

Case Study: **Bangladesh**

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ADDRESSING ACCESSIBILITY IN ROHINGYA REFUGEE CAMPS, COX'S BAZAR – ENSURING PROTECTION FOR PERSONS WITH DISABILITIES



Photo source: UNICEF/WVB

Background

A massive influx of Rohingya refugees to Cox’s Bazar, Bangladesh started in late August 2017. Most of them settled in neighboring areas such as Ukhiya and Teknaf. Since then, UNICEF has been providing the Rohingya refugees with critical WASH services. As of end-January 2022, there were 920,994 refugees accommodated in 34 camps.¹ UNICEF is providing WASH services to 256,182 individuals in eight camps, each of which is divided into blocks and sub-blocks. The population factsheet shows that 1 per cent of refugees have disabilities.² However, the UNICEF Programme Monitoring and Response initiative estimated that persons

¹ Joint Government of Bangladesh and UNHCR population factsheet, January 2022.

² Joint Government of Bangladesh and UNHCR population factsheet, January 2022.

with disabilities account for 3 per cent of the population in refugee camps³ – and this study will refer to that figure. UNICEF shares camps WASH responsibilities with the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM).⁴

Persons with disabilities have restricted access to WASH services in emergencies. However, the Sustainable Development Goals and the human rights charter clearly state a “universal right to access services”, including persons with disabilities and vulnerable groups.

All Sustainable Development Goals are relevant for persons with disabilities, based upon the universality of each goal and the guiding principle behind Agenda 2030 of leaving no one behind. Of the 17 goals, 13 refer to persons with disabilities or vulnerable groups and seven of the targets make explicit reference to persons with disabilities.

UNICEF’s approach emphasized the need to ensure access for all children and women to quality, equitable, resilient, and sustainable WASH services so they can adopt appropriate hygiene behaviors and care practices.⁵ The Charter on Inclusion of Persons with Disabilities in Humanitarian Action affirms the need for WASH to be available, affordable, dignified, and accessible to all persons with disabilities. Inclusive responses and services, it states, should focus on the ultimate removal of physical, environmental, attitudinal, and institutional barriers for persons with disabilities.

The global pact to leave no one behind clearly describes ways of identifying who is being left behind and how to engage with them⁶ The guidance for this central, transformative promise sets out how the principles of leaving no one behind can be fully integrated into WASH development and humanitarian programming.

The leave no one behind approach comprises a five-step process as minimum standards,⁷ as below.

- Determine who is being left behind
- Determine why they are being left behind
- Explore what should be done
- Measure and monitor progress
- Advance and increase accountability

Access to sanitation has significant cultural and social implications for women and adolescent girls with disabilities in refugee camps. Women and adolescent girls with disabilities often have to search for appropriate places for sanitation, which could lead them to lonely places at night or at other odd times of the day, which increases their risk of physical assault, accidents or other incidents. Persons with disabilities don’t have easy access to WASH facilities, thus they look for possible alternatives. A study by Oxfam in the

³ Programme Monitoring and Response report, February 2022, approved by the Programme Management Team.

⁴ WASH Cox’s Bazaar position paper, 2018.

⁵ Country Programme Document 2022–2026, Bangladesh.

⁶ ‘Water, Sanitation and Hygiene: A guidance note for leaving no one behind’, June 2021.

⁷ Ibid.

Rohingya refugee camps has shown that inaccessible and unhygienic sanitation facilities can cause illness and injuries to persons with disabilities as they tend to consume less food and water to minimize the need to go to a sanitation facility.⁸ This can result in several health disorders, particularly hygiene-related ones. This lesson learned document highlights the role of implementing partners in addressing accessibility issues in Rohingya refugee camps under UNICEF's area of responsibility.

