in the humanitarian response.

[6] REACH. (2021, April). *Bangladesh – Rohingya refugee crisis – Cox's Bazar district age and disability inclusion needs assessment*. https://www.impact-repository.org/document/reach/359cb3c5/REACH_BGD_ma...
[7] ISCG, Inter-Sector Needs Assessment, 2024.
[8] Funke & Dijkzeul, *Mainstreaming disability in humanitarian action*, 2021.

Photo Caption: A Rohingya man with a below knee amputation sitting inside his shelter in the Rohingya camp, with his regularly used artificial limb placed beside him. © HI

Current Situation of Persons with Disabilities: Perception and Barriers

As per the recent perception study conducted by HI in December 2023 to assess the perception of persons with disabilities on service provision, it identified that all sectors received below-average scores from the beneficiaries. Water, Sanitation, and Hygiene scored 1.69, Shelter and Settlement 1.74, and Education scored 1.92 out of 5, thus appallingly low for inclusiveness, indicating that there is a need to strategically rethink and take appropriate targeted measures to reach out to persons with disabilities. This also reflects the lack of targeting by actors due to the non-availability of data on persons with disabilities in the response. Furthermore, lack of access to information about the available service provision, coupled with the limited capacity of service providers to interact and communicate with persons with disabilities, further contributes to the exclusion of persons with disabilities in accessing essential services. These challenges are more severe for women and girls with disabilities, who endure intersecting discrimination, including cultural expectations. Women with disabilities also face greater violations of their sexual and reproductive health rights and have triple the illiteracy rate and double the unemployment rate compared to men with disabilities.[9]

Among different barriers, environmental barriers appear to be the most evident barrier that hinder beneficiaries from accessing registration and distribution points and WASH facilities, including latrines, bathing units and spaces for menstrual hygiene management, as well as various service facilities and safe spaces for children and women. These facilities are either located far away, uphill and across difficult terrain or are constructed in such a way that they are difficult for persons with disabilities to reach or access.

Importance of Inclusive Humanitarian Action in the Rohingya Response

Inclusive humanitarian action is critical to ensuring that no one is left behind, especially in a protracted crisis where marginalization can deepen over time. Disability inclusion:

- Upholds the rights-based approach enshrined in the UN Convention on the Rights of Persons with Disabilities (CRPD) and the 2030 Agenda for Sustainable Development.
- Enhances the effectiveness and quality of humanitarian interventions by addressing diverse needs.
- Promotes dignity, resilience, and agency of persons with disabilities.
- Prevents further exclusion and dependency by fostering inclusive community participation and leadership.

[9] Asian Development Bank (ADB). (2024, May). Gender equality and disability inclusion: Guidelines to address the specific needs of women and girls with disabilities. https://seads.adb.org/publication/gender-equality-and-disability-inclusion-guidelines-address-specific-needs-women-and

Attitudinal Barriers
Persons with disabilities experience bullying, teasing, offensive comments, negative attitudes, stigma, and isolation by community members. There are also assumptions among staff that individuals with disabilities cannot contribute to the response. Women and girls with disabilities face heightened stigma due to cultural norms.

Communication Barriers
Inaccessible communication systems prevent access to information, knowledge, and opportunities to participate. There is a lack of information in multiple communication formats, insufficient signage and symbols, and a lack of sign language interpreters.

Barriers faced by people with disabilities

Environmental/Physical Barriers
Inaccessible infrastructure and service centers such as uneven pathways, high stairs, narrow entrances, and the unavailability of handrails or ramps pose significant challenges. There is also a lack of assistive devices, transportation, and reasonable accommodation.

Institutional Barriers
There are limited disability-inclusive policies, programs, funding, and strategies to promote inclusion. Humanitarian actors often lack the knowledge and skills to mainstream disability inclusion. Additionally, there are gaps in disability data collection and identification.

Framework for Disability-Inclusive Programmes

The four "Must Do Actions" established by the Inter-Agency Standing Committee (IASC) are essential measures that should be systematically integrated into all development and humanitarian programmes and responses to ensure the inclusion and protection of persons with disabilities.

Must Do Action			
1	2	3	4
Ensure meaningful participation	Identify & remove Barriers	Empowerment and capacity development	Disaggregate data for monitoring inclusion

Objectives of the Assessment

To Identify gaps in service provision and capacity building needs of service providers to improve their ability to interact and communicate effectively with people with disabilities.

To provide evidenced based recommendations on how sectors practices and service delivery can be more inclusive to address the needs, priorities, and challenges of the targeted group including person with disabilities.

To understand the age and disability inclusion technical support needs for individual sectors

Methodology

The assessment was designed in close consultation with all ISCG sectors and thematic experts active in the response. Prior to the assessment, HI coordinated with the sectors and the Age and Disability Technical Working Group (ADTWG) of ISCG to select members and design the analysis tools. The sectors and ADTWG took the lead in communicating and arranging for sectoral experts to participate in the exercise. A detailed technical support report was developed and shared with the sector coordinators for their input and endorsement before the design of training tools and resources. The HI technical team developed the tools, conducted the data analysis, and prepared the report. As part of the methodology, HI undertook the following tasks.

A total of **07 Key Informant Interviews (KII)** were conducted with sectors coordinators (Nutrition, Education, Health, WASH, SCCCM, LSDS, FSS) to assess the current gaps in the knowledge and skills on disability inclusion specific to sectoral interventions. A semi-structured questionnaire guided the interviews.	A total of **35 in-depth interviews** were conducted, each targeting a specific ISCG sectoral expert with their nominating organizational focal. A semi-structured questionnaire was used to guide the interviews.

Study Area and Population

The targeted population included representatives from ten different sectors and sub sector under the ISCG in the Cox's Bazar Rohingya refugee response. The assessment was organized separately with each representative.

Limitations

- As per the activity plan, all initiatives should be coordinated with the ADTWG and relevant sectors. However, due to their unavailability and other priorities, the data collection process was delayed.
- Some sector coordinators, organizational representatives, and staff may have limited information, understanding, or experience with disability inclusion, which can result in a lack of depth during interviews. Many sectoral leads and implementing agency representatives are already managing heavy operational workloads and emergency response activities. Scheduling interviews amongst urgent sector priorities is often difficult.
- Due to limited record-keeping, reporting mechanisms particularly disability inclusive activities among organizations, participants may struggle to recall past efforts or lessons learned related to disability inclusion.
- Some sectors may not have clearly designated inclusion focal points, making it difficult to identify the most appropriate respondent.
- Sector coordinators based at the coordination level may have limited direct engagement with day-to-day service delivery or lived experiences of persons with disabilities in the camps.
- Therefore, some accountability pressure may cause hesitation in openly discussing gaps in the preparedness sector or capacity related to disability inclusion.

Key Sectoral Findings and Recommendations

Livelihood and Skills Development Sector

Generally, a higher proportion of people with disabilities than those without disabilities reportedly face barriers in accessing services. As of 2024, ISNA results showed 79% of Rohingya households reported at least one source of income, but 21% lacked any income source (excluding food rations). However, accessing income or livelihood opportunities remains a challenge for the majority of the Rohingya households, including women, due to limited access to livelihoods, long wait times for opportunities, and movement restrictions.[10]

Recently HI has conducted barriers and facilitators assessments for person with disabilities in Rohingya camps. The most significant barrier, reported by 59.57% of respondents, is the lack of information about available LSDS services, which prevents many from participating in opportunities that could enhance their well-being and independence. 27.13% shared that they experience negative attitudes from community members and peers, which contributes to social exclusion and discourages engagement.

[10] ISCG, Inter-Sector Needs Assessment, 2024.

Photo Caption: A Rohingya woman with disability stitches designs onto fabric to prepare a bedsheet for sale, supporting her family. © HI

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - Across multiple sectoral actors and coordination bodies involved in the Rohingya response, there is a strong and consistent expression of commitment to improving disability inclusion.
  - The broadly expressed commitment can be leveraged to introduce sector-specific capacity building, ensuring that commitment is matched by technical competence and resource allocation.
  - Future assessments should explore how these commitments are being operationalized in sectoral plans, budgets, and field-level implementation.

- **Policies and Guidelines**
  - Most agencies have limited specific inclusion guidance within their strategic or policy frameworks.
  - The only structured support mentioned is ad-hoc assistance from the Age and Disability Technical Working Group (ADTWG), which is not integrated into sector strategies.
  - A consistent concern across respondents was the absence of clear guidance on disability inclusion. This stems primarily from its low prioritization in strategic planning, lack of technical expertise and knowledge and lack of evidence where inclusion is often treated as an afterthought rather than embedded from the outset—such as in the Joint Response Plan (JRP) design.

