

Rohingya Refugees with Disabilities Overcoming Barriers to Sanitation in Cox's Bazar Refugee Camp, Bangladesh

SUMMARY

Cox's Bazar refugee camp, Bangladesh, has the highest concentration of refugees worldwide.¹ Refugees with disabilities in the camp face challenges in accessing WASH facilities and latrines, particularly due to the hilly terrain and inaccessible locations where such facilities are located within the camps.

According to a 2019 baseline survey conducted by CARE Bangladesh, over 90 per cent of persons with disabilities reported difficulties squatting on the standard pit latrines used in the camps.² To overcome these barriers, UNICEF and CARE Bangladesh conducted a six-month field trial of new accessible latrines for persons with disabilities in Camp 16 of Cox's Bazar District, Bangladesh. After six months, all persons with disabilities engaged in the trial were using the accessible latrines. The accessible latrines located near shelters and schools reduced the time taken to use sanitation facilities and reduced the proportion of persons with disabilities that restricted their use of latrines. The sanitation trial also increased the proportion of persons with disabilities washing their hands after defecation, from 61 per cent to 100 per cent.

As a result of the introduction of accessible latrines, refugees with disabilities in the camp reported increased independence, improved self-esteem and more positive attitudes from family and community members, including reports of increased involvement in decision-making. In the six-month period, there were changes in perceptions towards persons with disabilities, indicating that improving WASH conditions for persons with disabilities can help to reduce stigma and discrimination.

Context

Since August 2017, violence in Myanmar has led to an estimated 715,000 Rohingya refugees fleeing across the border into the

Cox's Bazar District of Bangladesh.³ Approximately 860,000 refugees now live across the 34 camps in Cox's Bazar.⁴

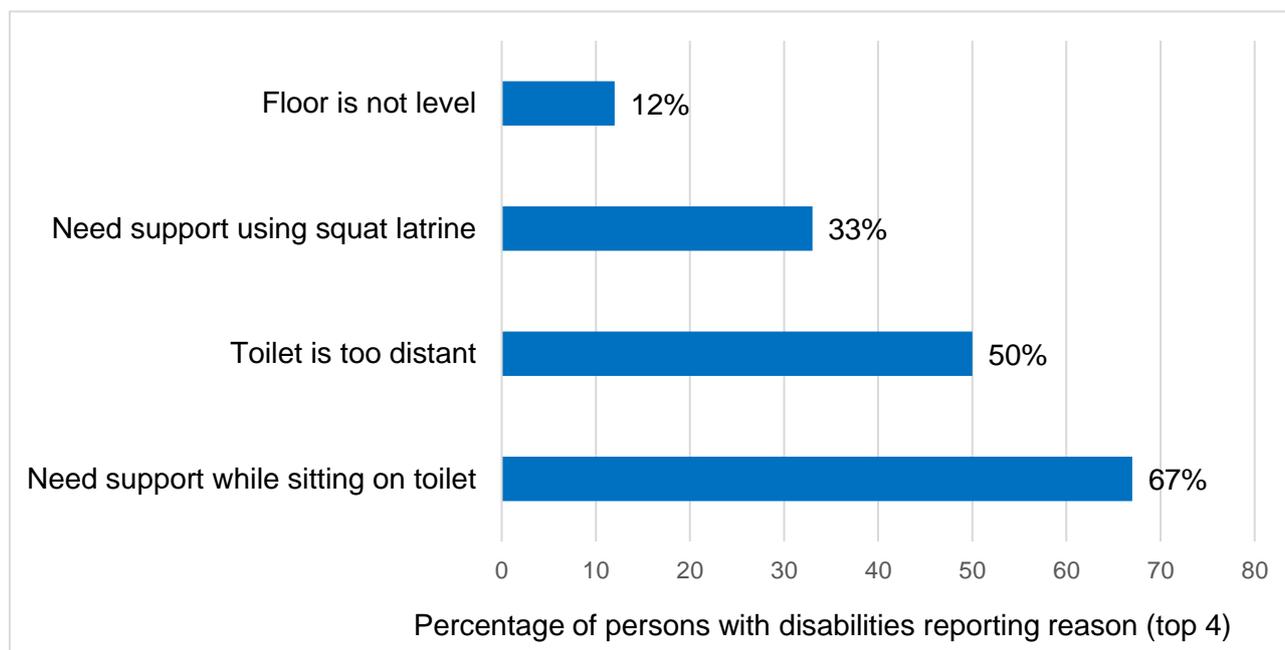
A needs assessment, conducted between November 2020 and January 2021, found that the prevalence of persons with disabilities across the Rohingya refugee populations (aged 2 years and over) in Cox's Bazar was 12 per cent.⁵ While there was no difference in disability prevalence between males and females, there was a correlation between disability prevalence and increasing age.⁶