Advocacy for accessible WASH services

Local advocacy efforts

In 2019, UNICEF conducted an audit on gender, gender-based violence and inclusion to develop the capacity of UNICEF and its partners to respond.⁹ The audit intensively engaged WASH sector partners and community members to seek feedback on inclusion. As is common in many contexts, persons with disabilities expressed serious concerns, highlighting issues with access to WASH facilities, particularly reaching water points in challenging terrain, long queues for the latrine in the mornings, difficulties using squatting pans, etc. The audit gave rise to solutions as well, which were implemented to tackle a range of accessibility issues.

The WASH sector in Cox's Bazaar drafted a set of inclusion guidelines for sanitation in 2019, which incorporate inclusion issues into the design of sanitation infrastructure to address the requirements of persons with disabilities. These guidelines state that an assessment of inclusion requirements should be conducted before implementation starts. The assessment should involve structured, individual or group discussions and consultations with all user groups and vulnerable groups of people including persons with disabilities. The inclusion issues thus identified must be addressed by adapting the design, location and other features while constructing or modifying structures.¹⁰

Successive Joint Response Plans of the WASH sector (2019, 2020 and 2021) have prioritized and underscored the need for meaningful and dignified inclusion of individuals across all age groups and persons with disabilities.

Global advocacy efforts

UNICEF developed guidance on disability-inclusive WASH practices in line with the organization's overarching 2016–2030 strategy for WASH. This guidance is a living document that will evolve with the implementation of the sustainable development goals.¹¹ The guidance includes five key messages: encourage the participation of persons with disabilities in WASH services; address stigma and discrimination; raise awareness of their needs; always consider disability; and create accessible WASH infrastructure.

⁸ Women's Social Architecture Project, Oxfam, 2018.

⁹ 'Strengthening the Humanity in Humanitarian Action in the Work of the WASH Sector in the Rohingya Response', UNICEF, 2019.

¹⁰ 'Sanitation Unified Designs and Gender and inclusion guidelines v3', Cox's Bazaar, Bangladesh, November 2019.

¹¹ 'Make It Count: Guidance on disability inclusive WASH programme data collection, monitoring and reporting', UNICEF, 2021.

Oxfam has made efforts to involve architects, particularly female architects, in the design and siting of WASH facilities to add a gendered perspective. It is expected that this will help to promote the development and construction of social and female friendly design and architecture. This is a new concept in emergency settings that has already been found to be very useful in addressing the needs of women, adolescent girls, persons with disabilities, children and other vulnerable groups through the design of accessible WASH facilities. However, the modification of WASH infrastructure ultimately depends on the local context and is dependent on the government's approval.¹²

- **Strategy and implementation**

Methodology of disability assessments

The joint humanitarian initiative REACH, with support from Age and Disability Working Group, conducted multiple needs assessments across the Rohingya refugee populations in Cox's Bazaar. The REACH Age and Disability Needs Assessment was conducted using the Washington Group Short Set of six questions to quantify the prevalence of physical limitations.¹³ The questionnaire was customized to make it easy for responders to express or share the challenges they are facing. The questionnaire was followed by focus group discussions and one-on-one interactions to identify the types of disabilities and requirements. The focus groups were conducted in mixed and homogenous groups. Approximately 9,161 households were visited to identify persons with disabilities. UNICEF selected enumerators/volunteers to suit the socio-cultural status of families being surveyed, paying particular consideration to gender issues, and mobilized them accordingly.

The purpose of this need assessment was to support key actors in responding to the concerns of persons with disabilities, such as access to services or other specific issues. It aimed to support the development of information tools and products that help aid actors make evidence-based decisions in emergency, recovery, and development contexts.

CARE Bangladesh, with the support of UNICEF, conducted a baseline survey in 2019 to assess the provision of disability-accessible sanitation, followed by a field trial of identified persons with disabilities. This field trial was conducted over a period of six months. It found that upgraded latrines had a tremendous impact on persons with disabilities, as they can access sanitation facilities easily.¹⁴

In 2021, World Vision Bangladesh conducted an assessment of persons with disabilities, in camps 7, 8E and 15, and afterwards implemented adaptations for WASH services.