- **Inclusive Programming: Resources and Technical Support**
  - The presence of disability inclusion activities (like the development of tools, resources, and training) is largely reliant on external agencies, rather than being internally driven or embedded within sector strategies. Most sectors indicated that no specific resources have been developed within their sector to promote disability inclusion.
  - Training on disability inclusion has been delivered, predominantly through HI-led efforts, yet it lacks consistency in implementation and sectoral ownership. Most training sessions were two days long and conducted once.
  - Most agencies and sectoral partners do not know where to find resources on disability inclusion. There is a clear gap in knowledge or access to sector-specific guidance on disability inclusion across almost all sectors. The lack of centralized, well-communicated resources has led to poor awareness

- **Collaboration and Coordination**
  - There is strong reliance on HI and the ADTWG, indicating broad acknowledgment of the value that disability-focused organizations (like HI) bring in building capacity.
  - There is still a lack of involvement of persons with disabilities and their representative organizations directly in program design, implementation or monitoring.
  - While all participants report collaborating with disability-focused organizations primarily through joint training and networking, the approach remains largely informal.

- **Program Design and Implementation**
  - Humanitarian actors reported that they do not have a structured, inclusive process for identifying the needs of persons with disabilities. For disability disaggregated data collection, they often use Washington group questionnaire but mainly dependent on third parties (e.g., HI, CDD).
  - Consultation with disability-focused organizations is very rare and not consistently integrated into structured needs assessments. Limited participatory assessments involving persons with disabilities in program planning and design. Where actions exist, they are partial, ad-hoc, and often dependent on external partners.

- **Participation and Empowerment**
  - There is a clear recognition of the importance of disability inclusion in coordination settings, but the actual participation of persons with disabilities across the program cycle is extremely limited. Most efforts are ad-hoc, surface-level, or dependent on individual actors or organizations. There is no standard mechanism across the sector for ensuring persons with disabilities are consistently included in the design, implementation, and monitoring.

- **Data Collection and Specific Indicators**
  - Inconsistent Use of Validated Tools: There is no sector-wide requirement or technical support to standardize disability data collection using globally accepted tools like WGQ. Binary “yes/no” questions or observation-based identification were noted — these are highly unreliable and risk underreporting or misidentifying disabilities.

- Several agencies highlighted that they default to a 1% target for persons with disabilities in their programs (beneficiary selection, LSDS activities). However, this is not a sector-developed indicator, rather a borrowed threshold, often from the ADTWG, UNHCR or donor requirements.

- **Feedback & Learning for Inclusive Programming**
  - There is a notable gap in establishing inclusive feedback and complaint mechanisms within sectors. While a couple of isolated actions are emerging like modifying the complaint box, and providing assistance, but there is no standard practice or consistent integration of inclusive formats across the response. Sectoral agencies are trying to formalize tools, accessible approaches, or consistent monitoring of accessibility within their feedback systems.
  - Sectors are learning the importance of inclusive design and flexibility, especially around eligibility and participation. There is a clear emphasis on data, both for identifying needs and for measuring inclusion.

- **Changes and Barriers**
  - Several sectors have initiated actions such as installing ramps and accessible toilets (e.g., IOM, UNHCR centers) and sharing information in multiple formats (verbal, visual, simplified text). However, these efforts are only partially implemented and lack consistency across different locations.
  - Collaboration with disability-focused actors such as the ADTWG has supported the design of more inclusive interventions. Recruitment of persons with disabilities into humanitarian teams remains minimal and requires significant improvement.

- **Technical Support Needs**
  - Sectors requested tailored coaching sessions and practical support focused on specific processes, actions, and the review of tools to ensure effective disability inclusion.
  - There is a strong demand for practical tools, technical guidance documents, and training, especially regarding disability-disaggregated data collection.
  - Stakeholders emphasized the need for support in strengthening the meaningful participation of persons with disabilities.
  - Sectors expressed interest in support for developing or enhancing disability inclusion action plans, along with openness to proposing additional tailored support as needed.

Photo Caption: A Rohingya man with disability, who uses a wheelchair for mobility, is weaving a bamboo basket alongside another person inside the Rohingya camp. © HI

Recommendations (Livelihood and Skills Development Sector)

- Encourage sector stakeholders to embed inclusive targets in their annual work plans, M&E frameworks, and sector coordination platforms.
- Translate the existing disability-inclusive policies into actionable internal guidelines for LSDS staff and implementing partners.
- Enhance data collection and evidence-based programming by using WGQs to identify people with disabilities and conduct participatory assessments to ensure the voices of persons with disabilities are heard. Adapt training materials into multiple accessible formats (e.g., pictorial, audio, low-literacy versions).
- Strengthen engagement with the ADTWG, OPDs, and disability-focused actors in the design and review of livelihood strategies, SOPs, guidelines, tools, and other resources.
- Develop inclusive skill-development modules informed by participatory assessments that reflect the needs, capacities, and market potential of persons with disabilities.
- Promote meaningful inclusion by recruiting and mentoring persons with disabilities and caregivers as trainers or peer mentors, engaging OPDs in all program phases.
- Adapt livelihood and skills development assessment and monitoring tools and ensure that livelihood targeting criteria adequately address their needs.
- Collect and analyze livelihood data on persons with disabilities, disaggregated by sex, age, and disability (using WGSSQ). Develop specific indicators for participation and use findings from disaggregated data to adapt program content.
- Systematically ensure that livelihood programs are accountable to persons with disabilities and provide on-the-job coaching and capacity-building programs on inclusion for LSDS staff.

Food Security Sector

In the Rohingya crisis, ensuring food security for people with disabilities is crucial but often faces implementation challenges. While humanitarian actors aim to include them in the response, barriers and difficulties persist. Organizations like IOM are working to provide mainstream assistance for persons with disabilities, ensuring they receive appropriate support and individualized care. They also focus on community participation and access to essential services, including food distribution points and safe pathways.

Humanitarian responses often struggle to adequately address the specific needs of persons with disabilities, leading to their potential exclusion from food security initiatives. Engaging with disabilities individuals and their families in the design and implementation of food security programs is crucial to ensure they meet their needs and preferences.

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - Across all in-depth interviews (IDIs) and key informant interviews (KIIs) conducted with sectoral actors and coordination leads, there was a clear and unanimous expression of full commitment to advancing disability inclusion within their respective sectors. However, commitment is high, but concrete actions, resources, and technical capacity to fully implement inclusive practices still require strengthening.

- **Policies and Guidelines**
  - The analysis of sectoral responses reveals a significant gap in the integration of disability inclusion (DI) within strategic and policy frameworks across sectors.
  - Although a few respondents acknowledged the existence of general SOPs or occasional references to persons with disabilities during coordination or technical meetings, these instances are largely ad hoc and non-systematic, mainly due to limited knowledge, low prioritization, and a lack of technical expertise.
  - Global disability inclusion commitments exist in some agencies (e.g., WFP policies); however, such global commitments are not fully operationalized at the sector or field level.

- **Inclusive Programming: Resources and Technical Support**
  - The sector has not yet invested in the development or adaptation of sector-specific tools (e.g., guidance notes, technical resources, accessibility standards, inclusive communication materials) to promote disability inclusion.
  - Most efforts related to disability inclusion (if any) are reactive, ad hoc, and driven by individual agency initiatives, rather than guided by systematic resource packages or structured sectoral strategies.

- Training in disability inclusion within the Food Security Sector (FSS) remains extremely limited and inconsistent. A few staff members (WFP, FAO) were able to access training through external platforms (Handicap International – Humanity & Inclusion and ADTWG).

- **Collaboration and Coordination**
  - Collaboration between the Food Security Sector (FSS) and disability-focused organizations is currently limited and largely ad hoc. Several respondents mentioned participating in joint capacity-building initiatives, primarily with Handicap International – Humanity & Inclusion (HI), focused on disability inclusion.
  - Most engagement is reactive, with organizations seeking technical support only when problems arise, rather than embedding inclusion into planning and processes.

- **Program Design and Implementation**
  - Most sector actors confirmed that they attempt to identify the needs of persons with disabilities through their programs. However, the efforts are neither systematic nor consistent across agencies.
  - Some actors conduct participatory needs assessments involving persons with disabilities and use the Washington Group Questions (WGQ) tool to collect disability-disaggregated data, but this typically happens only once a year during the project start-up phase.
  - One organization reported conducting accessibility audits to better understand and address physical and systemic barriers — this is a notable positive but not widespread practice.

- **Participation and Empowerment**
  - Some agencies, like WFP, have established strong general feedback and complaint mechanisms, yet they acknowledge that this system still lacks complete accessibility for persons with disabilities.
  - Disability-specific agenda items are sometimes included in sector coordination meetings but only on a needs basis rather than systematically. Any participation of persons with disabilities happens on an ad hoc basis, often driven by organizational needs.

- **Data Collection and Specific Indicators**
  - Some organizations in the sector do collect data on persons with disabilities, primarily using WGQ. However, this is not universal, and the quality and application of this data are questionable. One actor indicated that while WFP partners reportedly collect data, there is no available evidence to verify this.
  - Only a few organizations have established explicit indicators for disability inclusion. One reported using a target of "at least 1% of enrolled persons with disabilities" as a performance benchmark.

- FAO was cited as having an indicator related to the number of farmers receiving inputs, disaggregated by sex and disability status in the host community. However, even this disaggregation is limited and lacks clarity on how consistently it is used.

