

Disability Inclusive Humanitarian Action

A people-centered, low-cost approach to supporting people with disabilities in refugee camps, Cox's Bazar, Bangladesh



Rohingya refugee camp, Cox's Bazar, Bangladesh. ©CBM UK

Partners:



Funders:



Accessibility barriers worsen humanitarian emergencies for people with disabilities

Over 1 million people are estimated to live in the thirty-three refugee camps located in Cox's Bazar, Bangladesh. These house Rohingya refugees who have been forcefully displaced from Myanmar since 2017; 12% are estimated to be people living with disabilities.¹

The living conditions in the refugee camps are overcrowded, impoverished, and very dangerous. The environment is prone to fires and vulnerable to climatic events such as cyclones and storm surges. The refugee camps themselves are characterised by a series of sprawling bamboo and make-shift tarpaulin shelters pitched tightly together on hilly terrain. The shelters are small and overcrowded, some interspersed with narrow winding paths, some without.

Investment to improve camp infrastructure is constrained by government² restrictions on developments that might establish the camps as permanent settlements in the area. These restrictions extend to economic investments as well and result in a scarcity of livelihood opportunities for the refugee population. This effectively compounds the humanitarian crisis facing camp residents, which disproportionately affects people with disabilities.

People with disabilities face many barriers to accessing the basic social and economic infrastructure in Cox's Bazar camps and places them at great risk of poverty, illness, accidents, social isolation, and death. These barriers include the following:

- Limited access to shelters, washrooms, and community spaces such as markets and mosques (e.g. hilly terrain, no pathways or small winding/steep paths, dangerous muddy paths and perilous hillsides in rainy seasons, lack of handrails and ramps).
- Limited access to assistive devices (e.g. glasses, hearing aids, canes, wheelchairs); CBM Global estimates that only half of the people with disabilities have access to assistive devices and only 1% have home modifications like ramps or handrails to support independent movement and living.³
- Limited medical services (e.g. diagnostics, physiotherapy, medication).

¹ REACH (2021), Age and Disability Needs Assessment, https://repository.impact-initiatives.org/document/impact/032faaf0/REACH_BGD_Factsheet_Age-and-Disability-Inclusion-Needs-Assessment_May-2021.pdf

² The Cox's Bazar refugee camps are governed by the Refugee Relief and Repatriation Commission (RRC), of the Ministry of Disaster Management and Relief, Government of Bangladesh.

³ Bangladesh Rapid Assistive Technology Assessment (rATA), REACH, November 2021 (<https://reliefweb.int/report/bangladesh/bangladesh-rapid-assistive-technology-assessment-rata-may-2021>)

- Poor access to disaster risk reduction efforts (e.g. scarcity of inclusive evacuation centres, lack of accessible pathways that lead to safety when crises arise, early warning systems alerting people of oncoming disasters which are not inclusive).
- Greater exclusion from the limited income-generating opportunities that are vital to support daily living in the camp.

The human right to a disability-inclusive humanitarian response

The United Nation's [Convention on the Rights of Persons with Disabilities](#) (CPRD) promotes, protects, and ensures the full and equal enjoyment of all human rights and fundamental freedoms by people with disabilities, including the right to accessibility, health, and employment. The CPRD obligates States to ensure international development is inclusive of and accessible to people with disabilities (Article 32) including in situations of risk and humanitarian emergencies (Article 11). Organisations working in Cox's Bazar refugee camps are therefore subject to the principles and obligations of the CPRD, meaning the accessibility of the camp shelters, washrooms, and other infrastructure, alongside inclusive medical services, livelihood opportunities, and disaster response for people with disabilities are important considerations.

Since 2017 CBM Global has worked with the [Centre for Disability in Development](#) (CDD) to improve health and accessibility for people with disabilities in the refugee camps, alongside people living in the Bangladesh host community in Cox's Bazar. Between 2022 and 2023 with support from the Guernsey Overseas Aid and Development Commission, we found that small-scale interventions, such as providing assistive devices, had a significant impact on reducing the vulnerabilities people with disabilities faced in these humanitarian settings. Access to assistive devices is often severely hampered during humanitarian crises. In turn, crises themselves result in a greater need for assistive devices, as many disabilities result from physical trauma during disasters and displacement. The provision of assistive devices as well as adaptations to the home and camp environment did not only lead to greater independence among people with disabilities in Cox's Bazar, but also empowered them to take up livelihood opportunities and helped to access vital infrastructure in the refugee camps.

Below, we explore how low-cost interventions helped reduce disability stigma, broke down barriers to access, opened up neighbourhoods to people with mobility constraints, and supported greater independence.

