

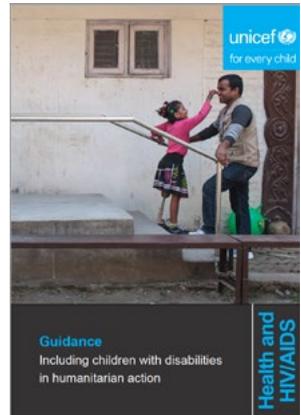


Guidance

Including children with disabilities
in humanitarian action

WASH

Series of guidance consists of six booklets:



Including Children with Disabilities in Humanitarian Action

Preparedness

Response and early recovery

Recovery and reconstruction

WASH

UNICEF in collaboration with Handicap International prepared *Guidance on Including Children with Disabilities in Humanitarian Action: WASH*. The core team included Ricardo Pla Cordero, Gopal Mitra and Megan Tucker. The booklets were developed under the supervision of Rosangela Berman Bieler, Senior Advisor and Chief, Disability Section, UNICEF.

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UNICEF does not necessarily share or endorse the examples from external agencies contained in this publication.

The six booklets, accompanying materials and information (such as posters, presentations, checklists, etc.) can be found at training.unicef.org/disability/emergencies.

In addition to the print and PDF versions, the guidance is also available in a range of accessible formats, including EPUB, Braille-ready file and accessible HTML formats. For more information, please contact disabilities@unicef.org.

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An estimated one in every 10 children has a disability. Armed conflict and disasters further increase disabilities among children. Within any crisis-affected community, children and adults with disabilities are among the most marginalized, yet they often are excluded from humanitarian assistance.

The UNICEF Core Commitments for Children in Humanitarian Action are a framework to deliver humanitarian assistance to *all* children, regardless of their status or context. Children with disabilities are first and foremost children, requiring the same basic services to survive and thrive: nutrition, health care, education, safe water and a protective environment. They have additional needs owing to their disability, such as accessible environments and assistive devices.

UNICEF was one of the first organizations to endorse the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, launched at the World Humanitarian Summit. This further demonstrates our commitment to addressing the rights and needs of children with disabilities.

Including children with disabilities requires a better understanding of the challenges they face in humanitarian crises. It is also essential to know how to tailor humanitarian programmes to meet their needs and to partner with organizations that have expertise on issues related to disability.

UNICEF's humanitarian programmes around the world are increasingly reaching out to children with disabilities. The number of UNICEF country offices reporting on disability inclusive humanitarian action increased fivefold over the last five years. This guidance, developed through extensive consultation with UNICEF staff, provides practical ways to make humanitarian programmes more disability inclusive. We hope it will support humanitarian practitioners to make humanitarian action more equitable and inclusive of children with disabilities.



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Abbreviations

5W	who does what, where, when and for whom
CCC	UNICEF Core Commitments for Children in Humanitarian Action
CRPD	Convention on the Rights of Persons with Disabilities
DPO	Disabled Persons Organization (also known as organization of persons with disabilities)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ISO	International Standardization Organization
MHM	menstrual hygiene management
MICS	Multiple Indicator Cluster Survey
NGO	non-government organization
RECU	reach, enter, circulate and use
SitRep	situation report
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
WASH	water, sanitation and hygiene
WEDC	Water, Engineering and Development Centre (Loughborough University)
WHO	World Health Organization
WRC	Women's Refugee Commission

The purpose of *Including Children with Disabilities in Humanitarian Action* is to strengthen the inclusion of children and women with disabilities and their families in emergency preparedness, response and early recovery, and recovery and reconstruction. This series of booklets provides insight into the situation of children with disabilities in humanitarian contexts, highlight the ways in which they are excluded from humanitarian action, and offers practical actions and tips to better include children and adolescents with disabilities in all stages of humanitarian action.

The booklets were created in response to UNICEF colleagues in the field expressing a need for a practical resource to guide their work. The information and recommendations are based on evidence and good practices gathered from literature and field staff experiences.

Box 1: Target audience

All WASH humanitarian staff can contribute significantly to the inclusion of children with disabilities, even if not an expert or specialist on issues related to disability. This booklet provides practical tips and entry points to start the process.

While primarily for UNICEF field staff including WASH humanitarian field officers, coordinators, specialists and advisors, the guidance can also be useful for UNICEF partners and other stakeholders. All staff can play an active role in ensuring that children with disabilities are included in humanitarian interventions.

'Practical tips' (see *Section 9*) contains hands-on advice that WASH humanitarian officers, doctors, nurses, rehabilitation staff and community health workers may find useful when engaging directly with children with disabilities and their families (e.g., during consultations, when visiting WASH facilities or when designing hygiene messages for affected populations).

The guidance comprises six booklets on how to include children and adolescents with disabilities in humanitarian programmes: 1) general guidance; 2) child protection; 3) education; 4) health and HIV/AIDS; 5) nutrition; 6) water, sanitation and hygiene (WASH). Each booklet is a stand-alone resource with sector-specific humanitarian actions for embracing children, adolescents and families with disabilities.

The actions and practical tips are relevant across various humanitarian contexts:

- Rapid-onset disasters, such as flood, earthquake, typhoon or tsunami;
- Slow-onset disasters, such as drought or famine;
- Health emergencies, such as Ebola;
- Forced displacement, including refugees and internally displaced persons;
- Armed conflict, including protracted crisis.

Feedback and comments: This resource is a living document that will be updated and adapted as UNICEF's work to include children with disabilities in humanitarian action develops and the resource is applied in the field. UNICEF colleagues and partners can send feedback to disabilities@unicef.org.

Box 2: Children and adolescents with disabilities

According to the Convention on the Rights of Persons with Disabilities (CRPD), adults, adolescents and children with disabilities include those who have:

- Long-term physical, mental, intellectual or sensory impairments, and
- Barriers that may hinder their full and effective participation in society on an equal basis with others (UN, 2006).

Ratified by 175 countries as of October 2017, the CRPD underscores that children and adolescents with disabilities have the right to clean water, hygiene and sanitation.¹

¹ Countries that have ratified the CRPD must report on progress to meet the commitments outlined in the Convention, including those related to Article 11 on humanitarian situations. For the list of countries that have ratified the CRPD, country reports and concluding observations on these reports by the CRPD Committee, see www.ohchr.org/EN/HRBodies/CRPD (UN 2006).

- When humanitarian crises limit children with disabilities' access to sanitation facilities, drinking water, and hygiene information and supplies, it significantly affects their health and well-being.
- Children and adolescents with disabilities who are unable to manage their personal hygiene may be at increased risk of infection, diarrhoeal disease and secondary conditions such as urinary tract infections (Anigílájé and Bitto, 2013) and pressure sores (see *Glossary, Section 11*) (WHO, 2010).
- For children and adolescents with visual and/or physical disabilities, moving through areas of open defecation or crawling to use unclean facilities may affect their health, result in injuries, compromise their dignity and increase stigma (WaterAid and WEDC, 2014).
- Inaccessible water and sanitation facilities can lead to children and women with disabilities defecating in poorly lit and secluded areas, leading to increased risk of injuries, abuse and exploitation (WaterAid and WEDC, 2014).
- Even when facilities are accessible, children with disabilities and caregivers may be compelled to use toilets or fetch water at different times of the day (such as after dark) (UNICEF, 2013), for example due to inaccurate fears that they will contaminate the water source (UNICEF, 2013).
- Some children with disabilities may require assistance to perform daily activities,² creating additional responsibilities for caregivers – especially when facilities are not accessible – and decreasing capacity to access services (WaterAid and WEDC, 2014).
- Caregivers report challenges with the hygiene and menstruation of their adolescent girls with disabilities in humanitarian contexts including limited privacy in emergency shelters, posing concerns for their well-being and dignity (WRC, 2014).³

² Such as dressing, toileting and using sanitation facilities.

³ As reported in a field assessment in Ethiopia (WRC, 2014).



Usher, 7, who has a physical disability, is being washed in Oio, Guinea Bissau.

3 Why children and adolescents with disabilities are excluded from WASH interventions

- Information on WASH facilities, access to water, hygiene and menstrual hygiene management may not be in formats that children, adolescents and caregivers with disabilities can understand.
- Children and adolescents with disabilities are less likely to receive critical hygiene information provided in learning environments. They often are not in school including in emergency education settings, such as temporary learning spaces or child-friendly spaces.
- In low- and middle-income countries, supplies and supply chains do not consider disability, such as not providing potties, commodes and adapted hygiene kits for children and adolescents with bladder and/or bowel control difficulties (Giles-Hansen, 2015).
- WASH humanitarian staff may incorrectly assume that accessible WASH infrastructure is prohibitively expensive.
- Water distribution sites may not be accessible and persons with disabilities may have to negotiate large crowds and long queues (IFRC, Handicap International and CBM, 2015).

4.1 UNICEF's Core Commitments for Children in Humanitarian Action

UNICEF's Core Commitments for Children in Humanitarian Action (CCC), a global framework to guide UNICEF and partners in emergencies, outline commitments and benchmarks related to WASH interventions in humanitarian action. They include access to safe water, toilets and soap, hygiene education and information, and WASH requirements for learning facilities and child-friendly spaces (UNICEF, 2010). All WASH core commitments are applicable for children with disabilities. (See *Annex for specific inclusive actions for each WASH commitment*.)⁴

The CCCs advocate the 'Do no harm' principle in humanitarian action. The principle addresses the specific needs of the most vulnerable groups of children and women – including children with disabilities – and develops targeted programme interventions, stressing to avoid causing or exacerbating conflict between groups of people (UNICEF, 2010).

4.2 Sphere Humanitarian Charter and Minimum Standards

Initiated in 1997 by humanitarian non-government organizations (NGOs) and the International Red Cross and Red Crescent Movement, the Sphere Project aims to improve the quality of actions during disaster response and to ensure accountability. The Sphere Project sets both a humanitarian charter and a set of minimum standards, including for WASH. The rights of persons with disabilities are a cross-cutting theme within the Sphere Handbook, both in mainstreamed and targeted actions (Sphere Project, 2011).

4.3 Charter on Inclusion of Persons with Disabilities in Humanitarian Action

The Charter was launched at the World Humanitarian Summit in Istanbul, Turkey, on 23 and 24 May 2016. It commits endorsing States, United Nations agencies, civil society organizations and

⁴ For more information on the UNICEF CCCs, see www.unicef.org/emergencies/index_68710.html.

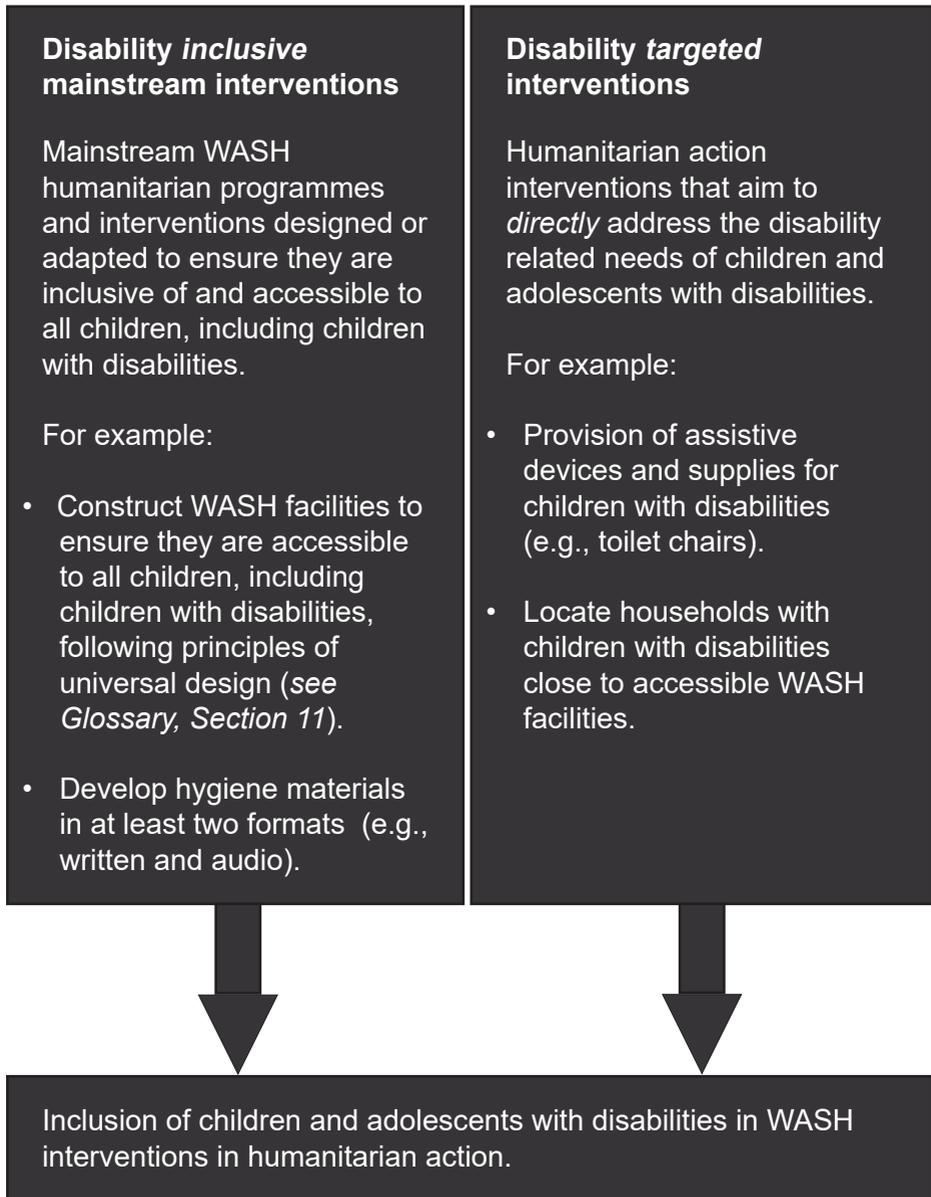
organizations of persons with disabilities (DPOs) to make humanitarian action inclusive of persons with disabilities, lift barriers to accessing humanitarian services and ensure the participation of persons with disabilities. The Charter has been widely endorsed.⁵

4.4 Twin-track approach

The twin-track approach strengthens the inclusion of children in WASH interventions (see *Figure 1*).