- **Feedback & Learning for Inclusive Programming**
  - Only a small number of agencies have taken specific steps to make their feedback mechanisms inclusive for persons with disabilities. WFP partners mentioned that they provide immediate services, but this was not representative of the sector at large.
  - There is little to no evidence of participatory design, multiple formats (audio, Braille, pictorial, etc.), or field-level adaptations being used widely.

- **Changes and Barriers**
  - Partial collaboration with ADTWG (Age and Disability Technical Working Group) and other disability-focused organizations exists to enhance technical guidance and linkages.
  - A recurring change across multiple sectors is the adoption of the Washington Group Questions (WGQ) for data collection. However, some responses indicated that data collection is inconsistent or partial, lacking specificity or comprehensive sector-wide application.
  - Physical accessibility has received moderate attention, especially to the construction of ramps and accessible toilets, as was reported.

- **Technical Support Needs**
  - All respondents emphasized the need for inclusion coaching tailored to sector-specific processes and actions, with ongoing on-the-job mentoring and technical backstopping, rather than one-off training.
  - Participants strongly requested that practical guidance documents, operational tools, and technical resources be simple to use, and that inclusion tools and strategies be adapted to the Rohingya response context.
  - Hands-on training for staff on collecting and analyzing disability-disaggregated data effectively using WGSSQ.
  - Organizations recognized the need to learn how to engage persons with disabilities and their representative organizations (OPDs), and to enhance skills in inclusive consultation.

Recommendations (Food Security Sector)

- Establish a clear sector-wide statement of commitment on disability inclusion endorsed by all Food Security partners. Promote regular experience-sharing forums under sector working groups to build shared accountability.
- Develop and disseminate a Food Security Sector Disability Inclusion Guidance Note, aligned with IASC and the ADTWG guidance. Mandate disability mainstreaming in sector-level strategy documents and work plans.
- Provide sector-wide training and toolkits tailored to food security interventions and engage technical actors like the ADTWG, HI, and OPDs to support context-specific adaptations.
- Establish a formal linkage between the Food Security Sector and the ADTWG.
- Include minimum inclusion standards in all food security programming (e.g., physical accessibility, reasonable accommodation, and use of universal design and targeted adaptations when designing food assistance and livelihoods programs).
- Ensure participation of persons with disabilities, including targeted consultations and feedback loops, and promote employment of persons with disabilities as staff or volunteers within Food Security programs.
- Make use of WGQ mandatory across all Food Security partners for individual-level targeting and establish clear inclusion indicators (e.g., % of persons with disabilities reached, and received services, etc.).
- Review and adapt feedback mechanisms (pictorial, written, audio, video) to be accessible for persons with different types of disabilities, and share success stories and lessons learned through the sector platform to promote adaptive learning.
- Document and promote existing positive practices, identify and address implementation barriers through periodic inclusion reviews and partner consultations.
- Conduct a capacity mapping of Food Security partners to identify priority training needs and facilitate tailored technical support including coaching and mentoring on inclusive programming, data collection, and community engagement.

Photo Caption: Inside a Rohingya shelter, Rohingya women are attending an awareness session on disability prevention. © HI

Protection Sector

People with disabilities often face heightened risks due to exclusion, limited access to essential services, societal stigma, and barriers to livelihood opportunities, which contribute to increased levels of poverty. Estimates show that 18 percent of the female population have disabilities compared to 14.2 percent of the men.[11] Women and girls with disabilities face additional barriers in most areas of life, particularly when it comes to equal access to education, economic opportunities, social interaction and justice.[12]

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - Most of the respondents (4 out of 5) expressed being "fully committed" to improving disability inclusion. This reflects a strong and positive attitude within the Protection sector toward inclusive programming.

[11] World Health Organization. (2022, December). Global report on health equity for persons with disabilities. https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities

[12] United Nations Department of Economic and Social Affairs. (2018). UN flagship report on disability and development, United Nations. https://social.desa.un.org/publications/un-flagship-report-on-disability-and-development-2018

- While most stated they are “fully committed,” the practical application of inclusion may differ across organizations depending on their capacity, technical knowledge, and leadership focus.
- To ensure that willingness results in real change, technical coaching, tools, and accountability mechanisms should be introduced or strengthened within the Protection Working Group and individual organizations.

- **Policies and Guidelines**
  - Most respondents reported no sector-specific guidance or policies explicitly focused on disability inclusion. In a few cases, disability inclusion is mentioned in annual plans or programming frameworks but not fixed in binding sectoral documents.
  - One respondent cited limited advocacy and technical guidance from specialized agencies (e.g., HI, CBMG, CDD), which has affected their ability to integrate disability inclusion into sectoral strategies.
  - One actor mentioned having training and policy documents, suggesting that some individual organizations have taken steps toward internal policy development, though not necessarily sector-wide.

- **Inclusive Programming: Resources and Technical Support**
  - Almost all respondents who received disability inclusion (DI) training mentioned that the training was facilitated by Handicap International (HI). The sector itself does not consistently organize DI training; rather, training is conducted through partner support, primarily the ADTWG.
  - Some actors reported having technical tools and resources for disability inclusion, while others admitted they had none available.
  - One actor highlighted that the ECHO Consortium has a detailed Disability Inclusion Action Plan (DIAP), a designated focal point, and a functioning coordination structure (e.g., monthly meetings).

- **Collaboration and Coordination**
  - Collaborative efforts exist but are uneven across actors; some sectors actively engage in collaboration with disability-focused organizations such as HI and CDD. Activities include joint capacity building, review of tools, and technical support for accessible infrastructure.
  - Several actors reported joint initiatives for training and tool development by HI; however, some respondents clearly indicated no such initiatives were taken, showing gaps in building sector-wide capacity.
  - Few actors mentioned activities around sharing good practices, lessons learned, or facilitating cross-sectoral learning, indicating an area for improvement.

- **Program Design and Implementation**
  - All respondents acknowledged that they do identify the needs of persons with disabilities in their sector as need-based but not widely.

- Washington Group Questions (WGQ) are being used by nearly some respondents to gather disability-disaggregated data, indicating that data tools are available; however, proper orientation on their use is lacking.
- Accessibility audits are practiced but not widespread, and engagement with disability-focused organizations exists but is uneven.
- Collaboration with community-based disability groups or committees is minimal or non-existent, representing a missed opportunity for localized and sustained inclusion efforts.

- **Participation and Empowerment**
  - There is general awareness of the importance of participation by persons with disabilities in program design; however, actual participation is inconsistent and often informal, indicating a gap between purpose and practice.
  - Most agencies have organization-level focal points, but sector-wide dedicated disability inclusion focal points are rare. Consultation with persons with disabilities, including their groups/representatives, is minimal and irregular during program implementation.
  - Disability-specific agenda items are included in coordination meetings only when issues arise, not as a standard practice.

- **Data Collection and Specific Indicators**
  - While individual organizations collect data, sector-level consistency is lacking. Not all actors collect data uniformly, and there is no clear harmonization or requirement to do so across the sector.
  - Some organizations do not collect disability-specific data themselves, instead depending on others to get data, and mainly volunteers are collecting this data without proper training.
  - While individual organizations collect data, sector-level consistency is lacking. Not all actors collect data uniformly, and there is no clear harmonization or requirement to do so across the sector.

- **Feedback & Learning for Inclusive Programming**
  - Most respondents acknowledged that feedback and complaint response mechanisms (FCRMs) are not accessible to persons with disabilities.
  - Most organizations have not applied universal design or inclusive communication strategies (e.g., pictorial, audio formats, sign language) to ensure FCRM accessibility.

- **Changes and Barriers**
  - Partial progress in accessibility and communication: While some centers have ramps, accessible toilets, and provide information in multiple formats, accessibility features and inclusive communication remain inconsistent and ad hoc across different organizations.
  - Referral systems and collaboration – Promising but uneven: Referral pathways to rehabilitation services are generally in place, especially through collaboration with HI. Engagement with ADTWG and disability-focused organizations exists but varies in consistency and formalization.

- **Technical Support Needs**
  - All respondents expressed interest in ongoing coaching sessions focused on step-by-step disability-inclusive programming.
  - While some partners already have tools reviewed (notably by HI), most seek enhanced access and updates to technical materials relevant to their specific interventions.
  - Respondents want guidance on engaging persons with disabilities meaningfully, including approaches to involve both men and women with disabilities in program life cycles.
  - Many organizations want facilitated support to develop their own disability inclusion action plans in alignment with sectoral frameworks and practical implementation.

Recommendations (Protection Sector)

- Integrate disability inclusion goals and actions into partner workplans and the Protection Sector's joint response strategy.
- Develop a Protection Sector Disability Inclusion Guidance Note, contextualized for the Rohingya camps, and encourage each organization to develop or revise disability-inclusive internal SOPs, with support from the ADTWG and HI.
- Set minimum standards for the representation of persons with disabilities in child protection committees, GBV survivor networks, and community groups.
- Conduct comprehensive accessibility audits (with support from specialized organizations) of protection facilities, including women-friendly spaces, child protection centers, safe spaces for GBV survivors, and community hubs.
- Formalize collaboration with disability-focused organizations through regular technical advisory roles within the Protection Sector Working Group.
- Develop or update disability inclusion action plans, strategies, and policies within the Protection Sector and each protection partner, with clear indicators and timeframes aligned with the JRP and ADTWG priorities.
- Standardize use of the Washington Group Short Set of Questions (WGQs) across all protection partners to promote inclusive data collection and use disaggregated data to track access, participation, and outcomes for persons with disabilities.
- Conduct an annual sector self-assessment on disability inclusion to reflect, adapt, and share progress, and promote peer exchange and learning forums where organizations can showcase good practices.