¹² 'Sanitation Unified Designs and Gender and inclusion guidelines v3', Cox's Bazaar, Bangladesh, November 2019.

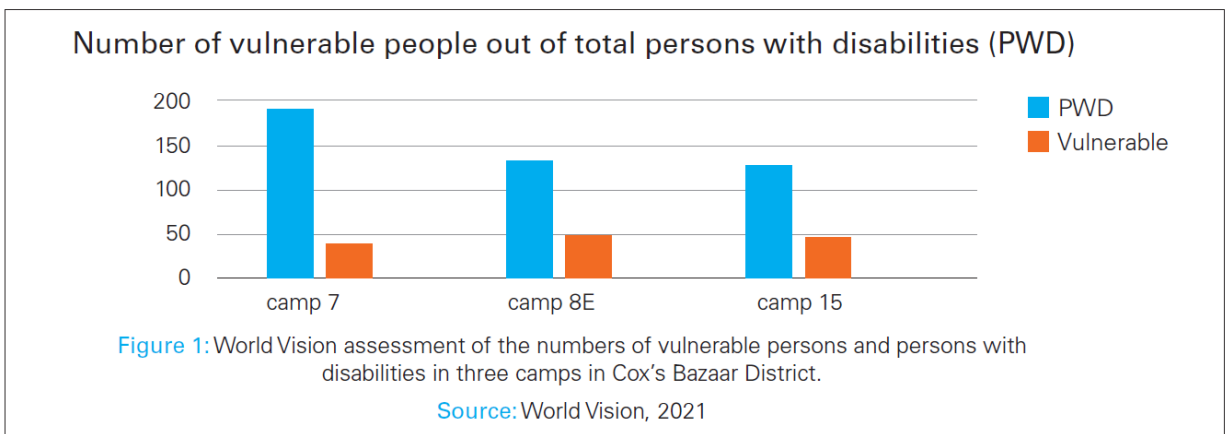
¹³ 'Age and Disability Inclusion Needs Assessment', REACH, May 2021.

¹⁴ 'Rohingya Refugees with Disabilities Overcoming Barriers to Sanitation in Cox's Bazar', WASH Field Note, Cox's Bazaar, January 2022.

■ Progress and results

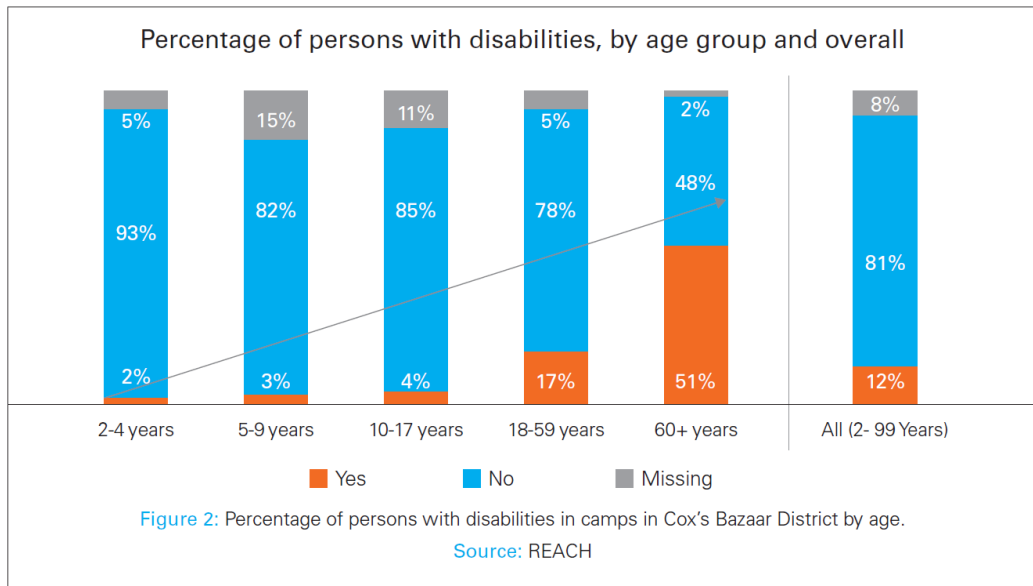
Approximately 4 per cent of the Rohingya population over 60 years of age was found to be among the most vulnerable. It was reported that these people find it difficult to access WASH services. Likewise, national and UNHCR data suggest there are around 35,000 persons with special needs in Rohingya camps, equating to approximately 4 per cent of total population. This data is similar to data from the Planning, Monitoring and Reporting team, which was approved by the Programme Management Team. Persons with disabilities said they felt unsafe accessing WASH facilities compared to other people, and this applied more to women and girls.¹⁵ The 2019 REACH disability assessment revealed that access to sanitation has important cultural and social implications for persons with disabilities, women and girls. Due to the lack of access to safe and adequate sanitation facilities, these groups often have to look for other options to find private places outdoors. Meanwhile, other people often perceive persons with disabilities to be a problem because they take longer to use WASH facilities. Social stigma and misconceptions often characterize disability as a type of curse and persons with disabilities continue to be discriminated against on this basis.¹⁶