⁵ For the list of endorsees including States, United Nations agencies and NGOs, see <http://humanitariandisabilitycharter.org>.

Figure 1: Twin-track approach



There is a range of actions outlined below to make WASH interventions more inclusive of children and adolescents with disabilities in all phases of the humanitarian action programme cycle: preparedness; response and early recovery; and recovery and reconstruction. These actions are entry points that can be prioritized based on the country context, recognizing that not all actions are applicable in all settings. Some actions are better suited for protracted crises while others are applicable in sudden-onset emergencies. While this guidance organizes actions according to humanitarian phases, it is important to recognize that these phases are interlinked and can overlap. In some contexts, especially conflict settings, the phases are not distinct.

During major emergencies (such as Level 2 or 3 emergencies),⁶ these guidelines can be considered alongside UNICEF's *Simplified Standard Operating Procedures*.⁷

⁶ For more information, see <http://unicefinemergencies.com/procedures/level-2.html>.

⁷ For more information, see www.unicefinemergencies.com/procedures/index.html.



Two boys navigate the muddy roads in Za'atari refugee camp, Jordan.

Including children with disabilities in preparedness is crucial not only to reduce risk and build resilience in children with disabilities and their families, but also to establish capacity, resources and plans for an inclusive response and recovery. Whenever children and adolescents participate in any initiative, children and adolescents with disabilities also need to be included.⁸ If actions undertaken in preparedness are not inclusive, actions in later phases will need to be adapted.

Interventions in this section can also support inclusion of children with disabilities in risk-informed planning. Some actions are also relevant in the recovery and reconstruction phases.

6.1 Coordination

- a. Establish a disability focal point, focal agency or task force to represent disability issues in WASH coordination mechanisms (e.g., in clusters and working groups).⁹
- b. Within the working group or task force, engage actors with experience in addressing the needs of children with disabilities (e.g., government ministry responsible for disability, departments and organizations that provide services to children with disabilities such as social welfare, education and health, NGOs and DPOs [see *Glossary, Section 11*])
- c. When establishing cluster or sector capacity, identify, create and foster partnerships with government stakeholders and civil society organizations that have expertise on disability, including NGOs, disability service providers and DPOs (see *Box 5*).

⁸ Refer to UNICEF's *Take Us Seriously! Engaging children with disabilities in decisions affecting their lives*, which provides advice on reaching and identifying children with disabilities and working with their parents and caregivers, along with practical steps to engage children and measure the effectiveness of their participation; see www.unicef.org/disabilities/files/Take_Us_Seriously.pdf.

⁹ In many cases, the disability focal point would benefit from participating in disability related training planned in the country or region.

Example: WASH coordination in Azraq

Since the early stages of camp design, the WASH cluster in Azraq refugee camp in Jordan, coordinated by UNICEF, included a disability focal point represented by Handicap International. As a result, up to 10 per cent of the WASH facilities in the camp were accessible (HelpAge, 2014) and the location of households with persons with disabilities determined the location of accessible WASH facilities (Handicap International). In addition, persons with disabilities were identified during camp registration, a referral system for the provision of assistive devices was established and information about the system was provided in leaflets distributed at registration.¹⁰

- d. Actions at the coordination level for the disability focal point, focal agency or task force may include:
- Adding components on disability inclusion in terms of references developed by working groups, clusters or other relevant coordination mechanisms (actions in this booklet can inform the terms of reference);
 - Supporting the collection of available data on children and adolescents with disabilities in humanitarian data collection processes, such as field monitoring systems, needs assessments, partner reports and humanitarian needs overviews;
 - Assessing and mapping existing expertise and resources available for children and adolescents with disabilities;
 - Reviewing existing good practices in inclusive and accessible WASH programming in humanitarian contexts;¹¹

¹⁰ For more information, see <https://data2.unhcr.org/en/documents/download/42307>.

¹¹ See UNICEF's *Good Practices in the Provision of Accessible and Inclusive WASH Services*, https://www.unicef.org/disabilities/index_71769.html.

- Coordinating with national and local service providers and co-ordination mechanisms (clusters) to plan and design inclusive and accessible WASH services and facilities in humanitarian infrastructure, such as distribution points, temporary learning spaces, child-friendly spaces, shelters and health facilities;
- Working with child protection and health actors to disseminate information on menstrual hygiene management (MHM) for adolescent girls with disabilities (see *Box 7*).

6.2 Assessment, monitoring and evaluation

By collecting data on children with disabilities, it is possible to identify them, assess their needs and monitor the outcomes of WASH interventions.

- a. During preparedness stages, find and gather the best available data on children with disabilities within populations at risk of water scarcity and communicable disease outbreaks.
- b. Data on children with disabilities can be collected at any level (including community, district, national).

Identification of children with disabilities and disaggregation of data

Box 3: Identifying children with disabilities from existing sources

- Data on children with disabilities are available from a variety of sources: disability related ministries or departments; education departments; beneficiary registers of social protection schemes for children with disabilities or education grants or recipients of assistive devices. Previous household surveys, such as UNICEF's Multiple Indicator

Box 3 continued: Identifying children with disabilities from existing sources

Cluster Survey (MICS), may have used the child-functioning module (see *Box 4*).¹²

- Special schools for children with disabilities, DPOs and NGOs working with children with disabilities or implementing community-based rehabilitation programmes (see *Glossary, Section 11*) often have data on children with disabilities, particularly at the community level.
- If data on children with disabilities are limited, an estimate can be used for planning purposes. Be aware that national surveys or censuses often under-report the number of children and adults with disabilities (WHO and UNESCAP, 2008).
- The World Health Organization estimate that “15% of the world population lives with a disability” (WHO, 2011) can be used to calculate an approximate number of adults with disabilities in any given population.
- An estimate for the number of children with disabilities can be calculated based on 10 per cent of the population of children and young people in any given population (UNICEF, 2007).
- Estimates should consider that the proportion of persons with disabilities may be higher in conflict-affected areas.¹³

¹² UNICEF’s Multiple Indicator Cluster Survey (MICS) is the largest household survey on children’s well-being worldwide and has been conducted in 107 countries. For more information, see <http://mics.unicef.org>.

¹³ For instance, a survey of Syrian refugees living in camps in Jordan and Lebanon found that 22 per cent have a disability (Handicap International and HelpAge, 2014). This is higher than the global estimated prevalence of 15 per cent.

Box 4: Collecting disability disaggregated data

- Surveys, censuses and registration systems can use two modules (sets of questions) to identify children and adults with disabilities and to disaggregate data by disability:
 - The Washington Group Short Set of questions identifies adults with disabilities through questions related to difficulties performing six activities: walking, seeing, hearing, cognition, self-care and communication.¹⁴
 - The Washington Group/UNICEF Survey Module on Child Functioning is a set of questions to identify children aged 2 to 17 years old who have difficulties across 14 domains including seeing, hearing, mobility, communication and comprehension, learning, relationships and playing.¹⁵
- Disaggregating data by disability (in addition to age and sex) is important in activities across all phases, such as in needs assessment and programme monitoring.
- Including the child functioning module within a larger survey (e.g., UNICEF's MICS) or WASH Information Management Systems to be disaggregated by disability.

¹⁴ The Washington Group was established by the United Nations Statistics Commission to improve comparable data on disability. For the set of questions, see www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions.

¹⁵ The Survey Module on Child Functioning is recommended for children (aged 2 to 17) as it is more sensitive to child development than the Washington Short Set. It is not possible to collect reliable information on children with disabilities below the age of 2 in a population survey. Due to the transitional nature of child development, development delays in children this age are not necessarily indicative of a disability (UNICEF, 2016a). For more information, see <https://data.unicef.org/topic/child-disability/child-functioning-module> and www.washingtongroup-disability.com/washington-group-question-sets/child-disability.

Needs assessments

- c. Consider disaggregation by disability when establishing a rapid assessment mechanism by inserting the Washington Group Short Set of Questions or the Child Functioning Survey Module into the questionnaire (see *Box 4*).
- d. Identify the specific needs of children with disabilities in assessments related to WASH.
- e. Map existing WASH programmes, interventions and services that are accessed by children with disabilities, such as accessible WASH infrastructure in different humanitarian settings or inclusive menstrual hygiene management interventions.
- f. DPOs and NGOs working with children with disabilities and implementing community-based rehabilitation programmes often have data on children with disabilities, particularly at the community level.¹⁶
 - Such data can provide rich information on the situation, vulnerabilities and needs of children with different disabilities as well as the local capacities available to address them.
 - DPO and community-based rehabilitation workers can also be useful resources in the process of collecting data on persons with disabilities.

Programme monitoring and evaluation¹⁷

- g. When establishing systems and procedures that measure what WASH interventions will be delivered, who will receive services and achieved results, disaggregate by disability, sex and age.
- h. Review and adapt existing mechanisms like 5W mapping sys-

¹⁶ Data from the community level can provide information on the needs and vulnerabilities of children and adolescents with disabilities, which can inform planning and programming.

tems ('who does what, where, when and for whom') to collect relevant information on services related to disability (see Section 6.2.e).¹⁸ These data will also be useful at the evaluation stage.

- i. Consider strengthening disaggregation by disability when developing information management systems that include sex- and age-disaggregated data and gender and disability responsive information. Including data disaggregated by disability in systems such as WASH Information Management Systems is a longer-term investment in national capacity for monitoring humanitarian response.

6.3 Planning

As part of planning, consider the following:

Service provision

- a. Review WASH legislation, policies and standards to assess if they consider disability inclusion and accessibility in WASH infrastructure and services.¹⁹
- b. Highlight this information in trainings for humanitarian actors and in behaviour change communication and communication for development materials (see *Glossary, Section 11*).

¹⁷ UNICEF's *WASH in Schools Monitoring Package* contains questions for assessing the accessibility of facilities for children with disabilities; see https://www.unicef.org/wash/schools/files/wash_in_schools_monitoringpackage_.pdf.

¹⁸ The purpose of 5W is to outline the operational presence by sector and location within an emergency. For more information, see <https://www.humanitarianresponse.info/en/applications/tools/category/3w-who-does-what-where>.

¹⁹ *Building Construction: Accessibility and usability of the built environment* (2011), developed by the International Standardization Organization, gathers a set of accessibility requirements and recommendations for many elements of water and sanitation infrastructure construction, which can be used as a reference. UNICEF colleagues can access it from Supply Division.

- c. Use outreach mechanisms and collaborate with DPOs to reach children with disabilities who may not be in school or are isolated in their homes.
- d. Support children with disabilities and their caregivers to participate in WASH preparedness activities; support may include transport assistance or allowances for caregivers to accompany and support children with disabilities during activities.

Box 5: Engaging persons with disabilities and DPOs

Persons with disabilities can be staff, consultants, advisors, volunteers and partners across all phases of humanitarian action. Their experience and perspective can inform WASH coordination, data collection, assessments, accessibility design, selection of location of WASH facilities and preparation of communication materials and hygiene campaigns.

DPOs are organizations representing persons with disabilities at community, national, regional and global levels. Some are specific to a type of disability such as the National Federation of the Blind; others are geographical such as the African Disability Forum.

- Persons with disabilities can engage in WASH monitoring as members of water management committees.
- To ensure full participation, ask persons with disabilities their preferred format for information (*see Section 9.3*) and consider the accessibility of meeting venues (*see Section 10*).
- If possible, cover any additional expenses for persons with disabilities, such as transportation or the cost of a companion.

