



CBM Australia

Disability inclusion and COVID-19: Guidance for WASH delivery

Guidance for Water for Women Fund implementing partners

Melbourne / June '20

Introduction

This guidance note provides some key principles, considerations and actions which Water for Women Fund partners, and the Water, Sanitation and Hygiene (WASH) sector more broadly, can apply to strengthen disability inclusion in their COVID-19 programming responses and adaptations. Agencies are encouraged to involve people with disability and their representative organisations in identifying context-specific issues and solutions, and to seek further advice to guide implementation of the actions listed below.

This guidance note will cover:

Key challenges facing people with disability in COVID-19 and WASH

Key disability inclusion actions for all WASH and COVID-19 programming

Additional actions for specific WASH and COVID-19 interventions including:

Temporary/rapid WASH response measures

WASH behaviour change communications

WASH in communities

WASH in institutions, including schools and healthcare facilities

Public WASH agencies/ service-providers and sector coordination

Key challenges facing people with disability in COVID-19 and WASH

Around 15% of the world's population has a disability. **People with disability are at increased risk of contracting COVID-19** and are more likely to be disproportionately affected by the health, economic and social impacts of the global health pandemic. Many people with disability face multiple barriers that prevent them from accessing basic hygiene that would help protect them from exposure to COVID-19.

The reasons for this include:

- Many people with disability face **pre-existing barriers to accessing WASH**, which continue or are exacerbated during the COVID-19 pandemic. These include WASH facilities that are physically difficult to reach or use; inaccessible or inapplicable hygiene information; and stigma or discrimination that prevents people with disability from accessing and participating in WASH.
- Some people experience **greater difficulties with WASH activities or have specific hygiene needs**, particularly if they have difficulty with their movement and/or if they use their hands to move, navigate or communicate. The need to touch things to obtain information from the environment or to physically support mobility increases the risk of exposure to COVID-19.¹
- People who use the support of other people to assist with daily tasks or who are living in residential institutions may have **difficulty applying social distancing**.
- Some people with disability may have **underlying health conditions** which place them at risk of developing more severe cases of COVID-19.
- Some people with disability use adapted equipment and strategies and/or the support of another person to assist with daily WASH activities. **Support services and community networks may be interrupted** by social distancing or lockdown measures.²

It is crucial that COVID-19 policy and programming response measures **fully address disability-inclusive WASH issues and create opportunities for people with disability to take active roles in designing and delivering COVID-19 and WASH responses**. Failing to do this risks further entrenching exclusion and exposing people with disability to health and hygiene risks.

¹ For example: people with difficulty walking may need to hold on to railings, fixtures or other surfaces in order to move around; people with difficulty seeing may need to touch railings, walls, furniture or other surfaces in order to navigate through a building.

² For more information, see WHO (2020), *Disability considerations during the COVID-19 outbreak*. <https://www.who.int/publications-detail/disability-considerations-during-the-covid-19-outbreak>

Checklist: Key actions for disability-inclusive WASH and COVID-19

- Involve people with disability and their representative organisations
- Ensure WASH facilities and equipment are accessible to all
- Provide hygiene information in accessible formats
- Ensure behaviour change campaigns reach people with disability, meet their needs and reflect the full diversity of the community
- Consider people with specific hygiene needs in WASH information, services and supplies
- Reach out to people who might not access services or information
- Ensure personal WASH support can continue
- Target people who may be most marginalised
- Address gender and disability issues, including for women with disability and people with WASH support responsibilities
- Identify and address specific risks of harm to people with disability
- Advocate for inclusive WASH responses to COVID-19
- Train stakeholders and frontline staff on disability-inclusive WASH
- Monitor exclusion and inclusion and disaggregate data by disability and gender (at minimum)
- Collect evidence from people with disability to inform inclusive policy and programming

Key disability inclusion actions for all WASH and COVID-19 programming

Below is a list of key disability inclusion considerations and actions which should be applied to all WASH and COVID-19 response programming.

Actively involve people with disability

Ensure that people with disability and their representative organisations – such as Disabled People's Organisations (DPOs) and self-help groups³ – play a key role in designing, implementing and advocating for COVID-19 WASH responses.

- Involve them in situational assessments, decision-making on WASH responses, advocacy or awareness raising, distribution of information, and providing support/outreach to community members.
- Support their capacities to engage WASH stakeholders and influence COVID-19 response efforts.

