World Vision

DISABILITY-INCLUSIVE WASH:

PRACTICAL IMPLEMENTATION GUIDANCE FOR PROGRAMS

ACKNOWLEDGEMENTS

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We desire for this document to serve as a valuable tool to support the World Vision partners and other development professionals to implement effective and impactful disability-inclusive WASH programming to improve the lives of the most vulnerable around the world. If you have any feedback on the guidance included, please email krurich@worldvision.org.

World Vision

Disability-Inclusive WASH:
Practical Implementation Guidance for Programmes

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World Vision is a Christian humanitarian organisation dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. We serve all people, regardless of religion, race, ethnicity, or gender.

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ACRONYMS

ADA	Americans with Disabilities Act
AWDS	Africa WASH and Disability Study
CBO	Community-Based Organisation
CHW	Community Health Worker
DI-WASH	Disability-Inclusive Water, Sanitation, and Hygiene
GEDSI	Gender Equality, Disability, and Social Inclusion
GESI	Gender Equality and Social Inclusion
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
OPD	Organization of Persons with Disabilities
SDG	Sustainable Development Goal
UN	United Nations
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation

1. INTRODUCTION

World Vision is committed to pursuing the sustained well-being of children, especially the most vulnerable, within their families and communities. People with disabilities are some of the most vulnerable in any community because of unsuitable infrastructure, exclusion, discrimination, and barriers to accessing services. Since World Vision's first intervention in a community is often related to water, sanitation, and hygiene (WASH), prioritising disability inclusion is essential to achieving the basic human right to water and sanitation, setting the tone for inclusion in other community-based projects, and helping to achieve Sustainable Development Goal (SDG) 6: access to water and sanitation for all.

How to use this guide

The primary purpose of this guide is to provide information, tools, and resources to World Vision WASH teams in designing and implementing disability-inclusive WASH (DI-WASH) programmes. WASH managers and their teams should be familiar with this guide's main contents and the tools in the DI-WASH standards herein and refer to them when writing grant proposals, designing or re-designing new WASH projects, and evaluating or auditing current WASH programmes.

This document is not intended to be read sequentially by any one staff member. Instead, it serves as a reference guide to familiarize staff with the standards and their application within various stages of planning and programming. All staff working on WASH should be familiar with the core contents of the guide and their use. The appendices provide tools for the application of specific standards, so staff should be aware of their contents and potential applications to support stakeholders in their projects as needed.

The guide is organized into seven sections:

1. **Introduction:** Explains disability and the importance of inclusive WASH
2. **What is disability-inclusive WASH?:** Details essential mindsets, practices, and respectful language for a comprehensive approach
3. **Programming standards:** Offers guidance on designing, planning, budgeting, and monitoring inclusive WASH programmes
4. **Structural standards:** Provides key design elements for constructing inclusive WASH infrastructure
5. **Standards for specialised groups:** Ensures inclusion of individuals with specific needs, like intellectual disabilities and menstrual health, which can be done via community engagement, or via OPDs and community health structures

6. **Humanitarian settings:** Adapts standards for emergencies and camp situations
7. **Appendices:** This section includes checklists and tools to apply the guide's standards and principles effectively.

To make the document easy to navigate, there are tabs at the bottom of each page that you can click to jump to a specific section.

