

This tip sheet provides an overview of the factors that may put persons with disabilities at heightened risk in the COVID-19 pandemic and response in humanitarian settings; and proposes actions to address these risks within the COVID WASH response. This note draws on [the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#), [SODEN Statement on how COVID-19 is affecting persons with disabilities in Somalia](#) and the practical field experience of HI and collaborating partners in Somalia. All sources were reviewed and applied to the COVID-19 response in the form of a tip sheet for WASH actors.

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. This document shares practical tips on how to identify and reduce the risk faced by these groups by designing and delivering a more inclusive WASH response in poor urban and internally displaced settings.

WHY DOES DISABILITY INCLUSION MATTER IN THE COVID WASH RESPONSE?

Persons with disabilities in Somalia are known to be at increased risk in the COVID-19 pandemic as they face higher exposure rates¹, see underlying health conditions exacerbated and face various attitudinal, environmental and institutional barriers to participate in and benefit from the pandemic response. Inadequate and inaccessible WASH facilities and equipment's, such as handwashing stations and hygiene kits, leads to inadequate access to protective measurements, and proper hygiene practices, leading to underlying health conditions might be exacerbated.

The Somali Humanitarian response plan (HRP) 2020 has a key priority on ensuring WASH interventions meet the needs of persons with disability². This requires WASH partners to meaningfully consult persons with disability and their organizations, collect data on persons with disabilities, including on the barriers and risks they might face while accessing WASH facilities and services. All frontline staff should have basic sensitization on the risks and barrier men, women, boys and girls with disabilities face and how to address those.

Barriers faced in accessing health prevention and response

Physical barriers: Persons with disabilities might face additional barriers to protect themselves, such as using handwashing stations that are not accessible (too high, too low, not adapted taps), regularly washing hands and/or cleaning the environment, including sanitation facilities without adjusted universal design, facilities in proximity to household, adapted equipment and/or support.

Communication barriers: Public health campaigns and hygiene promotion messages might not reach persons with disabilities without door-to-door campaigns or 1:1 risk communication modalities, or might not display sufficiently persons with disabilities along their peers without disabilities, and not be accessible to people with disabilities due to lack of diverse communication modalities (such as lack of sign language, Braille, and/or plain language), leading to limited knowledge on risks and how protect themselves and others and access services.

Attitudinal barriers: People with disabilities and those facing underlying health conditions, often encounter stigma and discrimination at family and community level, negatively affecting mental health

¹ World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality

² <https://reliefweb.int/report/somalia/somalia-humanitarian-response-plan-2020-january-2020>

and wellbeing as well as access to water, sanitation and hygiene services. Stigma and misperceptions might lead to in-effective outbreak control as it is associated with challenges adopting healthy behaviors and increasing transmission.

Institutional barriers: Lack of reasonable accommodation³ and universal design⁴ of WASH facilities and products (such as design of handwashing stations and hygiene kits; no sensitization and training of staff on disability inclusion and non-discrimination (such as how to adapt hygiene messages to diverse groups and communicate with persons with difficulties speaking, hearing, seeing, understanding etc.); lack of meaningful participation with persons with disabilities and representative organizations.

KEY CONSIDERATIONS TO ADDRESS IDENTIFIED RISKS: RECOMMENDATIONS FOR PROGRAMMERS

Needs assessment, analyses and planning

- **Collect data on persons with disabilities during the needs assessment, by directly reaching out to persons with disabilities** and their families, and organization of persons with disabilities⁵; **disaggregate individual data by disability** (using [Washington Group short set of questions on disability](#)⁶); identify barriers and risks persons with disabilities face in accessing water, sanitation and hygiene services (for example women and girls with disabilities facing protection issues to access facilities).

Design and implementation of WASH programs

- **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, responding to the needs of men, women, boys and girls with disabilities of different ages. The messages are disability inclusive and represent different types of disability, highlighting people's capacities rather than their challenges. Use plain language, pictograms/symbols, color contrast. Depict persons with disabilities in a positive manner
- **Plan for additional support mechanisms to care givers of persons with disabilities and plan reach-out action to locations where adults and children with disabilities might be reside**, such as institutions, residential care centers, confined at home, to provide protection from outbreaks. Directly distribute hygiene items through organizations of persons with disabilities to ensure

³ Reasonable Accommodation is an individual measure that benefits a specific person – but may also bring wider benefits. For instance, a path that is made accessible for one person can subsequently be used by many. The same may be true of changing the procedure for obtaining cash transfers, reorganizing food distribution methods, or reorganizing work to meet the needs of a colleague with a disability. IASC Guideline on Disability Inclusion 2019, see for examples, Annex 1: Providing reason-able accommodations, page 189 of the Guideline

⁴ Universal design is the design building, products or environments to make the accessible to our people regardless of disability, age, disability all other factors and reasonable accommodation is the measures that benefit the accessibility needs of an individual person which others may also benefit. It's done to overcome the barriers with the objectives to ensure that persons with disabilities enjoy equitable and access in case universal accessibility of services is not provided.

⁵ See initial list of contacts of organizations with disabilities at the end of the document.

