



Guidance note on the inclusion of persons with disabilities in the COVID-19 WASH response

This guidance note provides an overview of the risks that persons with disabilities face in the COVID-19 response regarding accessing humanitarian services and proposes actions to address these risks within the WASH response specifically. This note draws on [the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#),¹ WASH chapter, applying these to the North West Syria COVID-19 response.

Why does disability inclusion matter in the COVID-19 WASH response?

Recent evidence suggests that the prevalence rate of persons with disabilities living in Syria, aged 12 years and above is 25%.² In Aleppo and Idlib governorates specifically, 26% of females and 33% of males (Aleppo) and 30% of females and 34% of males (Idlib) have disabilities. With regards to age, across Syria, 79% of females and 81% of males over the age of 56 years have a disability, which is especially important to note when considering the intersectionality of gender, age and disability in COVID-19 specific response planning and implementation of activities.³

Persons with disabilities in Syria are known to be at increased risk of protection concerns and transmission of the virus in the COVID-19 pandemic. This is because they can face higher exposure rates due to the need for close contact with personal assistants/care givers,⁴ can be more likely to have an underlying health condition and face attitudinal, environmental and institutional barriers to participate in and access services.⁵ Inadequate and inaccessible WASH facilities and equipment, such as handwashing stations and hygiene kits, compounds the risk of exposure to the virus and therefore the development of serious illness and complications.

In line with the principal motivation of humanitarian action, which is to save lives and alleviate suffering in a manner that respects and restores personal dignity, consideration of the specific needs of person with disabilities to WASH services and adaptation accordingly is of paramount importance during the COVID 19 pandemic.

Key barriers faced in accessing WASH facilities and services^{6,7}

- Persons with disabilities face multiple barriers to engaging in personal protective measures such as using handwashing stations and receiving hygiene kits due to lack of universally designed facilities, distribution methods and exacerbated threats of exploitation and abuse in their local area.
- Persons with disabilities may be separated from family and/or primary caregivers and thus not accompanied by supportive companions to facilitate their access to services.
- Health and hygiene promotion messages may not be accessible for people with hearing, visual and/or cognitive difficulties and therefore persons with disabilities may lack sufficient knowledge on how to protect themselves.
- Persons with disabilities and those with underlying health conditions, can encounter stigma and discrimination at family, community and institutional (service) level. An example includes discriminatory behavior from field staff who may not understand disability and hold misconceptions which can impact the way the staff engage with individuals. In May 2020,

¹ IASC, Guidelines, Inclusion of Persons with disabilities in Humanitarian Action (2019)

² HNAP (2020). Summer 2020 Report Series: Disability Overview

³ Ibid.

⁴ International Disability Alliance (IDA). (2020) Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance

⁵ United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). (2006)

⁶ North West Inclusion Technical Working Group (2020). Brief guidance note: A disability inclusive COVID19 response, Syria

⁷ Humanity & Inclusion (2020). Tip sheet – Including persons with disabilities in your COVID-19 WASH response in Somalia

attitudinal barriers were reported by persons with disabilities in North West Syria as one of the most significant barriers to accessing humanitarian services.

- Limited number of individualized supports provided by humanitarian actors to enable persons with disabilities to reach and use facilities results in significant exclusion from services.

Recommendations for inclusion in WASH programming^{8,9}

Needs assessment, analysis, and planning

- Utilize the Washington Group short set of questions¹⁰ when collecting population data and disaggregate data by gender, age and disability to understand the WASH needs of persons with disabilities and their families.
- Understand the functional difficulties which persons with disabilities face in your target population through data analysis and engagement with persons with disabilities and their families and/or caregivers e.g. persons with mobility, visual, hearing, communication, self-care and cognitive difficulties and consider how these difficulties may shape service access needs.
- Identify the barriers to accessing WASH services for persons with diverse abilities and with an intersectional (gender, age, disability) lens through engagement with persons with disabilities and their families and/or caregivers. For example, consider the barriers for women and girls with disabilities and their aggravated protection concerns when accessing services in the community and the barriers for older persons with mobility limitations and their physical ability to access and carry distributions.