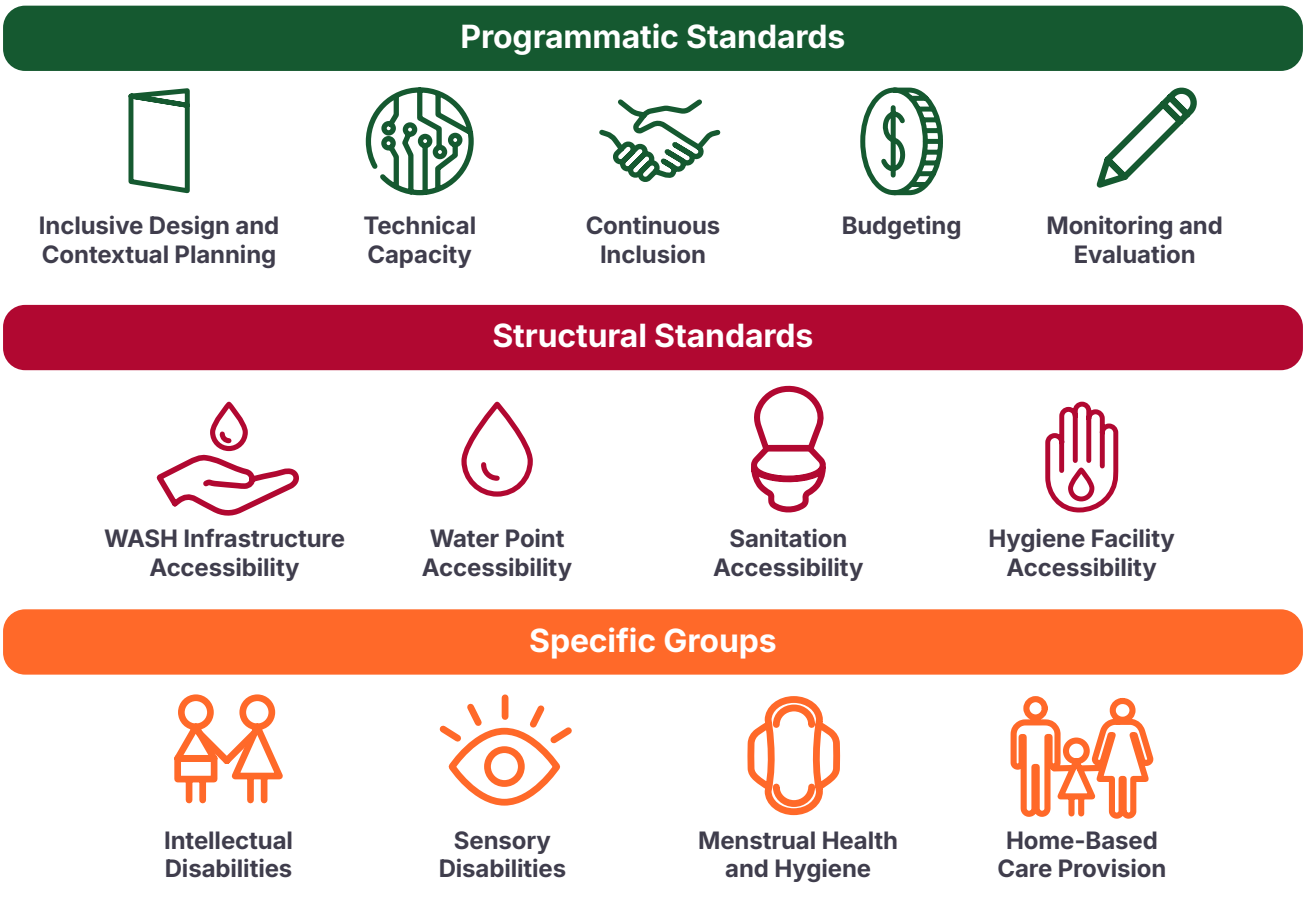
Disclaimer: The standards described in this document represent ideal scenarios and should be applied contextually, taking into account local resources and project budgets. For infrastructure projects, these standards should be implemented fully. However, for the auditing or assessment of existing infrastructure, the primary responsibility is to advocate for necessary improvements rather than enforce compliance.

What are the disability-inclusive WASH standards?

The aim of the DI-WASH standards is to provide clear, actionable steps to address both the practical and social aspects of inclusion, creating WASH services that are accessible, equitable, and effective for all.

There are a total of 13 standards in three groups: five programmatic standards, four structural standards, and four for special groups (Figure 1). For each standard, we provide a brief explanation, guiding principles, and a selection of tools to ensure the standard can be practically integrated into design, implementation, and evaluation of WASH interventions. For ease of use, click the links in Figure 1 below to navigate to specific sections of the standards.