⁶ Contact HI for Somali translation of the Washington Group Set of Questions.

persons with disabilities can access soap, water, Jerry cans, buckets and other hygiene items and know how to use them.

- **Design accessible water, hygiene and sanitation facilities and install them close to persons with disabilities⁷** (such as water pump; hygiene kits and handwashing stations). Strive to design at least 15% of all facilities according to universal accessibility standards. Collaborate with health actors and organizations of persons with disabilities to provide technical aids for reasonable accommodation or install home-based solutions (e.g. household, individual latrine, commode chair, bed pan, urinary flasks, portable ramps, rails and/or grab bars)
- **Train frontline workers on disability inclusion and non-discrimination, at minimum inclusive communication and employ persons with disabilities.** Set-up accessible modalities for distributions, such as door-to-door and delivery through a proxy respecting protection measures.
- **Budget for accessibility requirements, accessible sensitization and information campaigns, additional amounts of water, soap and/or other hygiene items** to households with persons with difficulties in self-care or moving around (e.g. for cleaning regularly the environment or their assistive devices and conduct hygiene care). Target those households proactively through networks of persons with disabilities⁸.
- **In collaboration with health actors, reach out to networks of persons with disabilities and disability specific actors to establish protocols for proper hygiene and sanitation practices** for persons with disabilities in isolation, quarantine, or at community and household levels

Monitoring and evaluation

- **Disaggregate relevant indicators to assess access and participation of persons with disabilities to COVID WASH response.** For example, the number of handwashing stations installed according to universal design standards; the % of households with persons with disabilities receiving a hygiene kit; the number of hygiene awareness sessions; the number of households who received individual solutions to ensure protection and access to WASH (referral; assistive devices).
- **Monitor access barriers and risks faced by persons with disabilities in accessing assistance, or staying safe and healthy:** Engage persons with disabilities in WASH and protection committees, during spot checks, post-distribution monitoring.
- **Ensure feedback and complaint mechanisms are accessible to 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 identification of particular risks and barriers.

⁷ See IASC Disability Inclusion Guidance Chapter 18 on inclusive WASH guidance, page 177 onwards for more details on standards and resources on inclusive designs

⁸ See Contact List at end of document.

RECOMMENDATIONS FOR FRONTLINE STAFF, INCLUDING HEALTH AND HYGIENE PROMOTORS

- **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, and address their concerns, risks and barriers
- **During community interventions, share messages on the rights of groups at risks, including men and women with disabilities** and how to ensure their protection and equal access to WASH services and facilities
- **Facilitate access and safe use of hand washing, access water, soap, bucket etc. by reaching out door-to door, mobilizing transportation gear** (wheelbarrows); Liaise with community members or volunteers to support persons with disabilities in WASH water distribution points in collection of water, distribution of carrying and use of hygiene kits and reach out to reach out to areas where adults and children with disabilities might be located, such as institutions, residential care centers, prisons, special education schools, confined at home
- **Install distributions and handwashing stations close to and accessible for persons with difficulties** to move around, consult persons with disabilities prior to installation
- **Provide additional amounts of water, soap and detergents to households who have persons with mobility difficulties women and girls with disabilities, persons with disabilities who may need to sanitize their assistive devices** and age-related hygiene needs. Provide information on how hygiene and sanitation practices, waste disposal and cleaning of environment and assistive devices can be conducted safely, respecting protective measurements
- **Visit regularly the WASH facilities, stations to monitor easy and safe use.** Report and address barriers that might hinder equal access, such as physical access barriers/ concerns for safe use/
- **During distributions, install priorities lanes/ fast-track systems for those with difficulties** to wait for long service times and adapt service time to accommodate
- **During health and hygiene promotion activities, invite persons with disabilities in community sessions, and conduct door-to-door respecting protective measurements.** Approach persons with disabilities directly, and use inclusive communication techniques: speak slow, directly facing person at eye-height; use plain language and simple instructions; request support from care-givers and family members to ensure all information is fully understood and accessible.

For more...

Information, feedback and/or recommendation on Inclusion &/or Connecting with organizations below contact Humanity & Inclusion (HI): Inclusion Technical Advisor: Paul Mugambi, p.mugambi@hi.org, shamgpaul@gmail.com and Inclusion Officer: Mohamed Haji, m.haji@hi.org Contacts of Organizations of Persons with disabilities and disability specific organizations, a list under development (04/2020):

Organization Name	Email Address
Somali Union for the Blind	somaliunionfortheblind@gmail.com
Somali National Disability Council	ndc.somalia@gmail.com
Somali Women Disability	uwd01@hotmail.com
Disability Aid Foundation	awad@daf.so
Somali Association Female with Disability	safdi.somalia@gmail.com
National Disability Cluster	somali.disability.cluster@gmail.com
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Somali Association for the Deaf	sonad.deaf@gmail.com
Somali National Association of the Deaf	sonaddeaf@gmail.com
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Somali Disability Journalists Association	shaaciye011@gmail.com
Somali Disability & Empowerment Organization (SODEN)	info@somalidisability.org
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This project is supported by the German Federal Foreign Office