Conditions are challenging in Cox's Bazar, which hosts the highest concentration of refugees anywhere in the world,⁷ leading to crowded and congested living conditions. For persons with disabilities, challenges in access to basic services are amplified by the hilly terrain, lack of adapted facilities and limited inclusive interventions.⁸ A needs assessment in 2021 found that 76 per cent of

persons with disabilities faced difficulties moving around the camp.⁹

The standard latrines constructed within the camps are twin pit latrinesⁱ and are not adapted to the needs of persons with disabilities. In a 2019 study, some of the challenges identified were the location/siting of communal latrines, uneven terrain within the camp, long queues and inaccessible latrine designs.¹⁰ Ninety per cent of persons with disabilities reported difficulties squatting comfortably while using the standard latrines and moving around within the latrines in the camp.¹¹ An assessment in 2021 found that 30 per cent of persons with disabilities were not able to use latrines without support¹² (see Figure 1) and the majority of persons with disabilities (83 per cent) reported using inaccessible public latrines in the previous month.¹³

Figure 1. Reasons persons with disabilities are unable to use latrines without support in Cox's Bazar¹⁴



ⁱ A twin pit latrine is two connected pits dug into the ground close to each other with a squatting plate covering the hole. For more information, see: <https://wcdc->

knowledge.lboro.ac.uk/resources/posters/P013_Twin-pit_latrines_1.pdf

Figure 2. In March 2021, a Rohingya refugee child carries water to her temporary shelter at a refugee camp in Cox's Bazar



Access to water poses challenges for refugees with disabilities in Cox's Bazar, with over half (56 per cent) of persons with disabilities reporting difficulties accessing water sources.¹⁵ The most frequently reported challenges to accessing water are long wait times, water points being too far away, overcrowding and paths being too steep.¹⁶

Stigma towards persons with disabilities prevents access to services, as well as limiting participation in community activities and decision-making processes.¹⁷ Many Rohingya people believe that some disabilities are caused by spirits or demons.¹⁸ These beliefs contribute to negative attitudes and the exclusion of persons with disabilities.

The baseline survey found that 49 out of 51 respondents with disabilities (96 per cent) felt they did not enjoy the same level of access to WASH facilities as persons without disabilities.¹⁹

Field trial of accessible latrines

To overcome barriers to accessing sanitation facilities for persons with disabilities, UNICEF and CARE Bangladesh conducted a six-month field trial of new accessible latrines for persons with disabilities, using add-on products. The add-on products are added to

a standard squatting plateⁱⁱ to make latrines more accessible for persons with disabilities. The products were developed by UNICEF Supply Division in collaboration with UNICEF WASH and Disability Sections and in partnership with the private sector, to find an innovative solution for providing accessible sanitation for persons with disabilities within humanitarian contexts.

The product development process took three years of collaboration between the users and product developers, including consultations with field partners and beneficiaries to understand the sanitation needs of persons with disabilities in emergencies.²⁰ In the early stages of development, UNICEF worked with the Danish Association of the Physically Disabled to develop and provide feedback on prototypes.²¹ Persons with disabilities, including children with disabilities, were engaged throughout the product development and testing process via a human-centred design approach, resulting in the development of products that are fit for the purpose and of high quality.²²

Through this innovation product development process, two add-on products were developed by industry partners in close consultation with UNICEF. Both products allowed the user to sit comfortably, rather than needing to squat over the standard pit latrines used in emergencies. The referenced products are available via the [UNICEF Supply Catalogue](#).ⁱⁱⁱ

ⁱⁱ A squatting plate is a large plastic plate with a hole that is placed over a pit latrine to improve sanitary conditions. These plates are often used in emergency contexts. For more information see: <https://supply.unicef.org/s5007335.html>

ⁱⁱⁱ Further information on the add-on products can be found here:

Figure 3. Disability accessible add-on products that fit on to the emergency latrine squatting plates



After an initial field trial of the products with persons with disabilities in Angola, the add-on products were field tested in Camp 16 in Ukhiya, Cox's Bazar District, operated by UNICEF partner CARE Bangladesh, over a six-month period from June 2019. Camp 16 is home to 21,865 Rohingya refugees²³ with a disability prevalence of 9 per cent.²⁴

The trial involved both models of the add-on products for 50 accessible latrines constructed in Camp 16. Of these, 46 accessible latrines were constructed in or near to households of persons with disabilities and 4 were placed in learning institutions.²⁵ CARE, the implementing partner, had an existing WASH programme, which included water supply and sanitation infrastructure and hygiene promotion components in Camp 16, with support from UNICEF. As CARE already had WASH activities in the camp, persons with disabilities for the field trial were identified through consultations with block and sub-block^{iv} leaders and caregivers in Camp 16.