Box 5 continued: Engaging persons with disabilities and DPOs

- Establish partnerships with DPOs and other organizations with expertise in the inclusion of children with disabilities. Mobilize existing partnerships in humanitarian activities to utilize the capacity and experience of persons with disabilities.
- In some regions, women's DPOs are active and well informed on the unique needs and rights of girls with disabilities.
- To find a DPO, review the member list of the International Disability Alliance.²⁰
- Contact a regional DPO if a county-level DPO is unavailable.

Example: Engaging DPOs in hygiene promotion in Iraq

Persons with disabilities from DPOs in Iraq advised UNICEF in all aspects of the design stage of hygiene promotion to ensure WASH facilities and locations were accessible and acceptable to social norms. The consultation led to the development of a full WASH design package for persons with disabilities (UNICEF, 2015a). Subsequently, local NGOs and international NGOs provided training to empower persons with disabilities to advocate for the accessible design packages with local governments (UNICEF, 2015b).

²⁰ For member list, see www.internationaldisabilityalliance.org/content/ida-members.

Human resources

- e. Identify and create lists of existing personnel with expertise on accessible construction and facilities (e.g., technicians, engineers).
- f. Develop sample job descriptions for disability related personnel, so they can be mobilized swiftly during response phase.
- g. Consult and recruit persons with disabilities in all WASH preparedness processes, as they contribute first-hand expertise on issues faced by children and adults with disabilities (see *Box 5*).
- h. Mobilize disability expertise and experience to inform inclusive WASH programmes and interventions (see *Box 8*).
- i. Consider nominating and resourcing a disability focal point within the organization or agency.

Procurement and supplies

- j. Identify regular supplies that benefit all children, including children with disabilities. These include grab rails to support the use of toilets, transportable jerry cans and plastic mattress covers.
- k. Identify targeted supplies for children's disability related needs. These include assistive devices, implements and supplies to support children and adolescents with disabilities such as mobility devices (wheelchairs, crutches, tricycles), appropriate-sized diapers for adolescents with incontinence, child-sized toilet chairs, potties and pans.
- l. Without pre-existing data on children and adults with disabilities, estimate that 3 per cent of the population needs assistive devices (UNICEF and WHO, 2015). Plan budgets and supplies for assistive devices accordingly and collaborate with organizations that work on the provision of assistive devices.

- m. The WHO list of Priority Assistive Products can inform the planning of assistive devices.²¹
- n. Some devices can be developed and made locally with basic resources. DPOs, families of children with disabilities and health workers may assist in locating, designing or adapting items.
- o. When procuring local supplies including hygiene and dignity kits, consider local materials that are accessible for persons with disabilities, such as transportable jerry cans.

Funding and budgeting

- p. Allocate budgets (proportionate to funding availability) for actions listed in this booklet such as conducting awareness campaigns on disability, constructing or modifying WASH facilities to be accessible,²² developing accessible materials for hygiene campaigns and provisioning of assistive devices and other supplies.

6.4 Capacity development

- a. Identify training opportunities on the inclusion of children and adults with disabilities and nominate staff to attend.²³
- b. Invite DPOs to trainings organized on humanitarian issues to familiarize them with the humanitarian system, programming and WASH processes and tools, and also invite them to government coordination structures for emergency response. This will encourage DPOs to contribute to WASH coordination mechanisms, risk analysis, monitoring, preparedness and response actions.

²¹ For the full list and more information, see www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en.

²² For example, the cost of making a school latrine accessible is less than 3 per cent of the overall costs of the latrine, and can be less than 1 per cent if planned from the beginning (WEDC, 2010).

²³ Often NGOs working with persons with disabilities, DPOs or government ministries and departments organize trainings to address the need of children with disabilities in that country or region.

- c. Develop a disability awareness raising session and training module to be used in WASH in emergency training programmes,²⁴ covering:
- Data collection on children with disabilities and identification of their WASH needs and preferences;
 - Risks and barriers faced by children with disabilities in accessing WASH in emergencies and ways to mitigate them through inclusive approaches;
 - Designs to build universally accessible and gender-sensitive portable/permanent toilets, closed showers and washing areas and signage for these services;²⁵
 - Cost calculation tables (based on local market materials and workforce costs) and accessible designs (using various construction materials) to make informed decisions and encourage budget allocation;²⁶
 - Communicating with children with disabilities (*see Section 9.2*) and adapting information to be accessible, such as information on hygiene, menstrual hygiene management and self-care²⁷ practices (*see Section 9.3*);

²⁴ Awareness-raising sessions aim to create interest and change attitudes towards disability, while the objective of training is to improve practical and professional skills for the inclusion of children with disabilities. The UNICEF Disability Orientation video provides an introduction to disability, why it is important to include children with disabilities and UNICEF's approach to disability inclusion. Available in English, French and Spanish: www.unicef.org/disabilities/66434.html.

²⁵ The UNICEF Supply Division is prototyping accessible latrines for use in humanitarian situations, see https://www.unicef.org/innovation/innovation_81724.html

²⁶ See resource developed by Handicap International in Cambodia: www.globaldisabilityrightsnow.org/sites/default/files/related-files/320/AccessStandards.pdf.

²⁷ The development of self-care abilities is the acquisition of new skills that allow children to care for themselves (e.g., eating, washing, dressing).

- Addressing specific hygiene and self-care needs of children and adolescents with disabilities. If possible, organize this training with support of health/rehabilitation staff. For example:
 - How to transfer from wheelchair to toilet chair/accessible toilet;
 - Support a child with difficulty sitting independently by placing a jar between the caregiver's legs, holding the child's upper body and keeping legs opened and flexed (see *Figure 2*).

Figure 2: Supporting toilet use



Source: Adapted from Handicap International, 2010.

- For children and adolescents with difficulties dressing and washing themselves, develop a box or piece of cloth with zippers, Velcro, buttons, laces and buckles to practice these skills (see *Figure 3*).

Figure 3: Materials to support self-care skills



Source: Adapted from Handicap International, 2010.

- d. Include trainers with experience in disabilities when developing a pool of trainers (e.g., DPO and NGO staff who work on issues related to children with disabilities and government).
- e. Conduct systematic and relevant training that includes components on children with disabilities in mainstream WASH workshops. Use the module (see *Section 6.4.c*) to carry out specific training on disability and WASH in humanitarian action.

6.5 Accessible infrastructure

- a. When assessing and pre-identifying buildings/facilities that could be used for emergency interventions (e.g., schools and public buildings), look for buildings with WASH facilities that are already accessible or require minor modifications (see *Section 10*).
- b. Include accessibility in WASH assessment criteria or standards used to select buildings and facilities.
- c. Where relevant, plan and budget for necessary modifications to make WASH infrastructure accessible (see *Section 6.3.p*).

Example: Accessible child-friendly spaces in Jordan

In host communities and refugee camps in Jordan, UNICEF and partners have established 233 child-friendly spaces called Makani centres. Designed to be inclusive and non-discriminatory, Makani centres are safe spaces for children that provide learning, skills building, psychosocial support and referrals to specialized services as needed. In 2016, some 2,024 children with disabilities received services through the centres. The Jordan Makani Standard Operating Procedures²⁸ for frontline staff delineates Makani infrastructure standards and includes accessibility standards for persons with disabilities. For sanitation facilities, Makani centres have four levels of standards with the highest two levels requiring facilities for persons with disabilities (UNICEF Jordan).

- d. Consider accessibility of WASH in both temporary facilities and construction of permanent infrastructure (see *Section 10*).
- e. Planning for accessibility from the outset – from the planning and design stage – is far less expensive than modifying existing built infrastructure.
- f. For tips on constructing, reconstructing or modifying buildings and facilities for accessibility, see ‘Accessible infrastructure tips’ (see *Section 10*).²⁹

²⁸ The Jordan Makani Standard Operating Procedures can be found in English: https://www.unicef.org/jordan/ENG_Makani_-_UNICEF_Operations_Manual4.pdf and Arabic: https://www.unicef.org/jordan/Arabic_Makani_-_UNICEF_Operations_Manual_A4.pdf.

²⁹ For accessibility specifications for buildings and facilities, see *Accessible Components for the Built Environment: Technical guidelines embracing universal design*, www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12_technical_cards_for_accessible_construction.pdf (unpublished UNICEF 2016 document).

Example: Budgeting for accessibility in Jordan refugee camps

World Vision and Handicap International worked on accessible WASH in the Azraq camp for Syrian refugees in Jordan. With accessibility planned from the onset of the initiative, they purchased materials in bulk and thus each accessible toilet cost only an additional US\$7, instead of an estimated US\$20 per toilet (World Vision, 2014).

6.6 Behaviour change communication and communication for development

- a. Involve communication colleagues in the development of inclusive and accessible information (see *Sections 9.2 and 9.3*) and in campaigns on WASH needs of children and adolescents with disabilities, including:
 - Easy-to-understood information on supporting the hygiene of children and adolescents with disabilities who have difficulties toileting and individual cleansing;
 - Advice on menstruation hygiene management and use of assistive products and supplies, such as toilet chairs (see *Box 7*).
- b. Include positive images of children and women with disabilities in WASH materials (e.g., women with disabilities as mothers or pregnant women), to help transform attitudes towards people with disabilities and reduce stigma and discrimination.
- c. When using feedback and complaint mechanisms as part of accountability and community engagement processes, consider accessibility for persons with different types of disabilities; for instance, by using at least two means of gathering feedback such as written and verbal (see *Section 9.2*).

6.7 Checklist for preparedness

The checklist, derived from the programmatic actions outlined in this document, can help plan and assess whether key actions include children and adolescents with disabilities in preparedness. To complete the checklist, discussions may be required with other colleagues and stakeholders. Completing the checklist in a team or coordination meeting would be helpful.

Additional printable copies of the checklist can be found at <http://training.unicef.org/disability/emergencies/wash.html>.

Considerations for including children with disabilities in preparedness	
Coordination	
Has a disability focal point, focal agency or task force been identified in WASH related coordination mechanisms (including clusters)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

Assessment, monitoring and evaluation	
Have available data on children with disabilities been compiled (e.g., from departments of health, social welfare, institutions, NGOs, DPOs)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Do WASH needs assessments, WASH surveys in schools and communities, referral forms, and monitoring and reporting tools identify the needs of children with disabilities and disaggregate data by disability (see <i>Box 4</i>)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have existing services and programmes for children with disabilities been mapped (e.g., accessible WASH infrastructure in different humanitarian settings or inclusive menstrual hygiene management programmes)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

Planning	
Have issues related to children with disabilities been included in WASH preparedness plans, including in plans developed by coordination mechanisms or inter-ministry/inter-departmental working groups?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have children with disabilities, their families and DPOs been consulted and involved in preparedness-related WASH activities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Has a budget for services and supplies that address the WASH needs of children with disabilities been allocated?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<p>Has WASH supply planning considered assistive products and supplies relevant to girls and boys with disabilities (e.g., grab rails to support the use of toilets)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p>Have collaborations/partnerships been established with agencies/organizations with expertise on disability (e.g., government departments providing services to children with disabilities, NGOs working on disability, DPOs, special schools)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p>Capacity development</p>	
<p>Have humanitarian WASH staff received training on inclusion of children with disabilities (e.g., how to make WASH interventions inclusive, communicating with children with disabilities, adapting information)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	

Accessible infrastructure	
Have designs been developed and costed for accessible WASH facilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Is disability accessibility a criterion for identification and selection of facilities, including WASH facilities (e.g., child-friendly spaces, location of outreach services)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Behaviour change communication and communication for development	
Are communications materials developed as part of preparedness programmes in at least two formats (e.g., written and audio)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	



Tilmaya comes out of a toilet built with UNICEF support, outside her temporary shelter in Sindhupalchowk district, Nepal – an area that was heavily damaged by the 2015 earthquake.

Check preparedness actions and adapt them to response and early recovery actions accordingly.

7.1 Coordination

- a. Establish a disability focal point,³⁰ a focal agency or a task force to represent disability issues in humanitarian WASH coordination mechanisms (e.g., clusters, working groups).
- b. Form links between government authorities and clusters on critical issues to support coordinated and inclusive WASH services and facilities.
- c. Create referral pathways through inter-sectoral connections to effectively identify and respond to WASH needs in households with children with disabilities:
 - With the education and protection clusters on the inclusion of children with disabilities in hygiene promotion programmes and accessible WASH in learning and child-friendly spaces (*see Education and Child Protection booklets*³¹);
 - With the health cluster to address specific water and hygiene needs of children and adolescents with disabilities (e.g., pressure sores management), for the provision of assistive devices (e.g., commodes) and for inclusive prevention and treatment of water- and hygiene-related diseases (*see Health booklet*³²)
- d. When mapping humanitarian services as in a 5W database (*see Section 6.2.h*), collect information from the ministry or depart-

³⁰ The disability focal point may benefit from participating in disability related training planned in the country or region.

³¹ See <http://training.unicef.org/disability/emergencies/education.html> and <http://training.unicef.org/disability/emergencies/protection.html>.