Figure 1. The disability-inclusive WASH standards. Click the icons below to navigate to the related standard.



2. WHY DISABILITY-INCLUSIVE WASH MATTERS

According to the World Health Organisation (WHO), "an estimated 1.3 billion people—or 16% of the global population—experience a significant disability today. This number is growing because of an increase in noncommunicable diseases and people living longer."[1]

"... Inclusion requires deliberate effort and leadership; it won't happen by accident."

—Water for Women Fund, 2020[2]

People with disabilities are a diverse group, and their needs vary greatly depending on the severity, or functional impact, of their disabilities in their context. The United Nations (U.N.) Convention on the Rights of Persons with Disabilities describes people with disabilities as "those who have long-term physical, mental, intellectual, or sensory impairments (such as hearing or visual), which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." World Vision defines disability as the limitations faced by people with impairments due to the attitudinal, institutional, or environmental barriers to their participation in society. In other words, disability is also a social construct—not just the result of the condition, but the way physical barriers, inaccessible systems, and discriminatory attitudes combine to create the experience of disability. By removing these barriers and designing inclusive systems, we can reduce the impact of disabilities on individuals' lives.

For WASH practitioners, it is important to note that temporary conditions, such as late-stage pregnancy, temporary injury, or limited capacities following a period of ill health, can affect a person's ability to access WASH services. Furthermore, certain conditions manifest differently from person to person, and some needs may not be immediately apparent. Therefore, in the case of practical programming, it is best to define vulnerability in persons with disabilities according to the degree of functional impairment. Functional impairment refers to the practical effects on a person's ability to carry out daily activities, participate in society, and achieve personal goals, rather than focussing on a medical diagnosis or condition itself. This is why World Vision uses the Washington Group questions (short set) to identify people who are at risk of facing barriers to participation. The six questions ask whether people have limitations in functioning, including difficulty performing basic universal activities (walking, seeing, hearing, cognition, self-care, and communication).

[1] World Health Organization. (2023). Disability Factsheet.
[2] Water for Women Fund, SNV, and DFAT. (2019). "Disability Inclusive Systems Strengthening in WASH: How can we do it better?", Learning Brief – Systems Strengthening / Leave No One Behind.

Key facts about disability

The U.N. Convention on the Rights of People with Disabilities, Article 9, states that it is the right of people with disabilities to "participate fully in all aspects of life." This includes ensuring they have equal access to WASH services.[3] Despite this, people with disabilities face barriers preventing them from accessing clean drinking water and sanitation facilities. They often experience inequity, inaccessibility, and discrimination, especially in low- and middle-income countries, due to limited awareness and education, stigma, weak legal protections, and certain cultural or religious beliefs. These barriers limit their opportunities in education, jobs, healthcare, and protection, which increases their risk of poverty and exclusion. Here are some important facts about disability:

- **More women than men have a disability**.[4] WHO estimates 19% of women have disabilities compared to 12% of men, due to factors like longer life expectancy, health risks during childbirth, and higher risk of arthritis and autoimmune diseases.
- **Not all disabilities are visible**. Invisible disabilities, such as intellectual disabilities, mental health conditions, sensory impairments, and post-viral or autoimmune syndromes, can vary in functional impact, but they are just as important to address in WASH programmes.
- **One in 3 children with disabilities are not attending school**, compared to 1 in 7 children without disabilities.[5] Accessible WASH facilities help children with disabilities attend and remain in school. This is especially importance for students with incontinence issues and girls with disabilities who menstruate.
- **Incontinence is a taboo and overlooked issue**, affecting 1 in 4 women over 35 and 1 in 10 men. Incontinence creates additional WASH needs, like more frequent bathing and toilet use, and leads to stigma when these needs are not met. This issue is especially common among people with disabilities, making inclusive WASH a vital part of addressing their needs.[6]

