



## People living with disabilities in Cox's Bazar: Understanding perceptions on aid equity and access

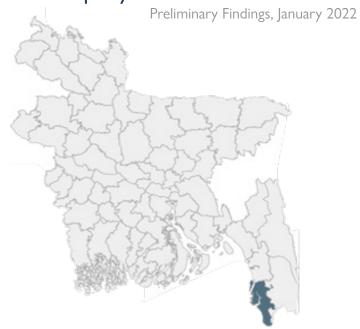
In Cox's Bazar, identifying and meeting the unique needs of people living with disabilities has been a challenge throughout the humanitarian response, while quantitative assessments and perception tracking have struggled to understand their diverse experiences and perspectives.

In November 2021, Ground Truth Solutions (GTS) and IOM Needs and Population Monitoring (NPM) embarked on a series of qualitative interviews with persons with disabilities across Rohingya refugee and host community populations with the aim of better informing and supporting agencies in developing disability-inclusive programmes and engagement activities.

This round of research focused on access to health services, with a particular emphasis on how the perceptions and experiences of persons with disabilities have changed during the coronavirus pandemic. Through gaining insight into how people with disabilities experience engaging healthcare services — as well as perceived barriers to access, information, and resources — the humanitarian community will be better equipped to identify gaps in programming and deliver more equitable services.

In line with <u>recent findings</u> that show 'who asks the questions' can bias responses, for the data collection IOM's NPM unit mobilised its Bangladeshi-Rohingya enumerator team, including 9 women and 8 men. Specialised training in qualitative research skills was provided over the course of three days with technical experts from the Age and Disability Working Group (ADWG) leading targeted sessions on disability inclusive communication.

Interviews were conducted with the support of ADWG partners for the identification of the interview respondents and made possible by the generous contributions of our 30 respondents, whose experiences and stories form the basis of this study. Building upon the findings of this assessment, a comprehensive analysis and report will be published in February 2022.



"I cannot manage to get the healthcare I need since I have no source of income."

## Preliminary findings from this research include:

- 1. Long wait times, overcrowded health facilities, and far distances to the clinics make access to healthcare difficult and oftentimes outright painful for people with disabilities.
- 2. Respondents express frustration that the treatments and medications they receive do not treat their illnesses, and therefore, they are less likely to seek healthcare when needed.
- 3. Prohibitive costs of treatment are a barrier for persons with disabilities seeking medical treatment, resulting in many borrowing money from their community to access health-care. Some respondents mention selling their rations to pay for their treatment.
- 4. Healthcare provision has largely been unaffected by the coronavirus pandemic. In some cases, access has even improved since the start of the pandemic likely due to movement restrictions causing fewer people to go to clinics..
- 5. Participants report that they want to share their experiences, discusst their problems and have their voices listened to more.

"We need health providers to treat us respectfully, and not make us wait for a long time in the waiting area."