Ensure WASH facilities are accessible

Ensure that additional or temporary WASH facilities in public places or within institutions can be easily located and used by all people.

- Apply universal design principles⁴ and local accessibility standards to ensure people with disability can reach, enter, circulate within and use facilities.
- Check accessibility with local people with disability where possible – e.g. by developing and applying an accessibility audit checklist.
- Advocate for accessible designs to be selected prior to construction. Retrofitting accessibility features to already-constructed facilities is also possible but usually costs more than choosing accessible designs upfront.

3 DPOs are organisations that are led by and represent the interests of people with disabilities, and are usually formally registered and constituted organisations. Disability self-help groups are informal networks of people with disability within a community.

Check accessibility with local people with disability where possible – e.g. by developing and applying an accessibility audit checklist.

4 Universal design principles help to guide the process of design so that products, environments or communications are usable to the greatest extent possible by all people. For further guidance, refer to DFAT's [Accessibility design guide: Universal design principles for Australia's aid program](#).



Adapted handwashing station, one of many that SNV installed in three rural municipalities in Sarlahi, Nepal as part of their COVID-19 response / Photo credit: SNV Nepal

Ensure information is accessible

Provide hygiene behaviour change campaigns and other WASH communications in a variety of formats, including commonly used accessible and translated formats.

- Understand which languages and formats are widely used in your target areas.
- Deliver information in multiple different formats, including pictorial, written, spoken, etc.
- Accessible formats include use of sign languages, Easy Read, plain language, captioned media, Braille, and augmentative and alternative communication.⁵

Adapt hygiene measures

Many people with disability have specific WASH needs that are unlikely to be addressed by standardised approaches to WASH and COVID-19—for example, if they have difficulty with their movement or if they use their hands to move around. Adapt hygiene messages and support measures to ensure these needs are met.

- Consider hand hygiene measures for people who use their hands to move, navigate or communicate.
- Accommodate the need to sanitise any assistive devices or products⁶ that are frequently handled.
- Apply appropriate strategies for people who rely on a family member or personal assistant.
- Ensure there is an adequate supply of water, soap and/or hygiene products for people with specific needs.⁷

Plan for outreach strategies that leave no one behind

Develop strategies to ensure information, supplies and services reach people who may be unable to access them, e.g. due to isolation or accessibility barriers.

- Assume that public messages, distributions or services will not reach all people, even if efforts have been made to make them accessible.
- Ensure information actually reaches individual people with disability and anyone supporting their access to WASH (and doesn't just sit with a household representative).
- For individuals who normally depend on others to support their WASH needs, ensure this support continues during COVID-19 response.

Understand intersectionality in disability

Some people with disability experience greater levels of discrimination or exclusion from WASH, due to their particular disability or the intersection of disability with gender, age, ethnicity or other factors. Prioritise including these individuals and groups in consultations, decision-making, outreach, etc.

- Understand and respond to the needs of women and girls with disability, who may face greater barriers to accessing WASH services, greater risks of stigma or harm, or may not receive support from other family members during COVID-19 response.⁸

Deliver information in multiple different formats, including pictorial, written, spoken

⁵ Augmentative and alternative communication are various methods of communication that can help people who are unable to use verbal speech to communicate. For guidance and example accessible COVID-19 communication methods, see: International Disability Alliance (2020) COVID-19: Resources available by disability constituency <https://www.internationaldisabilityalliance.org/covid-19-by-disability>

⁶ Examples of assistive devices includes: walking sticks, wheelchairs, walking frames, white canes, eyeglasses, hearing aids, etc.

⁷ Some people may require sanitary products, additional supplies of water/soap or more frequent washing due to disability or health issues.



Handing over handwashing station in Bhutan / Photo credit: SNV Bhutan / Ugyen Rinzin

⁸ For more information on women and girls with disabilities, see: International Disability Alliance (2020) COVID-19: Women and Girls with Disabilities <https://www.internationaldisabilityalliance.org/Covid19-women>

- Ensure that gender-focused WASH interventions (e.g. MHM information and supplies) also include women and girls with disability.
- Ensure that WASH and COVID-19 responses include all people with disabilities, and not just groups such as people with physical impairments who may be easier to reach.