³² See <http://training.unicef.org/disability/emergencies/health-and-hiv-aids.html>.

ment responsible for disability issues, organizations that provide WASH services accessed by children and adolescents with disabilities, and those that provide targeted services (e.g., provision of assistive devices and accessible supplies).

- e. Identify gaps and advocate for adapting WASH facilities and services that are not inclusive of children with disabilities or accessible, following the guidance in this booklet. Examples of services that are not accessible include latrines in camps and temporary learning spaces that lack ramps, grab rails or toilet chairs that would enable access by children and adults with disabilities.

7.2 Assessment, monitoring and evaluation

- a. Review and use any data collection tools that were developed or adapted during preparedness to include children with disabilities.
- b. If data collection tools have been developed, review and adapt them as required to include children with disabilities (see *Section 6.2*).
- c. Collect data on children with disabilities at all levels – including household, community, district and national.

Identification of children with disabilities and disaggregation of data

- d. The identification of children with disabilities (see *Box 3*) and disaggregation of data by disability (see *Box 4*) can inform design of inclusive WASH programmes and determine the extent to which children with disabilities are accessing services, such as community WASH facilities.

Humanitarian needs assessments

- e. Incorporate issues related to children and women with disabilities into mainstream humanitarian needs assessments, such

as multi-cluster or multi-sector initial rapid assessment³³ and post-disaster needs assessments.

- f. For instruments that collect information on individuals (e.g., WASH surveys in schools³⁴ and Knowledge, Attitudes and Practices studies on WASH in communities), adapt tools to collect data by disability, age and sex (see *Box 4*).
- g. Observe the accessibility of WASH facilities, services and distribution points to see whether children with disabilities are able to access and participating in activities (see *Section 10*).
- h. In participatory assessments, organize focus group discussions and key informant interviews to gather information about access to WASH facilities and services as well as local perceptions about girls and boys with disabilities in relationship to WASH (see *Section 7.2.j*).
 - Interview adults and youth with disabilities as key informants. Invite DPOs, local disability groups, and parents and caregivers with disabilities to focus group discussions (see *Box 5*).
 - Identify hygiene practices and WASH needs and preferences related to the child's age, gender and disability: menstruation hygiene management for adolescent girls with disabilities (see *Box 7*); self-care and hygiene for children and adolescents with different disabilities; assistive devices to support mobility and hygiene.
 - Collect information on the barriers faced by children with disabilities and their caregivers to accessing WASH facilities and information. Barriers may include:
 - Discriminatory practices against girls with disabilities (e.g.,

³³ For more information, see Humanitarian Programme Cycle/Needs assessment: <https://www.humanitarianresponse.info/en/programme-cycle/space>.

³⁴ See UNICEF (2011) *WASH in Schools Monitoring Package*: https://www.unicef.org/wash/schools/files/wash_in_schools_monitoringpackage_.pdf.

- denial or inaccessible information on menstrual hygiene management);
- Inaccessible WASH facilities, distribution points or WASH-related information (e.g., toilets that cannot be used by wheelchair users, water points with stairs and small taps.);
 - Lack of knowledge from humanitarian WASH workers to support the hygiene needs of children with disabilities;
 - Lack of suitable supplies for children with disabilities (e.g., appropriate-sized wheelchairs, toilet chairs and diapers).
- i. When collecting data directly from children with disabilities, appropriate support may be required to communicate, give consent and maintain confidentiality. Such support includes alternative communication or sign language interpretation (*see Section 9.2*).
- j. Encourage child participation.³⁵ Children often are aware of who is excluded from schools and why (UNESCO, 2010). Use art and play as a way for children with disabilities to express their views about their needs and preferences in key informant interviews and focus group discussions.³⁶
- Establish a target to ensure that at least 10 per cent of all consulted children are children with disabilities.
- k. Consider organizing separate focus group discussions with women and girls with disabilities to identify specific

³⁵ When engaging children in data collection, ensure that ethical standards are upheld. See https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF and <https://www.unicef-irc.org/publications/849>.

³⁶ For information on the participation of children with disabilities, see UNICEF's *Take Us Seriously! Engaging children with disabilities in decisions affecting their lives*: www.unicef.org/disabilities/files/Take_Us_Seriously.pdf.

discriminatory practices and barriers, and highlight findings in further reporting.

- I. Use existing data or data collected in assessments to inform humanitarian needs overviews and humanitarian response plans. Share such data with relevant agencies.

Example: WASH data collection methodologies

Messiah College, in partnership with Handicap International, used two stages of household data collection to identify persons with disabilities and to collect information on WASH barriers. The first phase of data collection involved a general household survey used to identify people with disabilities. In the second phase, persons with disabilities attended a focus group to discuss WASH-related challenges and successes (World Vision, 2014).

Programme monitoring and evaluation

- m. Develop prioritized disability specific indicators to monitor progress in reaching and meeting the needs of children with disabilities. Indicators may include:
 - Percentage of boys and girls with disabilities who last defecated in a toilet or whose faeces were last disposed in a safe manner.³⁷
 - Percentage of toilets with functioning and accessible hand-washing facilities.³⁸

³⁷ Indicator adapted to include disability from the Humanitarian Indicator Registry, WASH Cluster, code W1-8, sub-domain W1.2 Hygiene Practices: <https://www.humanitarianresponse.info/en/applications/ir/indicator/w1-8>.

³⁸ Indicator adapted to include accessibility from the Humanitarian Indicator Registry, WASH Cluster, code W3-4, sub-domain W3.2 Toilet Facilities: <https://www.humanitarianresponse.info/en/applications/ir/indicator/w3-4>.

- n. Disaggregate monitoring data related to beneficiaries by disability, sex and age.
- o. Document and report progress made on reaching children with disabilities and meeting their WASH needs and preferences in monitoring and reporting (e.g., in SitReps, humanitarian dashboards, six-monthly or annual reports).
- p. Include questions on whether children and women with disabilities are accessing WASH services and facing any challenges, in real-time monitoring using mobile phone and text messages, joint monitoring with partners, post-distribution monitoring and assessment (see *Box 6*).

Box 6: Assessing inclusion of children with disabilities

In humanitarian evaluations, consider disability inclusion as an evaluation criterion and include such questions as:

- To what extent were WASH interventions relevant to the specific needs of children with disabilities?
- How efficiently were interventions and services delivered to children with disabilities in emergency settings?
- To what extent did WASH interventions, both mainstreamed and targeted, achieve the expected results?
- To what extent did the interventions have unexpected effects?
- To what extent did needs assessments identify the specific WASH needs of children with disabilities?
- To what extent was information on children with disabilities from needs assessments used to inform programming?

Box 6 continued: Assessing inclusion of children with disabilities

- To what extent were ongoing programmes on disability connected with the humanitarian response?
 - Have there been lasting or sustained benefits as a result of connecting ongoing programming on disabilities with the humanitarian response?
- q. Analyse information gaps in assessments and bottlenecks in implementation of inclusive humanitarian programmes (for instance, through workshops with partners or the development of a paper).
- r. Document and share lessons on inclusion of children with disabilities in humanitarian WASH interventions such as through case studies (see *Section 8.2*).
- s. See *Section 6.6.c* for accessible complaint and feedback mechanisms

7.3 Planning

- a. Despite the urgency of a humanitarian response, there are ways to draw on the abilities and unique experience of children, adolescents and adults with disabilities and include them in the response (see *Section 9.2*).
- b. When developing or providing feedback on emergency plans (such as Inter-Agency Humanitarian Response Plans, Regional Response Plans and UNICEF humanitarian work plans), include the WASH needs of girls and boys with disabilities, identify barriers to accessing WASH interventions and add activities that include children with disabilities.

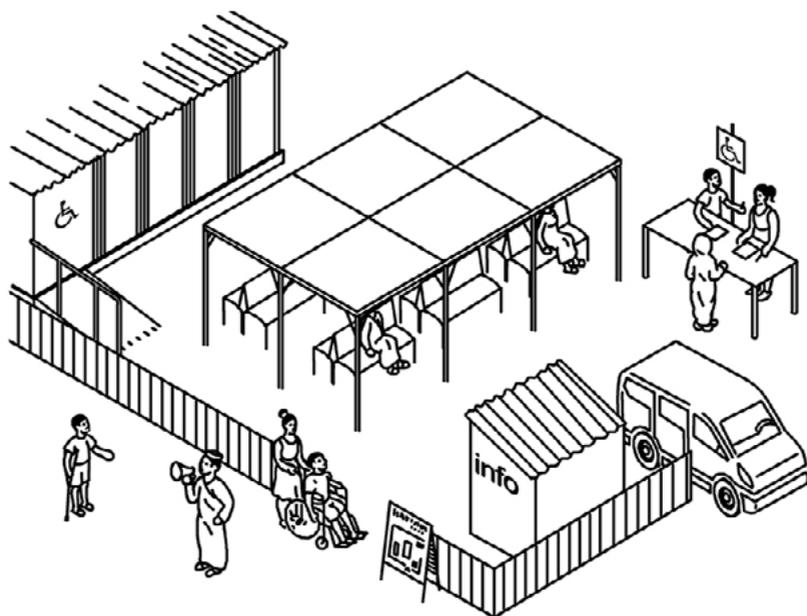
- c. Include children and adolescents with disabilities as a specific category of people to be reached in response plans by developing:
 - A strategy that articulates prioritized actions for reaching children with disabilities;
 - Targets and prioritized indicators to track the extent to which children with disabilities are reached.
- d. Consider children with disabilities when setting beneficiary selection criteria based on situation analysis, taking into account barriers and risks they face.
- e. If data are not available on sex, age, disability and WASH needs of children with disabilities and barriers to accessing services, identify this as an information gap and initiate actions to address it.

7.4 Making WASH interventions inclusive and accessible

When designing and implementing WASH interventions in various settings (e.g., centres, communities, distribution sites, during outreach such as tent-to-tent item replenishment), and when working with partners in joint distributions (e.g., food, water and essential household items), consider the following:

- a. Set up fast tracks (*see Glossary, Section 11*), priority queues or set times for children and adolescents with disabilities and their caregivers to register and access services, such as distributions of water, dignity/hygiene kits and essential household items (e.g., jerry cans, buckets, soap).
- b. Provide covered seating to enable people to rest while queuing at water or non-food items distribution points (*see Figure 4*). This assists not only persons with disabilities, but also the elderly and pregnant women.

Figure 4: Inclusive and accessible waiting areas



Source: Adapted from IFRC, Handicap International and CBM, 2015.

- c. Organize outreach water distribution or provide support for water collection (e.g., transport assistance, carts, adapted jerry cans).
- d. Provide alternative toilet options (e.g., potties or commodes) for children who have difficulty using accessible WASH facilities even with assistive devices as well as information on safe waste disposal³⁹ and materials for cleaning and disinfecting potties and commodes.
- e. Where required, provide extra drinking water – up to three litres per day per person (RSCIC, 2009) – and coordinate with nutrition workers access to fresh foods to avoid constipation and impaction of stools.

³⁹ For more information, see Oxfam (n.d.), *Excreta Disposal for Physically Vulnerable People in Emergencies*: <https://www.scribd.com/document/340800972/Excreta-Disposal-for-Physically-Vulnerable-People-in-Emergencies>.

- f. Children and adolescents with multiple or more severe disabilities may experience incontinence.
 - Ensure a greater supply of hygiene materials,⁴⁰ water, soap and buckets on a case-by-case basis (in consultation with them/their caregivers);
 - Coordinate with health and rehabilitation workers access to urinary catheters if needed, and ensure hygienic management of their use and referrals for further support.

Example: Reusable diapers for children and adults in Iraq

In Iraqi camps, there was a lack of diapers for children and adults with disabilities and for older people with limited bowel/bladder control. Through interviews with parent peer groups, Handicap International identified families who needed diapers but could not afford to buy disposable diapers. A tailor working in the community made reusable diapers, following Handicap International guidance. Families were given two diapers and 20 cotton inserts,⁴¹ and were trained on how to use and wash them. Action Against Hunger provided hot water tanks in some camps so families could easily wash the diapers (Handicap International).

⁴⁰ Provide adequate sanitary washable or disposable pads, cloths and diapers in appropriate sizes.

⁴¹ Reusable diapers should be made from waterproof material on the inside and cloth on the outside. The cotton insert should be soft and at least three layers thick (sewn together). They should be designed in both child and adult sizes.

Box 7: Menstruation hygiene management

Women and girls face particular challenges in humanitarian settings in obtaining sanitary materials, bathing with privacy, and washing or disposing of menstrual materials. In some cases, their movement may be restricted, making it difficult to collect water or find somewhere to manage menstruation safely and with dignity (WaterAid, 2012).