In 2021, with support from UNICEF, World Vision conducted a detailed study on disability, with the overall objective of elucidating the status of disability and ageing issues in camp settings. Their study focused on vulnerable people as well as those with disabilities and covered more than 9,161 households in World Vision’s area of responsibility. The World Vision study sought to identify different types of disability, conditions preventing access to WASH services, challenges in accessing WASH services and challenges in menstrual hygiene management for women and adolescent girls and consulted with all target groups to discuss their requirements. The study consulted with a total of 446 persons with disability on their specific needs. Figure 1 shows the number of persons with disabilities and the number of vulnerable people; vulnerable groups were identified based on their disability, age group and gender.



¹⁵ ‘Rohingya Refugees with Disabilities: Prevalence, meaningful access, and notes on measurement’, REACH, November 2019.

¹⁶ ‘Guiding Principles for Community Engagement in WASH Infrastructure’s Planning and Design’, Cox’s Bazaar WASH Sector, 2019.



The WASH assessment was conducted by REACH in May 2019 among Rohingya refugees across 33 camps using the Washington Group Short Set questions and included the entire population aged five years and above.¹⁷ This assessment focused on the presence of disabilities in six core functional domains: walking, seeing, hearing, cognition, self-care and communication. The survey modules classified each individual's level of functioning according to a four-point scale, ranging from "no difficulties" to "can't do at all". Individuals who reported having "a lot" of difficulty or were unable to perform tasks in any one of the six domains were classified as having a "disability", according to REACH's definitions. The WASH assessment (see Figure 2) revealed that 5 per cent of Rohingya refugees aged 5 years and above have a disability. This comprised a large portion of people aged 60 and above. The age and disability inclusion needs assessment, also conducted in May 2019, gave a slightly higher estimate of disability prevalence, but in both studies' mobility-related disabilities were the most prevalent. UNICEF opted to use a 3 per cent disability prevalence rate based on several calculations within the sector.

The assessment conducted by World Vision revealed higher rates of mobility-related disabilities in its area of responsibility – findings which align with the broader assessment conducted by REACH. Based on this, adaptation work has focused on addressing accessibility issues.

Mobility-related disability was the most common form of disability, and it was more prevalent in those aged 15 and above than it was in those aged 60 and above, where it affected 1 per cent of the population.

Domain	Persons with difficulties in functioning in this domain
Mobility	87%
Self-care	85%

¹⁷ 'Water, Sanitation, and Hygiene Assessment: Dry Season Follow-up', REACH, May 2019.