<https://www.unicef.org/innovation/disability-friendly-squatting-plate-add-emergencies>

^{iv} The refugee camps in Cox's Bazar District are divided geographically into blocks. For example, [Camp 16](#) is made up of four blocks (Block A, B, C and D). Blocks are further divided into sub-blocks.

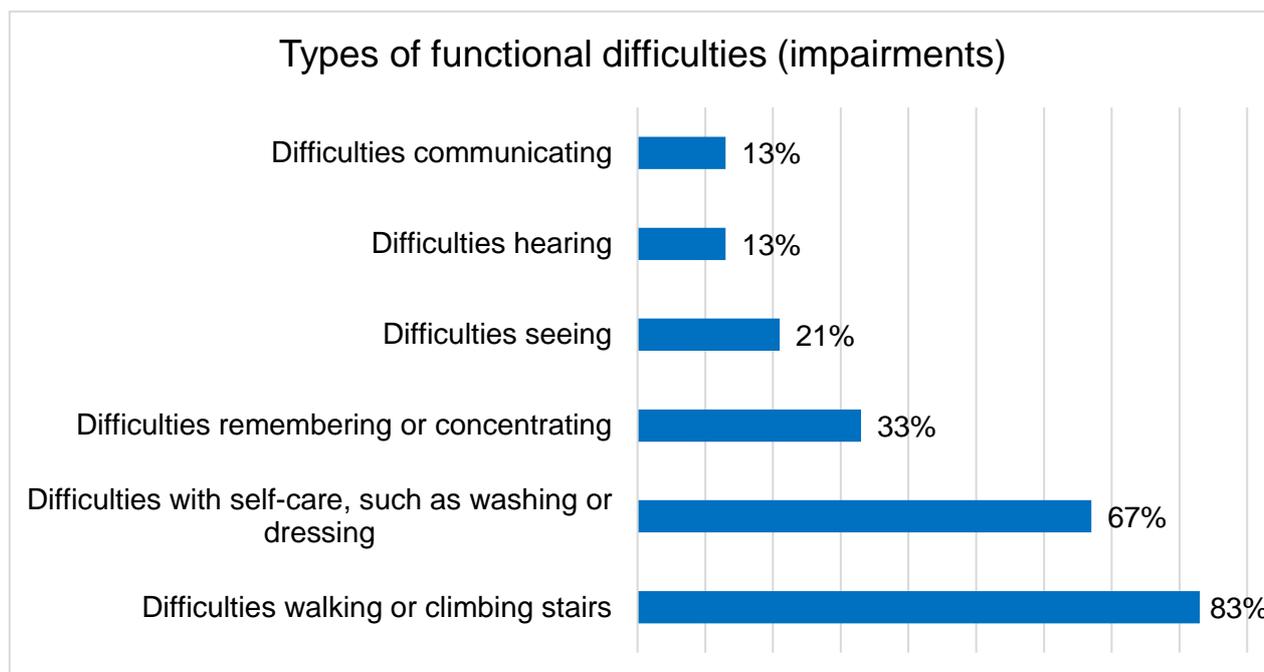
The Washington Group questions^v were used to identify persons with disabilities, with the majority having mobility impairments (see Figure 2).²⁶ Just over one third of respondents with disabilities use assistive devices^{vi} to support themselves.²⁷

A baseline study was conducted in Camp 16 to understand the WASH needs, use and challenges for persons with disabilities.²⁹ Consultations were also conducted to determine what specific latrine features persons with disabilities require in sanitation

facilities and the most appropriate location of the latrines.³⁰

CARE consulted with the WASH sector coordination forum in Cox's Bazar for approval of the design of the accessible latrines.³¹ Approval of the designs from the WASH sector provided credibility when engaging with camp leaders, known as Camp in Charges (CiCs),^{vii} and assisted in speeding up the process of mobilization at the block level.³²

Figure 4. Types of functional difficulties of persons with disabilities engaged in the field trial



Note: There are multiple responses; 81 per cent of respondents reported difficulties in more than one functional area.²⁸

^v The Washington Group questions are a data collection module that provides a standard approach to producing disability data, based on asking questions about difficulties in functioning. For more information, see: www.washingtongroup-disability.com

^{vi} Assistive devices are external products that maintain or improve the functioning or

independence of a person. For example, wheelchairs, hearing aids, crutches, white canes, etc.