COMMON MISCONCEPTIONS ABOUT DISABILITY

- **Disability is a curse or punishment**. Many believe disability is a curse, or divine punishment for wrongdoing, leading to shame and isolation of individuals and families.
- **Persons with disabilities are not capable**. People may assume persons with disabilities cannot work, learn, contribute to society, or make decisions for themselves, leading to them being spoken over or spoken at, rather than spoken to.
- **If you cannot see it, it's not there**. Invisible disabilities like mental health conditions, chronic illnesses, or learning disabilities are often overlooked. As such, people may assume that making infrastructure wheelchair accessible is sufficient to ensure it is inclusive, while excluding many forms of disability.
- **Disability equals poor health**. Many people with disabilities are healthy and capable of living full lives, yet this prevailing myth often undermines their autonomy and dignity.
- **Disability is contagious**. In some communities, there's a fear that disability can be passed from one person to another, like a germ, causing further isolation and discrimination.
- **Assistive devices "fix" the disability**. While assistive devices improve independence, they don't "cure" the disability, and people still face barriers related to attitudes, environment, and accessibility.
- **Children with disabilities don't need to go to school**. There's a harmful belief that education is wasted on children with disabilities, contributing to high rates of illiteracy and limited opportunities.

[3] U.N. Convention on the Rights of People with Disabilities, Article 9 – Accessibility.
[4] International Journey for Equity in Health, Social determinants of sex differences in disability among older adults: a multi-country decomposition analysis using the World Health Survey.
[5] UNICEF. (2021). Global Annual Results Report.
[6] World Vision. (2020). Water, Women and Disability Study, funded by the Australian Government's Water for Women Fund.

Benefits of disability-inclusive WASH

DI-WASH benefits everyone in society, contributing to greater equality and reducing stigma. Normalising disability-inclusive processes enhances community participation and social cohesion. When people with disabilities are allowed to speak for themselves, they offer unique insights into their experiences and barriers, which ultimately improves the impact of WASH projects for all. The many benefits of DI-WASH include:

- **Good hygiene can reduce exclusion.** DI-WASH at home and in the community enables people to maintain hygiene, reducing marginalisation.
- **Accessible water points** reduce the burden of water collection, allowing women and girls with disabilities to participate in school or work, and reduce risks from navigating unsafe areas at night, where they are exposed to the risk of injury or violence.
- **Accessible WASH in healthcare facilities is critical for people with disabilities**, ensuring they can receive care effectively during both temporary and permanent disabilities.
- **Inclusive WASH in disaster preparedness and response** ensures persons with disabilities can access lifesaving facilities in evacuation centres and camps and receive appropriate supplies post-disaster.
- **WASH plays a critical role in health, nutrition, education, and overall well-being.** Inclusive WASH services are essential for all, as they prevent waterborne diseases, improve hygiene, and support good health, and, for persons with disabilities, help them to avoid secondary disabilities and improve quality of life.
- **DI-WASH supports livelihoods by enabling persons with disabilities to access opportunities for employment and establish self-sufficiency.** If people with disabilities don't benefit from WASH, they are much less likely to benefit from other interventions and lead a full life.

Why should World Vision prioritise disability-inclusive WASH?

Disability inclusion is important for four key reasons: 1) Christ models it; 2) our values mandate it; 3) it is a human right; and 4) it transforms the lives of people with disabilities and their caregivers.

> **"... For it is the one who is least among you all who is the greatest."**
>
> *—Luke 9:48b*

1) **Christ models it.** In Luke 9:48, Christ says: "Whoever welcomes this little child in my name welcomes me; and whoever welcomes me welcomes the one who sent me. For it is the one who is least among you all who is the greatest." The scripture reminds us not to forget the least, most vulnerable people in the community. In fact, we are explicitly asked to welcome them as we welcome our God. World Vision's GESI and WASH Reference Guide includes a section that further explains the biblical and theological foundation for disability inclusion. An excerpt is included in Appendix A1.
2) **Our values mandate it.** Guided by our commitment to follow the example of Christ, DI-WASH recognises that every human life has value and that all people have been given gifts that they should be encouraged to contribute to their community. World Vision's mission statement and the ministry goal[7] are also clear about our work for the poor, oppressed, and most vulnerable. Therefore, equitable and inclusive WASH is essential to achieving our goals.
3) **It is a human right.** The U.N. Convention on the Rights of Persons with Disabilities calls for the inclusion of people with disabilities in human rights, development, and humanitarian agendas.