Specific findings of World Vision's disability assessment

- Difficulties in walking is the number one disability, followed by psychological problems, blindness, hearing problems, and difficulties with speech.
- There is a lack of gender segregated latrines and bathing spaces for persons with disabilities.
- Non-functional latrines or broken facilities are problematic, irrespective of accessibility.
- The quality and quantity of water is inadequate for the specific requirements of persons with disabilities and vulnerable groups.
- Longer queuing times affect elderly people.
- Persons with disabilities struggle particularly with walking to access WASH services.
- WASH services are a source of conflict among users.

Focus group discussions and one-on-one interviews revealed several logical suggestions made by persons with disabilities, which later informed the interventions.

- Have gender-segregated WASH facilities i.e., latrines, bathing spaces etc.
- Upgrade/adapt WASH facilities with handrails, steps, or ramps towards latrines.
- Provide bed pans and/or jerry cans for people where necessary.
- Provide sufficient sanitation items, including a source of water close to sanitation facilities.

Modifications based on assessments

UNICEF addressed accessibility issues through the following interventions:

- adapting the **distance, slope and smoothness** of paths and approaches
- adding **handrails**
- modifying **pans/squatting chairs**
- providing **step free access** leading to latrines

Summary of interventions

The adaptation/modification of WASH services was carried out based on the discussions with people with disabilities and members of the community. The adaptations included: modifying access paths and adjusting slopes; upgrading the structure of services including the addition of commode chairs, handrails, and holding bars; and the addition of WASH facilities close to the homes of persons with disabilities, wherever possible.

▪ **Lessons learned**

During onset of an emergency, the priority is to develop WASH infrastructure to serve the affected people. This early phase of response may not be able to address accessibility issues unless and until there is a disability assessment done beforehand, which is unlikely. This is the case in Rohingya refugee camps as well: when the camps were established, the resources were focused on establishing minimum services.

What went well in this project	How would you improve this next time?	Focal point
Consultation with community for WASH facilities	Include identification of any special requirements/needs of vulnerable groups/persons	Implementing partners
Rapid assessment	Needs assessment should always include persons with disabilities to avoid double assessment	Donor partners
Social acceptance among users	Consultation with service users to address inclusion issues	
Common design of WASH facilities	WASH sector (including the Department for Public Health and Engineering) should provide common latrine design endorsed by the Office of Refugee Relief and Repatriation Commissioner	

What didn't go well in this project?	How would you improve this next time?	Focal point
No consultation with persons with disabilities before construction as the focus was on WASH infrastructure	Include individual consultations	Implementing partners
Social architecture not addressed as a priority during the early stage of the response, until September 2018 ¹⁸	Involve architect to address social issues in sanitation infrastructure design	

¹⁸ Women's Social Architecture Project: Phase 1 Final Report, Oxfam Rohingya Response, September 2018.

PWD assessment was not conducted until January 2019 ¹⁹	Conduct/include PWD assessment before implementation starts	Implementing partners
Consulting with persons with disabilities for their specific needs	Based on initial assessment, conduct individual consultations with persons with disabilities to address special requirements	
Site selection for latrine	Select an accessible site	
Bathing space and latrines far from shelter	Include social architecture in WASH infrastructure at the design phase	
Infrastructure design provided by WASH sector was not disability friendly	Discuss at sector level to ensure disability-friendly design	
Assessment of persons with disabilities across the entire camp population	Include entire camp population in assessments of persons with disabilities, regardless of the implementing partner's area of responsibility	

▪ **Way forward and potential application**

The response programmes should consider the needs/requirements of persons with disabilities as per emergency response guidelines²⁰ and UNICEF's strategy. Community engagement is crucial in identifying and addressing disability issues and to ensure accountability to affected populations. The involvement of communities and local leaders on the other hand helps to avoid any potential social conflicts due to stigma. Consultation with persons with disabilities is crucial to addressing accessibility to WASH services. The provision of accessible WASH facilities has a great impact on the personal hygiene of persons with disabilities, thus improving their health status.

The assessments carried out by implementing partners and other sector partners revealed that mobility-related disabilities remain the most common barrier to WASH services. Disability also caused social conflict relating to long queues, the cleanliness of facilities, etc. Persons with disabilities require a longer time in the WASH facilities and are not always able to maintain standards of cleanliness.