Address stigma and discrimination

In many contexts, people with disability experience stigma, discrimination or violence which could be exacerbated by WASH and COVID-19 responses. For example, people with disability may be stigmatised as 'dirty' or 'cursed' and deliberately left out of community protection mechanisms.

- Consider broader social messaging and attitude change strategies to complement COVID-19 hygiene responses.
- Adapt COVID-19 behaviour change messaging to avoid shaming people with disability. Make messages and images positive, strengths-based and focused on building resilience for communities as a whole.

Do No Harm

Consult people with disability, undertake risk assessments and provide do no harm training to stakeholders, recognising that people with disability may be at increased risk of harm relating to violence, stigma/shaming, stress, injury and exposure to COVID-19. For example:

- Consider that COVID-19 and hygiene messages may cause increased stress among people with disability and their support persons (e.g. if they cannot access hygiene measures).
- Highlight the increased risk of injury and exposure to COVID-19 caused by inaccessible WASH facilities and disruption of WASH supplies and support networks.
- Identify potential discriminatory or abusive treatment by service/frontline workers, and be pro-active in addressing it safely.

Raise awareness and advocate

Use COVID-19 response as an opportunity to influence disability-inclusive WASH policy and programming.

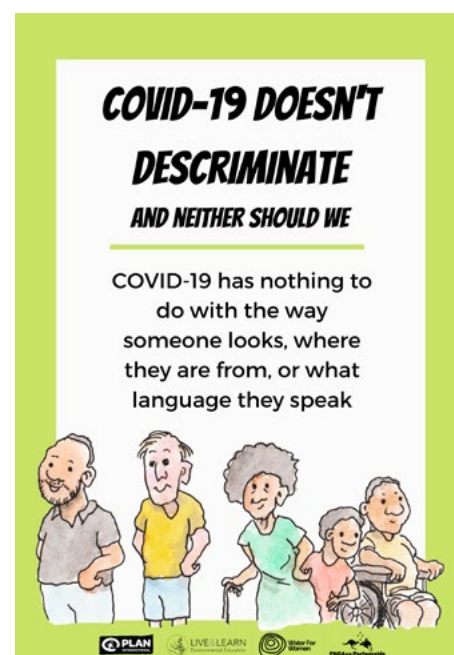
- Focus messaging on the importance of access to WASH for all, including people with disability, as an essential part of containing the COVID-19 pandemic and enabling community and economic activity to be safely reopened.
- Provide disability inclusion training to staff at schools, healthcare facilities and response agencies that deliver WASH services or information.
- Align with the advocacy messages of DPOs, and support them to develop and deliver inclusive WASH messages to key stakeholders.

Make disability explicit in monitoring and learning

Use assessments, data collection and other monitoring and learning processes to understand the experience of people with disability and voice their concerns.

In many contexts, people with disability experience stigma, discrimination or violence which could be exacerbated by WASH and COVID-19 responses.

Use COVID-19 response as an opportunity to influence disability-inclusive WASH policy and programming.



Inclusive COVID-19 awareness IEC's from Plan International and Live and Learn, part of their COVID-19 response pivot in Papua New Guinea

- Adapt data collection processes to deliberately target and enable the participation of people with disability, and address gaps in existing data and evidence.
- Wherever possible, disaggregate data by sex, age and disability and assess how people's experiences of WASH and COVID-19 are impacted by multiple factors such as disability, gender, poverty, ethnicity, etc.

Additional actions for specific WASH and COVID-19 interventions

The guidance below sets out some additional disability inclusion considerations and actions for specific WASH and COVID-19 interventions. These should be applied along with the key actions listed above.

Temporary/rapid WASH response measures

- **Temporary WASH facilities:** Ensure that public handwashing stations or WASH facilities within quarantine camps or emergency clinics can be easily located and used by all people.
- **Hygiene kits and household supplies:** Consider that some people may need additional amounts of hygiene supplies and water. Ensure that any distribution of hygiene kits include enough soap and supplies for managing hygiene, including menstrual hygiene and incontinence products where needed. Arrange for supplies to be delivered to households of people who cannot access distributions.
- **Situational assessments:** Ensure that situational assessments include consultation with a diverse range of people with disability and their representative organisations, as well as an assessment of specific barriers to accessing WASH for these groups.
- **Frontline response agencies:** Provide training on disability inclusion to staff. Integrate disability inclusion approaches within any WASH and COVID-19 procedures or guidance materials being used by response agencies.