[7] World Vision's ministry goal to reach the most vulnerable provides the motivation to assure we do this work and do it well. If World Vision can reach people with disabilities through WASH, many other vulnerable groups also will be reached.

4) **It makes a difference.** Accessible WASH services have a profound impact on the lives of persons with disabilities, improving their health, safety, and inclusion in society. Evidence shows that when facilities are designed with accessibility in mind, persons with disabilities can maintain independence and participate fully in daily life.

CASE STUDY:
Ghana, Mali, and Niger

A woman uses a water pouring mechanism developed by local artisans in Mali.

THE AFRICA WASH AND DISABILITY STUDY

The Africa WASH and Disability Study (AWDS) ran from 2005 to 2014 in Mali, Niger, and Ghana. World Vision partnered with Messiah College and the Conrad N. Hilton Foundation to address physical and social barriers preventing persons with disabilities from accessing WASH services. Key activities included developing and testing assistive devices (e.g., modified pumps and latrine chairs), conducting DI-WASH training for local partners, and organizing awareness events like soccer matches for persons with disabilities to challenge stigma. Partnerships were established with local OPDs, and artisans learned to make assistive devices locally and sustainably.

Project impact and lessons learned

Modified WASH facilities improved accessibility for persons with disabilities, while inclusive design approaches benefited persons with and without disabilities. Community engagement proved to reduce stigma and social exclusion. Local capacity building of artisans and persons with disabilities also provided livelihoods, contributing to economic and social resilience. The study transformed World Vision's approach to disability inclusion by addressing physical and social barriers to WASH access for people with disabilities in marginalised communities in Mali, Niger, and Ghana. A key takeaway was that inclusive design benefits everyone, with devices like modified pump structures and latrine chairs improving access for all. Collaborations with local OPDs, nongovernmental organizations, and government agencies were vital for sustainable, culturally relevant solutions. Community events, including soccer matches featuring amputee players, challenged stigma and encouraged inclusion. Training local artisans created a sustainable supply chain for assistive technologies and empowered communities economically. In Mali, adapting to instability through remote coordination and local leadership kept the project on track. The AWDS set the foundation for World Vision's DI-WASH standards by addressing both technical and social barriers. Its impact was evident in the national adoption of inclusive WASH designs in Mali and Niger, showcasing its policy-level influence and broader potential. AWDS exemplifies inclusive development's transformative power, setting a new standard for equitable and sustainable initiatives. Read the full case study here.

Gender equality, disability, and social inclusion in WASH

We are committed to WASH programming informed by Gender Equality, Disability, and Social Inclusion (GEDSI) approaches[8] to ensure excluded groups participate in decision-making and benefit equally from WASH service delivery at individual, household, community, and societal levels. In all efforts to provide DI-WASH, we must seek to address the five GEDSI domains (Figure 2), as follows:

- **Access:** The ability to access, use, and/or own assets, resources, opportunities, services, benefits, and infrastructure
- **Decision-making:** The ability to make decisions free of coercion at individual, family, community, and societal levels. This can include control over assets and ability to make decisions in leadership.
- **Participation:** The ability to participate in or engage in societal affairs and systems of power that influence and determine development, life activities, and outcomes
- **Systems:** The availability of equal and inclusive systems that promote equity, account for the different needs of vulnerable populations, and create enabling environments for engagement
- **Well-being:** The sense of worth, capability, status, confidence, dignity, safety, health, and overall physical, emotional, psychological, and spiritual well-being. This includes living free from gender-based violence and all forms of stigma and discrimination.

Figure 2. World Vision's GEDSI domains

To understand more about GEDSI and WASH, see World Vision's GESI and WASH Reference Guide.