^{vii} Camp in Charge (CiC) is the government authority or local administrator in the camp.

The add-on products were used in the construction of the 50 latrines, in addition to the installation of hand-washing stations, water storage, soap cases, handrails, improved pathways with ramps and push showers.^{viii,33} CARE found that the two types of add-on models could be easily assembled on site and both products could be mounted on to the standard squatting plates.³⁴ The construction of the accessible latrines was completed with locally produced materials for the superstructure, similar to those used for the standard latrine construction in the camp.³⁵

The community within Camp 16 were informed of the accessible latrines via awareness-raising sessions organized at block and sub-block levels. The sessions were held with the support of local leaders (Majhis,^{ix} Imams and women leaders) to engage the wider community, camp-level partners, persons with disabilities, caregivers of persons with disabilities and CiCs. Information on the innovative products, the field trial and the process of site selection were shared during the sessions.³⁶

The terrain in Cox's Bazar refugee camp is very hilly and congested, making the siting and construction of the accessible latrines a challenge. The key criteria for site selection for the latrines was proximity to the shelters of persons with disabilities, firm and stable ground and accessible pathways.³⁷

The congestion and very close living arrangements within the camp did cause some complaints related to land ownership of the proposed location of the latrines, resulting in some sites needing to be changed. This did cause some delays in construction.³⁸

^{viii} Push showers are taps connected to hoses used for anal cleansing.

BOX 1.

VOICES FROM THE FIELD

"...we did not have space near my house but there was space next to my brother's house which we identified to construct the latrine. My brother did not like the idea at the beginning. He did not want to allow that a latrine be constructed near his house... We had to make consultations with my brother's family many times to accept for the latrine to be built. He finally agreed..."

– Woman with a disability, who lives adjacent to her brother³⁹

The hilly terrain meant a focus on improving the accessibility of the environment surrounding the latrines, with a total of 34 paths constructed, along with ramps, handrails, tactile surfaces and stairs (for users that were able to manage stairs).⁴⁰ While all persons with disabilities involved in the field trial used the accessible latrines, some continued to face accessibility challenges due to the environment in the camp (see below).

^{ix} Majhis are leaders in a community governance system established within Bangladesh refugee camps.

Figure 5. Balukhali refugee camp in Cox's Bazar, Bangladesh



The latrines were used by persons with disabilities and their households over a period of six months with minimal technical or operational challenges.⁴¹ Over this period, the use of the latrines was monitored, with user preferences documented and any concerns and gaps in the design noted and addressed.⁴²

The monitoring of the accessible latrines included gathering data, documenting in a database and analysing information collected via the following processes:⁴³

- A baseline survey was conducted in June 2019 to assess disability accessible sanitation provision prior to the start of the field trial. The survey identified persons with disabilities to be involved in the field trial and determined barriers to accessible WASH. Information was primarily gathered via in-depth interviews.⁴⁴
- Focus group discussions were conducted with persons with disabilities, caregivers and community members. The interviews and discussions were used to identify user preferences and to gather perspectives on the accessible latrines during the trial.
- Monthly meetings were held in Camp 16 with persons with disabilities and caregivers

to monitor the use of the accessible latrines and to gather periodic feedback on the add-on products throughout the field trial. During the meetings, users shared their views on the benefits, challenges and suggestions for improvements. Lessons learnt were documented from the meetings to inform the future use and scale-up of the products.

- A mid-term evaluation was conducted after six months of the field trial to gather evidence on the use of the accessible latrines to compare to the baseline study. An end-line evaluation was initially planned; however, as the mid-term evaluation was conducted towards the end of the project, the results from the mid-term evaluation served as end-of-trial results.
- An existing complaints and feedback mechanism was operating in Camp 16 as part of CARE's broader WASH programme. Persons with disabilities, family members and the community involved in the field trial were encouraged to use the mechanism to register complains and provide feedback during the trial process.