WASH behaviour change communications

- **Plan for accessible formats:** Add a design step to arrange multiple formats, translations and accessible formats for the information that you are sharing. Ensure budget and time are allocated for translations, interpreting, etc.
 - Seek the advice of DPOs on the most suitable formats and on how to arrange translations.
- **Adapt hygiene messaging:** Ensure that messaging is relevant to people who have specific WASH needs. Adapt standard messages, or develop separate targeted messages for people with disability and their family members.
- **Use positive/non-discriminatory language and images:** Highlight messages and images that are positive, strengths-based and focused on building resilience for communities as a whole.
 - In images and photos, show people with disabilities in active and positive roles alongside people without disabilities.
 - Avoid shaming people who face barriers to complying with standard COVID-19 hygiene messages.
 - Use hygiene communications to challenge negative assumptions or stigma about disability.
- **Utilise disability networks:** Share hygiene information through DPOs, self-help groups and other organisations that work with people with disability.
- **Involve people with disability:** Recruit people with disability as communicators of hygiene information to the general public or communities that you work with (not just for disability-targeted information).
- **Dissemination strategies:** Consider alternative strategies to deliver information to people who are isolated, or where usual information sharing channels have been interrupted (e.g. due to lockdowns).

WASH in communities

- **Outreach strategies:** Target people who may be more marginalised, including women and girls with disability, people with multiple disabilities and people who are not connected to existing networks. Use local disability networks to help identify and reach individual people with disability.
- **Household access to WASH:** Ask people with disability and any people assisting them with WASH tasks about their WASH practices.
 - Work with them to identify what adaptations may be needed in WASH strategies in order to reduce exposure to COVID-19.
 - Identify existing WASH strategies that may be interrupted due to COVID-19 (e.g. hygiene supply deliveries, access to shared water points/latrines, community support networks). Put in place alternative arrangements.
- Advocate for exemptions to lockdown or social distancing rules to allow social services or informal support practices to continue where these are essential to enable access to WASH. (Make sure Do No Harm principles are applied)
- **Extending social support:** For individuals who normally depend on a personal assistant to support their WASH needs, facilitate conversations about extending the number of people who can assist if the regular assistant or disability support services are unavailable, ensuring individuals with disability are part of those conversations.
 - Consider interim support from other household members or neighbours where formal support services have been interrupted.
 - Seek to engage members of the household who may not normally be expected to take on personal assistance and WASH responsibilities (for example due to gender norms).
- **Train WASH facilitators:** Provide staff and volunteers with basic awareness of disability and inclusive WASH, emphasising the need to reach all community members. Train facilitators to use inclusive communication methods, identify potential barriers to accessing WASH and offer relevant solutions. Recruit people with disability as trainers or WASH facilitators where possible.

WASH in institutions, including schools and healthcare facilities

- **Accessible WASH facilities:** Ensure that additional or temporary handwashing facilities installed within institutions are accessible to all users. Advocate for accessible WASH facilities to be retrofitted as part of any renovations being considered, for example during school closures.
- **Hygiene information and communications:** Adapt any hygiene messages being used within the institution (see section above).
- **Individual hygiene plans:** Where individual users are known (e.g. school students or dormitory residents), develop plans to respond to the specific hygiene needs which an individual may have.
- **Hygiene supplies:** Some people may need additional hygiene supplies such as soap and/or water, particularly if they use their hands to move, navigate or communicate. Handwashing or sanitising may be required at multiple locations, e.g. within a classroom or waiting room, rather than at one central location.
 - Consider providing a personal hygiene kit (with supplies such as soap, sanitiser, menstrual hygiene products and incontinence products where needed) to people with specific hygiene needs, with enough supplies to use while at the facility as well as travelling to and from home.
- **Train staff:** Train staff and volunteers on disability and inclusive WASH, with an emphasis on equality and non-discrimination. Involve people with disability as trainers where possible.
 - Ensure staff know how to communicate with people with disability and are aware of barriers they may face in relation to WASH and COVID-19.
 - Seek to integrate disability inclusion approaches within existing staff guidance, training or information materials.
- **Awareness raising:** Use messaging on 'WASH for all' as an opportunity to raise awareness of disability inclusion among all users of a facility. Integrate disability considerations into school hygiene training curricula, including a focus on not causing shame or stigma relating to hygiene.