- When supporting menstruation hygiene management (MHM) for girls with disabilities, focus on maintaining their dignity and privacy.
- Provide a greater quantity of MHM supplies (e.g., sanitary materials, hygiene kits, extra water, protective layers for mattresses) based on needs identified by women and girls with disabilities and their caregivers.
- Prioritize girls and women with disabilities for free sanitary pads.
- Ensure that women and adolescent girls with disabilities have private spaces to wash themselves, wash and dry stained clothing and cloths used for MHM, dispose of sanitary materials and enough space for caregiver assistance if required (ADCAP, 2015).
- Arrange for portable partitions, such as curtains or plywood, in shelters to protect their dignity.
- Provide information in various formats (e.g., written, audio, simple pictures) on MHM, including instructions on using pads if distributed.

- g. Engage men in hygiene promotion and the care of children with disabilities by organizing information sessions aimed at fathers, encouraging and supporting them to develop such skills as water collection, accessing and using hygiene items, and care and hygiene of their children.⁴²
- h. Plan outreach WASH campaigns to ensure that out-of-school children and adolescents with disabilities have access to WASH related information.
- i. Plan and supervise accessibility compliance in construction, reconstruction and repair of WASH in households, communities, schools and health facilities.
- j. Choose accessible locations for temporary and permanent WASH facilities for children and adults with different types of disabilities (see *Section 10*).
- k. Signs that provide information, including the location of WASH facilities, can be made accessible (see *Section 10*).

Example: Consultations with people with disabilities

In Dolo Ado refugee camps in Ethiopia, a collaboration was established among Handicap International, a local NGO Rehabilitation and Development Organization (RaDO), and camp committees of refugees with disabilities and UNHCR. The partnership held consultations between the WASH committee and persons with disabilities, resulting in the construction of communal and household accessible latrines near households with disabilities (Handicap International).

⁴² For more information on positive parenting and fatherhood, see *Bringing Fathers In*: www.fatherhoodinstitute.org/2016/bringing-fathers-in-resources-for-advocates-practitioners-and-researchers.

Partnerships

- l. Disability expertise can be mobilized through existing partnerships or by establishing new partnerships with government agencies (e.g., ministries of education or social welfare), DPOs, disability specific NGOs, and by recruiting short-term consultants (see *Box 8*).
- m. Civil society organizations, such as women's rights and human rights associations, may have expertise in cross-cutting issues of disability, gender, age and other factors that make children with disabilities more at risk in emergencies.

7.5 Human resources

- a. Consult and recruit persons with disabilities in response and early recovery processes, adding first-hand expertise on issues faced by children and adults with disabilities (see *Box 5*).

Box 8: Disability expertise

- While developing humanitarian rosters, identify personnel with expertise on children with disabilities by adding this skill to the experience column.
- Identify team members with previous experience working either directly with children with disabilities or on disability related issues.
- In job descriptions for WASH related positions (e.g., engineers, hygiene promoters), designate experience working with children with disabilities or related issues such as accessibility as a desirable asset.

Box 8 continued: Disability expertise

- Encourage men and women with disabilities to apply for staff, consultancies and volunteer positions.⁴³
- Reach out to disability networks and DPOs to share recruitment information and identify persons with disabilities who have relevant technical expertise.
- Develop disability related terms of reference for consultancies or partnerships to engage disability experts (e.g., engineers, technicians with experience in accessibility and universal design) when relevant.

⁴³ UNICEF has an Executive Directive on Employment of Persons with Disabilities. There is also a Disability Accommodation Fund, which provides support to staff members with disabilities with different types of individual accommodations. In 2016, UNICEF also established a Greening and Accessibility Fund to support UNICEF offices to make premises disability accessible.

Example: A woman's leadership in humanitarian coordination

Having professionals with disabilities as part of the humanitarian response team can help ensure that children with disabilities are included in humanitarian programming. UNICEF deployed Cara Elizabeth Yar Khan as its first woman with a severe disability in an active crisis setting. In the aftermath of the 2010 earthquake in Haiti, Ms. Yar Khan served as a member of the UNICEF Haiti Team in 2011. In her role as Resource Mobilization Specialist, she brought her lived experience as a woman with a disability, taking on the additional role of Disability Focal Point for UNICEF Haiti. Ms. Yar Khan was able to advocate for actions that promoted the inclusion of children with disabilities in various sectors. Her work illustrated how women with disabilities bring both expertise and critical awareness on key issues that affect girl and boys with disabilities in humanitarian settings (WRC, 2016).

7.6 Procurement and supplies

- a. During procurement and planning of supplies, consider whether products can be used by children with various disabilities (see *Section 6.3.j and k*).
- b. Reach out to government departments (e.g., health, education, social welfare), DPOs and organizations working with persons with disabilities for products and information related to disability, such as assistive products.
- c. Distribute the supplies planned and procured in a WASH contingency plan (see *Section 6.3.j–o*). Update items and quantities based on the findings of needs assessments and surveys.

- d. For the provision and distribution of assistive devices (e.g., toilet chairs), collaborate with health actors and include information on the device's use and ongoing maintenance (see *Health Booklet*).⁴⁴

7.7 Funding and budgeting

- a. In fundraising documents (e.g., flash appeals, Humanitarian Action for Children appeals,⁴⁵ fundraising brochures and infographics):
 - Include information on WASH needs and priority actions for children with disabilities. For example, a flash appeal could state: “Children with disabilities face increased risk of infection due to poor quality and inaccessible WASH services and facilities. Particular attention will be given to address the WASH needs of children who are most at risk, including children with disabilities.”
 - Use positive language to refer to children with disabilities (see *Section 9.1*).
- b. When developing proposals, allocate dedicated budgets for human resources, accessible WASH facilities construction, repair and reconstruction, accessible WASH information, supplies and other related costs.
- c. When evaluating proposals from humanitarian actors, assess and provide feedback on the extent of inclusion of children and adolescents with disabilities, encouraging organizations to demonstrate how their activities, monitoring and results are disability inclusive.

⁴⁴ See <http://training.unicef.org/disability/emergencies/health-and-hiv-aids.html>.

⁴⁵ UNICEF's Humanitarian Action for Children sets out the organization's annual appeal and its goals in providing children access to safe water, nutrition, education, health and protection across the globe.

- d. Identify and fund projects that include children with disabilities and their families. Consider the following criteria while selecting projects:
 - Disability is included in the needs assessment;
 - Data are disaggregated by sex, age and disability;
 - Planned and budgeted activities, as well as related indicators and outcomes, consider the WASH needs of children with disabilities or are specifically directed towards them (see *Section 7.4*).
- e. Track funding and projects dedicated to responding to the WASH needs of children with disabilities (e.g., in financial tracking systems or country pooled funds).⁴⁶

7.8 Capacity development

- a. Identify scheduled training opportunities or request partners to conduct training on inclusion of children and adults with disabilities⁴⁷ and nominate staff to attend.
- b. Conduct training on inclusion of children and adolescents with disabilities for WASH staff, utilizing the training resources identified and modules developed during the preparedness phase (see *Section 6.4.c*).
- c. Where possible, conduct training at different levels for WASH humanitarian coordination personnel, data collection teams, local engineers and builders, community volunteers, parents and caregivers, and schoolteachers.

⁴⁶ For more information, see Humanitarian Programme Cycle/Resource mobilization: <https://www.humanitarianresponse.info/en/programme-cycle/space>.

⁴⁷ NGOs working with persons with disabilities, DPOs or government ministries or departments organize trainings on the needs of children with disabilities in the country or region.

- d. Engage adults and youth with disabilities as outreach team members and community volunteers. Allocate training resources to develop their capacity in identifying children with disabilities and providing information and referrals.

7.9 Behaviour change communication and communication for development

- a. Share information on existing WASH services for children with disabilities in child-friendly spaces, temporary learning spaces, parent groups or during outreach.
- b. Provide WASH related information in at least two different formats, such as posters, banners, signs for services, text message campaigns and audio announcements on radio or community loudspeakers (*see Section 9.3*).
- c. Include positive images of children, adolescents and women with disabilities in materials to ensure communication campaigns help transform attitudes and reduce stigma and discrimination towards people with disabilities.
- d. Mitigate stigma, myths or jealousy that may result from targeted interventions (e.g., cash grants, assistive devices) through communication for development interventions. For example, hold open-discussion meetings with local communities and host populations to explain humanitarian activities and disability targeted interventions, such as transport allowances and assistive device distributions (*see Section 4.1*).
- e. Develop accessible feedback and complaint mechanisms as part of accountability and community engagement processes (*see Section 6.6.c*).

7.10 Checklist for response and early recovery

The checklist, derived from the programmatic actions outlined in this document, can help plan and assess whether key actions are being taken to include children and adolescents with disabilities in response and early recovery. To complete the checklist, consultations may be required with other colleagues. Completing the checklist in a team or coordination meeting would be helpful.

Additional printable copies of the checklist can be found at <http://training.unicef.org/disability/emergencies/wash.html>.

Considerations for including children with disabilities in response and early recovery	
Coordination	
Do WASH clusters or coordination mechanisms have a disability focal point, focal agency or task force?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have accessibility and issues related to children with disabilities been included in WASH cluster/ coordination/response plans?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:

Assessment, monitoring and evaluation

<p>Have available data on children with disabilities been compiled (e.g., from departments of health, education, social welfare, special schools, residential facilities, NGOs, DPOs)?</p>	<p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Completed</p>
--	---

Notes:

<p>Are data on WASH programmes disaggregated by disability (e.g., access to toilets, distribution of hygiene kits, etc.)? (See Box 4.)</p>	<p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Completed</p>
--	---

Notes:

<p>Do WASH related needs assessments capture the needs of children with disabilities (e.g., in multi-cluster initial rapid assessment, post-disaster needs assessments)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p>Do WASH related monitoring, reporting and evaluations (SitReps, dashboards, real-time monitoring and evaluations, joint evaluations) capture information on access to WASH services and challenges faced by children with disabilities?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p>Are children with disabilities and their families and DPOs included while consulting affected populations?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	

Planning	
Have current services and programmes for children with disabilities been mapped (e.g., provision of WASH related supplies for children with disabilities, accessible WASH facilities)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Inclusive and accessible WASH interventions	
Are humanitarian related WASH infrastructure and facilities accessible and usable by persons with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Are households with children, adolescents and caregivers with disabilities located near accessible toilets?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Has a fast track/priority water collection system been set up for households with persons with disabilities (children, adolescents or caregivers)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Are girls with disabilities accessing information and supplies on menstrual hygiene management?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Are hygiene promotion campaigns reaching children with disabilities (e.g., in schools, through outreach)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Have collaboration/partnerships been established with agencies/organizations with expertise on disability (e.g., NGOs working on disability, DPOs, rehabilitation centres, special schools, government ministries)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Human resources	
Have existing WASH staff and personnel with experience working on accessibility and disability related issues been identified?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

Procurement and supplies	
Have children and adolescents with disabilities requiring WASH related supplies (e.g., potties, commodes, toilet chairs) received these products, including essential information on their use and maintenance?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Funding and budgeting	
Are children with disabilities visible and their issues and needs highlighted in fundraising documents (e.g., flash appeals, brochures, proposals)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Capacity development	
Have WASH staff received training on inclusion of children with disabilities (e.g., adapting WASH interventions to be inclusive, communicating with children with disabilities, adapting information to be accessible)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:

Behaviour change communication and communication for development

Are communication materials developed as part of WASH programmes in at least two formats (e.g., written and audio)?

- Planned
- In progress
- Completed

Notes:

Are children with disabilities visible in WASH related communication campaigns and messaging (e.g., photos or illustrations of children with disabilities included in materials)?

- Planned
- In progress
- Completed

Notes:



Ifran is assisted by his mother to leave a newly built latrine near his home in Bantul district, Indonesia. UNICEF constructed 90 accessible toilets as part of the reconstruction and recovery efforts following the 2004 tsunami.

Recovery from a humanitarian crisis provides an opportunity to institutionalize and sustain the disability inclusive processes and interventions introduced during the response phase and to ensure ongoing advancement of the rights of children and adolescents with disabilities. Recovery and reconstruction phases affect preparedness interventions. Therefore, some actions below are also relevant for preparedness.

8.1 Coordination and planning

- a. Identify ministries and departments with services for children with disabilities initiated during the response phase that could be further consolidated as part of recovery planning.
- b. Work with government counterparts to include disability inclusive practices established during the response into relevant mainstream WASH programmes and training plans (see *Section 8.7*), partnerships and ongoing support.⁴⁸
- c. Incorporate data, information on services and resources relevant to disability generated during the response and early recovery phase into existing government and international mechanisms so they are not lost and are available for future use.
- d. Work with partners (relevant government departments, disability related NGOs, DPOs and private sector) to facilitate access to WASH related assistive devices for the most vulnerable families (e.g., through grants, health insurance or social protection benefits⁴⁹ and by streamlining procurement).
- e. Establish long-term partnerships with disability related organizations including DPOs and NGOs working on issues related to disability (see *Box 5*).

⁴⁸ For more information on the mapping of UNICEF inclusive and accessible WASH good practices, see https://www.unicef.org/wash/3942_documents.html.

⁴⁹ For more information on disability and social protection, see the Child Protection booklet: <http://training.unicef.org/disability/emergencies/protection.html>.