The assessments also revealed the importance of community engagement/participation in planning and decision making to ensure access to WASH services and help to avoid barriers that persons with disabilities may face. Community engagement provides an opportunity to discuss and mitigate social stigma related to persons with disabilities and to address accessibility issues. Accessibility also promotes independence, which has multiple benefits both to disabled persons and their families. This suggests the need for a

¹⁹ Gender, GBV and inclusion audit by Dr. Sarah House, January 2019.

²⁰ Disability Inclusive WASH practices, UNICEF

disability-inclusive approach to WASH programmes. Persons with disabilities feel protected with accessibility and accessibility also ensures that menstrual hygiene management is practiced with dignity.

Community Feedback and Response Mechanism to address the needs of persons with disabilities:

Due to an accident, 25-year-old Mohammad Hossain has difficulties with mobility. He can't walk without crutches and has difficulty accessing and using communal latrines. He provided feedback during the Community Hygiene Volunteer's visit as part of the Community Feedback and Response Mechanism. His feedback was verified by a Community Hygiene Promoter and submitted for a response. The NGO Forum for Public Health, with support from UNICEF, responded to Hossain's feedback by constructing an accessible latrine for him providing **step free access** leading to latrines.

Komoro's story

Komoro fled to Bangladesh in August 2017 and lives in one of the camps at Ukhiya, Cox's Bazar, Bangladesh. Aged 41, Komoro has been physically challenged since birth.

Before the intervention

Komoro has one short leg, which limits her mobility both in and out of the house. She had been using WASH services with the help of a caretaker or a family member and had to crawl to reach the facilities. She really struggled with accessing WASH facilities, even though they were close to her home. As well, she felt ashamed because people would comment on the amount of time she spent in the latrine.

After the intervention

World Vision consulted with Komoro and she explained her situation and what she needed. Her community was supportive and all the other latrine users agreed to the changes so that she could access the latrine. Now, she can go in on her own – she only needs someone's help to get to the door.

Komoro

"I would like to thank UNICEF and World Vision for considering my requirements for access to sanitation services. With this modification, I am now able to use latrine on my own (although I still need support to reach to latrine door). Now I can use latrine easily whereas earlier I needed help from my husband to go to the latrine. Sometimes, this would be difficult as he had to go out for other tasks, and I couldn't go to latrine in time. Upgrading access to latrine and bathing space inside the hut has now made my daily activities easy and I can take care of the children as well."



Figure 3: Komoro approaching upgraded latrine.

Source: World Vision

Mohammad Solim's story

Mohammad Solim, 34 years, has been blind since birth and had difficulties using the common latrines, which were 70 feet away from his hut down a hill. His four children are also blind. The family had lots of challenges, especially during the night. The children used to defecate in plastic bags, which they threw away in open areas. UNICEF supported the construction of a separate latrine for this family, to ensure they had access to a sanitation facility.

Solim and his children now can practice safe hygiene all the time. The family is very happy to have access to WASH services for the first time.



Figure 4: Solim in modified latrine.

Source: NGO F

Sholema Khatu's story

Sholema Khatu is 50 years old refugee living in camp 8 E, block E, sub-block-75. She has physical disability leading to difficulty in moving. She has problem with the leg. She needs support to walk. She can't sit properly without the support. Thus she faced problems while using latrine. She had to struggle to reach to latrine from her house.

After consultation with Sholema and her care giver, UNICEF/WVI adapted an access track from her house to latrine. Steps are added in that slope. Now, she is very happy and can use latrine easily. Her husband doesn't have to assist her all the time as she can walk up to latrine with the help of railings and bars."



Figure 5: Sholema approaching upgraded latrine.

Source: World Vision

Related links

Humanitarian Response, Water Sanitation and Hygiene, <<https://www.humanitarianresponse.info/coordination/clusters/water-sanitation-hygiene>>, accessed 18 May 2022.

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