Photo Caption: An older Rohingya woman is receiving hearing care services as an audiometric technician adjusts her hearing aid. © HI

Health Sector

According to the Age and Disability Inclusion Needs Assessment conducted by REACH in May 2021, 76% of persons with disabilities aged 15 and above reported difficulties in moving around the camps.[13] This challenge is particularly pronounced among individuals with limitations in self-care, upper-body function, and mobility, indicating persistent barriers to physical accessibility. The Public Health Needs Assessment (PHNA) 2024–2025 highlights systemic challenges in accessing healthcare services. Approximately 22% of households surveyed reported difficulties in obtaining care due to factors such as limited availability of services, transportation constraints, and extended waiting times. Vulnerable populations including children under five, pregnant and lactating women, older adults, and persons with disabilities are disproportionately affected by these systemic service

[13] REACH, *Cox's Bazar district age and disability inclusion needs assessment*, 2021.

gaps. Notably, 41.94% of respondents (281 individuals) cited long waiting times as a major barrier to healthcare access.[14]

Similarly, the Inter-Sector Needs Assessment (ISNA) 2024 reveals that 29% of households with persons with disabilities face significant challenges in accessing healthcare. Barriers include inadequate physical accessibility, absence of disability-responsive services, and prevailing social stigma. Moreover, 52% of persons with disabilities reported a lack of access to essential mental health and psychosocial support (MHPSS). They are also at increased risk of developing chronic health conditions such as diabetes and hypertension, underscoring the need for integrated and inclusive healthcare approaches.

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - Some actors expressed full commitment to disability inclusion, recognizing it as an integral part of their organization's mandate.
  - Others mentioned that the minimum service package includes disability but is not yet fully implemented, signaling both an intent and recognition of existing gaps.
  - Another respondent stated that inclusion is aligned with the agency's mandate (e.g., UNFPA) and personal goals, reinforcing institutional and individual motivation.

- **Policies and Guidelines**
  - Several respondents from the health sector indicated that disability inclusion (DI) is integrated into sectoral strategy documents and facility-level guidelines. Specifically, they referred to the Health Sector Strategy Plan, public health strategy, and health infrastructure guidelines.
  - One respondent highlighted that while the sector itself does not have specific DI guidance, their agency (UNFPA) has an inclusive policy and strategy at the organizational level, and implementation is partner-driven.

- **Inclusive Programming: Resources and Technical Support**
  - A consistent finding is that most sectors have not yet developed specific, standalone resources or tools to promote disability inclusion.
  - UNFPA and select actors reported the existence of technical tools and inclusive indicators in certain projects, dedicated sections in project documents for inclusion, and community-level consultations with persons with disabilities to integrate perspectives into programming.
  - Most respondents confirmed limited or no access to formal training on disability inclusion through their sector coordination structures. Where training has occurred, it has generally been facilitated by external organizations like HI, CDD, or ADTWG.

[14] Health Sector Cox's Bazar. (2024). Public Health Needs Assessment (PHNA) in Rohingya refugee camps, 2024–2025. https://app.powerbi.com/links/kPT3XKN-Li?ctid=648a24bc-a98d-4025-9c60-48c19a142069&pbi_source=linkShare

- **Collaboration and Coordination**
  - Across sectors, collaboration with disability-focused organizations and ADTWG is acknowledged but described as partial or ad hoc rather than strategic or consistent.
  - Some good practices were identified, such as UNHCR-led individualized initiatives and camp-based collaboration to share resources and provide on-the-ground support. However, these were not systematically replicated across other camps or sectors.

- **Program Design and Implementation**
  - Most actors do not have a systematic or structured approach to identifying the needs of persons with disabilities. Where efforts exist, they are either limited to structural components (e.g., ramps in health facilities or introduced accessibility features).
  - Organizations like UNFPA acknowledged some inclusive interventions but highlighted a clear imbalance between gender and disability inclusion, with disability not receiving comparable priority or investment.
  - Even when some initiatives (e.g., health facility assessments or SRH workshops) are carried out, the direct involvement of persons with disabilities in identifying their own needs is often missing.

- **Participation and Empowerment**
  - Several respondents highlighted that coordination with working groups and specialized organizations needs to improve. This indicates a lack of structured collaboration, resulting in fragmented or ad hoc inclusion efforts.
  - In some instances, inclusion is being attempted through observation and monitoring, such as counting participants with disabilities in services instead of directly consulting them or involving them in identifying their needs.
  - There are some promising practices, such as the inclusion of persons with disabilities in social autopsy processes under maternal and perinatal mortality surveillance and response (MPMSR), which may enhance voice and accountability in health services.

- **Data Collection and Specific Indicators**
  - All sector respondents clearly indicated that no routine data collection on persons with disabilities is being conducted. There is a consistent absence of standardized tools and data processes tailored to identify and understand the needs of persons with disabilities.
  - Where attempts are made to identify persons with disabilities through CHWs, these efforts rely on subjective observation and binary “yes/no” questions rather than tools like the Washington Group Questions (WGQ) or other validated methods.
  - Most actors expressed that they lack specific indicators to track disability inclusion initiatives. Where present, indicators are minimal, often limited to basic counts using non-standard identification methods.

- **Feedback and Learning for Inclusive Programming**
  - Stakeholders across multiple agencies acknowledge that there is no standardized or sector-wide approach to ensuring CFRM mechanisms are inclusive of persons with disabilities. Instead, individual agencies maintain their own mechanisms, and these vary significantly in accessibility and reach.
  - Although some actors referred to inclusion being part of their internal strategies or policies, there is no evidence that these strategies are being implemented in a way that meaningfully addresses the accessibility of CFRM for persons with disabilities.
  - One of the most common lessons cited was the need for improved coordination and collaboration between sectors and with disability-focused organizations. Stakeholders acknowledged that current inclusion efforts are often fragmented and not systematically integrated into sectoral planning or implementation.

- **Changes and Barriers**
  - One of the most frequently cited actions was the construction of ramps and accessible toilets in service delivery points in health facilities. These physical changes tend to focus more on mobility-related barriers and do not always account for the broader range of accessibility needs, including sensory or cognitive disabilities.
  - Multiple actors noted that they refer persons with disabilities to rehabilitation or specialized health services when needs are identified.
  - Several actors mentioned collaboration with ADTWG or disability-focused NGOs like HI and CDD to improve inclusion in service design and implementation.

- **Technical Support Needs**
  - Sector actors emphasized the importance of hands-on coaching and action-oriented guidance not just one off training sessions, but ongoing mentorship that helps teams apply inclusive principles across programs.
  - All actors expressed a consistent need for sector-adapted, practical tools including checklists, assessment frameworks, inclusive SOPs, and service delivery standards to support their disability inclusive programming.
  - Another priority area is building the capacity of actors to meaningfully engage persons with disabilities and their representative organizations throughout the program cycle.
  - Stakeholders also requested support in reviewing and adapting existing tools, systems, and processes to ensure they align with disability inclusion principles.

Recommendations (Health Sector)

- Develop a sector-wide disability-inclusive health policy framework that mandates accessibility standards, inclusive service design, reasonable accommodation, and prioritization of persons with disabilities across all levels of care.
- Develop and disseminate disability-inclusive health programming tools (e.g., checklists, IEC materials, DI guidelines, inclusive MISP guidelines, and SOPs for inclusive consultations and examinations) adapted for the Rohingya camp context.
- Establish a disability inclusion focal point within the health sector and partner agencies in the coordination structure to provide technical support and guidance.
- Formalize coordination between the Health Sector and the Age and Disability Technical Working Group (ADTWG) through joint planning, regular participation in coordination meetings, and development of joint guidance.
- Ensure that all health facility upgrades and new constructions meet accessibility standards, including ramps, accessible toilets, signage, and communication supports.
- Review and adapt existing Community Feedback and Response Mechanisms (CFRMs) to ensure accessibility, including availability in multiple formats (verbal, written, pictorial), mobile outreach options, and sign language/visual support; and monitor feedback trends specific to persons with disabilities.
- Provide tailored, practical technical support, including on-the-job coaching on inclusive service delivery, capacity-building training for health actors, and facilitating learning exchange sessions between partners with good practices.