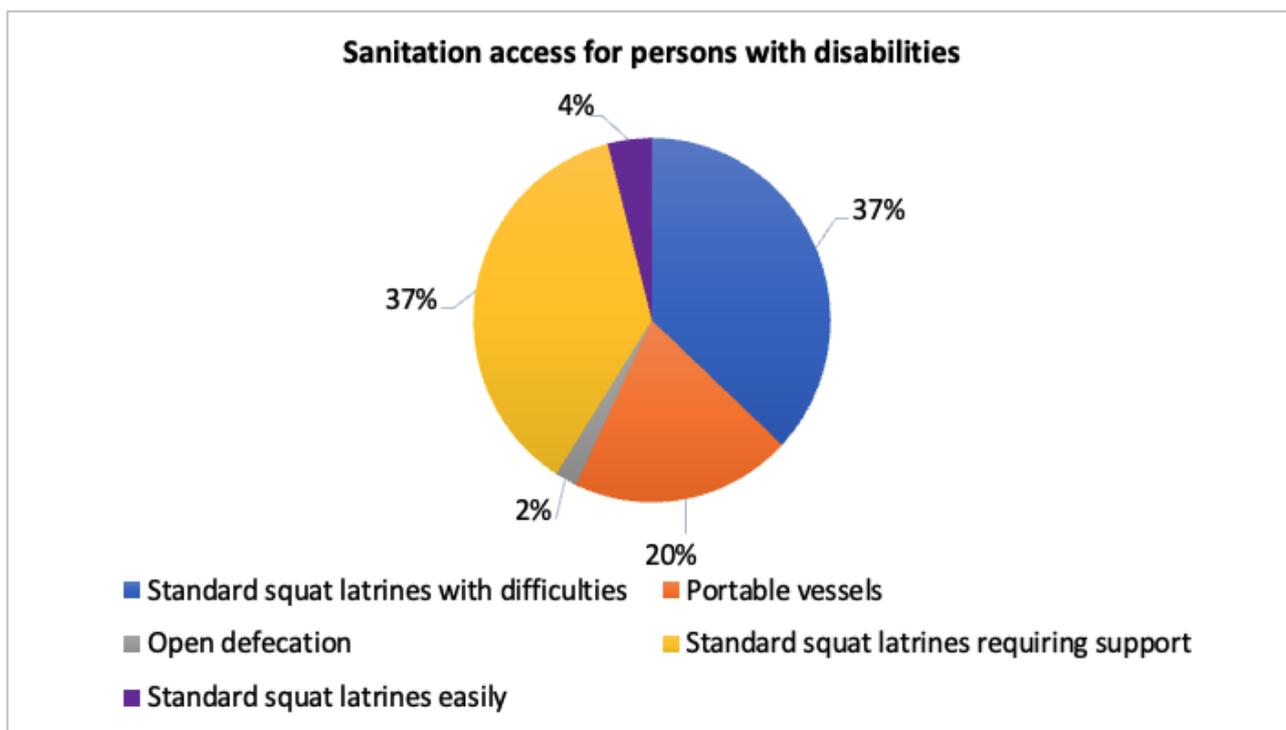
Outcomes of the field trial

Over a six-month period from June 2019, the usage of the latrines was monitored in Camp 16 of Cox's Bazar. The latrines were found to have had a dramatic impact on persons with disabilities, who reported being able to access sanitation facilities much more easily.

Latrine use

Prior to the introduction of the accessible latrines, over 90 per cent of persons with disabilities reported difficulties squatting comfortably and moving around the latrines in the camp.⁴⁵ Only two persons with disabilities reported being able to use the standard camp latrines easily.⁴⁶

Figure 6. Prior to the field trial, sanitation access for persons with disabilities in Cox’s Bazar, Bangladesh⁴⁷



Even with these difficulties, 78 per cent of the persons with disabilities engaged in the trial still used the standard squat latrines, with 37 per cent requiring the support of family members to do so.⁴⁸ Of the persons with disabilities not using the standard latrines, 20 per cent used vessels, such as chamber pots, bedpans or plastic bags within the house that were then disposed of by a family member. Two per cent reported defecating and urinating in open spaces.⁴⁹ The majority (75 per cent) reported coming into contact with faeces or urine while defecating or urinating.⁵⁰

BOX 2.

VOICES FROM THE FIELD

“[I] have been using the standard communal latrine while standing up due to the problem with my legs. I was not able to clean myself properly. I used to make that latrine dirty and was not able to clean the floor properly. This made the other people in the community who used the same latrine to be angry with me. Now when I go to the latrine I am able to sit down and with water available from the tank placed in the latrine, am able to clean myself properly. I now feel clean and hygienic while consuming food...and when saying my prayers.”