Inclusive community engagement

Inclusive community engagement isn't automatic. Power dynamics can inadvertently surface, rooted in existing community structures and leadership. Women might hesitate to voice certain concerns around men, and individuals with disabilities may have less social capital, limiting their participation. To counteract this, we must be intentional in our approach, ensuring all voices are not just heard but encouraged and valued. Use your GEDSI assessment to identify underrepresented groups. Seek to understand barriers to participation, including *physical accessibility* issues as well as other barriers, like the ones faced by people with low vision, people with deafness or hearing loss, or speakers of minority languages. Seek to provide access to interpreters for minority languages or those who communicate in sign language. Aim to include people of different educational levels by using diverse methods to encourage participation, such as activities, games, and visual aids. Also consider the *power dynamics*, and ensure people feel safe to participate, share their views, and be part of decision-making processes.

[8] Gender equality affords women, girls, men, and boys equal enjoyment of human rights, socially valued goods, opportunities, and resources. Social inclusion addresses inequality and/or exclusion of vulnerable populations by improving participation in society and enhancing opportunities, access to resources, chances to be heard, and respect for human rights.

HOW TO TALK ABOUT DISABILITIES

How we talk about disabilities can vary according to the type of disability, language, culture, context, and personal preference. Therefore, it is important to understand how a person or group prefers to be referred to and adjust accordingly. Various contexts, disability groups, and individuals may have different preferences and expectations. The terms ***disabilities*** and ***disabled*** are generally embraced by people with disabilities and are acceptable when relevant. To convey honour and respect for all people, it is preferable to use a **person-centred approach** (*people with disabilities*) rather than disability-first (*disabled people*) language when talking about people with a disability. This means seeing someone with a disability as a person first instead of just their disability. Other examples include *a person who is blind or has low vision*, or *a person who is deaf or hard of hearing*. Per World Vision's brand voice, which honours the dignity of all people, we avoid language that conveys a negative attitude toward disability (e.g., *impairment*, *abnormality*), and avoid describing them in ways that invite pity or, conversely, make them objects of inspiration or wonder (e.g., *special*, *brave*). Underlying such narratives is an assumption that those with disabilities are "other"—less human or otherwise set apart from nondisabled people.

For general communications, World Vision prefers *people with disabilities* over the more formal *persons with disabilities*. *Person* is preferable in technical reports or in other cases when the audience will expect the more formal term. This also can vary by donor, so be familiar with the donor's preferred style when writing grants or reports to specific donors. Other word to avoid include the following:

- Euphemisms such as *handi-capable, differently abled,* or *physically challenged*, other than in direct quotations or in explaining how individuals describe themselves. Do not use *handicap* for a disability or *handicapped* for a person.
- Avoid the term *special needs*, which can imply that the needs of people with disabilities are an extra burden. In reality, people with disabilities have the same needs as every human being.
- Words that suggest pity, such as *afflicted with*, *battling*, or *suffers from* any disability or illness, or that a person *overcame her disability*. Instead, use *has cancer* or *has ADHD*. Generally, avoid *living with* constructions unless a person uses that for him or herself.
- Dehumanising mass terms such as *the disabled*, *the blind*, *the mentally ill*, etc. Avoid broad generalisations, labels, and stereotypes.
- Terms such as *normal* or *typical* for someone who does not have a disability. Instead, use: *people without a disability* or *nondisabled*.
- Negative or condescending language such as *wheelchair-bound* or *Alzheimer's victim*. Instead use accurate, neutral language such as *uses a wheelchair* or *a person with Alzheimer's disease*.

See Appendix A2 for a printable resource on how to talk about disabilities.

3. DISABILITY-INCLUSIVE WASH PROGRAMMING STANDARDS

When planning for DI-WASH, key principles and standards must be taken into account. These standards should be applied to all WASH programming, not just to those programmes which are specifically targeted to people with disabilities.