Photo Caption: Inside a Rohingya shelter, a mother is lovingly holding her baby with Down syndrome, who is playing with an exercise ball. © HI

Shelter-Camp Coordination and Camp Management Sector

Rohingya households continue to live in temporary emergency shelters (97%), which are highly vulnerable to disasters, such as flooding, landslides, cyclones, and fire. Among persons with disabilities, at least 79% report challenges in accessing humanitarian assistance, such as education, health services, shelter support, or other kinds of assistance.[15] A reported 52% of persons with disabilities aged 2 and above face difficulties moving inside shelters without support from others, while 76% of persons with disabilities aged 15 and above struggle to move around the camps. These mobility challenges are particularly severe for individuals with difficulties in self-care or mobility, as they face significant barriers both inside shelters and throughout the camps.[16]

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - Across all the actors interviewed within the SCCCM sector, respondents uniformly stated they are "fully committed" to improving disability inclusion within their sector.
  - In most cases, this commitment has yet to translate into formalized action plans, clear accountability structures, or budgeted activities specifically aimed at improving accessibility and participation for persons with disabilities.

[15] ISCG, Inter-Sector Needs Assessment, 2024.
[16] REACH, *Age and disability inclusion needs assessment*, 2021.

- **Policies and Guidelines**
  - A majority of SCCCM actors reflected that they do not have specific strategic or policy guidance on disability inclusion. Common barriers reported include lack of prioritization of disability inclusion at strategic levels and the absence of sector-level policy directives or standard operating procedures that mainstream disability inclusion.
  - Some agencies (e.g., IOM) have dedicated units, advisors, and strategies on disability inclusion. Despite isolated good practices, the lack of comprehensive and harmonized inclusion strategies across the SCCCM sector results in inconsistent implementation and accountability.

- **Inclusive Programming: Resources and Training/Technical Support**
  - The SCCCM sector has not developed standardized or sector-endorsed resources (e.g., toolkits, training packages, IEC, SOPs, guidance documents) to promote disability inclusion.
  - Good practices by individual actors (e.g., IOM-SMSD) include dedicated technical focal points for disability inclusion, training sessions for volunteers on disability inclusion, and the development of a disability inclusion support committee at the camp level.
  - No training has been provided by the SCCCM sector itself. Some actors have previously attended disability inclusion training conducted by external bodies such as the Age and Disability Working Group (ADWG).

- **Collaboration and Coordination**
  - Current collaboration efforts are agency-driven (not sector-wide), with IOM taking the lead based on its own global mandates and partnerships.
  - While IOM has built effective connections with disability actors (e.g., ADTWG), this has not translated into consistent, coordinated efforts across the SCCCM sector.

- **Program Design and Implementation**
  - Some agencies, like IOM, reflect strong alignment with IASC Guidelines on inclusive assessments, participation, data disaggregation, and barrier identification.
  - However, these practices are not uniformly adopted across the sector—some actors report no structured processes for identifying the needs of persons with disabilities.
  - Participation of persons with disabilities in assessments and consultations appears limited to individual agencies' initiatives, lacking a broader sector mechanism or guidance.
  - Accessibility audits are conducted on an ad hoc basis and are not embedded in standard sectoral assessment or site development processes.

- **Participation and Empowerment**
  - Disability-specific agenda items are included in coordination meetings, but only on an ad hoc basis. Persons with disabilities participate in meetings, primarily facilitated by IOM at the camp level (e.g., through DISC).

- While IOM practices (e.g., DISC participation, FGDs, DMC involvement) align with the IASC Guidelines on inclusive participation, they remain isolated initiatives—not sector norms.
- Under SCCCM activities, few persons with disabilities are included in cash-for-work activities, which indicates a commitment exists, but actual participation remains low.

- **Data Collection and Specific Indicators**
  - Some actors do not collect data on persons with disabilities at all. Where data is collected, it is done sporadically, such as "once in a period" suggesting it's not integrated into routine monitoring or assessments.
  - Instead of building internal capacity, the sector refers persons with disabilities to protection actors or specialized organizations, which delay service delivery.
  - The absence of specific indicators points to a sector-wide gap in the systematic monitoring of disability inclusion. In one instance, a single inclusion indicator was mentioned: Cash-for-Work (CFW): at least 5% participation of persons with disabilities and other extremely vulnerable individuals (EVIs).

- **Feedback & Learning for Inclusive Programming**
  - One agency (likely IOM) demonstrates more advanced practices—offering multiple entry points (e.g., mobile CFM, block-level centers), suggesting good practice but not sector-wide adoption.
  - While basic awareness-raising (e.g., orientation) and physical accessibility of help desks are noted, these steps are not systematically or universally applied across the sector.
  - Lack of senior management involvement has limited sustained commitment to disability inclusion—most efforts are driven by mid-level staff. Therefore, there is a systemic gap in integrating disability inclusion at the leadership level.

- **Changes and Barriers**
  - Ramps and accessible toilets have been implemented partially (IOM-led), with significant gaps in the facility level across sectors. Efforts to provide information in multiple formats (e.g., IEC materials) are present but not consistent across actors.
  - Persons with disabilities are referred to rehabilitation services, indicating existing linkage mechanisms. However, recruitment of persons with disabilities as staff/volunteers remains limited.
  - Persons with disabilities are underrepresented in community structures, reducing opportunities for feedback and participation. Inclusion efforts are fragmented, with IOM taking the lead in many areas, but sector-wide mainstreaming remains weak.

- **Technical Support Needs**
  - There is strong demand for ongoing coaching and support on inclusion processes and operationalization. Supported tool and process review is needed to ensure disability inclusion is integrated.

- Access to tools and guidance: There is a need for more practical, sector-specific tools, checklists, and guidance to tailor interventions to persons with disabilities.
- Sectors seek support in enhancing collaboration with persons with disabilities and their groups (DISC, DIPG, DSC), OPDs, and in increasing representation of persons with disabilities in planning and implementation.
- Disability Inclusion Action Planning: There is a willingness and commitment to develop and implement sector-specific Disability Inclusion Action Plans.

Recommendations (Shelter Camp Coordination and Camp Management Sector)

- Develop sector-wide disability inclusion guidelines under SCCCM leadership, referencing IASC Guidelines and CCCM Minimum Standards.
- Integrate disability-specific objectives and indicators into sector strategy, TORs, and workplans.
- Initiate mandatory, regular disability inclusion training for all SCCCM partners, tailored to roles (field, mid, and senior), co-facilitated with technical agencies.
- Develop a pool of trained inclusion focal persons across SCCCM actors to sustain peer-to-peer support and mentorship.
- Institutionalize mechanisms for the regular participation of persons with disabilities in camp-level planning, implementation, and feedback loops (e.g., regular dialogue forums, consultations).
- Conduct a camp-level accessibility audit and implement the required improvements.
- Strengthen the ADTWG – SCCCM linkages by assigning dedicated liaison focal points, and map and partner with community-based disability support networks in each camp to support coordination and referral.
- Co-develop and deliver capacity-strengthening sessions with persons with disabilities, focusing on inclusive outreach, communication, and barrier identification.

Photo Caption: Inaccessible shelter entry point in front of a Rohingya shelter in the Rohingya camp. © HI

Nutrition Sector

The Rohingya refugee camps are experiencing a surge in severe acute malnutrition (SAM) among children. In February 2025, there was a 27% increase in SAM cases compared to the same period of the previous year. Over 15% of children in the camps are now malnourished, marking the highest levels recorded since the mass displacement in 2017.[17] For children with disabilities, these challenges are even more pronounced. Physical barriers, such as inaccessible terrain and facilities, hinder their ability to reach nutrition centers. Moreover, the lack of specialized services tailored to their needs often results in their exclusion from nutrition programs entirely.

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - The Nutrition sector emphasized that disability inclusion is being prioritized, even as gaps in implementation persist.
  - Respondents noted that disability inclusion is not just a strategic objective but is increasingly being put into practice at field level—signaling a positive shift from policy intent to implementation.
  - However, while verbal commitment is strong, the development of structured implementation plans, accountability mechanisms, and measurable outcomes remains limited and requires further investment.

- **Policies and Guidelines**
  - Most sector actors reported the absence of formal, written disability inclusion strategies or sector-specific policies. Instead, they rely on global frameworks (e.g., nutrition guidelines, humanitarian standards) without adequate contextualization.
  - Some respondents shared that concepts like accessibility and non-discrimination are implicitly integrated into programming, even without formal policy guidance.
  - A few actors (e.g., UNICEF, WFP, UNHCR) mentioned having disability-inclusive strategies at the agency level. However, these policies are not systematically mainstreamed into the sector's coordination mechanisms.

- **Inclusive Programming: Resources and Technical Support**
  - Most actors reported that they have not developed dedicated disability inclusion resources (e.g., manuals, toolkits, sector-specific guidance).
  - Respondents noted that disability inclusion is generally emphasized in discussions of accessibility and participation but lacks structured tools to support programming.
  - Several actors referenced attending disability inclusion training, usually facilitated by external organizations like Handicap International (HI) or the Age and Disability Technical Working Group (ADTWG). However, these trainings are infrequent and not embedded in sectoral systems.

[17] UNICEF. (2025, March 11). *27 per cent surge in number of children admitted for severe acute malnutrition treatment in Rohingya refugee camps*. https://www.unicef.org/press-releases/27-cent-surge-number-children-admitted-severe-acute-malnutrition-treatment-rohingya

- Many actors highlighted the need for practical, on-the-job training to support real-time application of inclusive practices.