Prioritising Access to Assistive Technology: Supporting accessible livelihoods through assistive technology

450 spectacles, 55 hearing aids, and 685 orthopaedic and mobility devices, including walking sticks, toilet chairs, crutches, and wheelchairs, were distributed to both individuals with a disability and to those at risk of developing a disability, to aid their mobility, communication and daily living. Empowering people through assistive technology also enables them to access income-generating activities to support themselves and their families.

Livelihood opportunities in the Cox's Bazar camps are mostly limited to cash-for-work programmes, where a small daily fee is paid for activities that maintain camp facilities, such as construction and repairs. Other work opportunities tend to be those supported by NGO-run livelihood programmes that teach and equip residents in vegetable growing, tailoring, and producing jute bags for construction or menstrual hygiene products.

People with disabilities face even greater barriers to accessing livelihood opportunities than other residents in the camp and struggle to engage in income-generating activities that help to support themselves and their families.

Abdullah's experience shows how a simple assistive device, like spectacles, can break down the barriers that keep people with disabilities from accessing income-generating activities:

Abdulla, 53, lives in the camp with his six family members. He previously supported his family by sewing and tailoring clothes. However, when he began losing his sight due to age-related reasons, he found it more and more difficult to work and move independently outside the shelter. This resulted in significant income loss for him and his family, as he could no longer generate income and had to increasingly rely on his family.



Abdullah is wearing his new spectacles. With improved sight, he is able to sew again and generate income for his family. ©CBM UK

When the project identified him, a refractionist assessed his sight loss and provided him with a pair of spectacles. This direct and small-scale intervention enabled Abdullah to pick up his work again, generate income for his family and restored his independence in the camp.

Reducing stigma through access to assistive technology

Assistive technology can also play a key role in reducing stigma and empower people with disabilities to engage with others and their environment more confidently even breaking down barriers that previously led to isolation. A small-scale intervention like a hearing aid can quickly improve the quality of life for individuals with a disability and their families:

Husna, 55, was struck by lightning when she was only 15 years old and lost most of her hearing afterwards. She found it difficult to adapt to life as a hard-of-hearing person. Though her family were supportive, she could no longer interact with them properly, normally sitting quietly while everyone around her talked. Sometimes they laughed and made fun of her. She later got married and tells us her husband would become angry with her when he talked and she didn't respond.

Husna was tested and fitted with a hearing aid by an audiometric technician. The technician showed her how to use the device and look after it. Through the hearing aid, Husna was able to hear well again. Now she can fully interact with her family, play with her grandchildren, and even visit the Mosque to engage in discussion on the Quran.

Accessibility modifications for inclusive neighbourhoods: Opening up neighbourhoods

The project's rehabilitation team worked closely together with local communities to improve the accessibility of 40 homes and WASH facilities, in consultation with people with disabilities and their families to understand their specific accessibility barriers. The adaptations included installing ramps, modifying pathways, and installing handrails, widening doorways and improving bathroom facilities. The improvements have significantly enhanced living conditions in the camps creating a more conducive environment for daily activities and contributing to better hygiene practices and overall wellbeing. Moreover, people with disabilities now experience increased independence in managing their living spaces, and the modified WASH facilities help them to have dignity and autonomy in their personal hygiene routines.

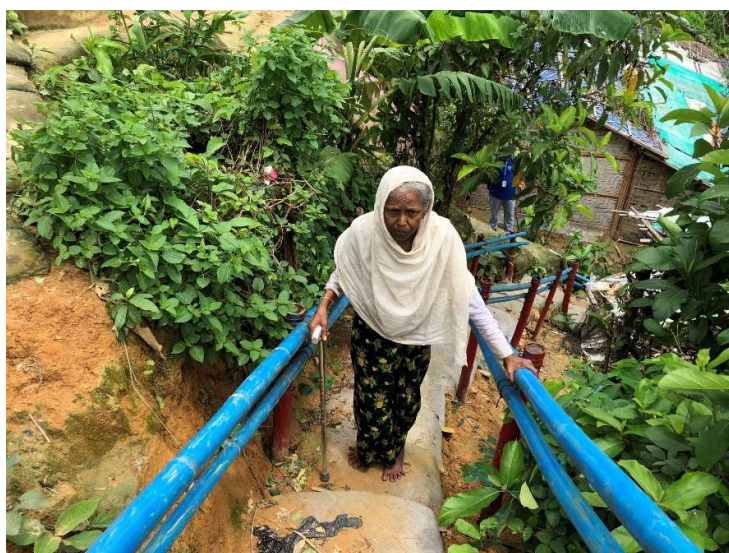


Handrails out of bamboo canes are colored in red and yellow for visibility. ©CBM UK

Improving accessibility can mean the difference between isolation and community, unemployment and income, reliance and independence. For Shohorbanu, an elderly woman living with her daughter and granddaughters in a small shelter within the camp, accessibility modifications helped her regain independence and opened up her neighbourhood:

Shohorbanu's shelter is located on a steep hillside, nestled among hundreds of others. It is difficult to climb up from the main path, especially in the rainy season when the hillside becomes muddy and perilous. A few years ago, Shohorbanu began to have difficulties getting around, due to her age. She was unsteady on the rough paths and could not leave the shelter independently, even to use the washroom. Her daughter had to help her use the bathroom, other than that, Shohorbanu had to stay inside the small shelter.