– Man with physical disability in Cox’s Bazar, Bangladesh⁵¹

At the end of the six-month field trial, all persons with disabilities engaged in the trial were using the accessible latrines⁵² despite none of them having previously used this type of latrine.⁵³

The introduction of the accessible latrines has reduced open defecation, with the small percentage (2 per cent) that had previously defecated in the open now using latrines.

BOX 3.

VOICES FROM THE FIELD

“...before the construction of the accessible latrine, I used to support my mother-in-law to access the latrine during the day far away by the swamp within the camp to defecate. It was very challenging for me. Now the accessible latrine has made the problem solved.”

– Caregiver of a person with a disability in Cox’s Bazar, Bangladesh⁵⁴

In addition, the accessible latrines increased independence, with persons with disabilities reporting being able to use them independently or with less assistance than previously required.⁵⁵ At the monthly meeting in September 2019, seven persons with disabilities reported that the accessible latrine had resulted in them being able to use the latrine independently, while previously they were fully dependent on the support of caregivers.⁵⁶

“Now I can go to the toilet by myself, I feel better.”

– Minara, 21-year-old with a disability⁵⁷

Time taken to get to latrine and frequency of use

Prior to the trial, 51 per cent of respondents restricted their use of latrines to once per day due to the challenges and discomfort faced.⁵⁸ After the introduction of the accessible latrine, the vast majority (81 per cent) reported not restricting their use of the latrines.⁵⁹ However, it is concerning that there remained persons with disabilities (19 per cent) who restricted their use of the accessible latrines, with seven people reducing food and water intake as a coping strategy.⁶⁰

In terms of proximity to latrines, prior to the introduction of the accessible latrines, while the longest reported time to reach the latrine was 30 minutes, 31 per cent reported taking 5 minutes to reach the latrine.⁶¹ After the field trial, this had increased to 83 per cent of persons with disabilities being able to reach the latrine within 5 minutes.⁶² The time was reduced due to closer proximity and avoiding the long queues at the communal latrines.⁶³ During the September 2019 monthly meeting, a woman with a disability reported that prior to the trial she had to travel for approximately 200 feet (61 metres) to the nearest latrine from her shelter. Due to the distance, at night or when it rained, she would defecate into a plastic bag in the house and her daughter would throw it away or bury it.⁶⁴

BOX 4.

VOICES FROM THE FIELD

“It was very hard to take him to the latrine as it was on top of the hill. Sometimes we have to wait for a long time in the queue to get to access the standard latrine. Now, I can easily take him to the latrine and his hardships has reduced as the latrine is nearby our shelter.”

– Father of a boy with a disability⁶⁵

Hand washing

The sanitation trial had a positive impact on hand-washing practices for persons with disabilities. Before the introduction of the accessible latrines, only 61 per cent of persons with disabilities involved in the trial washed their hands after defecation and 39 per cent reported being unable to do so due to inaccessible hand-washing stations.⁶⁶ The trial included the provision of accessible hand washing, with 100 per cent of respondents reporting washing their hands after using the latrine.⁶⁷ Most (94 per cent) were able to utilize hand-washing stations positioned inside the latrine, while the rest (6 per cent) used water points outside the latrine for hand washing.⁶⁸

During the trial period, CARE also worked to promote and increase awareness on hygiene through community engagement using the “Clean Camp Campaign – People Led Total Hygiene (CCC=PLTH)” approach.

Figure 7. Mohammad Sohail, 10 years old, who has a physical disability, washes his hands after using a disability accessible

latrine next to his home in Camp 16, Cox’s Bazar



In September 2019, they organized two sessions for persons with disabilities, caregivers and the nearby community on hygiene awareness. The purpose of the session was to understand the specific needs of persons with disabilities and design hygiene messages suited to their needs.⁶⁹

Access to water

During the baseline study, all respondents reported practising anal cleansing after defecation.⁷⁰ The accessible latrines included a water storage tank within the latrine for flushing and anal cleansing.⁷¹ The water storage tank was considered a valued addition. CARE conducted some group discussions and interviews, which revealed that 20 per cent of respondents had to carry water to refill the tank for a distance of between 100 and 150 feet (30–45 metres); 48 per cent carried water for 51–100 feet (15–30 metres); and 32 per cent carried water for 50 feet (15 metres) or less.⁷² Most respondents (68 per cent) filled the water storage tank daily, with caregivers and family

members mostly taking the responsibility of refilling the water tank.⁷³

Dignity and stigma from the community

In addition to finding the accessible latrines easier to access and use, being able to use latrines hygienically and with dignity has had an impact on persons with disabilities' self-perceptions, and the perception and acceptance of persons with disabilities by their families and communities.

