

MAKE IT COUNT:

Guidance on disability inclusive WASH programme data collection, monitoring and reporting



© United Nations Children's Fund (UNICEF), 2021

Suggested citation: United Nations Children's Fund, *Make it Count: Guidance on disability inclusive WASH programme data collection, monitoring and reporting*, UNICEF, New York, 2021.

General disclaimers: The designation employed and the presentation of the materials in this publication do not imply the expression of any opinion whatsoever on the part of UNICEF concerning the legal status of any country, territory, or area, or of its authorities or concerning the delimitation of its frontiers or boundaries. While this publication outlines UNICEF's approach to programming, statements in this document do not imply or constitute official opinions or policy positions of either the United Nations or UNICEF.

Editing and proofreading by Green Ink, United Kingdom.

Design and layout by Big Yellow Taxi, Inc.

Cover photo credit: © UNICEF/UNI346106/

Photo description: Hashim, 14 years old, who has an intellectual disability, is assisted by his mother as he uses a newly built disability accessible latrine next to his home in Camp 16, Balukhali refugee camp in Cox's Bazar, Bangladesh, on 14 November 2019.

This guidance is intended to be updated as new evidence and programme experiences are generated. For more information on this publication or to share your experiences on disability inclusive WASH programme, please contact: Bisi Agberemi, WASH Specialist, UNICEF New York, bagberemi@unicef.org

Table of Contents

Acknowledgements	5
Acronyms	6
Highlights	8
1 Introduction	10
1.1 Purpose	10
1.2 Target audience	11
1.3 Structure	12
2 Disability data	13
2.1 Why are disability data important?	13
2.2 Types of disability data	15
2.3 Disability disaggregated data	17
2.4 Disability relevant data	19
2.5 Disability sensitive data	19
3 Principles	20
3.1 Identification and removal of barriers to participation and inclusion	20
3.2 Participation	23
3.3 Ethical considerations	26
3.4 Terminology	28
3.5 Accessibility of processes, information and reports	28

4	Disability inclusive steps	32
4.1	Step 1: Developing a results framework and identification of indicators	34
4.2	Step 2: Reviewing existing disability WASH data and data sources	36
4.3	Step 3: Design of data collection tools	40
4.4	Step 4: Preparing for data collection	45
4.5	Step 5: Data collection	46
4.6	Step 6: Data analysis and verification of analysis	49
4.7	Step 7: Reporting	50
5	Conclusion and recommendations	56
	Glossary	58
	Annexes	61
	Annex A: Examples of disability inclusive WASH indicators	61
	Annex B: Disability Inclusive WASH in UNICEF internal reporting	75
	Annex C: Checklist on disability inclusion and accessibility in WASH programmes	80
	Endnotes	83

Acknowledgements

The guidance, *Make It Count: Guidance on disability inclusive WASH programme data collection, monitoring and reporting*, was developed by Megan Tucker, consultant, with contributions and overall guidance from Bisi Agberemi, UNICEF WASH Specialist.

Colleagues from UNICEF country offices, regional offices and headquarters made substantial contributions to the development of this guidance and the authors extend sincere gratitude to: Claudia Cappa, Tom Slaymaker and Ayca Donmez (Data & Analytics); Khumbuzile Zuma (Eastern and Southern Africa Regional Office); Nicole Klaesener-Metzner (South Asia Regional Office); Fredrik Asplund (Guinea-Bissau); Jan Svoboda (Jordan); Jorge Alvarez-Sala, Janita Bartell, Niall Boot, Anu Paudyal Gautam, Guy Hutton, Kelly Ann Naylor and Ann Thomas (WASH); and Rosangela Berman Bieler (Disability).

This publication was developed under the Norway-UNICEF Disability Partnership Framework and UNICEF extends its thanks and appreciation to the Norwegian Agency for Development Cooperation for their support.

Acronyms

CBM	Christian Blind Mission
COAR	Country Office Annual Report
COVID-19	Coronavirus Disease of 2019
DHS	Demographic Health Survey
ELRHA	Enhancing Learning and Research for Humanitarian Assistance
EMIS	Education Information Management Systems
ePub	Electronic Publication
ICF	International Classification of Functioning, Disability and Health
ISO	International Organization of Standardization
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MHH	Menstrual Health and Hygiene
OPD	Organization of Persons with Disabilities
PIDB	Programme Implementation Database
RAM	Results Assessment Module
RWSN	Rural Water Supply Network
SDG	Sustainable Development Goal
SitAn	Situation Analysis
SMQ	Strategic Monitoring Question
ToR	Terms of Reference

UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDIS	United Nations Disability Inclusion Strategy
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
W3C	World Wide Web Consortium
WG	Washington Group on Disability Statistics
WG-ES	Washington Group Extended Set of Questions
WG-SS	Washington Group Short Set of Questions
WG-SS Enhanced	Washington Group Short Set of Questions Enhanced
WHO	World Health Organization

Highlights

Persons with disabilities face significant barriers to accessing water, sanitation and hygiene (WASH). Often these barriers remain unidentified, and the impact of WASH programmes on persons with disabilities is not measured as WASH monitoring processes are not designed to collect disability data. If persons with disabilities remain invisible in WASH data, they are more likely to be overlooked in WASH policies and programmes.

The purpose of this guidance is to support the development of disability inclusive WASH data collection, monitoring and reporting. This guidance contains approaches and tips to collect disability data that can identify persons with disabilities and define their barriers to WASH, and monitor and report the results and impact of WASH programmes for persons with disabilities.

All WASH sector actors, even those who are not disability specialists or experts, can contribute to strengthening disability data. This guidance provides practical information, actions and examples to follow.

The following five principles (see Section 3) should be considered in all WASH monitoring processes:

1 Identify and remove barriers to the participation of persons with disabilities in WASH data collection, monitoring and reporting.

2 Persons with disabilities should be provided with opportunities to participate in WASH monitoring processes.

3 Ensure that all WASH data collection and monitoring processes are ethical and have disability inclusive safeguarding practices in place.

4 Use positive terminology when talking to and reporting on persons with disabilities.

5 Consider the accessibility of data collection processes, information generated and reports; produce key reports in accessible formats (see Glossary).

Some of the key approaches presented in this guidance include:

Partnership: Establish and foster partnerships with organizations that

have expertise in disability, including Organizations of Persons with Disabilities (OPDs), civil society organizations and disability service providers.

Data collection tools: Use data collection tools that take a functional approach, such as the data collection modules developed by the Washington Group. These tools ask survey participants if they have difficulties functioning across different domains – see Table 5 for a list of recommended tools.

Reporting on number of persons with disabilities:

The decision tree, Figure 5, can help to determine, in a given context, if it is possible to report on the number of persons with disabilities reached by the WASH programme.

Use of estimates: WASH programmes are often community- or district-wide and may rely on population data to report on beneficiaries reached. There are some important criteria that should be met when using population data and estimates to report on persons with disabilities – see Box 8.



Hafisa Salisu, 16 years old, washes her hands at a latrine block at Bungudu Primary School in Bungudu, Nigeria. New latrines and handwashing stations were built to accommodate children with disabilities, part of a programme to improve sanitation in schools.

1

Introduction

There are at least 1 billion persons with disabilities globally.¹ For persons with disabilities, inaccessible sanitation facilities can cause accidents and injuries as well as reducing dignity and increasing stigma.² Inaccessible water and sanitation facilities can lead to children and women with disabilities defecating or managing their menstruation in poorly lit and secluded areas, leading to increased risk of abuse and exploitation.³

Children with disabilities face barriers to attending school when water and sanitation facilities in schools are not accessible to them. In addition, information on handwashing, menstrual health and hygiene and other water and sanitation services may not be in formats that persons with disabilities and caregivers with disabilities can understand.⁴

Persons with disabilities have the same rights as any other person, including to water, sanitation and hygiene (WASH). Sustainable Development Goal (SDG) 6, which promotes access to water and sanitation for all, requires that persons with disabilities access WASH to ensure that “no one is left behind.” To achieve SDG 6, WASH programmes need to be disability inclusive and disability accessible (see Glossary). Persons with disabilities have often been invisible in society as well as within WASH data, which makes them more likely to be overlooked in WASH policies

and programmes. Collecting data that are disaggregated by disability, but also are sensitive to, and relevant for capturing the specific issues faced by persons with disabilities enables WASH programmes to be designed to meet the needs of persons with disabilities and overcome barriers to access.

1.1 Purpose

The purpose of this guidance is to support the development of disability inclusive WASH data collection, monitoring and reporting. The aim is to strengthen the collection of disability data to inform evidence-based WASH programmes that can identify persons with disabilities, define their barriers to WASH, and monitor and report the results and impact of WASH programmes for persons with disabilities.

There is growing recognition within the WASH sector that programmes should collect disability data and monitor the

impact of WASH services on persons with disabilities. However, persons with disabilities are often excluded from data collection exercises. Reasons for this include lack of awareness and capacity among both WASH and monitoring and evaluation (M&E) actors, lack of guidance on disability data collection, inadequately designed surveys or data collection methodologies and lack of budget for disability inclusion and accessibility. This guidance addresses these challenges and provides guidance and tips for disability inclusion in each step of the monitoring process.

Examples are provided throughout to demonstrate that it is possible to develop participatory, disability inclusive and accessible data collection, monitoring and reporting processes that generate accurate and

meaningful data to strengthen WASH programmes. However, there is a need to document more examples of good practice in disability inclusive WASH data collection, monitoring and reporting, especially with regards to participatory approaches. The guidance has included illustrative examples where possible, but these may lack detail in some instances.

The guidance, including the examples, will be updated and revised based on feedback on its application and as UNICEF and partners' work on disability WASH data develops.

1.2 Target audience

All WASH sector actors, even those who are not disability specialists or experts, can contribute to strengthening disability data collection, monitoring and reporting. This



In Rwanda, a UNICEF staff member talks to a girl with a disability.

© UNICEF/UN0410223/LE VU

guidance provides practical information, actions and examples to start addressing disability data in WASH programmes.

This guidance is primarily intended for people designing, implementing and monitoring WASH programmes at the national, subnational and programme levels. This includes UNICEF staff and partners, including but not limited to governments, external support agencies and civil society organizations. While the guidance is specific to the WASH sector with actions and examples taken from WASH programming, many of the principles and actions can be more broadly applied to data collection, monitoring and reporting in other sectors.

1.3 Structure

The guidance is designed to be practical, providing actions and examples that can be adapted and applied to WASH programmes in any context. Following the introduction (Section 1), Section 2 of the guidance provides an overview of the types of disability data and why disability data are important to WASH programmes. Section 3 outlines key principles that are applicable to any WASH data collection, monitoring and reporting process. Section 4 describes each step of the WASH monitoring process and provides key actions on how to ensure these steps are disability inclusive. The glossary and annexes provide further information on disability inclusive data collection, monitoring and reporting.

BOX 1:

Disability definition

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.⁵

There are five broad categories of impairments:

- ✓ Hearing impairments – deafness and hearing loss;
- ✓ Visual impairments – blindness and low vision;
- ✓ Psychosocial impairments – mental health conditions;
- ✓ Developmental and intellectual impairments – varying degrees of limitations on intellectual functions;
- ✓ Physical impairments – partial or total limitations in mobility.⁶

See Glossary for more information.

2 Disability data

2.1 Why are disability data important?

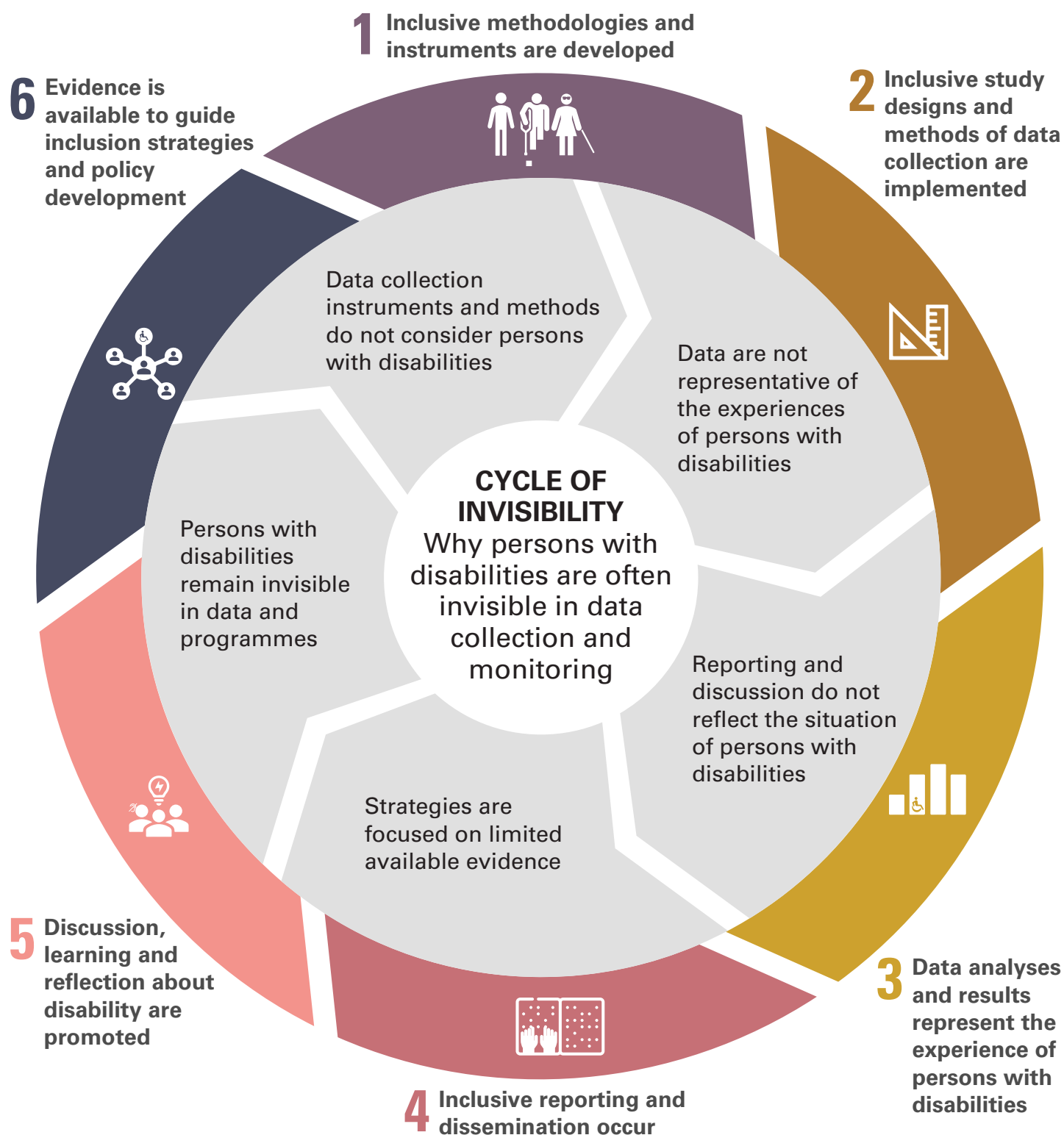
Disability disaggregated WASH data and disability data that are sensitive to and relevant for persons with disabilities are critical to understand the barriers persons with disabilities face when accessing WASH services and to determine if WASH programmes are reaching them and if they are effective at meeting their WASH needs.