During the project, a pathway was built with railings leading from the family's shelter to the main path. As no permanent structures can be built inside the camp, the railings are made of large, sturdy bamboo canes painted in high contrast blue and red, for visibility. The steps of



Shohorbanu outside her shelter. The newly installed handrails allow her to walk around the area independently. ©CBM UK

the pathway are a special type of sandbag which is non-slip. Shohorbanu was also provided with a walking stick.

Now Shohorbanu can move out of the shelter independently. The pathway allows her to visit the washroom on her own, which has also been adapted with railings. She can also walk to the market, to the mosque, play with her granddaughters and take them to the learning centre. She proudly tells us she can now move completely independently, without any support from her daughter – even in the rain.

Lifting barriers to essential services

People with disabilities also faced barriers to accessing essential services at Camp in Charge (CIC), part of the combined camp administration, and within the host community's Union Parishad (local government) offices and schools. This was improved by addressing wheelchair access, added signage, inclusive WASH facility access, and rails so that individuals with different disabilities could navigate spaces comfortably and safely. Specific modifications included accessibility installations at six primary schools, three Union Parishad offices, one CIC office and the installation of three accessible offices for self-help groups of people with disabilities, which have enabled regular meetings, increased participation and local self-representation of people with disabilities.



Handrails and a wheelchair ramp were installed at a primary school in Cox's Bazar. ©CDD Bangladesh

These modifications were made in consultation with community members, government authorities, and other stakeholders, and with the active participation of people with disabilities. Government authorities now plan to install accessibility features in the health centres and CIC offices using their own funds – this is a significant step forward.

Physical access to buildings is fundamental to achieving more inclusive institutions and services. School accessibility improvements have promoted inclusion of students with disabilities into education. The enhanced accessibility of government offices in Rajapalong Union Parishad has opened up access to both disability-specific support services as well as mainstream services:

Nur Ayesha, a 60-year-old woman from Rajapalong, faced a sudden stroke that left her lower limbs paralyzed. She received the necessary rehabilitation support and a wheelchair from the project. She shared: 'Previously, when I visited the Rajapalong Union Parishad, I faced challenges accessing it with my wheelchair due to the lack of a ramp. Now, with the ramp in place, it's much easier for me to come and get support. This change has helped me and many others.'

The Chairman of Rajapalong Union Parishad expressed: "The installation of accessibility features has transformed our Union Parishad into a place where everyone, regardless of their abilities, can access the services they need. We believe in a community where no one is left behind, and these changes reflect our commitment to inclusivity and equal opportunity for all."

Recommendations for humanitarian actors:

Developing mechanisms to identify people with disabilities, carrying out accessibility assessments, and providing environment adaptations and assistive devices is imperative to uphold the rights of people with disabilities in humanitarian situations.

It is pivotal that mainstream humanitarian actors adopt comprehensive accessibility interventions in all project activities to ensure that the most vulnerable people are being protected, can move freely and safely, and are not excluded from basic services, such as washrooms, water points, and medical assistance, and can participate in income-generating activities.

Through CBM Global's humanitarian response programme in Cox's Bazar, carried out in partnership with the CDD, we make the following recommendations:

- Humanitarian aid programmes need to spend time identifying people with disabilities and involve them actively in need assessments to create effective solutions that increase their independence and quality of day-to-day life.
- Assistive devices like spectacles or hearing aids, empower people with disabilities to seize livelihood opportunities, and reduce stigma, social isolation, and vulnerabilities to further disaster. Access to assistive devices is a fundamental right under the CRPD. It is therefore incumbent on agencies responding to crises to work together and meet the need for assistive devices in humanitarian settings.
- Home and WASH modifications are vital to support people with disabilities to increase their independence and manage their living spaces.
- Accessibility audits need to be carried out with the active participation of people with disabilities. Subsequent modifications open access for people with disabilities to basic infrastructure, such as washrooms, and services, such as medical services, and education, and create more equitable access to socioeconomic opportunities.
- Prioritising investments that lead to greater independence and resilience of people with disabilities will reduce their vulnerabilities in humanitarian situations.

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