Inclusive Humanitarian Actions for Rohingya Refugees and Host Community in Cox's Bazar

An initiative of CDD¹ and CBM²



¹Established in 1996, the Centre for Disability in Development (CDD)¹ is working in the field of disability inclusive development in Bangladesh. CDD is a strategic and funding partner organization of CBM since 1997. www.cdd.org.bd

² CBM is working to improving the quality of life of people with disabilities in the poorest communities of the world. www.cbm.org





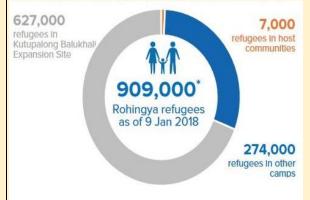
Background

The Forcibly Displaced Myanmar National (FDMNs) - Rohingya people started pouring into Bangladesh since 25 August 2017. This humanitarian crisis caused by escalating violence in Myanmar's Rakhine State has caused suffering on a catastrophic scale. More than 671,000 new Rohingya people had fled across the border from Myanmar to Bangladesh. As of 9 Jan, 2019, 909,000³ Rohingya / FDMNs are living in different camps and host communities in Cox's Bazar district of Bangladesh.

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Twelve percent of refugee households are reported to have a family member with a permanent disability⁴, 17%

of families have a temporary disability from injury, predominantly caused by gunshots, shrapnel, fire, landmines⁵ or the exodus. In December 2017, a rapid assessment⁶ was conducted by CDD and ASB on situation of people with disability in the refugee camp.



It found that majority of the persons with disabilities and older age population were not able to reach the service providers. Few services are accessible to persons with functioning limitation, such as toilets, water sources, access around camps and distance to health and distribution points; this directly impacts person with disabilities and older persons ability to meet their needs;

People with disabilities are not aware of specialized health services, including opportunities for accessing assistive devices to meet their needs. The persons with disabilities were in dire need of health and rehabilitation services.

Most of the Rohingya people were found suffering from different forms of trauma and mental health problems. It was hence absolutely imperative that their mental health needs are addressed.

Data on persons with disabilities were not available and there were limited awareness and expertise on disability issues among the humanitarian actors.

Considering the needs, CDD - CBM started providing services on Health & Rehabilitation, Child friendly space & learning opportunities and on Disability mainstreaming within humanitarian actors from December 2017. These activities are being implemented at Rohingya Camps and Host Communities.

The total number of Rohingya and Host Community who are in need as per Joint Response Plan (JRP) is minimum 1.3 million people. If we consider 10% as persons with disabilities this number is 130,000.

https://www.human itarian response. in fo/en/operations/bangladesh/document/age-and-disability-inclusion-rapid-assessment-report





 $^{^3}$ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_situation_report_10_jan_2018_0.pdf

⁴ Relief International Assessment Report (2017)

⁵ UNOCHA (2017, 23 October). Rohingya Refugee Crisis: Pledging Conference. Retrieved from https://www.unocha.org/rohingya-refugee-crisis/rohingya-refugee-crisis-pledging-conference. Accessed on December 2, 2017.

⁶ CDD and ASB rapid assessment on disability in refugee camps in Cox's Bazaar December 2017

Interventions and Services

Health and Rehabilitation Services at Rohingya Camp and Host Community

CDD and CBM have taken different service strategies to extend the services for the Rohingya people in the Camps and the Host Community outside the camps.

In the Rohingya Refugee Camp, CDD-CBM are providing services through 'One Stop Integrated Health & Rehab Service Centre for all' and 'Home Based Rehabilitation (HBR) Teams'. In the host community we are extending services through 'Host Community Mobile Camps'.

The 'One Stop Integrated Health & Rehab Service Centre for all' is a unique set-up in Camp 18 of Balukhali-2, where a person can access general health and rehabilitation services in one location.

In the host community we are extending services through 'Host Community Mobile Camps'. The mobile unit is served by a Van, which include a Therapeutic room and an Audiological room. Trough the mobile camps host community is receiving both

The HBR teams comprise of Physiotherapists, Occupational therapist, Therapy Assistants, Psychosocial counsellors and

provide therapy, and also provide clients and caregiver education on home exercises. The teams also support the clients and

volunteers. Currently 7 HBR teams are working in Rohingya camps and host communities. These teams conduct on-site assessment,

caregivers for shelter adaptation, for e.g. installing bamboo handrails, grab bars and other accessibility features using local

resources to enhance the clients' functional mobility and home exercise.

Under general health services, the <u>medical team</u> consists of medical doctors, paramedics, nurses, medicine dispenser and volunteers. They examine, diagnose, make referrals, provide prescription & medicine and offers primary level medical services with medicine.