If persons with disabilities remain invisible in WASH data, they are more likely to be overlooked in WASH policies and programmes. They will be left behind and will not benefit from progress made in WASH in development and humanitarian contexts. The UNICEF brochure [Producing Disability-Inclusive Data: Why it matters and what it takes](#) outlines how to break the cycle of invisibility for persons with disabilities.



Rajuma, 6 years old, uses a disability accessible latrine in a learning centre in Camp 16, Balukhali refugee camp in Cox's Bazar, Bangladesh, 14 November 2019. Rajuma was born with a physical disability that prevents her from walking far or to stand for too long.

FIGURE 1. Breaking the cycle of invisibility in data related to persons with disabilities⁷



Disability inclusive data are the key to eliminating discrimination on the basis of disability and accelerating global efforts towards inclusive programming.⁸

However, a rapid review of the inclusion of persons with disabilities and older persons in humanitarian WASH interventions found that standard data collection and disaggregation processes were not systematically implemented

by WASH actors. There were limited examples of the collection and use of sex, age and disability disaggregation data to inform programming and monitor WASH access and outcomes. The review also highlights a gap in monitoring and documenting inclusive interventions.⁹

2.2 Types of disability data

Disability data may be quantitative or qualitative (see Table 1).



© UNICEF/UNI309975/PRINSLOO

Fatima, 20 years old, sits near a disability accessible toilet, installed by UNICEF at the Ndjenja Resettlement camp, Mozambique.

TABLE 1. Types of disability data¹⁰

	Quantitative data	Qualitative data
What is it?	Data that expresses quantities, amounts or ranges recorded as numbers. ¹¹	Data that expresses qualities or characteristics, usually thorough descriptive narratives. ¹²
Why collect it?	Determine the scope and scale in numbers of disability inclusive and accessible WASH. Disability quantitative data provides generalizable facts based on prior hypotheses.	Understand the richness of the lives and WASH experiences of persons with disabilities through their own descriptions or observations. Disability qualitative data provides in-depth insights.
Examples	Number of persons with disabilities (in community, district, region, state, country, etc.). Numbers of persons with disabilities benefiting from WASH programme. Number of accessible (or inaccessible) WASH facilities.	Persons with disabilities' descriptions of barriers to accessing WASH and WASH priorities. Analysis of WASH policies and national standards. Feedback through focus group discussions on the most effective WASH interventions and the impact of WASH programmes.
Potential sources	Censuses, household surveys such as Multiple Indicator Cluster Survey (MICS) or Demographic Health Surveys (DHS), administrative data, programme monitoring data (e.g., from accessibility audits).	Focus group discussions, key informant interviews, analytical exercises, structured observations, demonstrations, text or visual analysis.
	Knowledge, Attitudes and Practices (KAP) surveys can be both quantitative and qualitative.	

2.3 Disability disaggregated data

Disaggregated data are data broken down into subgroups. Comparing the data from each subgroup can determine the different situations and experiences of the subgroups.¹³

BOX 2:

Disability disaggregated data are mandated by the United Nations Convention on the Rights of Persons with Disabilities

Article 31 of the [United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#) requires that appropriate statistical and research data information be collected and disaggregated to identify and address the barriers faced by persons with disabilities.¹⁴

Data can be disaggregated in different ways. WASH data tends to be disaggregated by:¹⁵

1 Geographic characteristics, such as country, rural, urban, peri-urban, informal settlement, areas affected by conflict or humanitarian crises.

2 Socioeconomic characteristics, such as wealth, education, ethnicity, religion, language, migratory status.

3 Individual characteristics, such as disability, age, sex¹⁶ and gender¹⁷ (see Glossary).

These different categories of disaggregation are measured in different ways. Categories 1 (geographic characteristics) and 2 (socioeconomic characteristics) are typically collected at the household level. For category 3, individual characteristics, the data are collected and measured at an individual level.



In Armenia, UNICEF renovated and refurbished the kindergarten, so that children with disabilities can attend and simultaneously receive rehabilitation services.

© UNICEF/UN0416527/MARGARYAN

Any data collection exercise that gathers WASH information about individuals should be designed to collect disability disaggregated data (see Box 3). The data can be

disaggregated by one or more of the above categories. For example, the number of people accessing a WASH service could be disaggregated by age, gender and disability.

BOX 3:

Limitations with disaggregating WASH data by disability – household level data

One of the challenges to disaggregating WASH data by any of the individual characteristics, such as disability, age, sex and gender is that WASH data are typically collected at a household level. WASH surveys tend to focus on data collection at the household level due to budget, time and the scale of surveys. This presents a significant limitation. A programme may be able to identify if a household has person with a disability, however household level data can't tell us if that person has access to WASH. For example, data on number of households with a latrine on premises do not tell if the latrine is accessible for the person with a disability.

When designing a disability inclusive WASH programme, consider the following:

- ✓ What data are available?
- ✓ Are the data collected at the household or individual level?
- ✓ In results frameworks, include indicators that can feasibly be disaggregated, i.e., that measure change at the individual, rather than household level. Include disability specific indicators (see Annex A).
- ✓ The monitoring system should include a method to collect data at the individual level (see Section 4.3).
- ✓ If a WASH programme is collecting data at the household level, identify households that have persons with disabilities. Follow up with these households on an individual basis for specific disability data or hold focus group discussions inviting persons with disabilities from these households.

For more tips on designing disability inclusive monitoring systems for WASH programmes, see Section 4.

Disaggregation should be considered in the early stages of programme design to ensure the appropriate tools, methodologies and questions are included in the data collection methodology (see Section 4).

2.4 Disability relevant data

Certain information may be of particular relevance for persons with disabilities, in light of the specific barriers they face or their lived experiences. It is well known that girls with disabilities encounter increased challenges in managing their menstruation in school due to accessibility constraints; data on disability-accessible WASH facilities in schools are therefore relevant to documenting the situation of girls with disabilities and in identifying entry-points for intervention.

2.5 Disability sensitive data

Disability sensitive data capture the barriers faced by and needs of persons with disabilities. While WASH data may be disaggregated by disability, it may not actually be sensitive to persons with disabilities.

For example, the Multiple Indicator Cluster Survey (MICS) collects data on the percentage of people living in a household with improved sanitation not shared with other households and located on the premises. These data can be disaggregated by disability; for example, in Bangladesh 57 per cent of children with disabilities aged 2 to 17 years live in a household with improved sanitation not shared with other households and located on the premises.¹⁸ These data are relevant, because when persons with disabilities have improved sanitation on the premises, they do not have to travel far or navigate through the community to access a latrine, which may be very challenging if not impossible. However, such data are not disability sensitive as the definition of improved sanitation does not include whether the sanitation facility on the premises is accessible and suited to the needs of persons with disabilities. These data also do not indicate whether the household member with a disability has equitable access and use of the improved sanitation facility on their premises.

3

Principles

The principles outlined below should be considered and integrated into all stages of data collection, monitoring and reporting, from conducting baseline studies to development of results frameworks, programme monitoring and evaluations.

3.1 Identification and removal of barriers to participation and inclusion

Exclusion and discrimination of persons with disabilities and their families arises from a lack of understanding and knowledge of the causes of disability and fear of difference, as well as negative cultural, religious and social norms around disability. In addition, barriers often limit equitable access to services, processes and supports, which can be further compounded by other intersectional factors such as poverty,

gender identity, age, ethnicity, race and sexual orientation. Persons with disabilities may be excluded not only from WASH services and programmes, but also from being considered or participating in WASH-related data collection, monitoring and reporting activities.

WASH programme officers and M&E colleagues should identify the barriers that persons with disabilities face in their context and work to remove the barriers to ensure participation and inclusion in data collection, monitoring and reporting.

BOX 4:

Intersectional approach

In all disability inclusive WASH activities, it is important to take an intersectional approach. Persons with disabilities are not a homogenous group and barriers to participation as well as experience of marginalization and discrimination varies depending on other facets of identity, such as gender identity, age, sexual orientation, ethnicity, race, migration status, etc. When undertaking the collection of WASH disability data, consider who is the most marginalized within populations of persons with disabilities, how do barriers vary between groups of persons with disabilities and who is under-represented in WASH. For example, in community consultations or decision-making, girls and women with disabilities may face even greater barriers to participation than boys and men with disabilities.

TABLE 2. Types of barriers faced by persons with disabilities to participate in WASH monitoring processes

Barrier	Example	How to remove barrier
Physical environment and transportation	A consultation or focus group discussion is held in an inaccessible venue (no ramp and toilets are not accessible).	<ul style="list-style-type: none"> ✓ Hold any meetings, consultations, focus group discussions, workshops, etc., in accessible venues (including toilets). OPDs may be able to help identify such venues (where available). ✓ Provide transport support (e.g., allowance or provide accessible transport) for persons with disabilities to participate.
Communication and information	A survey does not include a person who is deaf as there is no sign language interpreter.	<ul style="list-style-type: none"> ✓ Provide sign language interpreters. ✓ Ensure data collectors are aware of different communication needs. ✓ Provide information in accessible formats (see Glossary) for participants, partners and staff with disabilities.
Attitudinal (negative beliefs, stigma and discrimination from community, family, researchers and/or data collectors)	Organizers incorrectly assume that persons with disabilities are not able to be part of the data collection process (as decision makers or data collectors).	<ul style="list-style-type: none"> ✓ Raise awareness of the capacities and opportunities for persons with disabilities to be part of WASH monitoring as both participants and data collectors. ✓ Work with OPDs throughout the monitoring process.

Barrier	Example	How to remove barrier
Institutional (laws, policies and practices that do not consider disability or discriminate)	A WASH research agenda that does not consider disability. Indicators for the monitoring of a Strategic Plan or country programme that do not disaggregate by disability.	<ul style="list-style-type: none"> ✓ Ensure the needs, perspectives and voices of persons with disabilities are considered in WASH strategic planning, including monitoring. ✓ Review existing policies, procedures and practices related to data collection, monitoring and reporting identify opportunities for disability inclusion.
Assistive devices (see Glossary)	A person with a disability lacks a wheelchair or a communication device that would enable them to participate in consultations.	<ul style="list-style-type: none"> ✓ Establish referral pathways for persons with disabilities engaged in WASH programmes to access disability services, including linkages to OPDs.



© UNICEF/UNI142004/VISHWANATHAN

As part of the School Sanitation and Hygiene Education programme being implemented in partnership with the Department of Education, Government of Bihar in India, UNICEF is supporting the construction of inclusive, child-friendly water and sanitation facilities in schools, with a focus on addressing needs of children with disabilities.

A rapid review of disability inclusion in humanitarian WASH interventions by Enhancing Learning and Research for Humanitarian Assistance (ELRHA) found that where WASH programmes conducted assessments of barriers for persons with disabilities, there was a focus primarily on physical barriers with limited to no focus on the assessment and identification of other barriers, such as institutional, attitudinal and communication barriers. The review also found that participatory assessments of barriers are not a consistent practice.¹⁹ Ensure that all the different barriers to participation and inclusion of persons with disabilities are considered.

EXAMPLE:

WASH disability data collection methodologies

In Mali, Messiah College, in partnership with Handicap International, conducted a study to understand the WASH barriers faced by persons with disabilities. The first phase of data collection involved a household survey to identify persons with disabilities. In the second phase, persons with disabilities attended a focus group discussion to discuss WASH-related challenges and successes.²⁰

3.2 Participation

Persons with disabilities, including children and adolescents with disabilities, should be provided with opportunities to participate in WASH data collection, monitoring and reporting processes. The participation of persons with disabilities is of benefit to both the programme and the individual. Participation can:

- ✓ Provide disability expertise based on lived experience.
- ✓ Identify WASH barriers and ways to overcome barriers.
- ✓ Improve the accuracy of the data and provide valuable insights into WASH barriers and access for persons with disabilities.
- ✓ Empower the persons with disabilities participating by building capacity, enabling them to analyse their situation, own the data collected and use it themselves.²¹
- ✓ Contribute to reducing stigma and discrimination towards persons with disabilities through enabling interaction and providing opportunities to be included in decision-making processes.

During monitoring processes, persons with disabilities can be staff, partners, consultants, advisors and data

decision makers and part of consultations or advisory committees. The experience and perspective of persons with disabilities can inform the development or review of indicators, data collection (including ideas on participatory processes and how to accommodate persons with different types of disabilities), analysis and validation and sharing of findings.

EXAMPLE:

Persons with disabilities conduct baseline survey in Mali

In Mali, Messiah College and Handicap International partnered on a baseline survey to collect data on the prevalence of disability and WASH access. The data collectors were persons with disabilities, challenging the view that they are helpless and dependent on others. This participatory approach led to other community members with disabilities speaking candidly about their WASH access during interviews.²²

Key actions for the participation of persons with disabilities:²³

- ✓ Establish and foster partnerships with organizations that have expertise in disability, including OPDs (see Glossary), civil society organizations and disability service providers.
- ✓ If there are no OPDs in the implementation area, collaborate with national or regional OPDs to assist in identifying OPDs or other disability partners.²⁴
- ✓ Engage persons with different types of disabilities in monitoring processes. For example, in accessibility audits, someone who uses a wheelchair and someone who is blind will give different feedback on accessibility.
- ✓ Engage children and youth with disabilities. For example, involve adolescent girls with disabilities in formative research on menstrual health and hygiene (MHH) (see Glossary).²⁵
- It is preferable to engage adults, children and youth with disabilities as well as their families and peers without disabilities to create an inclusive (rather than segregated) environment.

- ✓ Ask persons with disabilities what support they may require to participate.
- ✓ Consider the accessibility of information, meetings, venues and transport. Follow the accessibility advice below (see Section 3.5).
- ✓ Ensure the ethical considerations provided below are followed (see Section 3.3).
- ✓ Learn basic tips for communicating with persons with different types of disabilities.²⁶
- ✓ Allocate budget for the participation of persons with disabilities, including for any support they may require.
- ✓ Keep in mind that persons with disabilities may be accompanied by a family member or a personal care assistant.

EXAMPLE:

Participation of persons with disabilities in WASH needs assessments in Pakistan

In a WASH emergency response needs assessment in Pakistan, Concern Worldwide found that communities expressed concerns about sharing information on disability due to shame and taboo. In a second response, Concern Worldwide conducted a participatory assessment with community consultations to discuss data collection processes and the use of data in addition to sensitization of partner staff and the community on disability inclusion. These resulted in improved participation of persons with disabilities, older persons and caregivers during the needs assessment. The WASH interventions and accessibility audits also adopted participatory approaches, working with persons with disabilities and older persons to test facilities for appropriateness and ease of use.