Standards in this section

- Inclusive Design and Contextual Planning
- Technical Capacity
- Continuous Inclusion
- Budgeting
- Monitoring and Evaluation

CASE STUDY: Iraq

THE WASH ACCELERATOR FUND PROJECT

Kirkuk, Iraq, is home to 1.6 million people from diverse ethnic groups who face significant WASH challenges, especially in rural areas. The WASH Accelerator Fund project aimed to increase equitable access to WASH services and enhance income generation for women through entrepreneurship training. In partnership with Rozh Society, an OPD, World Vision engaged over 8,500 participants to implement the project across Kirkuk and Hawija districts. The project built accessible toilets in schools, health facilities, and households, improved menstrual hygiene management (MHM) access, and provided financial literacy and entrepreneurship training to 104 women. It also established local WASH committees and advocated for inclusive WASH policies.

The project improved DI-WASH and repaired damaged infrastructure, with the following achievements:

- School WASH facilities: Use of facilities increased, soap availability rose from 22% to 76%, and water availability at handwashing stations increased from 66% to 98%.
- Improved toilet conditions: 96% of facilities were in good condition, compared to 40% at baseline.
- Accessible facilities: By the end of the project, 67% of respondents reported having access to disability-friendly WASH facilities, a significant improvement from 0% at baseline.
- Community participation: Participation of WASH committees with representation of at least one person with a disability increased from 41% to 96%.

Cultural barriers to gender equality, low government support, and few opportunities for marginalised groups were key challenges. Community engagement and WASH committees played a vital role in addressing these issues and advocating for inclusive policies, with persons with disabilities involved in decision-making, advocacy, and infrastructure maintenance.

Inclusive design and contextual planning

Overview

Truly inclusive WASH begins at the outset of any WASH project. Ensuring inclusivity from the beginning is more effective for people with disabilities and more efficient with time and resources. Meaningful inclusion throughout the design and implementation process ensures quality WASH infrastructure is fit for purpose and responsive to the needs of the people we serve.

Inclusive design and contextual planning standard	Purposively include people with disabilities in the design and implementation of all WASH systems and interventions.
Component	**Standard**
1. Accessibility and GEDSI assessment	**Conduct an accessibility audit in the community as part of GEDSI assessment.** If this has already been done in the operational area, ensure you are accessing and referring to key learnings. Even if this audit has been done, gaps in WASH accessibility will likely need to be assessed. Prior to designing any new WASH infrastructure, ensure a comprehensive WASH and disability audit has been done and used to inform plans, and persons with disabilities were engaged to give their perspectives and needs. Confirm whether local staff has used the Washington Group Questions to identify persons with disabilities in the area. If this has not been done, include it in your assessment.
2. Data use	**Use data to inform plans.** Use the data from GEDSI or disability audits, most vulnerable child (MVC) assessment, and other available data to inform engagement and plans. Don't just collect data—make sure you are using it. For instance, if an accessibility audit reveals that the path to a WASH facility is inaccessible, take steps to address this.
3. Budget for inclusive design	**Budget for meaningful engagement and inclusive design.** Planning for meaningful engagement may carry additional costs (translation, household visits, venue accommodation, caregiver costs, etc.) which are necessary to ensure quality, inclusive work. If inclusion is thoughtfully made part of the initial projects designs, these costs can be minimized, but later retrofits can be very expensive. See the budgeting section for more guidance.

Processes and tools

- LSHTM and WaterAid's Disability Audit Tool
- Focus Group Discussion Tool: Assessing Disability-Inclusive WASH Needs
- Inclusive Community Engagement Checklist

Technical Capacity

Overview

Building technical capacity for DI-WASH requires addressing internal mindsets and external perceptions. It involves understanding biases and experiences among World Vision staff, partners, local community members, faith leaders, and governments. When mindset-related barriers are identified, we can work to address them. Conducting an audit can help staff notice things that they otherwise wouldn't be aware of. Greater awareness is critical for quality implementation.