In Indonesia, Yayasan Plan International Indonesia's established relationships with DPOs has supported business adaptation to meet their own demand for personal protective equipment. This small business, which employs many people with disability, is now providing masks for Plan to use in communities as part of their COVID-19 response / Photo credit: Plan International Indonesia

Public WASH agencies/service-providers and sector coordination

- **Service continuity/non-interruption:** Advocate for ongoing water and sewage utility connection to be assured to people who have specific hygiene needs or who are at greater risk of exposure to COVID-19, including people with disability (e.g. via arrangement of payment plans, concessions, subsidies, waivers, etc.).
- **Sector advocacy and engagement:** Advocate to sector stakeholders and coordinating bodies for disability inclusive WASH to comprise a core part of COVID-19 responses. Use reliable data, first-hand evidence and direct involvement of people with disability to influence policy and programming. Seek to ensure that disability inclusion is meaningfully addressed within sector-wide guidance or information, including any international materials being adopted nationally.
- **Awareness raising:** Reinforce messaging to sector stakeholders on the importance of access to WASH for people with disability as part of commitments to leave no one behind in COVID-19 response. Provide opportunities for WASH cluster members, government agencies and service providers to learn about disability rights and inclusive WASH. Create opportunities for people with disability to take leading roles as advisors, trainers and facilitators.
- **Links with DPOs:** Support people with disability and their representative organisations to effectively engage in WASH decision-making forums and influence delivery of services. Examples include being represented on national WASH clusters/committees or service-provider stakeholder groups. Where their direct involvement is not possible, seek to understand their concerns and priorities and align your work to these.
- **Links with disability/health agencies:** Encourage WASH agencies to coordinate with agencies responsible for delivering disability services (e.g. health or social services departments). Consider opportunities to share information, provide referrals, jointly distribute essential items beyond WASH supplies, jointly develop training or information materials, etc.



Ernesto, who has a visual impairment, accessing clean water as a result of WaterAid and RHTO's work together in Timor-Leste / Photo Credit: WaterAid / Jafet Potenzo Lopes

References and further reading

ADCAP (March 2020), *Inclusion of older people and people with disabilities (COVID Guidance)*

<https://spherestandards.org/wp-content/uploads/ADCAP-covid-guidance-2020.pdf>

Humanity & Inclusion (April 2020) *Tip sheet: How to make your COVID-19 WASH response more inclusive of persons with disabilities in Somalia*

<http://www.did4all.com.au/Resources/Somalia%20Disability%20Inclusive%20COVID-19%20WASH%20tip%20Sheet%20HI%20042020%20Eng%20V.pdf>

Institute of Development Studies (April 2020)

Handwashing Compendium for Low Resource Settings: A Living Document

<https://www.ids.ac.uk/publications/handwashing-compendium-for-low-resource-settings-a-living-document/>

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UNICEF (March 2020) *Risk Communication & Community Engagement for COVID-19-Engaging with Children and Adults with Disabilities*

https://www.unicef.org/disabilities/files/Risk_Communication_-_Engaging_with_Children_and_Adults_with_Disabilities_for_COVID-19.docx

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Acknowledgements

This Guidance Note was authored by Asahel Bush, Teresa Lee and Cristy Gaskill from CBM Australia, Disability Inclusion Advisors to Water for Women Fund. Thanks to Joanna Mott, Phoebe Mack and Chelsea Huggett for their contribution to this document.

The guidance in this document is based on evidence emerging from the first one to two months of the global COVID-19 response, as well as evidence of pre-existing barriers to WASH for people with disability – many of which have been exacerbated or complicated by the global pandemic. This guidance note is intended to help agencies identify key considerations and entry points for action. However, implementation of these points should involve more detailed and contextual analysis and planning. The guidance in this document should be used to complement and guide the adaptation of other available sector-specific guidance, noting that most WASH and COVID-19 guidance released to date does not comprehensively consider or address disability inclusion.

Water for Women is Australia's flagship water, sanitation and hygiene (WASH) program supporting improved health, equality and wellbeing in Asian and Pacific communities through socially inclusive and sustainable WASH projects. Water for Women is delivering 18 WASH projects in 15 countries together with 11 research projects over five years (2018-2022).



Find out more at
waterforwomenfund.org