Concern Worldwide in Pakistan also built the capacity of community members with disabilities and older people to participate in village committees, WASH interventions and audits to ensure their voices were heard and they were empowered to advocate for their rights. A village elder with a disability who had previously faced stigma and discrimination was supported to chair the village committee and became a role model, advocating for the rights of older persons with disabilities.²⁷

3.3 Ethical considerations

Persons with disabilities, including children with disabilities, have the right to participate and be heard, and WASH policies and programmes should be informed by the experiences and perspectives of persons with disabilities. To ensure this participation, ethical considerations are key. Disability inclusive safeguarding practices should accompany the involvement of children with disabilities in any form of evidence generation, as there are issues and challenges beyond those considered for children in general.

Persons with disabilities are often deliberately or accidentally excluded due to a lack of inclusive data collection or research methods.²⁸ Children with disabilities may be excluded from mainstream child-focused WASH data collection and monitoring, or even from studies that focus on disability and WASH. The main challenges and mitigation strategies are outlined in the UNICEF Innocenti research brief, 'Exploring Critical Issues in the Ethical Involvement of Children with Disabilities in Evidence Generation and Use',²⁹ and related expanded working paper,³⁰ and are summarized in Table 3.³¹

TABLE 3. Ethical considerations for engaging persons with disabilities in WASH evidence generation³²

Ethical challenges
<ul style="list-style-type: none">✓ The safety of children with disabilities may be compromised when data collection, monitoring and reporting activities are not sensitive to or adapted to their needs.✓ Persons with disabilities (children and adults) may be excluded due to negative assumptions by WASH programme staff or data collectors, (e.g., on the capacity or value of persons with disabilities' participation) or lack of knowledge and experience.✓ Caregivers or teachers may prevent the participation of children and adults with disabilities.✓ The method of communication of persons with disabilities is not considered (e.g., provision of sign language interpreters or information all in written format).✓ Anonymity and confidentiality may be comprised.

Ethical mitigation strategies

- ✓ Develop disability inclusive safeguarding protocols that consider the increased risks and barriers faced by children with disabilities.³³
- ✓ WASH programme, M&E staff and data collectors should aim for the involvement of persons with disabilities to be empowering.
 - Ask persons with disabilities what support they need, do not assume.
 - Avoid imposing or assuming identities/diagnosis or limitations on persons with disabilities.
- ✓ Develop referral pathways to disability and child-focused services in advance with input from local service providers and OPDs – this ensures that action can be taken should any concerns arise.
- ✓ Train data collection teams on:
 - Ethical and disability inclusive data collection.
 - Communication with persons with different types of disabilities.
 - Adapting approaches to be inclusive, accessible and flexible.
 - Building trust between children, families and data collectors.
- ✓ Consult OPDs and where possible have persons with disabilities in the data collection and analysis team.
- ✓ Verify how participants express themselves and that key information has been understood.
- ✓ Tailor approaches to the participant's needs. Be creative!
- ✓ Information-giving, consent and assent approaches must be disability inclusive and accessible:
 - Establish the age at which an individual can consent/assent to participate.³⁴
 - Recognise that children and adults with disabilities have the capacity to make informed decisions and allow the time required to make the decision about their participation.
 - Where parental consent is required, children should also be asked to assent.
 - Allow for consent/assent verbally or non-verbally.
- ✓ Protect privacy and anonymity by ensuring that no child is identifiable in the data, particularly where a small number of children with disabilities are involved in the research. For example, in a school with only a few children with disabilities, their input on WASH or MHH facilities may make them identifiable.

3.4 Terminology³⁵

The terminology used to address persons with disabilities when collecting data, when speaking directly to persons with disability and in WASH reports or materials can either diminish or empower them.³⁶

Using positive terminology by following the tips below ensures that WASH evidence generation does not contribute to or perpetuate disability stigma or stereotypes.

- ✓ 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').
- ✓ 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.'
- ✓ Be aware of language translations of the word 'disability' and whether the translation has a negative connotation.
- ✓ Use 'persons without disabilities', rather than 'normal' or 'regular' persons.
- ✓ Do not use acronyms to refer to children with disabilities ('CWD') and persons with disabilities ('PWD').³⁷

- ✓ Use appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual and psychosocial impairments (see Glossary).

3.5 Accessibility of processes, information and reports

Produce information on data collection and monitoring as well as reports in accessible formats (see Glossary) to ensure it can be accessed and understood by persons with different disabilities, whether that is UNICEF staff, partners, community members, data collectors, students or donors with disabilities.

When providing persons with disabilities with information on consent/assent or engaging them in data collection, monitoring and reporting processes, keep in mind the following.³⁸

- ✓ Formats that are accessible for persons with visual disabilities (blind and low vision) include audio, large print (for low vision), text messages (most smartphones have free voiceover application) and Braille.
- ✓ Persons with visual disabilities that have screen-reading software on their computers can also access electronic information (e.g., emails, word formats).
- ✓ Formats that are accessible for persons with intellectual disabilities

include simple language and visual signs, such as pictograms, drawings, pictures and photos on printed materials.

- ✓ Formats that are accessible for persons with hearing disabilities

(deaf and low hearing) include information in print, text messages, captions and sign language interpretation for meetings, consultations, interviews or focus group discussions, etc.

TABLE 4. Accessibility recommendations and resources

Process or information	How to make accessible	Resources
Online engagement (meetings, consultations, webinars, websites, etc.)	<ul style="list-style-type: none"> ✓ Choose an online platform that has accessibility features. ✓ Ensure presenters have considered accessibility in their PowerPoint presentations. ✓ Review websites against web accessibility standards. ✓ Ask about and provide for any support (e.g., sign language interpretation) 	<p>Key recommendations for virtual meetings (Stakeholder Group of Persons with Disabilities for Sustainable Development)</p> <p>Overview on accessibility of video conferencing apps and services (Stakeholder Group of Persons with Disabilities for Sustainable Development)</p> <p>Recommendations for accessibility at in-person and online events and meetings (Stakeholder Group of Persons with Disabilities for Sustainable Development)</p> <p>Accessibility standards for UNICEF websites (UNICEF)</p> <p>How to create accessible PowerPoints (Perkins)</p>

Process or information	How to make accessible	Resources
In-person events	<ul style="list-style-type: none"> ✓ Ensure events are held at accessible venues. ✓ Ask attendees and presenters with disabilities what support they may need. ✓ Provide sign language interpretation. ✓ Provide transport support. ✓ Organize volunteers or extra support to assist during the event. 	<p>Making your events accessible (UNICEF)</p> <p>Recommendations for accessibility at in-person and online events and meetings (Stakeholder Group of Persons with Disabilities for Sustainable Development)</p>
Reports and other written materials	<ul style="list-style-type: none"> ✓ Budget and plan to produce reports and materials in multiple languages and formats.³⁹ Suggested formats are: <ul style="list-style-type: none"> ● PDF with accessibility features ● ePub ● DAISY ● Braille-ready⁴⁰ ● Easy read⁴¹ ✓ Produce the same information in accessible formats. 	<p>How-to-note: Making life-saving materials on COVID-19 accessible for all, including adults and children with disabilities (UNICEF)</p> <p>Accessibility guidelines for United Nations website (United Nations)</p> <p>Web accessibility training (UNICEF)</p>
Videos	<ul style="list-style-type: none"> ✓ Include audio description and sign language⁴² regardless of whether it is intended for social media, donor reporting or technical purposes. 	<p>How-to-note: Making life-saving materials on COVID-19 accessible for all, including adults and children with disabilities (UNICEF)</p> <p>Making audio and video media accessible (W3C)</p>

In all stages of data collection, monitoring and reporting, budget for accessibility to ensure that persons

with disabilities can fully participate and access information.

EXAMPLE:

Budgeting for disability accessibility in Pakistan

In Pakistan, a budget provision of 10 per cent of the total budget for disability was included in all projects funded through the RAPID Fund – Responding to Pakistan’s Internally Displaced programme, which provided funding for emergencies to local and international civil society organizations. The funding covered the costs of accessibility, any disability-related equipment required, capacity-building and any direct costs related to disability. Concern Worldwide Pakistan was one of the organizations to receive the funding and as a result has created a standard practice for all projects of allocating 10 per cent of budgets to disability inclusion.⁴³



© UNICEF/UN064133/PALEYKOV

In Bulgaria, Stanislava, 15 years old, waters the garden. After her birth, she was placed in state institutions. Now she lives in a small group home for children with disabilities and attends a mainstream school.

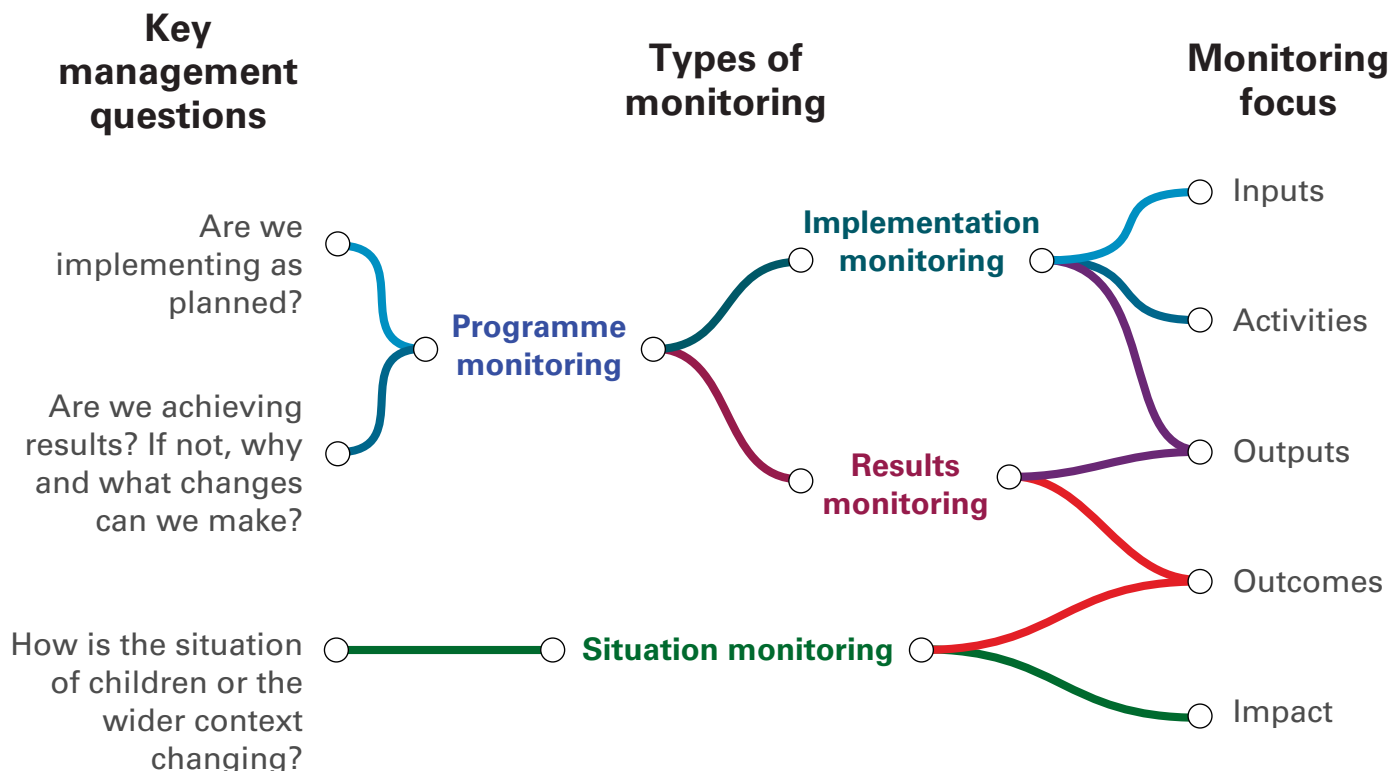
4 Disability inclusive steps

Disability inclusion and the participation of persons with disabilities should be considered and integrated in all stages of monitoring processes within WASH programmes.

The approaches below can be used to make WASH situation monitoring and

programme monitoring inclusive of persons with disabilities (see Figure 2).

FIGURE 2. Key types of monitoring⁴⁴



What is monitored often guides where attention and resources are focused. It also is the mechanism by which success is determined and provides evidence for adjustments within programmes as well as informing future programmes.⁴⁵ If disability results are not identified, defined, measured, documented and reported, persons with disabilities will remain invisible within WASH programming. They are likely to be left behind and be further excluded within communities.

Throughout the programme period, WASH programmes should monitor whether they are reaching persons with disabilities and the impact the

programme is having on persons with disabilities. Disability inclusive approaches as well as the collection of disability data should be integrated into situation analysis and baselines (See Box 5), programme monitoring and evaluation (see Box 7).

Note: For WASH programmes to have a positive impact on persons with disabilities that can be monitored via the approaches in this guidance, WASH programmes should be designed and implemented to be disability inclusive and accessible.⁴⁶ Programmes can be assessed to determine the extent to which they are inclusive of persons with disabilities.⁴⁷

BOX 5:

Baselines or Situation Analysis

Any WASH baseline study or Situational Analysis (SitAn) should include an analysis of the barriers that persons with different types of disabilities face when accessing WASH in a given context, paying attention to the different types of barriers (physical environment and transport; communication/information, attitudinal, institutional and access to assistive devices; see Section 3.1). Ensure that strategies, programmes and policies that are based on the baseline or SitAn transform the analysis of barriers into concrete activities that are inclusive for and accessible to persons with disabilities. See the sections below for key actions to collect disability data in baselines and SitAns.

For more information, see UNICEF (2019), [Toolkit: New generation situation analysis](#), which has a tool on SitAns focused on children with disabilities that can be adapted to WASH-specific baselines or SitAns.

EXAMPLE:

Baseline study including persons with disabilities in Bangladesh

The Centre for Disability in Development in Bangladesh worked with CBM and a local civil society organization to implement a disaster risk reduction project between 2009 and 2010. They conducted a baseline at the start of the project to understand the barriers persons with disabilities face when accessing WASH, especially in times of flooding. Through household visits, 334 persons with disabilities were identified and the baseline found that 97 per cent of them could not access safe drinking-water and latrines during floods. Persons with disabilities were also often the last to be evacuated to emergency shelters and some were left behind. The baseline also found that emergency shelters did not have accessible latrines or sufficient drinking-water. Findings also showed a lack of awareness on the rights and needs of persons with disabilities amongst families and communities.⁴⁸

4.1 Step 1: Developing a results framework and identification of indicators

When developing WASH programme results frameworks and indicators (whether they are impact, outcome or output level), consider and integrate the following:

- ✓ Engage OPDs, and men and women with disabilities in planning processes (see Section 3.2).
- ✓ In WASH results frameworks as well as Theory of Changes (see Glossary), clearly state and define objectives, outputs and indicators related to persons with disabilities.
- ✓ Indicators should always be context specific and based on an analysis of the barriers to WASH persons with disabilities face, as identified in baselines or SitAns (see Box 5).
- ✓ Take a twin-track approach to the development of indicators (see Figure 3).
- ✓ Choose indicators that measure results for persons with disabilities that are able to detect change within a reasonable time frame, such as within five years or the programme timeline.
- ✓ When selecting WASH indicators (see Annex A), consider globally

recommended indicators from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) and those used in UNICEF's MICS (see Section 4.2). However, keep in mind if the data are collected at the household or individual level to determine if it is feasible to disaggregate (See Box 3 and Figure 5).