HIGHLIGHTS

From: December 2017

Main Location: Camp -18 and Host

Communities

Extended Services: Surrounding Camps

and Mobile bus camp services

Services

- 1. General Health
- Rehabilitation (Physiotherapy & Occupational therapy)
- 3. Eye screening & vision assessment
- 4. Ear screening & Hearing assessment
- 5. MHPSS
- 6. Assistive Device (Metal, Wood, Artificial Limbs / Prosthetics & Orthosis)
- 7. Cataract Surgery
- 8. Referral and Ambulance service

Service strategy

- 1. One Stop Integrated Health & Rehab Service Centre
- 2. Home Based Rehabilitation Teams
- 3. Host Community Mobile Camp

general health and rehabilitation services. Persons with disabilities and others with mobility challenges are served by Home Based Rehabilitation Teams.









The <u>Rehabilitation services teams</u>, comprise of Physiotherapists, Therapy assistants, Occupational therapist, Psychosocial Counselors, Audiometrician, Ophthalmologist, and volunteers.

CDD has provided different types of Assistive Device in Rohingya and Host Community, including Hearing Aids, Walking sticks & frames. There are many cases where Artificial Limbs are required. As movement of Rohingya refugees are restricted within certain geographical boundary they aren't able



to travel to Dhaka for casting, fitting and gait training. CDD-CBM are the first organization to bring these services within the camp. We organize Prosthetic & Orthotic measurement & fitting camps within the Rohingya Refugee Camp. Similar camps are also organized in the host communities.

Psychosocial counsellors provide counselling services both at Rohingya camp and Host community. CDD is offering vision testing services and provides spectacles. CDD also provides cataract surgery services in partnership with a hospital at Cox's Bazar through our referral system. Audiometric technicians test hearing loss in specially constructed sound proof rooms in Rohingya and Host Communities. Many persons were provided with hearing aids.





Inclusion of children with disabilities in Child Friendly Space and Learning Centres



CDD-CBM is operating a 'Child Friendly Space (CFS)' just beside our 'One Stop Integrated Health & Rehab Service Centre for all'. The CFS is one of our key progra mmatic interventions to respond to the learning and recreational needs of the Rohingya children. CFS provides protected environment for children in which they can participate in organized activities to play, socialize, learn, and express themselves. The key principles for planning, developing and operating child friendly spaces includes the inclusive and non-discriminatory approach. Currently 100+ Rohingya children including children with disabilities are enrolled in this centre, which operates in 3 shifts.

CDD-CBM has entered into partnership with UNICEF to create inclusive environments in existing Learning Centres and Child Friendly Spaces of its partner organizations in the camps. A total of 100 such centres are targeted.

Disability Mainstreaming

Under disability mainstreaming component CDD-CBM are closely working with OXFAM, CARE, IFRC, IOM, UNICEF and their partner organizations.

Under the disability mainstreaming strategy humanitarian organizations / actors are sensitized, capacity of their staff members on disability inclusion are strengthened through training, development of tools & resource materials,



follow-up through our disability inclusion officer and trainers. CDD-CBM engages persons with disabilities as facilitators in different training courses.

CDD-CBM is working with different clusters and coordination committees to promote disability inclusion. The Age & Disability Task Force (ADTF) is formed in Cox's with Humanity & Inclusion, Help Age International, CDD and CBM. There are close communications with the different government authorities including the Ministry of Disaster Management and Relief (MoDMR) to promote disability inclusion.





Achievements from 23rd December 2017 to 15th December 2018



through different interventions covering from Rohingya & Host community.





humanitarian action trained on disability & inclusive mainstreaming organization individuals of different

Disability disaggregated impairment types among the Physical Disabilities Visual Disabilities with disabilities the CFS (13 are children children have enrolled in

service recipients



17,594

services with 24,885 sessions person received health

Rehabilitation

7,203

services with 19,080 sessions person received therapeutic(PT & OT













assessment person received hearing

person received eye assessment



including 26 artificial limbs Assistive Devices distributed

3,955 session

■ Intellectual Disabilities

Speech & Hearing Disabilities



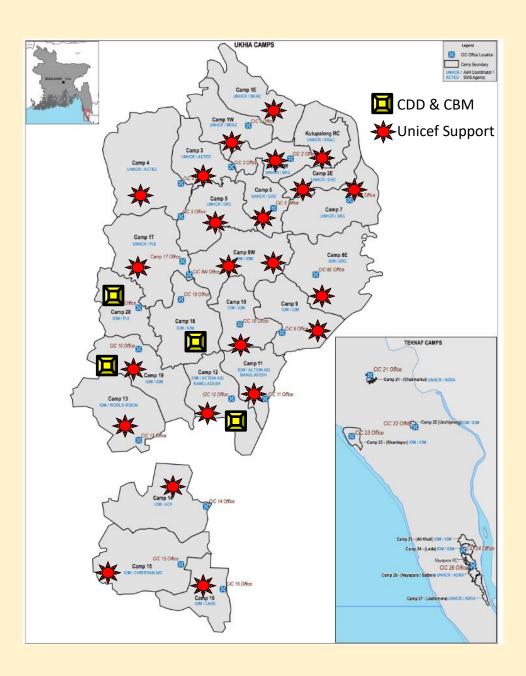
2,939 persons received PSS services with







You will find us, working in the following areas:



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