BOX 5.

VOICES FROM THE FIELD

“My husband does not have to assist me to the latrine anymore, and this has improved my self-esteem. Now [I] am able to use the latrine anytime during the day and night. Even my family members are happy that because of me they also have access to a private and new latrine. They now give me a lot of respect and now am being consulted for household decisions as well.”

– Woman with a mobility disability in Cox's Bazar, Bangladesh⁷⁴

Prior to the field trial, 76 per cent of respondents felt they were not respected by members of the community and were regularly bullied.⁷⁵ Linked to WASH, many (65 per cent) felt they were not equal members in society due to their limited access to WASH infrastructure.⁷⁶ At the end of the trial, the vast majority of persons with disabilities involved in the trial – 94 per cent – felt that, because of their level of access to latrines, they had the same opportunities and dignity as community members without disabilities.⁷⁷

Challenges to accessing the latrines

Despite community consultations on siting and considerations of access, the environment continued to pose accessibility challenges for persons with disabilities to get to and use the latrines. Monsoon rains during construction made many latrine sites inaccessible, filling excavated pits with runoff water and causing delays.⁷⁸ During monthly meetings, feedback gathered indicated that some persons with disabilities and family members were still facing difficulties accessing the latrines due to the hilly environment, with some latrines located in steep areas surrounded by uneven terrain.⁷⁹ Even with ramps and pathways, the congested and hilly environment continued to create barriers to access. At the end of the trial, six persons with disabilities (16 per cent) reported still facing challenges due to the hilly terrain and during the night.⁸⁰

The lack of lighting also created barriers to safe access to the accessible latrines, as some of the latrines were in locations with no lighting in the vicinity.⁸¹ This created safety concerns around using the latrines at night, with some participants fearing harassment or being attacked.⁸² CARE is advocating for improved safety and security in the camp and is coordinating with other organizations on the provision of solar-powered lighting for WASH facilities, including those for persons with disabilities.⁸³

Lessons learnt

Community engagement

One of the lessons learnt from the field trial was the importance of community engagement and participation. Using a disability-inclusive approach to WASH programmes means, in addition to ensuring access to WASH infrastructure, also removing barriers that people with disabilities face in participating in community planning

and management decisions. During the field trial, monthly community engagement meetings were held to get feedback from users as well as engage the broader community. This engagement helped to mitigate any potential stigma or jealousy that could have resulted from the introduction of new latrines specifically for persons with disabilities.

Hygienic use of latrines and hand-washing facilities

The introduction of the accessible latrines had a measurable impact on the hygienic use of latrines for persons with disabilities. It reduced open defecation, reduced the use of defecating in vessels (such as bags or bedpans) in the home and allowed persons with disabilities to defecate and urinate without coming into contact with faeces and urine. At the same time, hand-washing practice increased from 61 per cent to 100 per cent. The accessible latrines

provided persons with disabilities and their caregivers with access to more hygienic conditions, which is likely to improve health outcomes and reduce illness.

Dignity and reducing stigma towards persons with disabilities

As a result of the accessible latrines, the

independence of persons with disabilities increased, with reports of being able to use the latrines independently or with less support required. This independence, the improvement in hygiene and having the latrines introduced specifically for persons with disabilities have changed perceptions and attitudes from family and community members, with reports of increased involvement in household decision-making. It was also reported as having a positive impact on the self-esteem of persons with disabilities. Improving WASH conditions for persons with disabilities can help to reduce

Figure 8. Rajuma, 6 years old, who has a physical disability, uses a disability accessible latrine in a learning centre in Camp 16



stigma and discrimination. WASH programmes should be aware of and consider the underlying issues that cause negative attitudes towards persons with disabilities that may result in their restricted access to WASH.

Accessibility of the environment

While all persons with disabilities reported using the accessible latrines, some faced ongoing accessibility issues due to the hilly terrain in the camp. The proportion of persons with disabilities that reported restricting their use of latrines fell from 51 per cent to 19 per cent. However, it is concerning that at the end of the trial, seven persons with disabilities were still reducing their food and water intake to reduce the need to use latrines. This can have very serious health impacts. Any WASH infrastructure programme should look beyond just the accessibility of the WASH facility to consider accessibility of the environment. Assessments of the environment should be conducted to ensure that persons with disabilities can move from the house or classroom to the WASH facility without facing any barriers in the environment.