- ✓ For UNICEF WASH programmes, whenever possible select indicators that will provide data that contributes to the global reporting of disability inclusive WASH in the UNICEF Strategic Plan (see Annex B).
- ✓ Select indicators that will measure different results: access to WASH for persons with disabilities; changes in attitudes towards persons with disabilities; participation of persons with disabilities in WASH-related services and processes; accessibility of infrastructure; accessibility of WASH information and materials, etc. (see Annex A for possible indicators).
- ✓ Clearly define all concepts that are being measured, such as disability inclusive WASH, accessible WASH facilities (see Glossary for definitions).

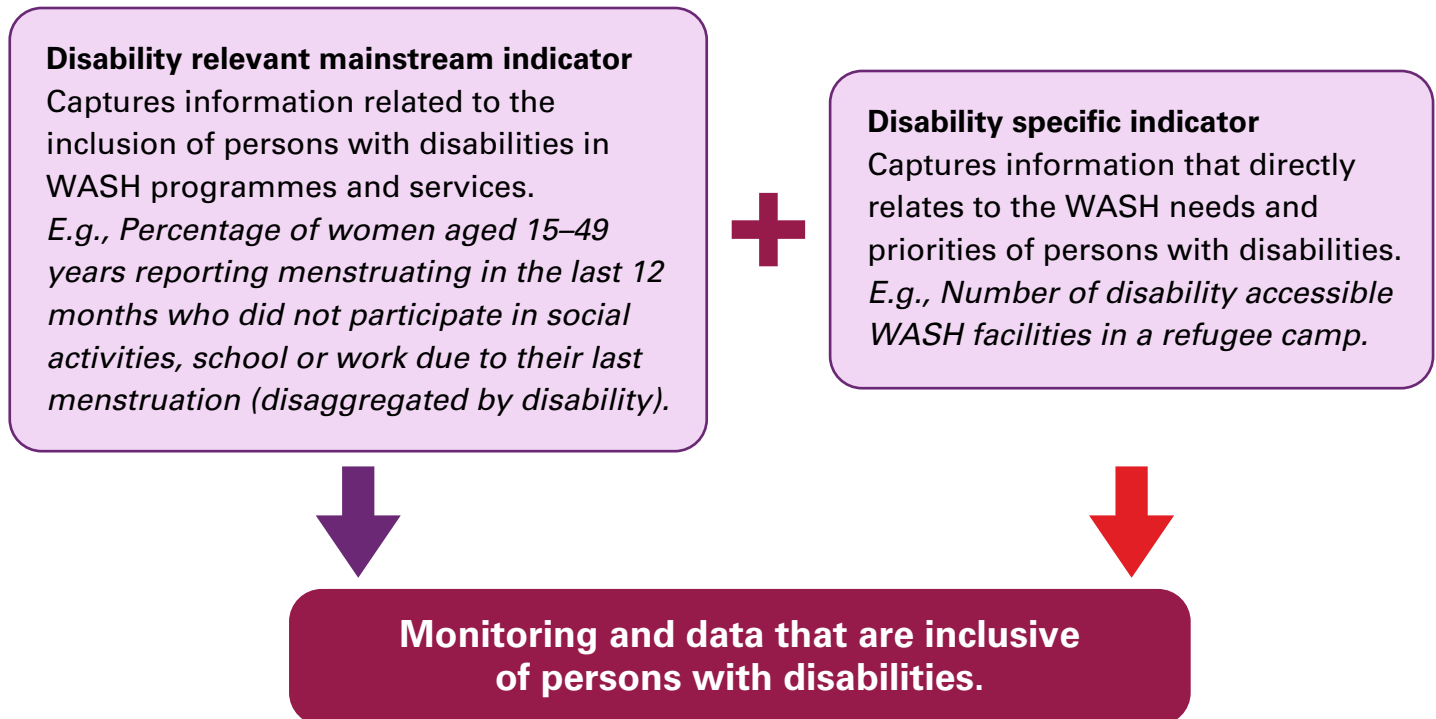
✓ In UNICEF country office WASH programmes:⁴⁹

- Design indicators that will collect disability disaggregated data that responds to WASH Strategic Monitoring Questions (SMQs) (see Annex B), as these data feed into global reporting on WASH indicators for the UNICEF Strategic Plan.
- Utilize the standard indicators in the Results Assessment Module (RAM) and provide disability disaggregated data.

Twin-track approach to disability monitoring⁵⁰

When developing indicators, take a twin-track approach, including specific indicators that capture information specifically on the WASH needs or access of persons with disabilities as well as relevant mainstream indicators that are disaggregated by disability (see Figure 3). Note that some mainstream WASH indicators that can be disaggregated by disability are more relevant than others as they disproportionately affect persons with disabilities. For example, whether drinking-water is accessible on premises disproportionately impacts persons with disabilities due to the barriers they face accessing communal water services.

FIGURE 3. Twin-track approach to disability monitoring⁵¹



4.2 Step 2: Reviewing existing disability WASH data and data sources

Review existing disability WASH data that are available at different levels (national, district, community) to determine data gaps and inform monitoring processes and programme design.

Key considerations when reviewing existing data:

- ✓ Map out existing WASH data sources that include disability data, looking at what data are

available and how it was collected to determine whether it is likely to be accurate (see Section 4.3).

- ✓ Data may be available from different sources, such as government agencies and units, disability services, OPDs, etc.
- ✓ When using existing data within WASH programmes, review the methodology used to collect the data to determine the validity of the data. Data that has been collected using the tools described in Table 5 will be more accurate.

- ✓ Review national and UNICEF WASH policies, strategies and standards⁵² to identify how disability inclusion and accessibility has been addressed.⁵³
- ✓ If the data are disaggregated by individual characteristics, such as gender, disability or age, identify whether the data are collected at the household or individual level (see Box 3).
- ✓ Review administrative data:
 - Consider administrative data collected from different WASH-related units and ministries.
 - Contact the national statistical office to understand what data are available on persons with disabilities.
 - When reviewing WASH-related administrative data systems, advocate with government agencies to start or improve the collection of disability data and provide information on tools (see Section 4.3).

EXAMPLE:

Strengthening WASH administrative data in Cambodia

In 2019, UNICEF worked with the Ministry for Rural Development, civil society partners and the private sector in Cambodia to support 11,217 persons with disabilities to access sanitation and 6,731 persons with disabilities to access basic drinking-water. In addition to increasing access to services, UNICEF is also supporting the government to strengthen administrative data systems. UNICEF is supporting disaggregation of data by gender, disability and wealth quintiles in the rural WASH Management Information System to better understand WASH access and gaps amongst different population groups.⁵⁴

- ✓ Review available data from the MICS.⁵⁵
 - The Module on Child Functioning (see Table 5) can be incorporated into MICS to provide data on children with disabilities.

- Even when the Module on Child Functioning is incorporated in MICS, the data on access to WASH may not be routinely analysed

by disability. Request and ensure that WASH data in MICS are disaggregated by disability.

The use of the Module on Child Functioning in MICS reports that:^{56,57}

Compared with children without disabilities, children with disabilities are:

18% less likely to have **improved sanitation** facilities in their households.

18% less likely to have **improved drinking water** sources in their households.

10% less likely to have **water and soap** for handwashing in their households.



Only 33 per cent of public schools in Jordan have access to basic sanitation facilities. With this huge need for improved toilets and water provision for students, in particular for girls and children with disabilities, UNICEF is targeting 25 schools for its WASH in schools programmes.

- ✓ Review data available in the WHO–UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) global databases.⁵⁸
- Data on WASH are typically collected at household level rather than individual level, but if disability data are available then it may be possible to generate disaggregated estimates for WASH service levels among households with and without persons with disabilities.
- Data collected at the individual level, such as MHH among women aged 15–49 years, can potentially be disaggregated by age, sex and disability.
- School and health-care facility assessments sometimes collect information on the availability of toilets that are accessible for those with limited mobility (although national definitions of accessibility vary).^{59,60}

EXAMPLE:

JMP data on accessible WASH in schools

Data on accessibility of toilets are sometimes collected through school surveys and Education Management Information Systems (EMIS) and highlighted in JMP reports. For example, while all schools in Tajikistan had toilets, only 11 per cent of urban schools and 2 per cent of rural schools met the criteria of having a separate accessible toilet for students with disabilities.⁶¹ In the Lao People's Democratic Republic, just 3 per cent of schools had at least one disability accessible toilet even though 40 per cent of schools had students with disabilities enrolled.⁶²

- ✓ Review survey and census population data, paying attention to the data collection tools used and being aware that historically many censuses used over-simplified and inaccurate methods to collect data on disability (see Section 4.3 and Box 6).

Note that persons with disabilities may be invisible in existing data or data may not be accurate. WASH data collection processes may need to identify persons with disabilities and determine the number of persons with disabilities in the programme area. Community outreach and a household survey may be required for this purpose – see Section 4.3 on the design of data collection tools.

4.3 Step 3: Design of data collection tools

Any WASH data collection exercise that gathers information about individuals (children or adults) can and should be designed to capture information about persons with disabilities. However, some data collection tools may not accurately identify persons with disabilities due to oversimplified or partial definitions of disabilities and being prone to misunderstanding.⁶³

BOX 6:

Why you should not ask, ‘Do you have a disability?’

During data collection, asking ‘Do you have a disability?’ has been shown to lead to under-reporting as:

- ✓ People may misunderstand the question.
- ✓ People may not identify or have been diagnosed as having a disability.
- ✓ The term ‘disability’ may have negative connotations, leading to people being reluctant to respond.

Instead use one of the set of questions from Table 5 that, rather than asking about disabilities, ask questions on difficulties in functioning. An example from one of the questionnaires is, ‘Do you have difficulty seeing, even if wearing glasses?’

By asking about functioning, rather than disabilities, the data collection tools in Table 5 are designed to overcome issues of bias, stigma and misunderstanding,⁶⁴ providing more accurate data on persons with disabilities.

This section provides recommendations on data collection tools that can be used to identify persons with disabilities and disaggregate WASH data by disability. The tools recommended collect data on difficulties functioning across different domains.

The Washington Group on Disability Statistics (Washington Group [WG]) has developed different data collection modules that provide a standard approach to producing disability

data. The modules have been validated in several countries and are recommended by multiple United Nations agencies, Member States, OPDs and other stakeholders. Key features of the WG modules and their recommended use are presented in Table 5. When deciding which disability data collection tool to use for a WASH programme, choose the module that best suits your context and what you want to achieve. Links to the questions for each module are in the endnotes.



Atika, 12 years old, a girl with an intellectual disability, is with her mother and her teacher in front of her home in Central Java, Indonesia. Atika's school is a pilot school for inclusive education.

TABLE 5. Data tools for identifying persons with disabilities and disaggregated data by disability status⁶⁵

Data collection module	Designed for	Recommended use	Tool
WG Short Set of Questions ⁶⁶ (WG-SS)	Adults (over 18 years)	Designed for use in censuses or household surveys where there are space constraints or where the purpose is focused on counting.	6 questions covering difficulties functioning across six domains. ⁶⁷ Does not capture all domains, so some persons with disabilities will not be counted.
WG Short Set – Enhanced (WG-SS Enhanced) ⁶⁸	Adults (over 18 years)	Designed for use in surveys (multitopic surveys or disability surveys) where extensive information is collected on adult household members. Recommended for WASH programmes with outcomes and outputs on persons with disabilities.	12 questions cover difficulties functioning across eight domains. ⁶⁹ Designed to capture additional domains not in the WG-SS, so will capture data on more persons with disabilities.
WG Extended Set of Questions (WG-ES) ⁷⁰	Adults (over 18 years)	Designed for use in surveys (multitopic surveys or disability surveys) where extensive information is collected on adult household members.	35 questions covering additional functional domains. ⁷¹ Provides greater granularity as well as questions on assistive devices and personal assistance.
Module on Child Functioning ⁷²	Children (aged 2–17 years) ⁷³ Two sets of questionnaires: one for children aged 2–4 and one for children aged 5–17.	Designed for use in surveys (multitopic surveys or disability surveys) where extensive information is collected on children. Recommended for WASH programmes with outcomes and outputs on children with disabilities.	Developed in collaboration with UNICEF, identifies children who have difficulty functioning across 14 domains. ⁷⁴ The module is available in multiple languages. ⁷⁵

Tips for using the disability data collection tools in Table 5:

- ✓ Do not ask 'Do you have a disability?' in surveys, instead use the modules described above.
- ✓ Do not pick and choose questions from within the modules⁷⁶ – the questionnaire should be used in its entirety, otherwise some persons with disabilities will not be captured.
- ✓ When using the Module on Child Functioning, the questions are designed to be addressed to mothers (or primary caregivers).
- ✓ When using any of the modules from Table 5 in household surveys, there may be more than one person with a disability – be sure to ask about all household members.
- ✓ Do not mention the word 'disability' to the respondent when asking questions to avoid bias due to negative attitudes linked to disability. Asking about difficulties functioning avoids this.
- ✓ Follow the guidance provided by the Washington Group and UNICEF on the analysis of the data collected using the modules.

EXAMPLE:

Data collection in Bangladesh

In Cox's Bazar in Bangladesh, as part of their response to the Rohingya crisis, Oxfam conducted a household survey that included the Washington Group questions for adults. Through collecting data on disability, Oxfam was able to provide targeted support, including consultation for latrine site selection and the provision of commode chairs for older people and persons with disabilities. Having identified persons with disabilities, they involved them in listening groups. As a result of the disability data, Oxfam further reviewed their response indicators.⁷⁷

Key considerations for designing disability inclusive data collection approaches:

- ✓ Review existing monitoring tools and add questions on disability to surveys.
- ✓ Choose and define data collection approaches that monitor reach and impact on persons with disabilities, where possible disaggregating by gender and age.
- ✓ Use data collection processes that collect quantitative and qualitative

data on persons with disabilities (see Table 1).

- ✓ Dedicate time and budget to develop inclusive and accessible data collection tools and processes.
- ✓ Make disability explicit in monitoring and data collection protocols.
- ✓ If using community feedback mechanisms, ensure that they are accessible to persons with different types of disabilities (i.e., verbal, written/text).
- ✓ If using Focus Group Discussions, consider separate groups for boys/men and girls/women with disabilities on barriers to WASH, ensuring they are accessible to all (see Section 3.5).⁷⁸
- ✓ Consider if data collection tools are ethical (see Section 3.3) and reasonable to collect with available resources.
- ✓ Test tools with the involvement of persons with disabilities.