8.2 Assessment, monitoring and evaluation

Identification of children with disabilities and disaggregation of data

- a. Advocate for the adoption of disability disaggregated data in national information systems and other administrative data collection mechanisms (see Box 4).
- b. See Box 3 for identification of children with disabilities.

Needs assessment

- c. Engage in recovery related assessments and planning processes, such as post-disaster needs assessments, to influence both data collection and key policy and planning discussions, which will provide opportunities to strengthen access to WASH for children with disabilities.⁵⁰
- d. Collect and present data on children and adolescents with disabilities in post-disaster needs assessments and related reporting, addressing any identified information gaps (see Box 4).
- e. In targeted surveys and other participatory assessments, dedicate time and space for children with disabilities to express their views on priorities for the recovery of their environment and themselves (see Section 7.2.j).

Programme monitoring and evaluation

- f. Capture good practices (what worked and why) that promote inclusion of children with disabilities (e.g., through lessons-learned exercises), and use findings to provide recommendations for ongoing WASH programmes.

⁵⁰ Post-disaster needs assessments are often conducted by the European Union, the World Bank and the United Nations Development Programme (UNDP).

- g. Conduct targeted surveys (such as knowledge, attitudes and practices or participatory assessments) focusing on households with children with disabilities to assess their level of recovery and access to WASH services and facilities
- h. Include qualitative data collection activities (e.g., focus group discussions) that can record the impact and changes in the lives of children and adolescents with disabilities and describe lessons and challenges in evaluations and reporting.
- i. Study other factors, such as gender, age and type of disability, to see which groups of children and adolescents have been underrepresented in programming.
- j. Include access of children with disabilities to WASH facilities and services in all evaluations (see *Box 6*).

Example: Documenting lessons learned

The Ageing and Disability Task Force, established in Pakistan after floods in 2010, published a resource book of inclusive practices. The publication describes disability inclusive interventions, lessons learned and case studies – including those related to WASH for older people and persons with disabilities – from the 10 international and local organizations that make up the task force. The Handicap International case study highlights the establishment of Disability and Vulnerability Focal Points to identify vulnerable persons, including those with disabilities. The focal points facilitated the identification of needs including the distribution of assistive devices and non-food items, as well as supported the establishment of a referral system for the provision of safe and accessible WASH facilities (Ageing and Disability Task Force, 2011).⁵¹

⁵¹ For full report, see www.cbm.org/article/downloads/54741/ADTF_Report.pdf.

8.3 Accessible infrastructure

Reconstruction and rehabilitation of WASH infrastructure offers the opportunity to build back better, safer and more accessible.

- a. Encourage and support relevant ministries and departments (e.g., infrastructure) to review the accessibility of WASH designs in reconstruction plans of infrastructure, such as temporary and permanent shelters, schools, health facilities and other public services (see *Section 10*).
- b. Advocate for the incorporation of accessibility into national WASH infrastructure codes and standards and other relevant policies.
- c. Where possible and required, provide guidance on accessibility (see *Section 10*) for household sanitation and offer cash grants to support reconstruction of WASH facilities.

8.4 Human resources

- a. Work with relevant ministries and departments, and civil society organizations to develop databases and rosters of persons who have disability related training and experience (see *Box 8*).
- b. Support local government in reviewing human resources (e.g., engineers, inclusive and accessible WASH specialists, builders), advocating for sufficient numbers of qualified staff to address the WASH needs of children and adolescents with disabilities (see *Box 8*).

8.5 Procurement and supplies

- a. Encourage health departments and ministries to develop catalogues of assistive devices for a range of disabilities and share this information with ministries that cover WASH.⁵²
- b. Establish long-term agreements with suppliers of inclusive and accessible products such as assistive devices for toileting and grab rails for toilets in education, health and child protection facilities (see *Section 6.3.j and k*).
- c. Support local and national WASH services in integrating supplies that comply with accessibility standards (e.g., accessible toilets) into their procurement processes, including basic training modules and information on safe use and maintenance.

8.6 Funding and budgeting

- a. Specify the funding required to address any unmet WASH needs of children and adolescents with disabilities in post-disaster needs assessments and final cluster and country reporting.
- b. Support local and national governments to develop inclusive and participatory planning and budgetary processes, engaging in focus group discussions with DPOs, other disability groups, parent associations, experts, and children and adolescents with disabilities to help prioritize WASH services and better use of financial resources (see *Box 5 and Section 7.2.j*).

⁵² For the full list of WHO priority assistive products and more information, see www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en.

8.7 Capacity development

- a. Work with government counterparts in relevant ministries or departments (such as infrastructure) to mainstream training modules on disability into regular WASH training.
- b. Conduct awareness-raising sessions on the rights of children with disabilities to access water and sanitation for local authorities, humanitarian staff, teachers and other school staff.
- c. Support DPOs to strengthen their capacity and engage in both WASH recovery planning and disaster risk reduction.

8.8 Policies

- a. Review national policies, standards and frameworks related to WASH to determine whether disability is considered.
- b. Based on the review, provide recommendations and advocacy messages for the amendment of existing policies or development of policies inclusive of children with disabilities.

8.9 Checklist for recovery and reconstruction

The checklist, derived from the programmatic actions outlined in this document, can help plan and assess whether key actions include children and adolescents with disabilities in recovery and reconstruction. To complete the checklist, discussions may be required with colleagues and stakeholders. Completing the checklist in a team or coordination meeting would be helpful.

Additional printable copies of the checklist can be found at <http://training.unicef.org/disability/emergencies/wash.html>.

Considerations for including children with disabilities in recovery and reconstruction

Coordination and planning	
Have collaborations been established with WASH-related ministries and departments to ensure the sustainability of WASH services for children with disabilities introduced during the response?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have issues related to children with disabilities been included in WASH recovery plans?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Do plans to strengthen WASH services and systems include provisions for children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Assessment, monitoring and evaluation	
Do WASH needs assessments related to recovery and reconstruction reflect the needs of children with disabilities and include disaggregated data by disability?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Do WASH related monitoring, reporting and evaluations capture information on access to services and challenges faced by children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<p>Are children with disabilities, their families and DPOs consulted as part of WASH recovery and reconstruction efforts?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p>Accessible infrastructure</p>	
<p>Does reconstruction of WASH infrastructure (e.g., in schools, hospitals, community health clinics) have disability accessibility as a criterion?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p>Human resources</p>	
<p>Do WASH related databases and rosters contain information on staff and personnel with expertise on disability?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Procurement and supplies	
<p>Have partnerships been established with WASH related government and service providers for the provision of WASH related assistive products for children with disabilities (e.g., child-sized toilet chairs, potties)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Funding and budgeting	
<p>Do WASH recovery and reconstruction budgets include funding for accessible facilities and services for children with disabilities?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

Capacity building	
Does WASH related training include components on how to respond to the rights and needs of children with disabilities (e.g., training WASH officers, engineers, builders)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Policies	
Do national policies and standards related to WASH infrastructure and services integrate components on disability?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	



Tayyab, 5, drinks water from a cup held by his sister, Sadiya, outside his home in Khyber-Pakhtunkhwa Province, Pakistan. Tayyab lost a leg to a landmine explosion. Flooding had washed landmines into the district from a conflict-affected area.

This section is a reference for WASH humanitarian officers when engaging directly with children with disabilities and their families including caregivers with disabilities (e.g., consulting with affected populations, visiting WASH services and programme facilities, designing messages for affected populations).

9.1 Terminology⁵³

The terminology used to address children, adolescents and women with disabilities or to talk about them in materials can either diminish or empower them.

- a. Use person-first terminology (e.g., ‘child with a disability’, not ‘disabled child’; ‘girl who is blind’ or ‘girl with a vision impairment’, not ‘blind girl’).
- b. Do not use terms that have negative connotations, such as suffer, suffering, victim or handicapped. Say ‘wheelchair user’, rather than ‘wheelchair bound’ or ‘confined to a wheelchair’.
- c. Use ‘persons without disabilities’, rather than ‘normal’ or ‘regular’ persons.
- d. Do not use acronyms to refer to children with disabilities (CWD) and persons with disabilities (PWD).⁵⁴
- e. Use appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual and psychosocial impairments (*see Glossary, Section 11*).

⁵³ For information on terminology related to disabilities, see the UNICEF Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

⁵⁴ The Convention on the Rights of Persons with Disabilities uses the terminology ‘children with disabilities’ and ‘persons with disabilities’. As a response to the long-standing stigma and discrimination faced by children and adults with disabilities, they prefer to be referred to as children and persons and an abbreviation denies that.

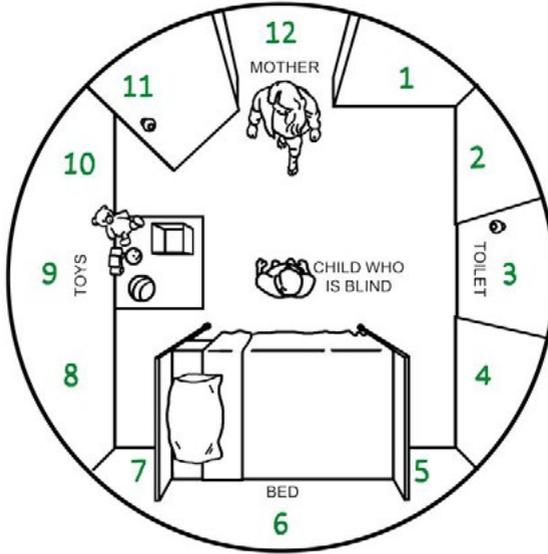
9.2 Communicating with children and adolescents with disabilities⁵⁵

- a. When possible, talk to and try to get information directly from the child or adolescent with a disability and not only through their caregivers.
- b. Be patient. Do not make assumptions. Confirm understanding what the child has expressed.
- c. Where required, identify community members who can facilitate communication with children with disabilities (e.g., sign language interpreters, DPOs, inclusive education or special education teachers, other caregivers of children with disabilities, speech and language therapists).
- d. Trained or specialist staff working with children with disabilities, such as speech and language therapists and early childhood development specialists, can support caregivers to communicate and interact with their child or adolescent with a disability about hygiene and self-care routines.
- e. Children and adolescents with hearing disabilities (deaf or hard of hearing) often use sign language. If the child or caregiver does not know sign language, use body language, visual aids or key words, and speak slowly and clearly.
 - When speaking to a child who can lip-read, maintain eye contact and do not cover the mouth.
- f. For children and adolescents with visual disabilities (blind or low vision):
 - Describe surroundings (e.g., water containers, soap, toilets) and introduce people present.

⁵⁵ For more information on communicating with children with disabilities, see the UNICEF Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

- Use the 'clock method' (see Figure 5) to help older children and adolescents locate people and items (e.g., 'the toilet is at 3 o'clock' if directly to their right or 'the toys are between 8 and 10 o'clock' if they are on the left).

Figure 5: The clock method



Source: UNICEF Disability Section

- Touching and feeling different objects can support learning and help identify objects, such as soap or towels.
 - Ask permission if offering to guide or touch the child or their assistive devices, such as wheelchairs or white canes.
- g. If the child or adolescent has difficulty communicating or understanding messages, use clear verbal communication and consider the following:
- Use objects that represent hygiene practices to support the child's or adolescent's understanding and ability to anticipate what will come next and help build routine.

- Children and adolescents with disabilities can also use items to ask for things (e.g., soap towel to announce a bath).
- Support children and adolescents in developing a book, a board or cards with pictures or drawings related to hygiene routines and items (see *Figure 6*). They can use it to communicate about hygiene and self-care, such as a picture of a toilet to ask to go to the toilet. (Novita, 2007).⁵⁶



Figure 6: Communication boards and books

Source: Adapted from Novita, 2017.

- Train parents and caregivers to observe and learn the subtle facial expressions or body movements used by the child or adolescent to show their feelings (e.g., uncomfortable, happy, thirsty or needing to use the toilet).
- Smartphones and tablets can use applications that provide voice output when picture symbols are pressed. There are

⁵⁶ If the child is able, more-complex books can be developed with picture symbols arranged in different categories per page (e.g., food, kitchen items, clothes, school items). The same initial sentence starters can be used (e.g., I want, I don't want, I see, I hear, I feel, It is). This allows the learner to use full sentences even if they have no speech.

also devices that can be used as voice output communication aids.⁵⁷

9.3 Adapting information for persons with disabilities⁵⁸

Produce WASH information in different formats. This will help ensure that children, adolescents and caregivers with physical, intellectual, hearing and visual disabilities can access and understand information.