Menstrual health and hygiene

The baseline study found that 31 per cent of the participants/persons with disabilities in the field trial were women and girls of reproductive age.⁸⁴ Unlike the increase in independence from general use of the latrines, the introduction of the accessible latrine did not have a significant impact on the independence of women and girls to hygienically manage their menstruation. Before the trial, 56 per cent required support to manage menstrual hygiene, compared with 50 per cent after the trial.⁸⁵ At the end of the field trial, menstruation health and hygiene was highlighted as an ongoing challenge for women and girls with disabilities.⁸⁶ As a result of the pilot study, CARE recommended that

future interventions consider the menstrual needs of women and girls with disabilities and integrate these needs into infrastructure design and hygiene activities and provision of menstrual materials.⁸⁷

Strengthening protection, safety and security

Inaccessible WASH facilities can lead persons with disabilities to defecate in secluded areas, increasing the risk of injuries, abuse and exploitation.⁸⁸ However, this field trial showed that accessible latrines also require adequate lighting for people to feel safe while using them at night. Some persons with disabilities and their caregivers were fearful of their safety and the risk of harassment when using the accessible latrines at night.⁸⁹ CARE advises that protection, safety and security risks need to be identified and addressed during the siting of latrines, in consultation with persons with disabilities, caregivers and other community members.⁹⁰ Coordination with organizations mandated with protection, safety and security should be part of the process and future WASH infrastructure projects should consider the need for lighting. CARE has no direct resources for installation of solar lights but has continued to advocate for improved lighting within the sanitation infrastructure environs. Existing solar street lighting has benefited camp residents, including some persons with disabilities when using accessible latrines.

Next steps

Due to the success of the accessible latrine pilot, in Cox's Bazar UNICEF, through partnership with local and international organizations, has integrated accessible latrines as part of the sanitation infrastructure development within the Rohingya response. To date, 424 latrines have been constructed or upgraded in partnership with BRAC,

CARE, Dushtha Shasthya Kendra (DSK), NGO Forum, OXFAM, Village Education Resource Center (VERC) and World Vision to benefit persons with disabilities in the eight camps of UNICEF's area of responsibility.

CARE and UNICEF have also conducted a joint presentation on the success of the study to the WASH sector coordination forum and advocated for the inclusion of accessible latrines in sanitation infrastructure development within the humanitarian response context.

Figure 9. Hashim, 14 years old, who has an intellectual disability, is assisted by his mother as he uses a disability accessible latrine next to his home in the Cox's Bazar refugee camp, Bangladesh



KEY RECOMMENDATIONS FOR FIELD IMPLEMENTATION

- *Humanitarian sanitation responses should consider and meet the needs of all members of the affected population, including persons with disabilities.*
- *Disability accessibility should be considered from the beginning of an emergency response. It is more cost-effective to incorporate accessibility from the beginning, rather than retrofitting. It also avoids access issues for persons with disabilities, including open defecation and unhygienic conditions that affect their health and dignity and increase stigma towards persons with disabilities.*
- *As part of emergency preparedness efforts, pre-position add-on products along with standard squatting plates to meet the sanitation needs of persons with disabilities in the immediate emergency response.*
- *To ensure accountability to affected populations, consult with persons with disabilities and organizations of persons with disabilities to understand the WASH needs of persons with different types of disabilities.*
- *Community consultations and engagement of local leaders is critical to mitigate any potential stigma or jealousy as a result of disability targeted interventions.*
- *In addition to considering the accessibility of the WASH facilities, consider the accessibility of the surrounding environment to ensure persons with disabilities can easily reach and use facilities.*
- *Ensure households can safely and easily access water required for latrines and hand washing.*
- *Complement accessible sanitation efforts with inclusive hand-washing campaigns that produce hygiene messages in multiple formats for persons with different types of disabilities (i.e., written and audio).*
- *Consider the menstrual health and hygiene needs of women and girls with disabilities in WASH emergency responses.*
- *Ensure latrines, including those designed for persons with disabilities, are placed in locations considered to be safe and that have adequate lighting.*
- *Establish monitoring mechanisms to measure changes in the use of WASH facilities for women, men, girls and boys with and without disabilities, identify any barriers to access and measure changes in attitudes.*

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The disability accessible add-on latrine products used in the field trial are available through the UNICEF Supply Catalogue: <https://supply.unicef.org/s0005848.html>.

More information on the products can be found here: <https://www.unicef.org/innovation/disability-friendly-squatting-plate-add-emergencies>.

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