BOX 7:

Disability inclusive WASH evaluations

Evaluations of WASH programmes should be designed to evaluate the relevance, efficacy, sustainability, and impact of persons with disabilities access to WASH. Disability inclusion in evaluations is one the indicators of the [United Nations Disability Inclusion Strategy](#) (UNDIS) Accountability Framework.⁷⁹

Include disability as a component in any WASH evaluation or consider conducting an evaluation specifically focused on disability to accelerate evidence-based work on disability inclusive and accessible WASH.

- ✓ Engage OPDs and men and women with disabilities in evaluations (see Section 3.2). Along with other community members, persons with disabilities can be involved in:
 - Identification of criteria for the evaluation.
 - Data collection.
 - Analysis and validation of findings.
 - Formulation of recommendations.⁸⁰

✓ Evaluate, document and share:

- If and how barriers to WASH for persons with disabilities were overcome.
- Whether persons with disabilities benefited from the programme on an equal basis to others.
- The relevance of the WASH interventions to the specific needs of persons with disabilities.
- The intersection of disability, age, gender and other factors to determine whether particular groups of people were excluded.
- The accessibility of WASH infrastructure and information.
- The affordability of accessible WASH services and facilities for households with persons with disabilities.
- The participation of persons with disabilities in all stages of the programme, including as decision makers, also considering gender representation in the participation.
- Changes in awareness, capacity and attitudes related to disability.
- Sustainability of disability inclusive and accessible WASH interventions.
- Impact stories from persons with different types of disabilities.

✓ Use findings from WASH evaluations to formulate and share recommendations on strengthening disability inclusion and accessibility in strategies, programmes and policies.

4.4 Step 4: Preparing for data collection

When preparing for data collection, including the recruitment and training of data collectors or the contracting of external monitoring consultants or partners, consider the following:

✓ Engage OPDs in data collection (see Section 3.2).

- Recruit data collectors with disabilities.

- Budget for the participation of persons with disabilities, including any interpretation and transport support.
- Engage both men and women with disabilities.

✓ Ensure that any Terms of Reference (ToR) for consultants or partners explicitly includes disability. The ToR should include:

- Requirement of disability expertise/knowledge in the team.
 - Requirement to report on the WASH situation of persons with disabilities.
 - Requirement that participatory and inclusive processes be developed.
- ✓ Train data collectors on communicating with persons with different types of disabilities, consent and asking sensitive questions.
 - ✓ Train data collectors on the use of the disability data collection module selected from Table 5, ensuring that when collecting data, they ask about functional difficulties, not disabilities (see Box 6).
 - ✓ See ethical considerations (Section 3.3) for more information on training data collectors on working with persons with disabilities.
- ✓ Provide translation/interpretation services (e.g., sign language), when necessary.
 - ✓ Collect data specifically on the barriers that persons with disabilities face as well as WASH data disaggregated by disability, gender and age.
 - ✓ Ensure that data disaggregated by individual characteristics (disability, sex and age) are collected at the individual, not household level (see Box 3).
 - ✓ Consider whether the WASH data are disability relevant and disability sensitive (see Sections 2.4 and 2.5).

4.5 Step 5: Data collection

Key actions to consider during data collection:

- ✓ Ensure that data collection processes engage with persons with different types of disabilities and with men, women, boys and girls with disabilities.



In Guinea-Bissau, Usher (right), 7 years old, and his cousin Sadjo, 7 years old, go to fetch water. Born with a physical disability, Usher attends a UNICEF-supported, child-friendly school where he learns as an equal alongside his peers.

© UNICEF/UNI162077/LYNCH

- ✓ Collect both quantitative and qualitative data on persons with disabilities access to WASH (see Section 2.2).
- ✓ Collect data on and monitor the participation of persons with disabilities in WASH decision-making processes, such as steering committees and WASH facilities management.
 - Monitor whether there is representation of both women and men with disabilities in decision-making.
- ✓ Collect data on and monitor the accessibility of any WASH infrastructure:
 - Assess any infrastructure against accessibility standards (national or international);⁸¹
 - Conduct accessibility audits/assessments with persons with different types of disabilities;⁸²
 - Assess the accessibility of the location and siting to ensure persons with disabilities can get to and use the WASH facility.

EXAMPLE:

Participatory assessment of WASH facilities in Cambodia

In 2016, UNICEF collaborated with WaterAid to assess WASH facilities in schools in Cambodia. The criteria identified for the assessment was accessibility, safety, privacy and MHH friendliness. The assessment undertook a series of participatory activities including:

- ✓ Training principals, teachers, local authorities and OPDs on conducting accessibility, safety and gender audits;
- ✓ Participatory audits in schools with teachers, students and persons with disabilities to identify barriers to WASH;
- ✓ Observations using checklists;
- ✓ Key informant interviews and focus group discussions.

The findings of the assessment were used as evidence for new school toilet designs that considered the needs of menstruators, and boys and girls with disabilities.⁸³

- ✓ Collect data on whether WASH information and materials (such as handwashing promotion information) are produced in accessible formats (see Section 3.5).
- ✓ Collect data on the awareness and capacity of the WASH sector at different levels (national, district, community) on disability inclusion and accessibility.
- ✓ In humanitarian action, conduct post-intervention monitoring exercises of households of persons with disabilities to assess:
 - Adequacy of water distributed;
 - Accessibility of hygiene promotion information;
 - Accessibility of WASH facilities;
 - Use and maintenance of assistive devices (see Glossary) and hygiene supplies distributed.⁸⁴

EXAMPLE:

Challenges during data collection

As part of a multi-country programme, WASH baseline surveys were conducted in multiple countries with data collected on persons with disabilities. However, the prevalence figures in the programme areas were far lower than expected.⁸⁵ Upon further investigation, several issues were found with the survey methodology that may have led to some persons with disabilities not being identified.

- ✓ The household survey used the WG-SS module (see Table 5). Given there were specific outcomes on persons with disabilities, the WG-SS Enhanced should have been used to capture all types of disabilities.
- ✓ The household survey did not gather information on how many people in each household had functional difficulties, so, where there were multiple persons with disabilities in a household, this was not captured. Be sure to ask the questions about all household members.
- ✓ Some countries used the WG-SS module to collect data on children with disabilities; as it does not cover all functional domains and is not sensitive to child development, some children would have been missed.
- ✓ The data collectors did not ask mothers about the functioning of their child, but instead asked heads of households. The questions in the Module on Child Functioning should be asked to mothers or caregivers.
- ✓ The programme then used the low prevalence figures to estimate the number of persons with disabilities reach during programme monitoring. See Box 8 on the use of estimates.

4.6 Step 6: Data analysis and verification of analysis

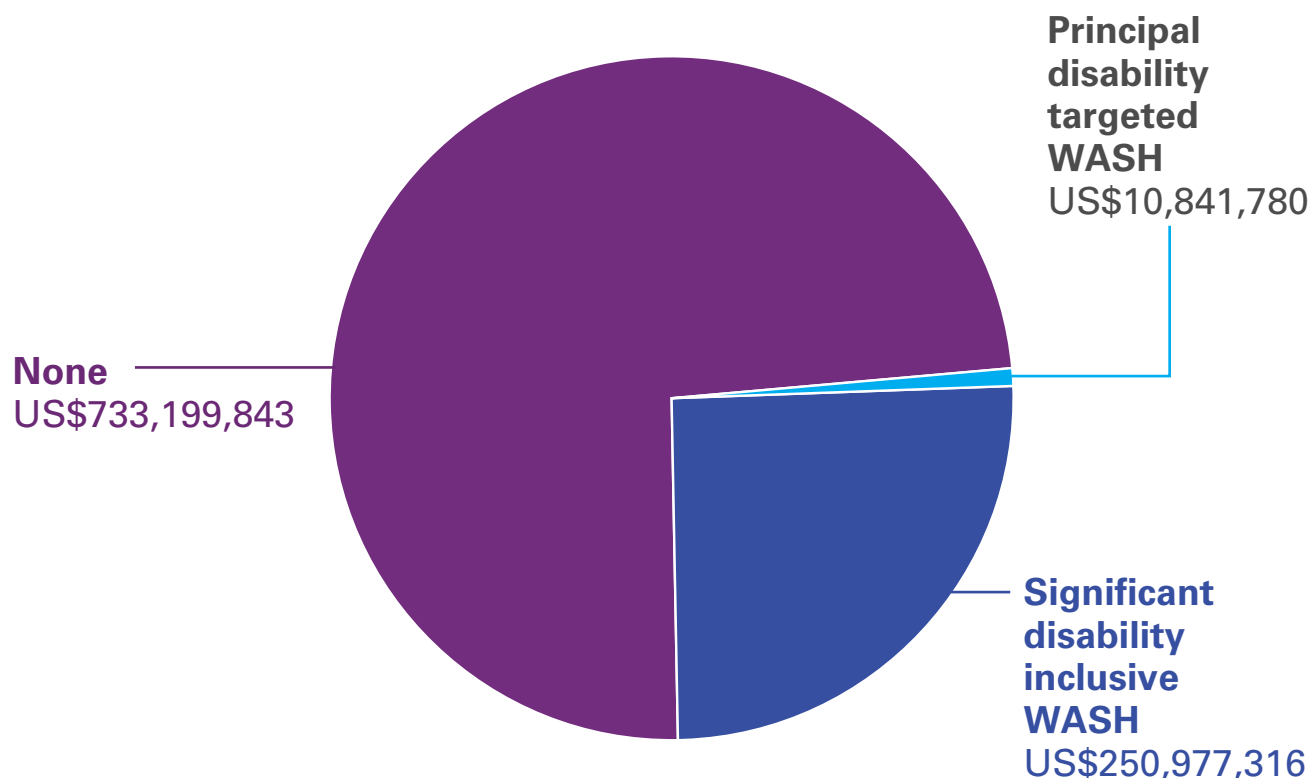
The disability data collected needs to be analysed and verified to support programme decision-making and provide a basis for collaborative learning on disability inclusive WASH with partners. Key actions to consider:

- ✓ Include persons with disabilities in the analysis team.
- ✓ Follow the guidance provided by the Washington Group and UNICEF on the analysis of the data collected using the modules in Table 5.
- ✓ Ensure that conclusions and action points based on the analysis of the data explicitly address WASH access for persons with disabilities.
- ✓ Establish a mechanism to share the monitoring data with stakeholders (such as OPDs) and decision makers, making sure it is accessible (see Section 3.5).
- ✓ Presentations of key messages and major findings from the data should be presented in accessible formats (see Section 3.5).

- ✓ Use the findings from the data to strengthen disability inclusion and accessibility in WASH programmes, whether this is highlighting gaps in programming or sharing good practices.
- ✓ In UNICEF country office WASH programmes, monitor financial resources related to disability by analysing the use of the disability tag in the Programme Implementation Database (PIDB).
 - The disability tag can be used to monitor investment in disability inclusive and targeted WASH activities at the national, regional and global levels.
 - WASH activities that are targeting persons with disabilities should be tagged as 'Principal' and activities that are disability inclusive should be tagged as 'Significant' using the disability tag.

For example, Figure 4 shows the UNICEF WASH expenditure in 2020 at the global level using the disability tag. The biggest expenditure area was disability inclusive water supply in emergencies (US\$39.6 million).

FIGURE 4. UNICEF investment in disability within WASH programming, 2020



4.7 Step 7: Reporting

When reporting disability data in WASH programmes:

- ✓ Develop case studies, human interest stories, lessons learned and challenges related to disability inclusive WASH.
- ✓ In reports, include pictures of persons with disabilities to represent community diversity (even when the content is not directly related to disability).
- ✓ Based on the evidence, provide recommendations for WASH programmes to address the rights and needs of persons with disabilities.
- ✓ Produce major reports in accessible formats (see Section 3.5).
- ✓ For UNICEF country office WASH programmes, specifically mention results for persons with disabilities in the country office annual narrative reporting, i.e., in the Country Office Annual Report (COAR)/RAM narrative.

EXAMPLE:

Documenting lessons learned in Pakistan

An Ageing and Disability Task Force, established in Pakistan after floods in 2010, documented lessons learned in the emergency response by publishing a resource book of inclusive practices. The publication described disability inclusive interventions, lessons learned and case studies, including those related to WASH from 10 international and local organizations that are part of the task force. The Handicap International case study highlighted the establishment of Disability and Vulnerability Focal Points to identify vulnerable persons, identify their needs and the establishment of a referral system for the provision of safe and accessible WASH.⁸⁶



© UNICEF/UN0458495/BROM

A girl in a wheelchair washes her hands before entering Ignacio A. Pane school in Asunción, on the first day of classes for the 2021 school year in Paraguay.

One of the challenges in WASH monitoring and reporting on disability data is the use of estimates – See Box 8.

BOX 8:

The use of estimates

The challenge

As WASH activities are often community or district wide, WASH monitoring may rely on population-level data to report on beneficiaries reached by a specific WASH intervention. Challenges arise when population data are then used to estimate the number of persons with disabilities reached. For example, when a disability prevalence is applied to the total number of beneficiaries. Applying a disability prevalence to report on persons with disabilities reached assumes that persons with disabilities have equal opportunities to access WASH services and that all persons with disabilities within a population have been reached with WASH services, when in fact they face multiple barriers in accessing WASH (see Section 3.1).

The number of persons with disabilities reached will be inaccurate when prevalence data are used, in cases such as when:

- ✓ The WASH programme has not been designed and implemented to be inclusive of and accessible to persons with disabilities. It cannot be assumed that persons with disabilities were reached without specific efforts made to include them.
- ✓ The WASH programme built accessible infrastructure, however other barriers such as negative attitudes or discrimination prevented some persons with disabilities accessing.
- ✓ The disability prevalence data used are based on methodologies that did not follow a functional approach (see Section 4.3).

Criteria for using estimates

To understand the actual impact of the WASH programme on persons with disabilities and report on the number of persons with disabilities reached as accurately as possible, there are some very important criteria that should be met:

1. Where possible provide actual numbers of persons with disabilities reached (not estimates), using tools that collect data on difficulties functioning (see Table 5).
2. Where it is not possible to provide actual numbers, estimates can only be used if the WASH programme has been designed and implemented to be inclusive of and accessible to persons with disabilities, i.e., specific measures were taken to reach persons with disabilities.⁸⁷

- 3.** Use the checklist in Annex C to assess if the WASH programme has been designed and implemented to be disability inclusive and accessible.
 - If the programme does not meet the checklist criteria (Annex C), the number of persons with disabilities reached cannot be estimated.
 - If the programme does meet the checklist criteria, follow the estimates criteria below.
- 4.** Where available, use baseline data on the number of persons with disabilities in the intervention area to set a target for the number of persons with disabilities reached.
- 5.** If the baseline did not identify persons with disabilities in the programme area, conduct a survey using the data collection tools in Table 5 to identify persons with disabilities. A sample survey can be used to estimate the number of persons with disabilities in the programme area.
- 6.** Estimates should be based on data collection tools that use a functional approach, i.e., data collected using the modules in Table 5 (see Section 4.3).
- 7.** Based on such data, establish a target of the proportion of beneficiaries that are persons with disabilities.
- 8.** Measure progress towards the target. Where possible, this may require periodic surveys to determine the proportion of persons with disabilities benefiting from the WASH service.
- 9.** To verify the accuracy of any estimates used in monitoring, during evaluations and assessments include disability as a component (see Box 7) to determine the number of persons with disabilities reached and include findings on how this compared to the target and monitoring data. Moderate results accordingly if the actual number is less than estimates.
- 10.** In monitoring and reporting, always indicate if the number is actual or an estimate. If an estimate, indicate what the estimate is based on.