- a. Formats that are accessible for people with visual disabilities (blind and low vision) include large print, text messages (most smartphones have free voiceover application), Braille, radio and audio announcements.
- b. People with screen-reading software on their computers can also access electronic information (e.g. emails, word formats).
- c. Formats that are accessible for people with intellectual disabilities include simple language and visual signs, such as pictograms, drawings, pictures and photos on printed materials.⁵⁹
- d. Formats that are accessible for children with hearing disabilities (deaf and low hearing) include print, text messages, captions and sign language interpretation for meetings or television announcements.
- e. Organize workshops to engage DPOs, other disability groups, and children and adolescents with various disabilities in the design, review and dissemination of communication materials such

⁵⁷ For examples of voice output communication aids, see <https://www.nationalautismresources.com/speech-language/assistive-technology/>.

⁵⁸ For information on adapting information for persons with disabilities, see the UNICEF Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

⁵⁹ For an example of an easy-to-read version of the Convention on the Rights of Persons with Disabilities, see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345108/easy-read-un-convention.pdf.

as radio programmes run by adolescents with disabilities (see *Box 5 and Section 7.2.j*).

Example: Accessible formats in tsunami response

Following the March 2011 earthquake and tsunami that hit Japan, radio broadcasts and vans with loudspeakers were used to reach the affected populations. These announcements were inaccessible for persons who are deaf or have difficulty hearing. After the disaster struck, a private company *PLUSVoice* initiated a service to provide free sign language interpretation via video calls for residents of Iwate, Miyagi and Fukushima prefectures. This remote communications support provided persons with hearing disabilities access to emergency-related information and warnings (IFRC, Handicap International and CBM, 2015).

9.4 Developing messages inclusive of children with disabilities⁶⁰

The way information portrays children with disabilities can help reduce stereotypes and prejudices and promote awareness of their needs and capabilities. All communication related to both humanitarian action and development can be disability inclusive.

- a. Represent community diversity through pictures of children with disabilities in WASH information both related and unrelated to disability.
- b. Depict children with different types of disabilities among groups of children, rather than by themselves or separated from the group.
- c. Portray children with disabilities and their caregivers actively

⁶⁰ For information on developing inclusive messages, see the UNICEF Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

participating in activities (e.g., handwashing, playing or attending child-friendly spaces/temporary learning spaces).

- d. Adapt existing communication tools to raise awareness on disability.
 - UNICEF Communication for Humanitarian Action Toolkit.⁶¹
 - UNICEF communication for development: Provide a voice for children and adolescents with disabilities through social mobilization; involve them in communication campaigns as main actors; focus on positive images of disability with the aim of transforming social norms and reducing stigma and discrimination.

⁶¹ See https://www.adelaide.edu.au/acru/projects/effectivecomms/6-C4D-CHAT_Proof-2.pdf.



In Ethiopia, 14-year-old Tiyan, who is blind, is supported by a friend to use an accessible toilet built by Handicap International in her school.

People with disabilities experience various barriers to accessing WASH services, facilities and related information. These accessibility tips relate to identifying and overcoming physical barriers in the environment and infrastructure. The actions are minimum standards for making WASH related infrastructure accessible and can apply to any permanent or temporary WASH facility in communities, settlements, households, schools, health centres, child-friendly spaces and temporary learning spaces. They also apply to any infrastructure re-purposed to provide humanitarian services, such as a school or stadium used as an evacuation centre.

Education, child protection and health sector colleagues may need encouragement to ensure that WASH facilities in their infrastructure are accessible to all.

Where available, accessibility consultants can assist in assessing, planning, supervising and auditing the construction and reconstruction of accessible WASH facilities.⁶³

- a. Review national standards for accessibility. If there are no national standards, international standards can be used.⁶⁴
- b. Accessibility is built around the RECU principle: persons with any type of disability can Reach, Enter, Circulate and Use any WASH facility in a continuous movement (e.g., without facing barriers).

⁶² All provided specifications are taken from the UNICEF resource, *Accessible Components for the Built Environment: Technical guidelines embracing universal design* at www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12 technical cards for accessible construction.pdf (unpublished UNICEF 2016 document).

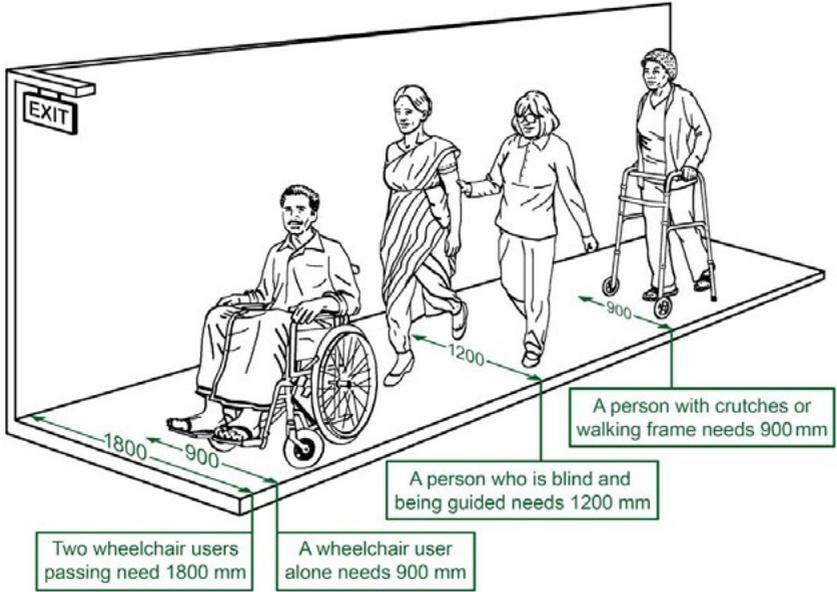
⁶³ A database of qualified accessibility consultants in many countries and all regions is maintained by GAATES on behalf of UNICEF. Information can be obtained by emailing disabilities@unicef.org.

⁶⁴ Refer to *Building Construction: Accessibility and usability of the built environment* (2011) by the International Standardization Organization (ISO). It can be accessed by UNICEF colleagues by contacting Supply Division.

- c. Consider the location of WASH facilities: Are they easy to reach? Are buildings accessible for people with different types of disabilities?
- d. Where possible, select locations that are already accessible (e.g., door widths are already 800mm,⁶⁵ ramps can be added).
- e. Locate families with children and caregivers with disabilities as close as possible to accessible toilets and water points.
- f. Install a textured/tactile strip along accessible routes, linking shelters to WASH facilities and child-friendly spaces or temporary learning spaces and WASH facilities.
- g. Cover and block off drainage systems, wells and pools of standing water.
- h. Pathways should have a minimum width of 900 mm, with the ideal being 1800 mm to allow two wheelchair users to pass each other (see *Figure 7*). Paths should be firm and even.

⁶⁵ After construction, doors are difficult to retrofit and modify to make wider for wheelchairs to enter the buildings or rooms.

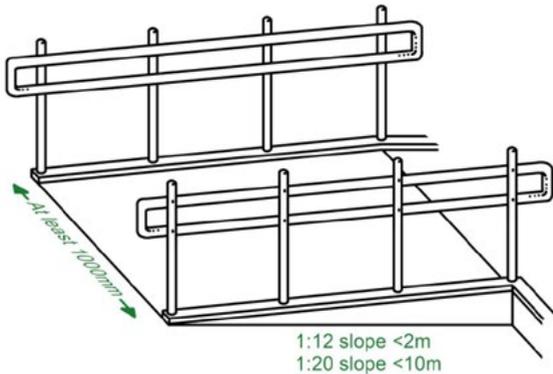
Figure 7: Paths should be minimum 900 mm to accommodate different users



Source: Adapted from Oxley, 2002, by DFID and TRL, 2004 (UNICEF, 2016b)

- i. Ramps are the only practical solution for people who cannot use steps or stairs. They should have a minimum width of 1000 mm with handrails recommended for slopes steeper than 1:20, for stairs or drainage crossings (see Figure 8).

Figure 8: Ramps



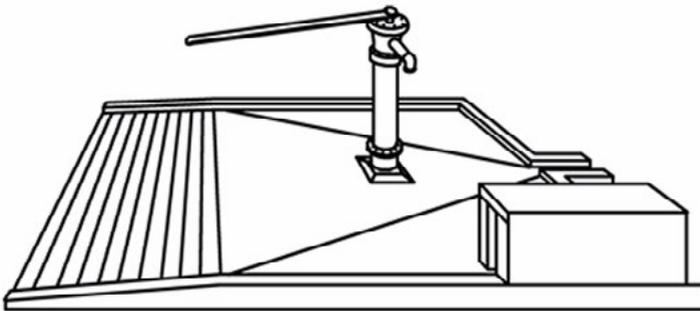
Source: Adapted from IFRC, Handicap International and CBM, 2015

- j. Reduce barriers inside WASH facilities by levelling floors and thresholds.
- k. Allow for adequate circulation space within WASH facility (see *Section 10.t*).

Water supply

- l. Install a rainwater tank near the houses or shelters of families with children with disabilities.
- m. Install water pumps on flat ground (with no steps) with a drainage slope, long pump handle for easy grasp and a raised stand or platform⁶⁶ (see *Figure 9*).
- n. Ensure wide entrance and sufficient circulation space for a turning radius (1500 mm) that allows users to manoeuvre around the water pump (see *Figure 9*).

Figure 9: Water pump with drainage slope and long pump handle



Source: Adapted from UNICEF, 2016b

Sanitation

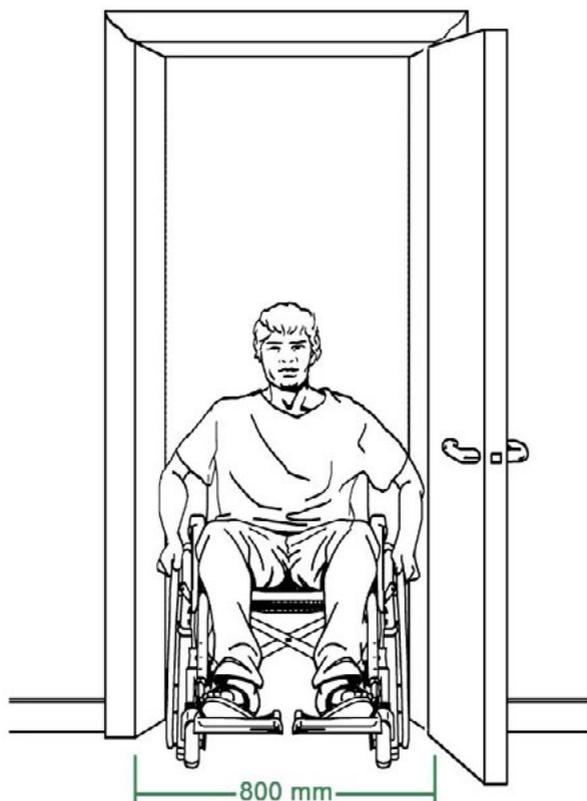
- o. Construct separate latrine blocks for girls and boys, providing an accessible cubicle for every latrine block. Ideally, 10 per cent of

⁶⁶ A raised platform or stand close to the water pump can be used to rest a container while using or navigating around the water pump.

toilets should be accessible in the WASH facilities in communal settlements, schools, temporary learning spaces, child-friendly spaces and health facilities.

- p. Use easily identifiable symbols to show the location of accessible toilets.
- q. Entrances and door openings should be a minimum of 800 mm wide (see *Figure 10*) with no thresholds or barriers on the ground.

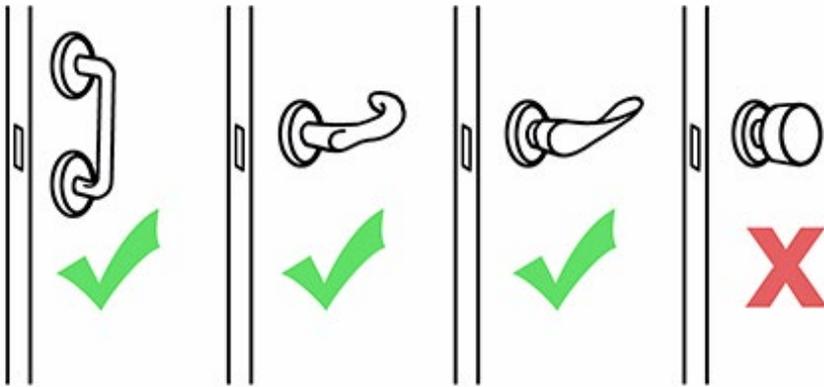
Figure 10: Doors should be a minimum of 800 mm wide



Source: Adapted from UNESCO, 1990, ISO, 2011 (UNICEF, 2016b)

- r. Door handles should be mounted 800–900 mm above the floor; D-lever handles are preferred (see *Figure 11*).