- **Collaboration and Coordination**
  - Most collaboration is limited to joint capacity-building initiatives. In some cases, coordination is narrowly focused on specific areas (e.g., stimulation therapy), with limited cross-sectoral integration.
  - Actors acknowledged the critical technical support role of ADTWG but noted that engagement remains ad hoc rather than strategic or systematic.

- **Program Design and Implementation**
  - All actors reported using tools like the Washington Group Questions (WGQ) during registration, screening, or household assessments to identify persons with disabilities.
  - However, identification practices are often irregular and reactive—frequently donor-driven rather than embedded in all phases of programming.
  - Disability needs data is typically collected at project design stages, with limited use during implementation and monitoring.

- **Participation and Empowerment**
  - Some actors have designated disability inclusion focal points to ensure consistent attention throughout the program cycle.
  - Nonetheless, discussions around disability often occur only when prompted by donor requirements or assessment findings, indicating reactive rather than proactive engagement.

- **Data Collection and Specific Indicators**
  - Many organizations use WGQ or the Washington Group Short Set of Questions (WGSSQ) to collect disability-disaggregated data. However, use is inconsistent due to inadequate training, orientation, and technical support.
  - While some agencies (e.g., WFP, UNICEF) reported specific indicators such as the number of children with disabilities receiving Severe Acute Malnutrition (SAM) treatment, most respondents noted uncertainty about the presence or use of disability-related indicators.

- **Feedback and Learning for Inclusive Programming**
  - Some organizations have assigned staff to manage Complaint and Feedback Response Mechanisms (CFRMs) and offer assistance to persons with disabilities during service delivery.
  - However, physical barriers persist, e.g., complaint boxes are not always accessible, and communication formats are rarely adapted (e.g., audio, large print, sign language).
  - While awareness of disability inclusion is increasing at the policy level, consistent translation into field-level practice remains limited.

- **Changes and Barriers**
  - Most actors have taken initial steps to improve accessibility, particularly through the construction of ramps and accessible toilets.

- Some efforts have been made to provide information in multiple formats (e.g., visual materials), but the reach and diversity of these materials remain limited.
- Awareness-raising sessions have been conducted in some communities to reduce stigma and promote disability rights.
- WGQ-based data collection is taking place, but quality and consistency are affected by gaps in training and orientation of frontline staff.
- A few organizations have made progress in recruiting persons with disabilities as staff or volunteers, though this is not yet widespread.

- **Technical Support Needs**
  - Respondents expressed a need for practical coaching and step-by-step support, especially for the real-time implementation of inclusive approaches.
  - There is strong demand for accessible technical resources, including guidance documents, harmonized tools (e.g., WGQ), and inclusive programming frameworks.
  - Actors want to learn strategies to identify and engage persons with disabilities and their representative organizations (OPDs), and to ensure participation in community structures (e.g., DMCs, WASH committees).
  - Stakeholders also emphasized the need for structured and sustained collaboration with technical partners like ADTWG and HI to institutionalize inclusive practices.

Recommendations (Nutrition Sector)

- Develop and adopt sector-specific disability inclusion guidance that complements global standards (e.g., IASC Guidelines, Sphere Standards). Most nutrition actors currently rely on global frameworks without a localized or written policy. There is a lack of harmonized tools and limited structured collaboration with disability-focused organizations.
- Inclusive Programming: Identify disability inclusion focal points within each partner organization and enhance their capacity through ongoing on-the-job coaching and access to tailored tools and resources.
- Strengthen coordination with the Age and Disability Technical Working Group (ADTWG), Organizations of Persons with Disabilities (OPDs), and disability-focused organizations to co-develop inclusive tools, implement joint initiatives, and facilitate knowledge sharing.
- Conduct systematic accessibility audits of nutrition centers and use the findings to guide infrastructure upgrades and inclusive service adjustments. Ensure the needs of persons with disabilities are incorporated throughout all phases of nutrition programming—planning, implementation, and monitoring.
- Design inclusive and participatory feedback mechanisms and ensure the representation of persons with disabilities in community committees, nutrition review platforms, and other decision-making forums.
- Develop a minimum set of disability inclusion indicators (e.g., number of children with disabilities screened/treated, number of referrals made) and integrate these into the sector's monitoring and evaluation frameworks.
- Design a sector-wide disability inclusion learning agenda, including refresher trainings, mentorship programs, and field-level coaching, in collaboration with ADTWG and technical agencies such as Handicap International (HI) or Centre for Disability in Development (CDD).

Photo Caption: Children in a learning centre inside the Rohingya camp are attending class and concentrating on the teacher's instructions. © HI

Education Sector

In the Rohingya humanitarian response in Cox's Bazar, inclusive education, especially for children with disabilities, remains a persistent gap. Despite commitments under the Education Sector Joint Response Plan (JRP 2024) and alignment with the Bangladesh Disability Rights and Protection Act (2013), children with disabilities are still disproportionately excluded from education services.

The Education Sector, Cox's Bazar, has been trying to create accessible and inclusive learning environments for all learners, especially for learners with 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. While, in the general 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, persons with disabilities were generally more likely than children without disabilities to be reported as not having completed any form of education.

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - All respondents from the education sector indicated a strong and explicit commitment to advancing disability inclusion within their work.
  - Actors emphasized that the quality of education cannot be considered complete or equitable without the inclusion of learners with disabilities and that excluding them perpetuates societal discrimination.
  - However, while commitment is strong, the responses also imply that technical gaps and resource limitations may still exist.

- **Policies and Guidelines**
  - Several respondents reported that while they do not have comprehensive or sector-specific disability inclusion strategies, they refer to broader humanitarian or sectoral standards such as the INEE Minimum Standards for education or other inter-agency sector guidelines.
  - Some key informants were unsure whether their organizations had any such documents, suggesting low internal dissemination or ownership of inclusion frameworks. Even where policy references exist, there is limited evidence that these are being fully implemented or operationalized at the field level.

- **Inclusive Programming: Resources and Technical Support**
  - Several actors referred to the availability of inclusive education manuals, policy documents, and training resources (although not always focused explicitly on broader disability inclusion beyond education needs).
  - Organizations working in education and child protection frequently reported having designated focal persons. In some responses, sectors acknowledged the existence of focal points and resources, but these are described as dependent on individual partners, with no clear sector-wide standardization.
  - Several respondents confirmed receiving disability inclusion (DI) training, but primarily through external actor such as HI rather than directly through sector coordination mechanisms.

- **Collaboration and Coordination**
  - Across the sectors engaged in the Rohingya response, there is evidence of active collaboration with disability-focused organizations (DFOs) such as HI (Humanity & Inclusion), CDD (Centre for Disability in Development), and CBM.
  - Several sectors have co-developed or adapted technical tools, including inclusive education manuals and context-specific resources with the support of HI and others.

- **Program Design and Implementation**
  - Sectors are increasingly aware of the importance of identifying the needs of persons with disabilities, but practical implementation is uneven and fragmented.

- Data collection and participatory methods using the Washington Group Questionnaire exist but are not systematically applied across all programs. Some actors noted they refer to partners like HI for additional follow-up.
- Only a few sectors have established feedback mechanisms tailored for persons with disabilities. Some respondents mentioned these mechanisms exist in principle but lacked details on how they are functionally inclusive.

♣ **Participation and Empowerment**

- Most respondents reported having dedicated focal points or representatives for disability inclusion within their sector or partner organizations.
- A few actors confirmed having regular consultations with persons with disabilities and other disability-focused agencies, often on a need-based or ad-hoc basis.
- Disability inclusion is reportedly included as an agenda item in sector coordination meetings, though not consistently or systematically. However, there is a lack of structure, consistency, and mainstream commitment to ensure the participation of persons with disabilities in all phases of the program cycle.

♣ **Data Collection and Specific Indicators**

- The Washington Group Questions (WGQ) are the most commonly cited tool used for identifying persons with disabilities during data collection processes across various sectors.
- Several actors acknowledged the presence of basic quantitative indicators such as the number of children with disabilities enrolled, and the number of assistive devices distributed.
- Most disability-related data collection and indicator use appear to be project-driven and partner-specific rather than standardized across the sector. The absence of sector-wide, harmonized disability inclusion indicators makes it difficult to track progress, identify service gaps, and ensure accountability.

♣ **Feedback & Learning for Inclusive Programming**

- Several actors reported the existence of physical feedback boxes installed at service delivery points (e.g., in front of learning centers). In many cases, organizations do not assess whether the existing feedback mechanisms are accessible for all types of disabilities.
- Persistent knowledge and awareness gaps: Multiple respondents emphasized that community awareness on disability remains very low, contributing to stigma and exclusion.
- A significant lesson shared is the absence of dedicated funding for disability inclusion activities. This has made it difficult for sectors to integrate inclusion measures meaningfully rather than as an add-on.

- **Changes and Barriers**
  - Several actors reported installation or partial implementation of ramps and accessible toilets, particularly in education and WASH facilities.
  - Some organizations are making efforts to provide information in multiple formats (e.g., visual aids, video documentaries, verbal explanations) to accommodate different needs.
  - Multiple actors have established or strengthened referral mechanisms to link persons with disabilities with specialized rehabilitation services, often in partnership with organizations such as HI.