See Figure 5 for a decision tree on the use of disability data, including on the use of estimates.

Note that the prevalence of disability in conflict-affected populations may be higher than global averages.⁸⁸

EXAMPLE:

Assessing the inclusion of persons with disabilities

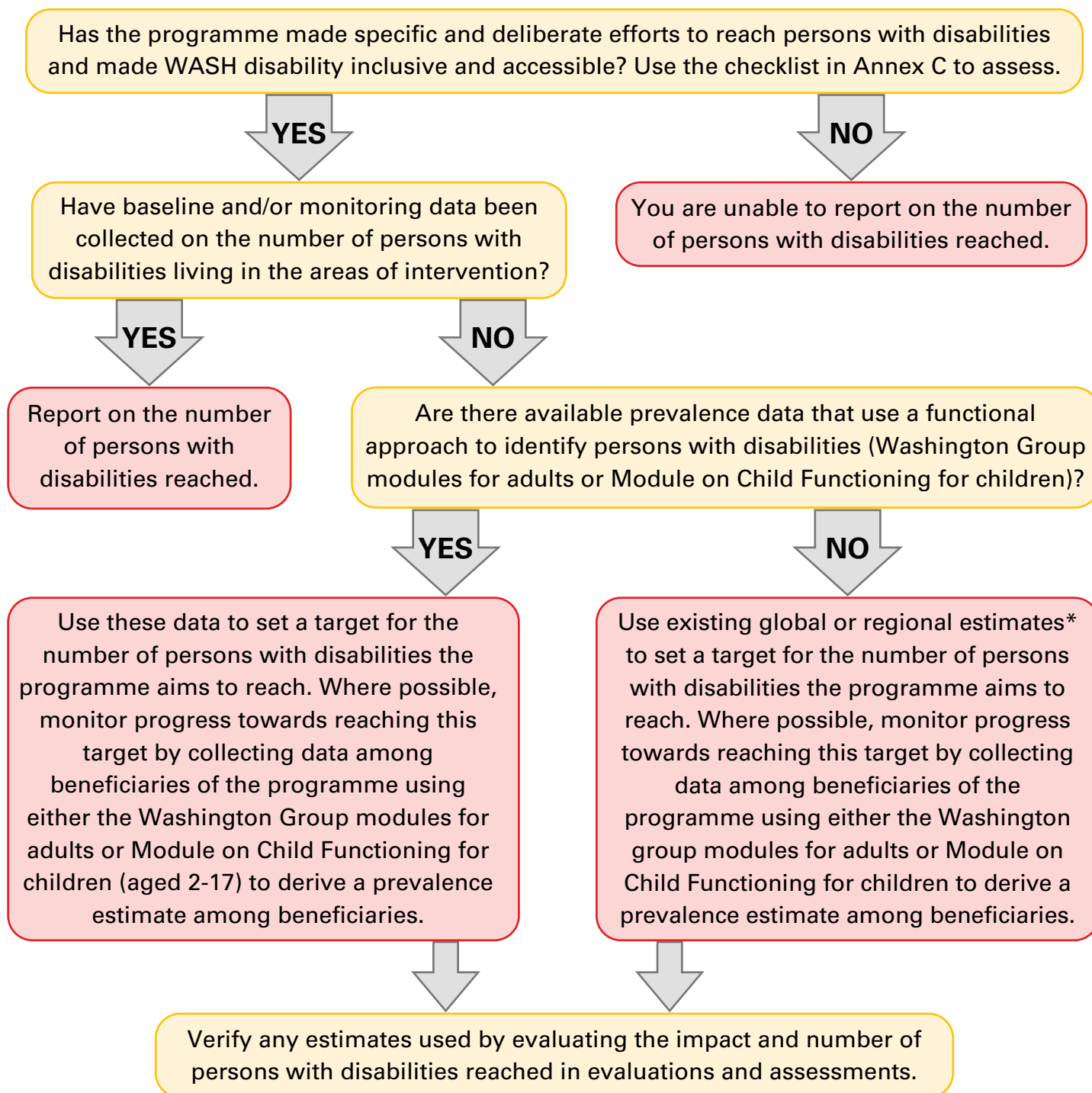
The COVID-19 Hygiene Hub and the London School of Hygiene and Tropical Medicine developed a checklist for organizations to assess whether their COVID-19 response programmes are inclusive of persons with disabilities. The checklist can be applied when planning, designing, monitoring and evaluating WASH programmes. The checklist has a methodology for scoring the level of inclusion. Checklists such as these are a mechanism to assess whether persons with disabilities are being included in WASH programming. The information can be used to course correct if persons with disabilities are not being included. For more information, including other WASH checklists: <https://resources.hygienehub.info/en/articles/4637812-how-can-organisations-assess-whether-covid-19-response-programmes-are-inclusive>



© UNICEF/UN0487758/DEJONGH

Children with autism and intellectual disabilities attend an Educational Support Center in Burkina Faso.

FIGURE 5. Decision tree for reporting on disability disaggregated data⁸⁹



*Global or regional estimates are 15 per cent of any adult population, according to the World Health Organization.⁹⁰ No reliable/comprehensive estimates exist for children.

5

Conclusion and recommendations

There is growing recognition within the WASH sector that programmes should collect disability data and monitor the impact of WASH services on persons with disabilities.

Disability data are required for accountability reasons and to ensure that WASH programmes are reaching the most vulnerable and, as mandated by the SDGs, leaving no one behind.

The case studies provided through this guidance illustrate the challenges encountered by WASH colleagues, while also demonstrating that being disability inclusive in data collection, monitoring and reporting is possible. However, in researching for this guidance, the authors found limited documented examples and guidelines specifically on this topic, suggesting that there are gaps in both guidance and practice on disability data in WASH programmes. This guidance is attempting to fill this gap, while recognizing that more research and field-testing is needed in this area.

This guidance represents UNICEF's first attempt to systematically strengthen disability data in WASH projects and

programmes. This guidance will be updated and revised as it is utilized within WASH programmes.



In Mozambique, Ilídio, 11 years old, has a disability and for a long time, he stayed at home with his mom or all by himself. Thanks to outreach workers, he has started school, and can now read and write, and most importantly he has friends to play with.

© UNICEF/UN0324896/

BOX 9:

Recommendations – What next?

Beyond implementing the approaches and tips provided throughout this guidance, the recommendations below are further opportunities to strengthen disability inclusive WASH programmes as well as specifically disability data in WASH.

- ✓ Design and implement WASH programmes to be disability inclusive and accessible, meeting the rights and needs of persons with disabilities and overcoming barriers to WASH access.⁹¹
- ✓ To support disability inclusive WASH programming, establish partnerships with organizations that have expertise in disability, including Organizations of Persons with Disabilities (OPDs), civil society organizations and disability service providers.
- ✓ Include disability in the design of monitoring frameworks and mechanisms.
- ✓ Agree on clear definitions and standards for disability inclusive WASH in your national context. Definitions and standards will assist in guiding the design and implementation of WASH programmes as well as data collection and monitoring of whether the standards are being reached.
- ✓ Build capacity on disability inclusive data collection, monitoring and reporting.
- ✓ Test the approaches in this guidance and provide feedback on these approaches.
- ✓ Create and share further tools and checklists to support the monitoring of disability inclusive WASH.
- ✓ Document good practices and lessons learnt in the inclusion of persons with disabilities in WASH monitoring processes and share amongst WASH actors.

Glossary

Accessible formats: Information available to persons with different types of disabilities. Formats include 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.⁹²

Assistive devices: Any external product (including devices, equipment, instruments or software), especially produced or generally available, the primary purpose of which 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.⁹³

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.⁹⁴

Disability accessible: Persons with disabilities accessing on an equal basis as others, the physical environment,

transportation, information and communications, facilities and services.⁹⁵ 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.⁹⁶

Disability disaggregated data: Disaggregated data are data divided into sub-categories of the total group.⁹⁷ Disability disaggregated data are data on the number of persons with disabilities within a given group. It allows for comparison with persons without disabilities.⁹⁸

Disability inclusive: A disability-inclusive process, programme or service is when what is being planned and/or developed specifically takes persons with disabilities into consideration as one of the groups to be benefited. Disability-inclusive programmes address barriers faced by persons with disabilities, support their specific needs and ensure their participation.⁹⁹

Disability relevant data: Certain information may be of particular relevance for persons with disabilities, in light of the specific barriers they face or their lived experiences.

Disability sensitive data: Data that are able to capture barriers and needs of persons with disabilities.

Gender: The socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed. While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and workplaces.¹⁰⁰

Impairment: A significant deviation or loss in body functioning or structure.¹⁰¹ 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 conditions 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.¹⁰²

Menstrual health and hygiene (MHH):

Encompasses the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systemic factors have been summarized by UNESCO as: accurate and timely knowledge; available, safe, and affordable materials; informed and comfortable professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.¹⁰³

Organizations of Persons with

Disabilities (OPDs): Associations of persons with disabilities and/or their representatives, including self-help groups, federations, networks and associations of parents of children with disabilities. An organization is considered an OPD if a majority of its board and members are persons with disabilities.¹⁰⁴ OPDs can be found at community,

national, regional and global levels. To find an OPD, review the member list of the [International Disability Alliance](#).

Persons with disabilities (children, adolescents and adults): Persons with disabilities include those 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.¹⁰⁵

Sex: In the context of this document, sex refers to the biological characteristics

that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females.¹⁰⁶

Theory of Change: A theory of change explains how activities are understood to produce a series of results that contribute to achieving the final intended impacts. It can be developed for any level of intervention – an event, a project, a programme, a policy, a strategy or an organization.¹⁰⁷



In South Sudan, sisters Eva (right), 10 years old, who has a physical disability, and Catherine, 8 years old, make their way home with jerrycans filled with water they collected at the Nile River, in Juba, the capital.

Annexes

Annex A: Examples of disability inclusive WASH indicators

The table below presents a range of examples of disability relevant and disability specific indicators across different WASH service areas. The indicators listed are intended to be illustrative, not exhaustive or prescriptive. Indicators are context dependent. They should be tailored to the programme's Theory of Change, results framework and be based on an analysis of the barriers to WASH services for persons with disabilities, as identified in a baseline or SitAn (see Box 5). Note that most of the WASH indicators are collected at the household level. Therefore, it is not usually possible to assess inequalities in access between individual household members by disability. The table indicates whether WASH relevant data are collected at the household or individual level to provide insights about the possibility of having disaggregated WASH data by disability.



Rahmad, 15 years old, a boy with an intellectual disability, washes his hands before entering class at SLB AL Fithri, a special needs school in Bandung, West Java province, Indonesia, on 15 October 2020.

© UNICEF/UN0353441/WILANDER

Examples of disability inclusive WASH indicators

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Sanitation	Impact	Percentage of people using safely managed sanitation services	Disability relevant	No	N/A	Household survey and administrative data
	Outcome	Percentage people using basic sanitation services	Disability relevant	No	N/A	Household survey (feeds into SMQs for UNICEF)
	Output	Number of additional people with access to basic sanitation services	Disability relevant	Yes	Disability, gender	Household survey/ Programme monitoring (feeds into SMQs for UNICEF)
	Output	Percentage of children aged 2–17 years living in a household with improved sanitation not shared with other households and located on premises	Disability relevant	Yes	Disability, gender	Household survey (MICS)
	Output	Number of persons with disabilities with access to sanitation facilities adapted for disability accessibility	Disability specific	Yes	Gender, age	Household survey/ Programme monitoring

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Sanitation (continued)	Output	Number of persons with disabilities on WASH facilities management committees	Disability specific	Yes	Gender	Focus group discussion/ Programme monitoring
	Output	Percentage of sanitation facilities that are accessible to all users, including those with disabilities	Disability specific	N/A	N/A	Accessibility audit
Water	Impact	Percentage of people using safely managed drinking-water services	Disability relevant	No	N/A	Household survey and administrative data
	Outcome	Percentage of people using basic drinking-water services	Disability relevant	No	N/A	Household survey (feeds into SMQs for UNICEF)
	Output	Number of additional people with access to safe drinking-water services	Disability relevant	Yes	Disability, gender	Household survey/ Programme monitoring (feeds into SMQs for UNICEF)
	Output	Percentage of children aged 2 to 17 years who live in a household with an improved source of drinking-water accessible on premises	Disability relevant	Yes	Disability, gender	Household survey (MICS)

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Water (continued)	Output	Number of persons with disabilities with access to drinking-water services adapted for disability accessibility	Disability specific	Yes	Gender, age	Household survey/ Programme monitoring
	Output	Number of persons with disabilities participating in water management committees/groups	Disability specific	Yes	Gender	Focus group discussions/ Programme monitoring
	Output	Number of women and men with disabilities in positions of management or leadership in water user groups/water management committees ¹⁰⁹	Disability specific	Yes	Gender	Focus group discussion/ Programme monitoring
	Output	Percentage of drinking-water points that are accessible to all users, including those with disabilities ¹¹⁰	Disability specific	N/A	N/A	Accessibility audit

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Hygiene ¹¹¹	Outcome	Percentage of people using basic hygiene services	Disability relevant	No	N/A	Household survey (feeds into SMQs for UNICEF)
	Output	Number of additional people with access to basic hygiene services	Disability relevant	Yes	Disability, gender	Household survey/ Programme monitoring (feeds into SMQs for UNICEF)
	Output	Number of hygiene promoters hired	Disability relevant	Yes	Disability, gender, age	Programme monitoring
	Output	Number of hygiene promoter visits to households with persons with disabilities	Disability specific	N/A	Gender, age	Programme monitoring
	Output	Number of accessible behaviour change materials developed/purchased	Disability specific	N/A	N/A	Programme monitoring
	Outcome	Level of recall of the main messages from an event/material	Disability relevant	Yes	Disability, gender, age	Focus group discussion/ programme monitoring
	Output	Proportion of handwashing promotion events that were accessible	Disability specific	N/A	N/A	Programme monitoring
	Output	Number of participants at handwashing promotion events	Disability relevant	Yes	Disability, gender, age	Programme monitoring