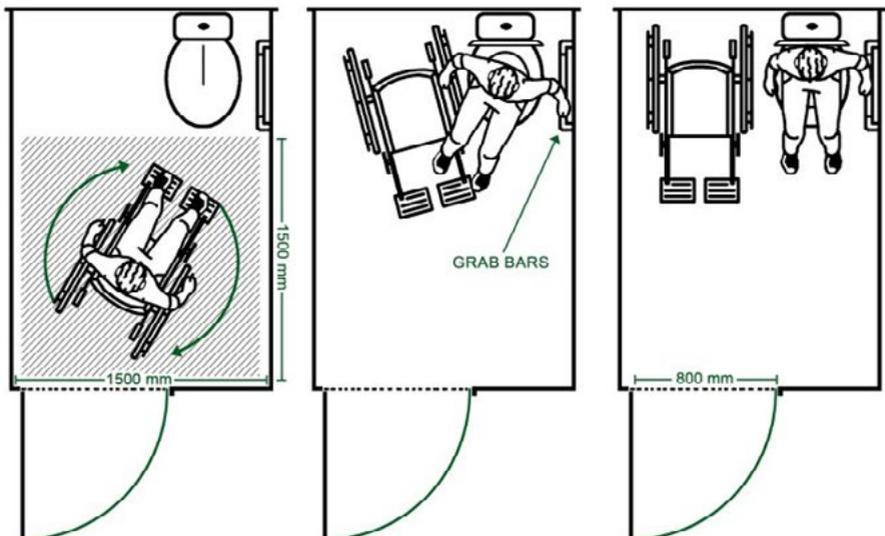
Figure 11: Easy-to-use door handles



Source: Adapted from IFRC, Handicap International and CBM, 2015

- s. Provide sufficient lighting.
- t. Ensure adequate space for a turning radius (1500 mm) that can allow users to manoeuvre inside (see Figure 12).

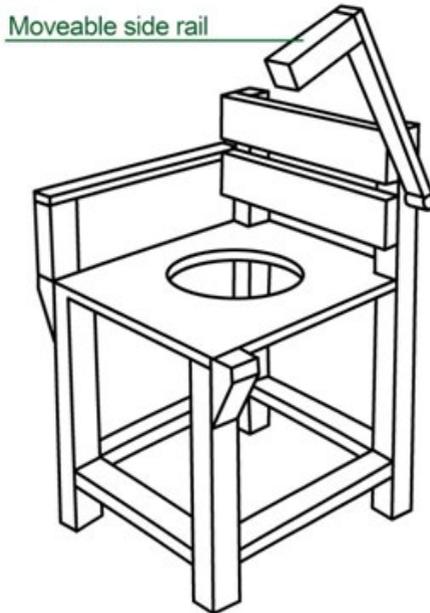
Figure 12: Toilet transfer from a wheelchair



Source: Adapted from Handicap International, 2008

- u. Toilet seats for adults should be at 450–500 mm from floor level and children’s toilet seats from 350–450 mm from floor level.
- v. On both sides of the toilet, provide a grab bar 300–350 mm from the centre of the toilet. Grab rails for children’s toilets should be between 510–640 mm off the ground. Grab rails should be moveable or foldable on one side to allow for transferring (see *Figure 13*).
- w. Allocate teams and/or volunteers to keep WASH facilities clean at all times.

Figure 13: Toilet chair with moveable grab rails



Source: Adapted from Handicap International, 2008

Handwashing

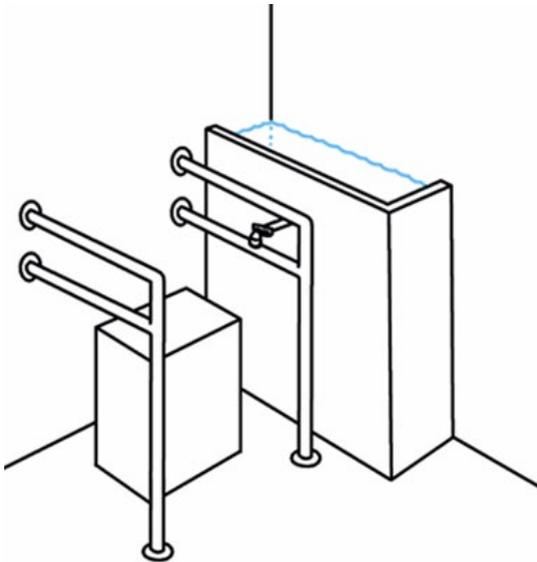
- x. Consider the accessibility of handwashing facilities near latrines or shelters:
 - Water taps at child or wheelchair user’s height should be 680 mm to 800 mm without a pedestal;

- Large taps with long levers to operate are ideal;
- Washbasin with unobstructed knee clearance between 650–700 mm high and 200 mm deep;
- Soap located for ease of use (e.g., soap on a rope tied to a place where a child with visual or mobility disabilities can easily find/reach it).

Showers

- y. Non-slip, flat and even surfaces in showers.
- z. Have a seat and grab rails, which ideally should be removable (see *Figure 14*).
- aa. Refer to sections above for door widths (see *Section 10.q*), and handles and locks (see *Section 10.r*).

Figure 14: Basic accessible shower



Source: Adapted from Handicap International, 2008

Example: Accessible shelter for Palestinian refugees in Lebanon

After a 2007 conflict destroyed Nahr al-Bared camp, a Palestinian refugee camp in northern Lebanon, Community-Based Rehabilitation Association partnered with Movement for Peace to support persons with disabilities who were displaced. The temporary shelter units on the outskirts of the camp had stairs to reach entrances and connecting different areas, creating barriers for persons with physical disabilities. To overcome these obstacles, Community-Based Rehabilitation Association and Movement for Peace adapted 111 shelters in the camp and the neighbouring Beddawi camp in 2008 and 2009. They identified five priorities: ramps for entrances; wider doors; adapted door handles; no thresholds; and handrails in bathrooms. They constructed a long, external ramp, linking different parts of the area. An engineer, occupational therapist and physiotherapist worked on finding practical solutions (IFRC, Handicap International and CBM, 2015).

Accessible signage

ab. Make signage related to WASH facilities and services accessible:

- Install well-lit maps showing the location of toilets, showers, water points and water distribution and arrows for better orientation.
- Install all signage addressed to children at child's height and ensure that parents and caregivers are aware of the information to inform their children.
- Use simple language, pictures, colour contrast, pictograms and tactile elements.

Accessibility audits

- ac. Conduct accessibility audits of WASH facilities.⁶⁷
- ad. Involve children, adolescents and caregivers with disabilities in accessibility audits. Move through the environment and facilities with children with different types of disabilities to identify obstacles and elicit their suggestions for improvements.

Example: Accessibility assessment in Za'atari refugee camp, Jordan

In November 2012, Handicap International conducted an accessibility assessment in Za'atari refugee camp, Jordan. The accessibility advisor identified issues with information formats, lighting and accessibility of the registration area, camp pathways, tents and shelters, WASH facilities and other services. Handicap International provided practical recommendations including technical drawings and sketches for accessible pathways, entrances to facilities, adapted toilets, showers, handwashing facilities and laundries. UNICEF, the lead WASH coordinator in the camp, disseminated the recommendations to other WASH partners and Handicap International monitored construction to ensure compliance with standards (Handicap International, 2013).

⁶⁷ See WEDC accessibility and safety audit tools: <https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/general.html>.

Accessibility: Persons with disabilities accessing, on an equal basis as others, the physical environment, transportation, information and communications, including information and communications technologies and systems, and other facilities and services open or provided to the public, both in urban and rural areas (UN, 2006). Physical accessibility is the provision of buildings or parts of buildings for people, regardless of disability, age or gender, to be able to gain access to them, into them, to use them and exit from them (ISO, 2011).

Accessible formats: Information available to people with different types of disabilities including displays of text, Braille, tactile communication, large print, accessible multimedia, written, audio, plain-language, human-reader, and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology (UN, 2006).

Accessible signage: Signage designed to inform and orientate all people, including persons with disabilities. All signs should be visible, clear, simple, easy to read and understand, have tactile elements and be properly lit at night.

Assistive devices: Any external product (including devices, equipment, instruments or software), especially produced or generally available of which the primary purpose is to maintain or improve an individual's functioning and independence, and thereby promote their well-being. Assistive products are also used to prevent impairments and secondary health conditions (WHO, 2016).

Behaviour change communication: A research-based consultative process for addressing knowledge, attitudes and practices. It provides relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behaviour change strategies focus on the individual as a locus of change to encourage and sustain positive and appropriate behaviours.⁶⁸

Caregiver: The term 'parent' or 'caregiver' is not limited to biological parents, but extends to any guardian providing consistent care to the

⁶⁸ For more information, see <https://www.unicef.org/cbsc>.

child. Caregivers include fathers, mothers, siblings, grandparents and other relatives, as well as child care providers who play a significant role in caring for infants and young children (UNICEF, 2014).

Communication for development: A two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives. It involves engaging communities and listening to adults and children as they identify problems, propose solutions and act upon them.⁶⁹

Community-based rehabilitation: A multi-sectoral approach working to improve the equalization of opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability. Community-based rehabilitation is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services (WHO, 2010).

Disability: Long-term impairments that affect the functioning of a person and which in interaction with attitudinal and environmental barriers hinder the person's full and effective participation in society on an equal basis with others (UN, 2006).

Disability inclusion: An approach that aims to address barriers faced by persons with disabilities, support their specific needs and ensure their participation.

Disabled People Organizations (DPOs), also known as organization of persons with disabilities: Associations of people with disabilities and/or their representatives, including self-help groups, federations, networks and associations of parents of children with disabilities. An organization is considered a DPO if a majority of its board and members are persons with disabilities (PWDA, 2016).

Fast track: Mechanisms that aim to identify and prioritize certain groups such as persons with disabilities, allowing prioritized access to

⁶⁹ Ibid.

services. Examples of fast-track mechanisms include separate lines, token systems, beneficiary numbers or identification/beneficiary cards.

Impairment: A significant deviation or loss in body functioning or structure (WHO, 2002). Impairments may be either temporary or permanent and people may have multiple impairments. There are five broad categories of impairments:

- Hearing impairments (sensory) – deafness and hearing loss;
- Visual impairments (sensory) – blindness and low vision;
- Psychosocial impairments – mental health issues that can cause difficulties in communicating, attention deficit and uncontrolled behaviours (e.g., attention deficit hyperactivity disorder, depression, post-traumatic stress disorder);
- Developmental and intellectual impairments – varying degrees of limitations on intellectual functions that can affect ability to learn, memorize, focus attention, communicate, and develop social autonomy and emotional stability (e.g., Down syndrome);
- Physical impairments – partial or total limitations in mobility, including the upper and/or lower body.

Inclusion: A process that aims to ensure that the most vulnerable people are taken into account equally and that they participate in and benefit from development and humanitarian programmes.

Persons with disabilities (children, adolescents and adults):

Persons who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UN, 2006).

Social protection: A set of public actions that address not only income poverty and economic shocks but also social vulnerability, thus taking into account the inter-relationship between exclusion and poverty. Through income or in-kind support and programmes designed to increase access to services (e.g., health, education and nutrition), social protection helps realize the human rights of children and families

(UNICEF, 2017).

Universal design: The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Does not exclude assistive devices for particular groups of persons with disabilities where needed (UN, 2006).

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The table, derived from the programmatic actions outlined in this document, lists key actions under each WASH Core Commitment for Children in Humanitarian Action⁷⁰ that enhance inclusion of children and adolescents with disabilities.

Commitment 1: Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.
Actions to include children with disabilities
WASH clusters have a disability focal point, focal agency or task force.
Issues related to children with disabilities have been included in WASH cluster/coordination/response plans.
Links have been made between WASH and other clusters for critical inter-sectoral actions to include children with disabilities.
Commitment 2: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.
Actions to include children with disabilities
Fast track water collection system has been set up for households with persons with disabilities (children, adolescents or caregivers).
Water points have been designed and constructed to be child-friendly and accessible. Tip: if unsure, conduct an accessibility audit (see <i>Section 10</i>).
Commitment 3: Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.
Actions to include children with disabilities
Toilets have been designed and constructed to be accessible, safe and gender appropriate. Tip: if unsure, conduct an accessibility audit with both boys and girls with disabilities (see <i>Section 10</i>).

⁷⁰ For more information on the UNICEF CCCs, see www.unicef.org/emergencies/index_68710.html.

Households with children, adolescents and caregivers with disabilities are located near accessible toilets.
National policies and standards related to WASH infrastructure and services integrate components of disability and align with international standards.
WASH supply planning has considered products relevant to children with disabilities (e.g., grab rails to support the use of toilets).
Commitment 4: Children and women receive critical WASH related information to prevent child illness, especially diarrhoea.
WASH related information has been adapted for girls and boys with disabilities of different ages and is available in at least two different formats, such as print and audio.
Children with disabilities are visible in humanitarian WASH related communications (e.g., photos of children with disabilities included in materials).
Commitment 5: Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.
WASH infrastructure and facilities in learning environments and child-friendly spaces are accessible and usable by persons with disabilities.
Hygiene promotion campaigns (in schools, through outreach) are reaching children with disabilities.

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Cover photo:

Fymee lost her home and her leg in the earthquake in Haiti in 2010. At a camp in Port-au-Prince, she goes daily to collect water from the communal water pump.

Credit: © William Daniels / Handicap International



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