



Inclusion Task Force
Yemen

TIPSHEET

Ensuring WASH Responses in Yemen are Inclusive of Persons with Disabilities

During the current phase of the COVID-19 response the needs and rights of persons with disabilities, older persons, and those with chronic illnesses need to be considered. Thus this Tip Sheet was developed to serve that purpose while ensuring compliance on the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.

This tip sheet provides an overview of the factors that may put persons with disabilities at heightened risk in the COVID-19 pandemic and proposes actions ensuring disability inclusive WASH Response.



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WHY DOES DISABILITY INCLUSION MATTER IN THE WASH RESPONSE?

Access to clean and safe drinking water remains crucial to the health and survival of 17.6 million people in Yemen.

WASH needs remain substantially high due to the increasing number of displaced people as a result of the escalation of conflict, natural disasters, food insecurity, and epidemic outbreaks.¹

The 5 years conflict has created conditions that contribute to disease outbreaks, including cholera, diphtheria, measles, and dengue fever. Suspected Cholera/AWD cases has reached two million people since 2016 (EdEws, MoPHP)

Report shows that 86% of people with disabilities experience problems in accessing WASH services². This requires the WASH partners to consult persons with disability and their organizations, in collecting and analyzing data to understand, plan, and implement proper and adequate response to support the specific needs of persons with disabilities.

Persons with disabilities face barriers to accessing essential health services and WASH facilities due to physical and institutional barriers; lack of accessible public transit systems; limited capacity of health workers to communicate and work with persons with disabilities, plus the fact that only 51% of health centers are fully functional in the country.

Provision of safe, inclusive, and accessible WASH ensures everybody benefits from improved health outcomes, enhances the protection of people with disability, reduces the workload of families in caregiving tasks, and reduces the rate of acquiring and spreading of disease.

WHAT ARE THE KEY CONSIDERATIONS TO ADDRESS THE IDENTIFIED RISKS?

A. For WASH Actors:

- **Data Collection, Analysis, and Planning** – In collecting data and directly reaching out to persons with disabilities and to their families, and organization of persons with disabilities, it is necessary to use a format of communication accessible to them.
- Ensure disaggregated individual data by disability as well as sex and age. It is recommended to use the Washington Group questionnaire in the identification of barriers and risks of persons with disabilities in accessing water, sanitation, and hygiene services and ensure that IPC and PPE measures are in place.
- **Design or adapt accessible water, hygiene and sanitation³** facilities (such as water pump; hygiene kits and handwashing stations) and install them to be safely accessible to persons with disabilities including in IDP camps. Strive to design or adapt at least 15% of all facilities according to universal accessibility standards.
- Introduce special arrangements for person who have difficulty accessing water collection points or distribution points eg. Community mobilisation, home/mobile distributions, youth groups.
- **Train frontline** workers on disability inclusion and non-discrimination. Set-up accessible modalities for distributions, such as door-to-door and delivery through a proxy respecting protection measures.
- **Set up a referral system** for easy identification and access to WASH services for HH/individuals with disabilities or a fast-track system for caregivers of children with disabilities and people with disabilities to access water.
- **Establish a disability focal point** within the WASH program team to ensure that disability inclusive and targeted approaches and activities are followed through. Establish mechanisms to give priority to person with disability so they don't wait for long time
- **Allocate budget** for accessibility requirements, accessible sensitization and information campaigns, additional supplies of water, and hygiene items to households with persons with difficulties in self-care or moving around.
- **Establish collaboration with health actors**, to reach out to networks of persons with disabilities to establish protocols for proper hygiene and sanitation practices for persons with disabilities in isolation, quarantine, or at community and household levels.
- **Facilitate remote monitoring** to follow up and assess the disaggregate relevant indicators relating to accessibility and participation persons with disabilities to COVID WASH response.

¹ <https://www.unicef.org/yemen/water-sanitation-and-hygiene>

² <https://reliefweb.int/report/yemen/yemen-2019-humanitarian-needs-overview-enar>

³ See IASC Disability Inclusion Guidance Chapter 18 on inclusive WASH guidance, page 177 onwards for more details on standards and resources on inclusive designs

- **Ensure feedback and complaint mechanisms** are accessible to persons with disabilities to ensure non-discriminatory attitudes and identification of particular risks and barriers.
- **Collaborate with organizations** of persons with disabilities to ensure all hygiene awareness messages on COVID-19 are delivered in accessible formats and are sufficiently diverse.
- **Plan for additional support mechanisms** to caregivers of persons with disabilities.
- **Identify those persons with disabilities who are hard to reach and isolated.**
- **Consider adaptive programming** with COVID-19 for identifying and reaching our person with disabilities and the distribution of necessary and specific needs.

B. For Frontline Workers and Disability Advocates:

- Ensure consultation with and representation and active engagement of persons with disabilities when design and implementation of programs and activities. Use relevant communication facilities like mobile phone, different social media when engaging with persons with disabilities during planning, distributions, and installation of hand-washing stations and other WASH services.
- During community interventions, share messages on the rights of groups at risks, including men, women, boys and girls with disabilities, and how to ensure their protection and equal access to WASH services and facilities.
- Facilitate access and safe use of handwashing facilities by persons with disabilities and provide them support, as needed, in collecting water and hygiene supplies.
- Install distributions and hand-washing stations, latrines and bathing facilities close to and accessible for persons with difficulties to move around and ensure consultation with persons with disabilities before installation.
- Provide additional supplies of water, soap, and detergents to households who have persons with disabilities, to clean and sanitize their assistive devices.
- Particular attention should be paid to ensuring the cleanliness of soiled floors and seats of the latrine facilities as some people may find it difficult to maneuver around it.
- If people are paid to clean the latrines, then they should be trained to be aware of the particular cleanliness needs of these facilities. If there are family latrines, then particular Paritipatoty Hygiene Promotion- PHP efforts should be made with the family members to ensure cleanliness.
- Persons with disabilities should have the option for authorized caregivers to represent the person with disabilities in claiming and receiving relevant supplies, ensuring there are adequate safeguards and post-distribution monitoring.
- Infection Prevention Control-IPC measures to be put in place while facilitating door to door health and hygiene promotion activities.

Annex: Guidance on sourcing online training for the application of Washington Group Questions

1. Visit this site: <https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action>
2. Scroll down to this section:

Learning Toolkit

► **E-Learning: Collecting Data for the Inclusion of Persons with Disabilities in Humanitarian Action – The Application of the WGQs**

(Available in 4 languages – English, French, Arabic, and Spanish.)

This 2-hour course has been designed to support humanitarian programme staff understand, plan for and use the WGQs to identify persons with disabilities in humanitarian action. With case studies, practical examples and a wealth of supporting resources, the e-learning is an essential entry point for all programme staff interested in understanding more about how to use the WGQs.

The e-learning is available on:

► disasterready.org (you first need to [sign up for an account](#))
[French] [Arabic] [Spanish]

► kayaconnect.org (accessible for mobile phones and tablets)
[French] [Arabic]

3. Select 'Arabic'
4. Follow the prompts which includes setting up a Disaster Ready or Kaya connect account
5. Field workers should complete the first two modules (1 hour maximum). Project officers, program managers and senior staff should complete all 4 modules (2 hours maximum).

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