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Hygiene (continued)	Outcome	Level of knowledge of the benefits of handwashing with soap	Disability relevant	Yes	Disability, gender, age	Focus group discussion/ programme monitoring
	Outcome	Number of households with soap present	Disability relevant	No	HH with person with disabilities	Household survey/ Programme monitoring
	Output	Percentage of children aged 2 to 17 years living in a household with a place for handwashing where water and soap or detergent are present on premises	Disability relevant	Yes	Gender	Household survey (MICS)
WASH in Schools ¹¹²	Output	Number (or proportion) of schools with accessible WASH (need to define toilets, handwashing, MHH)	Disability specific	N/A	N/A	School survey/Accessibility audit/Programme monitoring
	Output	Number (or proportion) of schools with functional water point that is available at or near the school that provides a sufficient quantity of water for the needs of school, is safe for drinking, and is accessible to children with disabilities	Disability specific	N/A	N/A	School survey/Accessibility audit/Programme monitoring

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
WASH in Schools (continued)	Output	Number (or proportion) of schools with functional toilets and urinals for girls, boys and teachers that meets national standards, and are accessible to children with disabilities	Disability specific	N/A	N/A	School survey/Accessibility audit/Programme monitoring
	Output	Number (or proportion) of schools with functional and accessible handwashing facilities and soap (or ash) available for girls and boys in the school	Disability specific	N/A	N/A	School survey/Accessibility audit/Programme monitoring
	Output	Number (or proportion) of schools with accessible information on handwashing for children with disabilities	Disability specific	N/A	N/A	School survey/Accessibility audit/Programme monitoring

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
WASH in health-care facilities	Output	Proportion of health-care facilities with basic sanitation services (improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility)	Disability specific	N/A	N/A	Health-care facility survey/ Accessibility audit/ Programme monitoring (JMP indicator)
	Outcome	Proportion of health-care facilities with accessible toilets	Disability specific	N/A	N/A	Health-care facility survey/ Accessibility audit
	Outcome	Proportion of health-care facilities with accessible handwashing	Disability specific	N/A	N/A	Health-care facility survey/ Accessibility audit

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Menstrual Health and Hygiene ¹¹³	Output	Proportion of girls that correctly answer questions about common myths and misconceptions about menstruation	Disability relevant	Yes	Disability	KAP survey
	Output	Proportion of women/girls with intellectual disabilities who understand when to change their menstrual product, know where to get clean menstrual materials, and are able to change independently	Disability specific	Yes	Age	KAP survey (questionnaire adapted for women/girls with intellectual disabilities)
	Output	Proportion of women/girls who were able to change their menstrual materials when they wanted to while at [home/school/elsewhere]	Disability relevant	Yes	Disability	KAP survey
	Output	Proportion of [schools/health-care facilities/workplaces/other] with a private area with facilities to manage menstruation that are disability accessible	Disability specific	N/A	N/A	Accessibility audit

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Menstrual Health and Hygiene (continued)	Output	Proportion of women/girls with disabilities who were able to change when they wanted to while at home and away from home	Disability specific	N/A	N/A	KAP survey
	Output	Proportion of women/girls who were able to access menstrual materials when they needed them during their last menstrual period	Disability relevant	Yes	Disability	KAP survey
	Output	Proportion of women/girls with intellectual disabilities who receive emotional support for their menstruation	Disability specific	N/A	N/A	KAP survey (questionnaire adapted for women/girls with intellectual disabilities)
	Output	Percentage of women aged 15–49 years reporting menstruating in the last 12 months and using menstrual hygiene materials with a private place to wash and change while at home	Disability relevant	Yes	Disability, age	Survey (MICS indicator)
	Output	Percentage of women aged 15–49 years reporting menstruating in the last 12 months who did not participate in social activities, school or work due to their last menstruation	Disability relevant	Yes	Disability, age	Survey (MICS indicator)

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Humanitarian	Output	Percentage of UNICEF targeted population in humanitarian situations provided with sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	Disability relevant	Yes	Disability, gender	Programme monitoring
	Output	Percentage of target population in humanitarian situations provided with access to sanitation facilities and living in environments free of open defecation	Disability relevant	Yes	Disability, gender	Programme monitoring
	Output	Percentage of target population in humanitarian situations provided with appropriate MHH services	Disability relevant	Yes	Disability	Programme monitoring
	Output	Percentage of target population in humanitarian situations provided with access to appropriate WASH facilities in schools, temporary learning spaces and other child friendly spaces	Disability relevant	Yes	Disability, gender, age	Programme monitoring

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
COVID-19 (WASH-related) ¹¹⁴	Output	Number of people reached with critical WASH supplies (including hygiene items) and services	Disability relevant	Yes	Disability	Programme monitoring
	Output	Number of children with disabilities with access to accessible handwashing in schools	Disability specific	Yes	Gender	Programme monitoring
	Output	Number of targeted population provided with hygiene kits or key hygiene items (mandatory additional items: bleach 2 litres, more soap, and jerry can with tap) in the reporting period	Disability relevant	Yes	Disability, gender	Programme monitoring
	Output	Availability of a costed plan in place to promote hygiene and handwashing in response to COVID-19 that considers disability inclusion and accessibility	Disability specific	N/A	N/A	Programme monitoring
	Output	Number of health centres (clinics, hospitals, etc.) equipped with accessible WASH facilities in the reporting period	Disability specific	N/A	N/A	Programme monitoring

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Inclusion and participation in WASH programme processes	Output	Baseline (or SitAn) identified WASH barriers for persons with disabilities	Disability specific	N/A	N/A	Programme monitoring
	Output	Programme plans/strategy/document addresses barriers to WASH faced by persons with disabilities	Disability specific	N/A	N/A	Programme monitoring
	Output	Number and frequency of persons with disabilities consulted during programme design and implementation	Disability specific	Yes	Gender	Programme monitoring
	Output	Budget allocated for disability inclusion and accessibility	Disability specific	N/A	N/A	Programme monitoring
	Output	Percentage of community-based WASH feedback mechanisms that are accessible for persons with disabilities	Disability specific	N/A	N/A	Programme monitoring

Service Element	Level	Indicator	Type of indicator	Is disaggregation by individual characteristics feasible? ¹⁰⁸	Disaggregation	Likely data collection method
Inclusion and participation in WASH programme processes (continued)	Output	Number of stakeholders trained in disability inclusive and accessible WASH	Disability specific	Yes	Disability, gender	Programme monitoring
	Output	Percentage of stakeholder reporting increased knowledge on disability inclusive and accessible WASH	Disability specific	N/A	N/A	Programme monitoring
	Outcome	Number of legal/policy instruments proposed, drafted, or adopted to promote disability-inclusive WASH at the national or subnational level as a result of project or programme activities ¹¹⁵	Disability specific	N/A	N/A	Policy review

Annex B: Disability Inclusive WASH in UNICEF internal reporting

UNICEF has internal reporting requirements as part of its accountability to [UNICEF's current Strategic Plan \(2022–2025\)](#). In the Strategic Plan, disability inclusion is considered as part of the equity, inclusion and leave no one behind principle and

disability inclusive programming is specifically referenced as a cross cutting priority. Within Goal Area 4¹¹⁶ in the Strategic Plan Results Framework, disability is tracked and reported via the disaggregation of the output indicators in the table below.

Disaggregation of WASH indicators in UNICEF's Strategic Plan Results Framework¹¹⁷

Goal Area 4: Every child, including adolescents, has access to safe and equitable water, sanitation and hygiene services and supplies, and lives in a safe and sustainable climate and environment.

Result Area 1: Safe and equitable water, sanitation, and hygiene services and practices.

Output Indicator	Disaggregation
4.1.1. Number of people reached with at least basic sanitation services through UNICEF supported programmes	Disability, humanitarian/non humanitarian contexts, geography (region, urban/rural), sex, service type, climate resilience
4.1.2. Number of people reached with at least basic water that is safe and available when needed through UNICEF supported programmes	Disability, humanitarian/non humanitarian contexts, geography (region, urban/rural), sex, service type/level (previous and reached service levels), climate resilience
4.1.3. Number of people reached with at least basic hygiene through UNICEF supported programmes	Disability, humanitarian/non humanitarian contexts, geography (region, urban/rural), sex
4.1.4. Number of schools reached with basic WASH through UNICEF supported programmes	Humanitarian/non humanitarian contexts, geography (region, urban/rural, climate resilience, WASH service type delivered

Output Indicator	Disaggregation
4.1.5. Number of health-care facilities reached with basic WASH through UNICEF supported programmes	Humanitarian/non humanitarian contexts, geography (region, urban/rural, climate resilience)
4.1.6. Number of women and adolescent girls reached whose menstrual health and hygiene (MHH) needs are addressed through UNICEF-supported programmes	Age, disability, humanitarian/non humanitarian contexts, geography (region, urban/rural)
4.1.7. Number of people in humanitarian contexts reached with appropriate drinking-water services through UNICEF supported programmes	Disability, geography (region, urban/rural), sex
4.1.8. Number of people in humanitarian contexts reached with appropriate sanitation services through UNICEF supported programmes	Disability, geography (urban/rural), sex

Much of the data required to report on the output indicators in the table above in the Strategic Plan Results Framework comes from UNICEF's internal monitoring system, Strategic Monitoring Questions (SMQs). Many of the WASH SMQs request disability disaggregated data. As much as possible,

UNICEF country offices should design the data collection and monitoring systems of WASH programmes to be able to provide accurate data on the number of persons with disabilities reached in the SMQs (see table below).

Disability-specific Strategic Monitoring Questions to monitor UNICEF's WASH output indicators

Output Indicator	Strategic Monitoring Questions
4.1.1. Number of people reached with at least basic sanitation services through UNICEF supported programmes	SMQ-24-02-4.4-1b How many of the people who are using basic sanitation services as a result of direct UNICEF-supported development (non-emergency) programmes during the year of reporting are people with disabilities?
4.1.2. Number of people reached with at least basic water that is safe and available when needed through UNICEF supported programmes	SMQ-24-01-4.2-8 In the reporting year, how many of the additional people who gained access to water in development (all service levels) and in emergencies (only durable solutions reported in SMQ-24-01-4.2-6 and SMQ-24-01-4.2-9) have disabilities?
4.1.3. Number of people reached with at least basic hygiene through UNICEF supported programmes	SMQ-24-02-4.b.3-25 How many of the additional people had access to basic hygiene services as a result of direct UNICEF-supported programmes during the year of reporting had disabilities?
4.1.4 Number of schools reached with basic WASH through UNICEF supported programmes	N/A
4.1.5. Number of health-care facilities reached with basic WASH through UNICEF supported programmes	N/A

Output Indicator	Strategic Monitoring Questions
<p>4.1.6. Number of women and adolescent girls reached whose menstrual health and hygiene (MHH) needs are addressed through UNICEF-supported programmes</p>	<p>SMQ-24-02-4.b.1.b-7v</p> <p>How many girls (below 20 years) attended the schools where new menstrual hygiene services made available with support of UNICEF, and not reported in previous years? Disaggregated by disability</p> <p>SMQ-24-02-4.b.1.b-9v</p> <p>How many women and girls (outside of schools) benefited from Menstrual Health and Hygiene services with direct support of UNICEF, and not reported in previous years? Disaggregated by disability</p> <p>SMQ-24-02-4.b.1.b-12</p> <p>How many girls and women were reached through communication regarding menstrual health, for example through the use of an app (e.g. Oky), helpline/ hotline, girls health clubs, etc., through UNICEF-supported programmes during the year of reporting? Disaggregated by disability</p> <p>SMQ-24-02-4.b.4.b-22b</p> <p>How many of the girls and women in humanitarian situations who were provided with menstrual hygiene management services UNICEF-supported programmes during the year of reporting were people with disabilities?</p>
<p>4.1.7. Number of people in humanitarian contexts reached with appropriate drinking-water services through UNICEF supported programmes</p>	<p>SMQ-24-01-4.a.3-4b</p> <p>How many of the people in humanitarian situations who were provided with a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene were people with disabilities?</p>

Output Indicator	Strategic Monitoring Questions
<p>4.1.8. Number of people in humanitarian contexts reached with appropriate sanitation services through UNICEF supported programmes</p>	<p>SMQ-24-02-4.b.4.a-3b</p> <p>How many of the people in humanitarian situations who were provided access to appropriate sanitation facilities, and are living in environments free of open defecation, through UNICEF-supported programmes during the year of reporting were people with disabilities?</p> <p>SMQ-24-02-4.b.4.a-3g</p> <p>How many of the people provided with access to basic sanitation services in humanitarian situations were people with disabilities?</p> <p>SMQ-24-02-4.b.4.c-21b</p> <p>How many of the children in humanitarian situations that were provided access to these WASH facilities in schools, temporary learning and other child-friendly spaces were children with disabilities?</p>
<p>Supplemental</p>	<p>SMQ-24-01-SUPP2401_WS4-37a</p> <p>Which specific groups of the population are explicitly mentioned in the financing strategy and for which costing has been put in place to ensure their inclusion within the roll out of the strategy? People with disabilities</p>

Annex C: Checklist on disability inclusion and accessibility in WASH programmes

Use the checklist below to assess whether a WASH programme has been designed and implemented to be inclusive of and accessible to persons with disabilities. This assessment can be used to identify gaps and areas to strengthen the programme to have a greater impact on persons with disabilities. The checklist is also a tool to determine whether a programme is able to report

on the number of persons with disabilities reached (see Box 8 and Figure 5). *Only programmes that have been designed and implemented to be disability inclusive and accessible are able to use estimates during reporting.* A programme is considered to be disability inclusive and accessible if they respond 'yes' to 80 per cent of the questions below.

Checklist on disability inclusion and accessibility in WASH programmes

Programme Stage	Disability inclusion considerations	Response (Yes/No)	Comment
All Stages	Do you have a disability inclusion focal point for the programme?		
Situation Analysis	Have data been collected/or planned to be collected during situation analyses and programme planning on the barriers, needs and priorities of persons with disabilities?		
	If data are not available on the WASH needs and barriers of persons with disabilities, has this been identified as an information gap and actions put in place to address it?		
	Have persons with disabilities been consulted and involved in the planning process (e.g., has an OPD been engaged in the process)?		
	Has budget been allocated to cover the participation of persons with disabilities in situation analysis and planning?		

Programme Stage	Disability inclusion considerations	Response (Yes/No)	Comment
Programme Design	Have you involved persons with disabilities in consultations on the programme design and is it reflected in your Results Framework Matrix?		
	Have you defined specific objectives, outputs and indicators related to persons with disabilities?		
	Have you defined approaches for reaching persons with disabilities (such as accessible infrastructure or inclusive hygiene messages)?		
	Have you identified disability inclusive WASH actions as well as targeted interventions (see twin-track approach in WASH guidance) ¹¹⁸ based on the identified WASH needs and barriers?		
Implementation	Were persons with disabilities involved in WASH infrastructure activities, including in community consultations, assessments, accessibility audits, maintenance, etc.?		
	Has infrastructure been designed to be accessible and responsive to the needs of persons with different types of disabilities?		
	Has hygiene and handwashing information been produced in at least two different formats (such as written and audio)?		
	Do you have a signed partnership agreement or contract with an organization or consultant that specializes in disability inclusion and accessibility?		