Design and implementation of WASH programs¹¹

- Budget for accessibility measures in all services, facilities and information campaigns.
- Strive to design at least 20% of all facilities according to universal accessibility standards.¹²
- Consider the difficulties persons with disabilities face in physically accessing distributions due to physical, attitudinal and institutional barriers and plan your distribution method accordingly. For example, consider, the location of the distribution and the need for transport for beneficiaries; the weight of the distribution and the need for assistance to carry this home; the risk of exploitation and abuse associated with your distribution location and how this may place persons with disabilities at increased risk etc. After consideration of these risks, employ mitigation strategies to ensure equal access and to eliminate safety concerns such as door-to-door service and delivery through a proxy (respecting social distancing measures and other relevant precautions).
- Provide additional amounts of water, soap and hand sanitizer to households with persons with disabilities e.g. for regularly cleaning the environment and their assistive devices and to maintain basic, safe personal hygiene.
- Ensure all hygiene awareness messages related to COVID-19 are delivered in accessible formats and are sufficiently diverse, responding to the needs of men, women, boys and girls with disabilities of different ages. Use plain language, pictograms/symbols and high color contrast.
- Collaborate with health actors and/or specialized services to provide assistive devices or install home-based solutions (e.g. private latrines, commode chair, bed pan, urinal bottles, portable ramps and grab bars).
- Sensitize staff working with the community and provide capacity building training to avoid negligence, discrimination, abuse and mistreatment.
- Train staff on practical steps they can take to improve access and inclusion to services, ensuring that staff understand how to respond to the specific needs of persons with diverse abilities.
- Capitalize on existing support mechanisms within the community and empower those mechanisms to increase their role in responding to the needs of persons with disabilities.

⁸ The North West Inclusion Technical Working Group (2020). Disability-inclusive project design – incorporating inclusion in all phases of project

⁹ Ibid.

¹⁰ Washington Group on Disability Statistics (2001). Washington Group Short Set of questions. Retrieved from: <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

¹¹ Ibid.

¹² ISO (2020). Building Construction: Accessibility and useability of the built environment guidelines. [Can be downloaded for free from: <https://www.humanitarianresponse.info/en/operations/stima/inclusion-technical-working-group>]

Monitoring and evaluation¹³

- Disaggregate relevant indicators to assess access and participation of persons with disabilities to the COVID-19 WASH response. For example the number of handwashing stations installed according to universal design standards; the percentage of households with persons with disabilities receiving a hygiene kit; the number of accessible hygiene awareness sessions provided; the number of households who received individual solutions to ensure protection and equal access to WASH.
- Monitor access barriers and risks faced by persons with disabilities in accessing assistance and in staying safe and healthy.
- Engage persons with disabilities in WASH and protection committees, post-distribution monitoring surveys etc.
- Ensure complaint and feedback mechanisms are accessible for persons with disabilities, by providing multiple channels of communication, installing feedback systems in locations that are easy and safe to reach and sensitization and support to focal points to ensure non-discriminatory attitudes and communication.

Recommendations for frontline staff, including health and hygiene promoters^{14,15, 16}

- Ensure representation and active engagement of persons with disabilities when setting up activities. Engage persons with disabilities in WASH committees, during preparation of distributions, installation of hand-washing stations etc.
- During community interventions, share messages on the rights of men, women, boys and girls with disabilities and how to ensure their protection and equal access to WASH services and facilities.
- Facilitate safe and equitable access to WASH services and items by reaching out door-to door and/or supporting transportation; consider liaison with community member volunteers to support persons with disabilities at water distribution points to collect water and/or to support the safe use of hygiene kits.
- Provide additional amounts of water, soap and hand sanitizer to households with persons with disabilities e.g. for regularly cleaning the environment or their assistive devices and to maintain basic, safe personal hygiene.
- Provide information on how hygiene and sanitation practices, waste disposal and cleaning of environment and assistive devices can be conducted safely, respecting protective measures (a two-hour, online training is currently available for all North West Syria actors upon request to the Inclusion Technical Working Group). Further, during health and hygiene promotion activities, invite persons with disabilities to participate in community sessions, and also offer door-to-door messaging where feasible.
- Regularly visit the WASH facilities to monitor safe use and report and address barriers that might hinder equal access, such as physical access barriers and/or concerns for safety etc.
- During distributions, consider gender, age and disability priorities lanes/ fast-track systems to reduce waiting times.
- Always approach persons with disabilities directly, and use inclusive communication techniques: speak slowly, directly facing the person at eye-level; use plain language and simple instructions; request support from care-givers and family members to ensure all information is fully understood and accessible where indicated.

For more information on inclusive project design, available training on the inclusion of persons with disabilities in the COVID-19 response and/or any other key topics, please contact: Rehab.dis.specialist@sr.hi.org, zeilstra@unhcr.org and lamii@unhcr.org.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.