- **Technical Support Needs**
  - Actors expressed a strong desire for coaching and on-the-job mentoring that follows clear steps and support to translate theory into practice.
  - There is a need for easy-to-access tools, checklists, and guidance that address the diverse needs of children with disabilities. They also want guidance on how to incorporate disability-specific activities into project design, aligned with global standards.
  - There is demand for technical support to review existing tools, guidelines, and workflows to ensure they integrate disability inclusion standards in the education sector.
  - Many actors are ready and willing to develop internal disability inclusion action plans and need support for setting priorities, monitoring indicators, and aligning plans with sector and inter-agency strategies.

Recommendations (Education Sector)

- Develop an inter-agency disability-inclusive education policy brief contextualized to the Rohingya camps, referencing the IASC and INEE Minimum Standards, and ensure all education partners adapt and adopt it in their program SOPs and strategies.
- Standardize and operationalize a Disability Inclusion Checklist for education actors, integrate it into monthly Quality Monitoring Visits (QMV), and create a discussion space for technical support.
- Ensure all education partners have access to a “Disability Inclusion Resource Pack,” including context-adapted teacher training modules, universal design checklists for learning centers, visual aids, and accessible learning materials.
- Institutionalize a disability inclusion agenda item in the Education Sector Coordination Group and EiE Sector Coordination Meetings to track progress and remove implementation barriers.
- Develop model inclusive learning centers across different camps, demonstrating best practices in infrastructure, pedagogy, and participation of children with disabilities.
- Secure multi-year funding and dedicated technical support posts for disability inclusion within EiE sector partner agencies to ensure long-term investment and consistent capacity.

Water, Sanitation, and Hygiene Sector

Conditions are challenging in Cox's Bazar, which hosts the highest concentration of refugees anywhere in the world, leading to crowded and congested living conditions. For persons with disabilities, challenges in accessing basic services are amplified by the hilly terrain, lack of adapted facilities, and limited inclusive interventions. A needs assessment in 2021 found that 76 percent of persons with disabilities faced difficulties moving around the camp.[18]

According to ISNA 2024, despite improvements in the delivery of WASH services over the years, continued efforts are required to sustain existing initiatives efficiently and effectively and address persistent gaps. For instance, only 50% of persons with disabilities have acceptable access to sanitation facilities, and one-third (32%) of Rohingya households have female members who report not feeling safe using communal latrines at night, leading to misuse of bathing places for urinating and defecating.

- **Commitment to Inclusion Across Sectors: Stakeholder Perspectives**
  - Multiple WASH actors affirmed they are fully committed to integrating persons with disabilities into their programming. This includes both mainstreaming disability inclusion across all WASH activities and providing targeted support, such as accessible infrastructure and referrals for rehabilitation services.

- **Policies and Guidelines**
  - *Presence of Basic Inclusion Guidelines (but not comprehensive strategies):* Several actors mentioned the existence of guidelines or recommendations related to accessibility. Examples include design guidance for inclusive WASH infrastructure (e.g., accessible toilets).
  - Many respondents acknowledged that while some guidelines or notes exist, there is no unified strategic policy on disability inclusion for the WASH sector. Responses highlighted ad hoc interventions, lack of harmonized tools, and inconsistent application of standards.
  - Efforts to develop inclusive strategies are ongoing, and there is clear willingness among sector actors to strengthen this dimension.

- **Inclusive Programming: Resources and Technical Support**
  - Multiple organizations (e.g., Oxfam, UNICEF partners) reported having dedicated technical focal points on disability inclusion. However, focal points are typically appointed at the partner organization level, not as a coordinated effort across the entire WASH sector.

[18] REACH, *Cox's Bazar district age and disability inclusion needs assessment*, 2021.

- Several organizations have participated in disability inclusion trainings, often conducted by external actors. No training was reported to have been developed internally by the WASH sector itself, indicating a reliance on external expertise.
- While some actors are clearly engaged, the absence of standardized, locally contextualized tools and sector-led training curricula presents a barrier to systemic inclusion.

- **Collaboration and Coordination**
  - A few respondents noted participation in joint training or capacity-building initiatives, but these were described as partial and infrequent. Trainings were usually externally conducted with WASH partners playing a recipient role, not co-developers or facilitators.
  - Several actors acknowledged accessing technical support from the ADTWG, which provided guidance documents and ad hoc support to partner queries. However, engagement with ADTWG is often reactive rather than proactive.
  - Collaboration between the WASH sector and disability-focused organizations in the Rohingya response exists but is largely informal, externally driven, and lacking institutional ownership.

- **Program Design and Implementation**
  - A common method cited across organizations was conducting participatory needs assessments that actively include persons with disabilities. These assessments are often conducted on an ad hoc basis where necessary.
  - UNICEF and some partners have established feedback and complaint mechanisms that are reportedly designed to be accessible to persons with disabilities. Feedback mechanisms are in place but may not fully meet the diverse accessibility requirements of all disability types.

- **Participation and Empowerment**
  - Some organizations, especially UNICEF partners, have designated disability inclusion focal points at the field level. Engagement with OPDs or groups of persons with disabilities occurs on a need basis rather than as a regular, structured activity.
  - Some partners include disability-specific agenda items in coordination meetings, but this is mostly reactive and not routine. A few organizations engage persons with disabilities through block committees, latrine user groups, or community WASH structures.

- **Data Collection and Specific Indicators**
  - Only a few actors reported using the Washington Group Questions (WGQ), and even then, data collection is done only once per year and not updated regularly.
  - Some assessments like the Initial Sector Needs Assessment (ISNA) included a question related to disability, but this was not consistent across all implementing partners.
  - There is no harmonized guidance on disability-related indicators or questions for use across sectoral assessments, monitoring tools, or baseline studies.

- **Feedback & Learning for Inclusive Programming**
  - Some organizations have active door-to-door feedback collection mechanisms, considered more inclusive; others rely on hotlines and written formats, which may not be accessible to individuals with hearing, speech, literacy, or cognitive disabilities. Several actors do not have tollfree hotlines.
  - In some cases, volunteers assist persons with disabilities in submitting complaints or feedback primarily through door-to-door visits. However, there's no clarity on whether these volunteers are trained in disability inclusion.

- **Changes and Barriers**
  - Most agencies reported constructing ramps and accessible toilets, though coverage is still partial and not standardized across camps. These adaptations are more common in new infrastructure but less frequently retrofitted in existing WASH facilities.
  - Involving persons with disabilities in WASH committees, protection groups, or disaster management committees has been cited, but this is very limited and not across the sector.
  - Some partners conduct disability inclusion awareness sessions with community members and WASH volunteers.
  - A few partners reported using the Washington Group Questions (WGQ) to collect disability-disaggregated data. However, this is typically done once a year or on an ad hoc basis.
  - Some efforts have been made to share WASH-related information in multiple formats (e.g., visual posters, community radio, door-to-door messaging).
  - Strong collaboration with the Age and Disability Technical Working Group (ADTWG) and agencies like HI, NGDO, and CBM have supported the sector in capacity-building training, accessibility audits, etc.

- **Technical Support Needs**
  - Many respondents emphasized the need for ongoing, hands-on coaching that is linked to actual sector-specific processes, such as needs assessment, activity planning, infrastructure design, community engagement, and monitoring.
  - Respondents repeatedly requested practical, easy-to-implement tools, WASH accessibility designs, checklists, and design guides tailored to the Rohingya camp context.
  - Respondents highlighted the importance of receiving technical support in developing realistic and contextualized action plans.
  - Several stakeholders mentioned the need for technical accompaniment to review sectoral tools, project cycle processes, and implementation methodologies.

Recommendations (WASH Sector)

- Integrate the disability inclusion approach into sectoral strategies and SOPs through a consultative and participatory process, using the IASC Guidelines as a framework.
- Develop a WASH-specific disability inclusion action plan, aligned with the ISCG-wide Disability Mainstreaming Strategy and camp-level priorities.
- Disseminate and contextualize tools such as the WASH Manual for Inclusive WASH, tip sheets, and checklists on accessible WASH design (e.g., latrine spacing, ramp slope, signage).
- Provide sector-wide refresher training on disability-inclusive WASH programming, targeting engineers, hygiene promoters, and community mobilizers with practical field simulations.
- Strengthen links between WASH actors and disability-focused organizations through regular participation in the Age and Disability Technical Working Group (ADTWG).
- Ensure that accessible WASH infrastructure (e.g., ramps, handrails, wider entrances) is included from the planning stage, not retrofitted, and monitored during construction.
- Institutionalize the use of the Washington Group Questions (WGQ) during household-level WASH needs assessments and satisfaction surveys.
- Conduct community sensitization sessions to remove stigma and promote inclusive WASH rights, with specific messages involving religious leaders and community influencers.
- Scale up technical support and on-the-job capacity building: Provide ongoing coaching and mentorship tailored to frontline WASH actors.