Programme Stage	Disability inclusion considerations	Response (Yes/No)	Comment
Implementa- tion (continued)	Has budget been allocated for disability-related activities?		
	Have you facilitated the participation of women and men with disabilities in management committees and positions of responsibility to support improved functioning of water committees, water systems and hygiene promotion?		
	Are obstacles to safe and equitable access to WASH services promptly addressed?		
Monitoring	Have you collected data disaggregated by age, sex and disability on the access, the use and the quality of WASH services and facilities?		
	Do you regularly monitor the access and use of WASH facilities or services by persons with disabilities, through spot checks and discussions with the communities?		
	Do you regularly monitor how safe women, adolescent girls, and children, including those with disabilities, feel when using WASH facilities?		
	Do you monitor the construction of infrastructure to ensure it meets accessibility standards?		

Endnotes

- 1 World Health Organization, *World Report on Disability*, WHO, Geneva, 2011.
- 2 United Nations Children's Fund, *Disability Inclusive WASH Practices: Including people with disabilities in UNICEF WASH Programming*, UNICEF, New York, 2016.
- 3 Ibid.
- 4 United Nations Children's Fund, 'Guidance: Including children with disabilities in Humanitarian Action, WASH', 2017.
- 5 United Nations, Convention on the Rights of Persons with Disabilities, 2006.
- 6 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 7 Figure from: United Nations Children's Fund, 'Producing Disability-Inclusive Data, Why it matters and What it takes', 2020.
- 8 Ibid.
- 9 Enhancing Learning and Research for Humanitarian Assistance, *Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions*, 2019.
- 10 Adapted from United Nations Children's Fund, Humanity & Inclusion and the International Disability Alliance, *Including Everyone: Strengthening the collection and use of data about persons with disabilities in humanitarian situations*, 2019.
- 11 CBM, International Disability Alliance and Stakeholder Group of Persons with Disabilities for Sustainable Development, *Disability data advocacy toolkit*, 2020.
- 12 Ibid.
- 13 Plan International Australia and CBM, 'Practice note: Collecting and using data on disability to inform inclusive development', 2015.
- 14 Convention on the Rights of Persons with Disabilities.
- 15 The list of different ways data can be disaggregated is non-exhaustive.
- 16 Sex disaggregated data are data grouped according to the biological characteristics of male and female.
- 17 Gender disaggregated data are data grouped by gender identity: men, women, non-binary, transgender.
- 18 United Nations Children's Fund, *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*, 2021.
- 19 *Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions*.
- 20 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 21 Adapted from United Nations Children's Fund, 'Guidance for Monitoring Menstrual Health and Hygiene', UNICEF, New York, 2020.
- 22 Rural Water Supply Network, 'Reducing Inequalities in Water, Sanitation and Hygiene (WASH). A synthesis of experience and lessons discussed in the RWSN Equality, Non-discrimination and Inclusion Group 2015', RWSN, Switzerland, 2015.
- 23 *Disability Inclusive WASH Practices: Including people with disabilities in UNICEF WASH Programming*.
- 24 To find an OPD, review the list of International Disability Alliance (IDA) members: <www.internationaldisabilityalliance.org/content/ida-members>.
- 25 For more information on the participation of children with disabilities, see United Nations Children's Fund, *Take Us Seriously: Engaging children with disabilities in decisions affecting their lives*, UNICEF, New York, 2013, <https://sites.unicef.org/disabilities/files/Take_Us_Seriously.pdf>, accessed 5 October 2021.

- 26 For more information, see United Nations Children's Fund, 'Tips on communicating with children and adolescents with disabilities', UNICEF, 2019, <https://sites.unicef.org/disabilities/files/Tips_on_communicating_with_children_with_disabilities.docx>, accessed 8 October 2021.
- 27 *Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions.*
- 28 Thompson, Stephen, Mariah Cannon and Mary Wickenden, *Exploring Critical Issues in the Ethical Involvement of Children with Disabilities in Evidence Generation and Use*, Innocenti Working Paper 2020-04, UNICEF Office of Research, Florence, July 2020.
- 29 Research brief available from: <www.unicef-irc.org/publications/1111-brief-exploring-critical-issues-in-the-ethical-involvement-of-children-with-disabilities.html>.
- 30 Working paper available from: <www.unicef-irc.org/publications/1110-exploring-critical-issues-in-the-ethical-involvement-of-children-with-disabilities.html>.
- 31 Adapted from Thompson, Cannon and Wickenden, *Exploring Critical Issues in the Ethical Involvement of Children with Disabilities in Evidence Generation and Use*.
- 32 Ibid.
- 33 See research brief for key elements of protocol: <www.unicef-irc.org/publications/1111-brief-exploring-critical-issues-in-the-ethical-involvement-of-children-with-disabilities.html>.
- 34 Be aware that the age to be able to consent to participate in research should be considered alongside capacity, being careful not to make assumptions on a child's capacity.
- 35 Adapted from 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 36 For more information on terminology related to disabilities, see <<https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf>>.
- 37 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.
- 38 Adapted from 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 39 For example, the UNICEF *Case for Investment in Accessible and Inclusive WASH* was produced in English, Arabic, French, Spanish, ePub, HTML and DAISY (see the [UNICEF Disability Inclusive WASH](#) resources page).
- 40 ePub is an e-book file; DAISY is talking books; Braille-ready are files that can be printed on Braille printers.
- 41 Easy read is plain, simplified text accompanied by pictures for persons with intellectual disabilities.
- 42 For examples of accessible WASH videos, see: [Disability Inclusive Humanitarian WASH Response](#).
- 43 *Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions.*
- 44 Figure sourced from: United Nations Children's Fund, Programme Performance Monitoring SharePoint site, 2020 (internal document accessible to UNICEF staff only).
- 45 'Guidance for Monitoring Menstrual Health and Hygiene'.
- 46 For guidance on designing and implementing disability inclusive WASH programming, see *Disability Inclusive WASH Practices: Including people with disabilities in UNICEF WASH Programming*, <https://sites.unicef.org/disabilities/files/WASH_Disability_Inclusion__Practices__programming_note_-_Draft_for_review.pdf>.
- 47 For tools to assess disability inclusion in programmes, see: <<https://resources.hygienehub.info/en/articles/4637812-how-can-organisations-assess-whether-covid-19-response-programmes-are-inclusive>>.

- 48 *Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions.*
- 49 For more information for UNICEF country offices on reporting results for children with disabilities, see <https://unicef.sharepoint.com/teams/PD-DC/SitePages/Disability_Re.aspx> (internal document accessible to UNICEF staff only).
- 50 Adapted from *Including Everyone: Strengthening the collection and use of data about persons with disabilities in humanitarian situations.*
- 51 Ibid.
- 52 In countries where national policies and standards are not disability inclusive, advocate for them to be revised and use international standards as a reference, such as the International Organization for Standardization (ISO) *International Standard ISO 21542: Building construction – accessibility and usability of the built environment*, 2021, <www.iso.org/standard/71860.html>, accessed 6 October 2021.
- 53 *Disability Inclusive WASH Practice, Including people with disabilities in UNICEF WASH Programming.*
- 54 United Nations Children’s Fund, *Goal Area 5: Every child has an equitable chance at life, Global Annual Results Report 2019*, UNICEF, New York, 2020.
- 55 UNICEF’s MICS is the largest household survey on children’s well-being worldwide and has been conducted in 118 countries. For more information, see <<https://mics.unicef.org/>>.
- 56 Data based on MICS data from surveys conducted between 2015 and 2019 in 24 countries.
- 57 Infographic from: United Nations Children’s Fund, *Children with disabilities: Ensuring their inclusion in COVID-19 response strategies and evidence generation*, UNICEF, New York, 2020.
- 58 For more information, see JMP. Note that the JMP does not collect data directly but compiles available national datasets and uses these to generate internationally comparable estimates.
- 59 United Nations Children’s Fund and World Health Organization, *Progress on drinking water, sanitation and hygiene in schools: Special focus on COVID-19*, UNICEF, New York, 2020.
- 60 World Health Organization and United Nations Children’s Fund, *WASH in health care facilities: global baseline report 2019, WHO and UNICEF*, Geneva, 2019.
- 61 *Progress on drinking water, sanitation and hygiene in schools: Special focus on COVID-19.*
- 62 Ibid.
- 63 *Including Everyone: Strengthening the collection and use of data about persons with disabilities in humanitarian situations.*
- 64 Ibid.
- 65 Table developed based on: Washington Group on Disability Statistics, *The data collection tools developed by the Washington Group on Disability Statistics and their recommended use*, Washington Group, 2020, <www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/WG_Implementation_Document__1_-_Data_Collection_Tools_Developed_by_the_Washington_Group.pdf>, accessed 6 October 2021.
- 66 For more information on the WG-SS, see: <www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>.
- 67 Domains included in the WG-SS are: seeing, hearing, mobility, cognition, self-care and communication.
- 68 For more information on the WG-SS Enhanced, see: <www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning---enhanced-wg-ss-enhanced/>.
- 69 The WG-SS Enhanced asks questions on the domains included in the WG-SS (see endnote 67) and covers upper body and affect (depression and anxiety).
- 70 For more information on the WG-ES, see: <www.washingtongroup-disability.com/question-sets/wg-extended-set-on-functioning-wg-es/>.

- 71 In addition to including the functional domains in the WG-SS and the WG-SS Enhanced (see endnotes 67 and 69), the WG-ES covers pain and fatigue, as well as providing more granularity across functional domains, including hearing and mobility.
- 72 For more information, see: <<https://data.unicef.org/topic/child-disability/module-on-child-functioning/>>.
- 73 The Module on Child Functioning is recommended for children as it is more sensitive to child development than the Washington Short Set. It is not possible to collect reliable information on children with functional difficulties below the age of 2 in a population survey. See: 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 74 Domains covered in the Module on Child Functioning include seeing, hearing, mobility, fine motor, communication and comprehension, learning, relationships and play. Self-care and affect (anxiety and depression) are also included in the module for 5–17 years of age.
- 75 As of April 2021, the Module on Child Function is available in: English, French, Spanish, Vietnamese, Russian, Chinese, Arabic, Portuguese (standard and Brazilian) and Khmer.
- 76 Module on Child Functioning or Washington Short Set.
- 77 *Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions.*
- 78 For more information on accessible focus group discussions, see CBM [Focus Group Discussion guide](#).
- 79 UNDIS is a policy and accountability framework to raise the United Nation's standards and performance on disability inclusion globally. Indicator 10 of the accountability framework requires that disability inclusion is mainstreamed effectively throughout the evaluation process and reflected in the terms of reference, inception and evaluation report(s).
- 80 *Disability Inclusive WASH Practice, Including people with disabilities in UNICEF WASH Programming.*
- 81 See endnote 52
- 82 A UNICEF Accessibility Toolkit, including checklists that can be used for accessibility audits, will be available in December 2021 from: <https://accessibilitytoolkit.unicef.org/>.
- 83 *Disability Inclusive WASH Practice, Including people with disabilities in UNICEF WASH Programming.*
- 84 Ibid.
- 85 Compared to the global average of 15 per cent of any population.
- 86 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 87 For more information on designing WASH programmes to be disability inclusive and accessible, see: <www.unicef.org/documents/water-sanitation-and-hygiene-guidance-note-leaving-no-one-behind>.
- 88 A study found that 22 per cent of surveyed Syrian refugees had a disability, compared to the global average of 15 per cent. Handicap International and HelpAge, *Hidden victims of the Syrian crisis: disabled, injured and older refugees*, 2014.
- 89 The monitoring methodology in this decision tree will be piloted in the future and revised based on experiences in country offices.
- 90 World Health Organization, *World Report on Disability*, Geneva, 2011.
- 91 There are a number of guidelines available to inform the design and implementation of disability inclusive WASH programmes, including *Disability Inclusive WASH Practices: Including people with disabilities in UNICEF WASH Programming*, <https://sites.unicef.org/disabilities/files/WASH_Disability_Inclusion_Practices_programming_note_-_Draft_for_review.pdf>.

- 92 Convention on the Rights of Persons with Disabilities.
- 93 World Health Organization, *Priority Assistive Products List*, 2016 https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf, accessed 8 October 2021.
- 94 Convention on the Rights of Persons with Disabilities.
- 95 Ibid.
- 96 *International Standard ISO 21542, Building construction – Accessibility and usability of the build environment*.
- 97 *Disability data advocacy toolkit*.
- 98 Ibid.
- 99 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 100 'Guidance for Monitoring Menstrual Health and Hygiene'.
- 101 World Health Organization, 'Towards a Common Language for Functioning, Disability and Health ICF', WHO, 2002, <www.who.int/classifications/icf/en>, accessed 6 October 2021.
- 102 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 103 'Guidance for Monitoring Menstrual Health and Hygiene'.
- 104 'Guidance: Including children with disabilities in Humanitarian Action, WASH'.
- 105 Convention on the Rights of Persons with Disabilities.
- 106 'Guidance for Monitoring Menstrual Health and Hygiene'.
- 107 Rogers, Patricia, *Theory of Change: Methodological Briefs - Impact Evaluation No. 2, Methodological Briefs no. 2*, UNICEF Office of Research, Florence, 2014.
- 108 No, if data are currently collected at the household or community level. Yes, if data are collected at the individual level.
- 109 World Bank, 'Including Persons with Disabilities in Water Sector Operations: A guidance note', World Bank, Washington DC, 2017.
- 110 Ibid.
- 111 Adapted from United Nations Children's Fund, *Handwashing Promotion Monitoring and Evaluation Module*, UNICEF, New York, 2013.
- 112 Adapted from United Nations Children's Fund, *WASH in Schools Monitoring Package*, UNICEF, New York, 2011.
- 113 Adapted from 'Guidance for Monitoring Menstrual Health and Hygiene'.
- 114 Adapted from United Nations Children's Fund, COVID-19 Programme Monitoring and Analysis Framework, UNICEF COVID-19 PME Working Group, June 2020 (internal document accessible to UNICEF staff only).
- 115 *Including Persons with Disabilities in Water Sector Operations: A Guidance Note*.
- 116 Goal Area 4 is: Every child, including adolescents, has access to safe and equitable water, sanitation and hygiene services and supplies, and lives in a safe and sustainable climate and environment.
- 117 Based on the 2022–2025 UNICEF Strategic Plan Results Framework: <www.unicef.org/executiveboard/media/7426/file/2021-25-Add1-Strategic_Plan_2022-2025-IRRF-EN-ODS.pdf>.
- 118 For more information on the twin-track approach, see *Disability Inclusive WASH Practices: Including people with disabilities in UNICEF WASH Programming*, <https://sites.unicef.org/disabilities/files/WASH_Disability_Inclusion__Practices__programming_note_-_Draft_for_review.pdf>, accessed 8 October 2021.

This publication is a product of the Water,
Sanitation and Hygiene section, Programme Group,
at the United Nations Children's Fund (UNICEF).
© United Nations Children's Fund (UNICEF)
December 2021

Permission is required to reproduce any part of this
publication. For more information on usage rights,
please contact nyhqdoc.permit@unicef.org

Published by UNICEF
3 United Nations Plaza
New York, NY 10017, USA
www.unicef.org