cbm Global Disability Inclusion

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Bringing hope, dignity and meaning to life

Global Shelter Cluster
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Coordinating Humanitarian Shelter

Case Study: Home and community accessibility modifications to improve access in the Rohingya refugee camps, Cox's Bazar, Bangladesh

Country:	Bangladesh
Crisis:	Rohingya Refugee Crisis
Total number of people affected:	859,000 +
Total number of homes damaged/destroyed:	N/A – Shelter construction required from scratch
Total number of people with shelter needs:	859,000 + (with many households requiring shelter adaptation)
Project location(s):	Cox's Bazar, Bangladesh
Project start and end dates:	December 2017 – Present
Number of people supported by the project:	500 Households Children 13% (boys: 7%, girls: 6%) Adult 43% (men: 27%, women: 16%) Older people: 44% (men 21%, women 23%) Of the above, 98% were persons with disabilities.
Project Highlights (successes or challenges):	CBM-CDD have provided home and community accessibility modifications in the Rohingya camps in Bangladesh. In conjunction with rehabilitation and the provision of assistive devices, these modifications have helped to improve the independence of CBM-CDD's clients in ambulating within the home, completing their activities of daily living, accessing humanitarian services and participating in community life.
Keywords:	Accessibility, Disability Inclusion,
Project cost per shelter/household:	30-65 EUR per modification

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September, 2023

Overview of the Context

Since 25 August 2017, extreme violence in Rakhine state, Myanmar has driven over 859,000 refugees across the border into Cox's Bazar in Bangladesh. The highly population-dense Rohingya camps are located in a hilly area with many steep and narrow paths or crude stairs, which are difficult to navigate.

In the design of the camp accessibility was largely considered an afterthought, with shelters being built in precarious locations restricting the ability of persons with disabilities to reach and ambulate around their shelter, thus restricting their participation in activities of daily living and participating in community life. Limited consultation with persons with disabilities into the design of the camp or shelter and settlement planning occurred.

According to the REACH Age and Disability Inclusion Needs Assessment (ADINA) published in May 2021, 52% of persons with disabilities age two and above face difficulties moving inside their shelters and 76% of persons with disabilities age 15 and above face difficulties moving around the camp. The most common reasons reported for difficulty moving around the shelter include not enough space to turn around, lack of handrails, the floor not being level, threshold between rooms and door openings being too small. The most common reasons reported for difficulty moving around the camp include pathways and stairs being too steep, slippery and uneven surfaces, pathways unstable and uneven, roads difficult to cross and it being easy to get lost.

of persons with disabilities aged 2 and above reportedly face difficulties moving inside shelters without support from others[20]

Project Summary

CBM-CDD are providing homebased rehabilitation (HBR) services in the Rohingya camps and host communities. Part of the therapy package includes the provision of home and community accessibility modifications. During the client's assessment, their therapist assesses the accessibility of the client's home environment, and together with the client develop a plan for modifications to improve the accessibility of the shelter and surrounding

environment based on the client's preference and needs and what can realistically be done in the context. When designing the accessibility modifications, CDD also takes into consideration the requirements of the client's caregiver and how the modifications can help to reduce risk of injury to the caregiver as well as the client during transfers, ambulation, etc.

After completing the accessibility modifications, CDD collects feedback from the client and their caregiver on the appropriateness of the modification, and provides any adjustments when required and feasible.

Typical accessibility modifications which are conducted inside the shelter include:

- Handrails and transfer poles to help with bed mobility and transfers
- Parallel bars to help with ambulation and also practice gait training at home
- Colour contrasting of doorframe and handrails

Home modifications are constructed by local Rohingya masons using cash for work. Local materials such as bamboo are used for the modifications. Typical cost for each modification is around 30-65 EUR, depending on the modification required.

Community accessibility modifications can be especially important in environments where communal facilities for participation in activities of daily living exist, such as shared WaSH facilities in a refugee camp. Focus of these modifications are on allowing the client to reach the necessary facilities. In such cases, the therapist together with the client accesses such facilities and prescribes creative solutions including any home solutions and environmental adaptations.

Typical accessibility modifications which are conducted in client's immediate environment of their shelter and the community include:

- Levelling of pathways and installation of handrails
- Covering of holes and other hazards
- Installation of steps with handrails
- Modifications to the WaSH facility including installation of handrails and provision of commode

While in most instances the modifications are conducted by CDD directly, CDD always tries to liaise with the humanitarian actor who constructed the facility or site management to perform the modifications, and provide the actor with the necessary on site technical support to construct the modification. This helps to build the capacity of shelter and other actors in designing accessibility modifications.