Photo Caption: Inaccessible pathway leading to a bathing space in the Rohingya camp. © HI

Conclusion

The Rohingya humanitarian response has made initial yet inconsistent strides toward disability inclusion across key sectors. While there is broad commitment in principle among sector actors, the findings reveal that inclusion is often reactive, fragmented, and heavily dependent on individual agency initiatives rather than coordinated sector-wide efforts. Most sectors lack formalized disability-inclusive policies or strategic frameworks, and existing guidance is either outdated or not operationalized. Infrastructure accessibility remains limited, and meaningful participation of persons with disabilities in program design, implementation, and feedback mechanisms is minimal. Data collection is rarely disaggregated by disability using standardized tools such as the Washington Group Questions, which significantly impedes evidence-based planning and accountability.

Though some positive practices exist—such as collaboration with the Age and Disability Technical Working Group (ADTWG), referral pathways to rehabilitation services, and select awareness initiatives—these remain project-specific and lack systematic integration. Critical barriers persist in technical capacity, resource allocation, coordination, and the monitoring of inclusive outcomes. Most sectors reported the need for targeted technical support, including inclusion coaching, action planning, tools for inclusive data collection, and enhanced collaboration with Organizations of Persons with Disabilities (OPDs).

To fulfill the humanitarian mandate of equity and non-discrimination, all sectors must shift from ad hoc inclusion to a structured, accountable approach. This requires embedding disability inclusion at every stage of the humanitarian program cycle, investing in sustained capacity building, and ensuring persons with disabilities are not only service recipients but active partners in shaping the response. The IASC Guidelines provide a robust foundation, but their realization depends on collective ownership, operational resourcing, and strong intersectoral coordination to ensure that persons with disabilities are truly and consistently included in the Rohingya humanitarian response.

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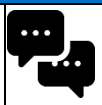
Annex-1 (Key Concepts and Definition)

Accessibility is one of the eight principles that enable the rights affirmed in the CRPD to be interpreted. It affirms the right of persons with disabilities to enjoy "access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. Accessibility is a precondition of inclusion: in its absence, persons with disabilities cannot be included.[19]

Assistive technology, devices and mobility aids are external products (devices, equipment, instruments, software), specially produced or generally available, that maintain or improve an individual's functioning and independence, participation, or overall well-being. They can also help prevent secondary impairments and health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that improve mobility, hearing, vision, or capacity to communicate.[20]

Barriers are factors in a person's environment that hamper participation and create disability. For persons with disabilities, they limit access to and inclusion in society. Barriers may be attitudinal, physical/environmental, communication or institutional.

<table>
<tr><th colspan="2">Barriers to Inclusion</th></tr>
<tr><td>  Physical Barrier</td><td>  Communication Barrier</td></tr>
<tr><td>  Attitudinal Banner</td><td>  Institutional Barrier</td></tr>
</table>

- Attitudinal barriers are 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 barriers include physical obstacles in the natural or built environment that "prevent access and affect opportunities for participation" and inaccessible communication systems. The latter do not allow persons with disabilities to access information or knowledge.[21]
- Institutional barriers include laws, policies, strategies or institutionalized practices that discriminate against persons with disabilities or prevent them from participating in society.
- Communication barriers: Inaccessible communication systems prevent access to information, knowledge and opportunities to participate.

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[19] United Nations. (2006). *Convention on the Rights of Persons with Disabilities: Article 9—Accessibility*. https://www.internationaldisabilityalliance.org/sites/default/files/article_9_crpd_.pdf

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Enablers are measures that remove barriers, or reduce their effects, and improve the resilience or protection of persons with disabilities. Diagram: Barriers and enablers to the inclusion of persons with disabilities in humanitarian action (referenced from IASC Guideline on Inclusion of Persons with Disabilities in Humanitarian Action).

Disability Inclusion is achieved when persons with disabilities meaningfully participate in all their diversity, when their rights are promoted, and when disability-related concerns are addressed in compliance with the CRPD.[22]

Mainstreaming is the process of incorporating CRPD in protection principles, promoting the safety and dignity of persons with disabilities, and ensuring they have meaningful access to humanitarian support and can participate fully in humanitarian interventions. Mainstreaming does not focus on what is done, but on how it is done. Disability should be mainstreamed in all sectors and all phases of the humanitarian programme cycle.

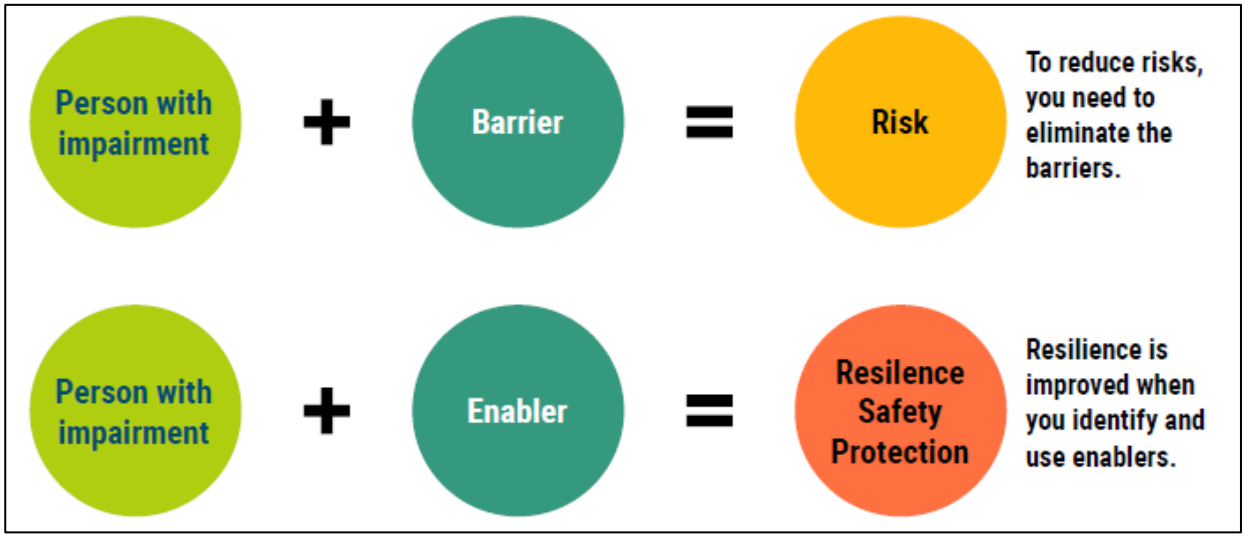

Figure: Barriers and enabler to inclusion of persons with disabilities in humanitarian settings

Twin-Track Approach on Disability Inclusion: Persons with disabilities must be able to access humanitarian assistance and interventions on the same terms as other members of the population. This requires a twin-track approach that combines inclusive mainstream programmes with targeted interventions for persons with disabilities.

- **Mainstreaming actions:** This track focuses on ensuring that all programmes, services, and responses are inclusive of and accessible to persons with disabilities. It involves integrating disability considerations into all aspects of planning, implementation, monitoring, and evaluation. The goal is to ensure that persons with disabilities can access and benefit from the same activities as everyone else without facing barriers or discrimination, regardless of the projects'

[22] United Nations. (2019). *United Nations Disability Inclusion Strategy*. https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf

- **Target intervention:** Humanitarian programmes need to address the specific requirements of persons with disabilities by providing targeted interventions. These targeted actions are designed to provide assistive devices, protection, specialised support services, transport allowances or accommodations to ensure that persons with disabilities can participate fully and equally in activities.

Must Do Action

- **Promote Meaningful Participation:** The Convention on the Rights of Persons with Disabilities (CRPD) affirms the right to participate in decision-making processes. Persons with disabilities are therefore entitled to participate in humanitarian decisions that affect them. Both on the basis of this right, and because they have knowledge and skills to offer, persons with disabilities can be important actors and resource persons in a humanitarian response.

- **Remove Barriers:** Neither inclusion nor participation can be achievedwhile barriers remain. Removing attitudinal, environmental and institutional barriers is critical toaddressing risks.

- **Empowerment and Capacity Development:** Humanitarian stakeholders, including organizations of persons with disabilities (OPDs), need first to develop their own awareness of the rights and capacities of persons with disabilities. Then they need to work with persons with disabilities to strengthen and extend their capacities. These steps together empower both groups of stakeholders to cooperate in ensuring that persons with disabilities are fully included in all aspects of humanitarian assistance and protection.

- **Disaggregate Data for Monitoring Inclusion:** To monitor inclusion, data on barriers and on the requirements of persons with disabilities are essential. Humanitarian data should include disaggregated data on disability to ensure that humanitarian action planning, implementation and monitoring are accessible to and include persons with disabilities. Data and information on risks and barriers faced by persons with disabilities should also be collected and analysed.

Handicap International - Humanity & Inclusion

Co-recipient of the 1997 Nobel Peace Prize, Humanity & Inclusion (previously known as Handicap International) is a 40-year-old independent and impartial organization, that runs programs in health and rehabilitation and social and economic integration with local partners. HI has been working in Bangladesh since 1997 to promote the inclusion of people with disabilities.

Website: www.hi.org