Project Challenges/Unintended Outcomes:

Camp topography: The overall topography of the camp severely limits the extent of accessibility modifications which can be provided. When a client's shelter is located in a particularly inaccessible location restricting access to WaSH facilities or other services, CDD's

therapist will ask the client if they would prefer to relocate and then raise the case with site management.

Lifespan of materials: One of the challenges faced by the team is that regulations from the government of Bangladesh only allow for construction of temporary structures, thereby the materials which are used to construct the accessibility modifications have a limited lifespan. The rainy monsoon season also poses a risk to damaging accessibility modifications which have been constructed. CBM-CDD ensure that any accessibility modifications have the same lifespan as the shelter, so should need repairs/replacement at the same rate as the rest of the shelter.

Project Successes/Outcomes

To date, CBM-CDD have constructed over 500 home and community accessibility modifications. In conjunction with rehabilitation and the provision of assistive devices, these modifications have helped to improve the independence of CBM-CDD's clients in ambulating within the home, completing their activities of daily living, accessing humanitarian services and participating in community life.

By enabling access to services and increasing independence of the client, accessibility modifications also promoted increased dignity of the client and improved relationships within the family and community. This has also decreased the burden on caregivers, who are most frequently women.

Key Learnings

Constraints with retroactive modifications: Most shelters were initially constructed without considering either the accessibility of the shelter or topography of the land. While the retroactive solutions put in place by CDD improve accessibility, there is increased cost for making the modifications retroactively and it also means accessibility within the home and to the surrounding community has been denied for persons with disabilities for years. Consultation with persons with disabilities from the design phase of the project and integrating accessibility within the design of the response from the start could have mitigated this.

Creative solutions for complex situations: The topography, crowded nature of settlements in the camp and restrictions on construction has placed restrictions on the team's ability to construct accessibility modifications. This has required the teams to be creative in designing modifications considering the standards for accessibility and the restrictions which cannot be changed to find a solution, which may not always be conventional, but will work for the client and their family.

Creating replicable models: Through this practice, CBM-CDD have developed models of accessible shelter design, which have been shared with shelter actors. This demonstration of good practice has supported shelter actors in designing accessibility modifications in the context. Creating of pilots and demonstrating examples of good practice can help to build the capacity of other actors to develop similar practices.

For more information about this project, please contact:

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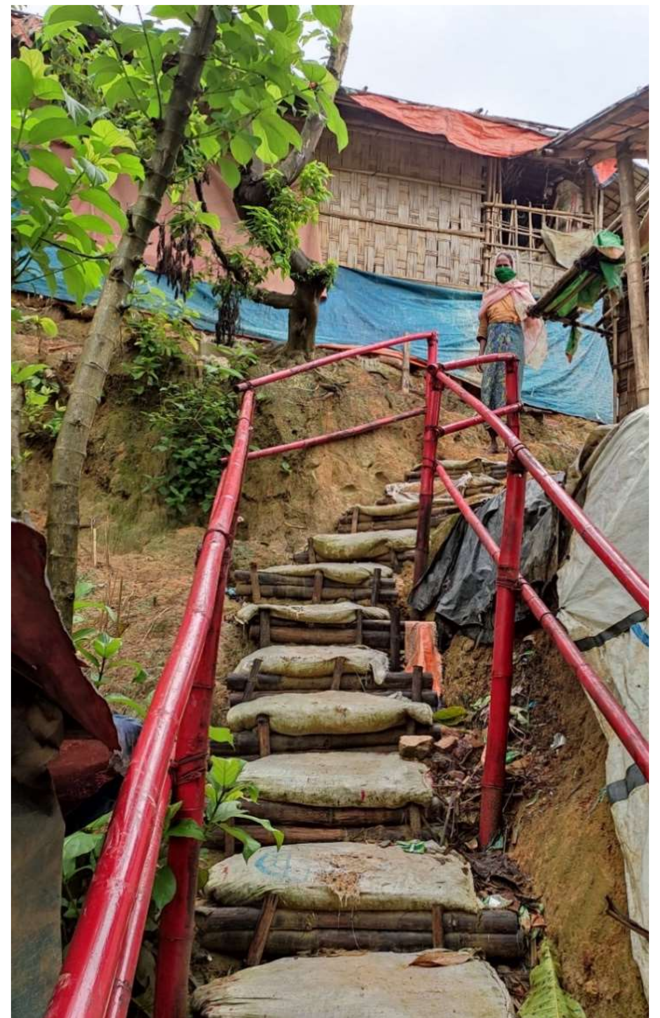

CBM-CDD’s homebased rehabilitation team conducted an accessibility assessment with their client, Laila. Following the assessment, stairs with handrails were constructed by Laila’s home to provide more accessible access to her home.

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