Technical capacity standard	Ensure appropriate disability-inclusive mindsets and technical expertise for staff and stakeholders.
Component	**Standard**
1. Staff training in unconscious bias	**Conduct unconscious bias training for staff.** World Vision requires unconscious bias training for all staff, which can build a foundation for an inclusive mindset. The local People and Culture team will advise on accessing this training.
2. Training in disability inclusion	**Hold disability inclusion training with staff, key partners, and core stakeholders.** World Vision has an introductory training course on disability inclusion called Travelling Together, Introductory Disability Inclusion Training Course. **Engage and train faith leaders and community members.** Engaging faith leaders on this topic can help dispel myths that hold back children and adults with disabilities from community inclusion (for example, that children with disabilities are being punished for their sins or those of their parents). A half-day training for project participants can raise awareness on stigma and the inclusion of persons with disabilities, especially those with severe disabilities.
3. Accessibility audit	**Conduct an accessibility audit in your office.** It can be very revealing to go through the World Vision office and try to access areas in the office using a wheelchair, blindfolded, on crutches, or using other implements to simulate the experience of a person with a disability. Done with respect, this exercise can help us to understand the challenges particular to physical disability and can fuel internal advocacy for more accessible offices. Ensure you seek the perspective and experience of any World Vision staff living with disabilities.
4. Support system mapping	**Map the current support systems available for people with disabilities.** It is important to know which entities, organisations, and individuals are engaging with people with disabilities so that we can effectively partner. We can also help to ensure that people with disabilities and their families are connected to these important support systems. These can also be crucial partners in the community, working alongside World Vision to build the capacity of local governments, faith actors, and other institutions that play a significant role in the enabling environment for disability inclusion.

5. Design standards assurance	**Train and hold staff and contractors accountable for design standards.** Ensure staff and partners responsible for WASH infrastructure understand and adhere to the WASH Infrastructure Accessibility Standards.
6. Advocacy	**Consider local-level advocacy for sustainable inclusion practices.** Many WASH programmes already incorporate Citizen Voice and Action into WASH activities. In cases where strong disability inclusion policies exist, but are not implemented well at the local level, Citizen Voice and Action can be a strong approach to foster a more inclusive WASH system.

Ensuring local manufacturing of assistive devices increases access in Zambian communities.

CASE STUDY: Zambia

THINKING BIGGER IN DISABILITY INCLUSION

World Vision in Zambia has led the way in supporting people with disabilities through two key projects: helping businesses owned by people with disabilities become approved vendors to World Vision and working with faith leaders to challenge harmful beliefs about disability.

Business development: World Vision's WASH team in Zambia initiated a project to support businesses owned by people with disabilities by helping them become registered vendors with World Vision. They worked with local OPDs to identify businesses that could benefit from capacity building. Starting with 12 businesses, the project team trained entrepreneurs in business skills and helped them to meet the requirements for becoming World Vision-approved vendors (e.g., government registration). In response to businesses' lack of funds for advertising, the supply chain team created a WhatsApp group where business owners could access ads for supplier jobs. The project has grown to include 30 businesses, with many participants now ready to serve as vendors.

Faith leader engagement: To tackle stigma and marginalisation, World Vision in Zambia partners with faith and traditional leaders to change attitudes toward disability. Alongside a disability specialist, our staff run workshops for these leaders, introducing them to biblical perspectives on disability. Through Scripture and discussions, they learn that discrimination against people with disabilities is unbiblical. After the workshops, these leaders use their influence to dispel misconceptions in their communities, incorporating these lessons into sermons, prayers, conversations, and community discussions to challenge stigma and promote social inclusion.

Processes and tools

- Quality assurance checklists
- Unconscious bias training
- Travelling Together training

Continuous inclusion

Overview

Beyond design and implementation, inclusivity must be practiced and modelled in every interaction. This includes how we speak to and about people with disabilities, the accommodations we make in our engagements, and partnerships for support and sustainable change.

Continuous inclusion standard	Maintain the mindset and practice of disability inclusion in every community and stakeholder engagement.
Component	**Standard**
1. Inclusive language	**Use inclusive language wherever we speak or communicate about disability.** How we talk about disabilities can vary according to the type of disability, language, culture, context, and personal preference. Therefore, it is important to understand how a person or group prefers to be referred to and adjust accordingly. To convey honour and respect for all people, it is preferable to use a person-centred approach (people with disabilities) rather than disability-first (disabled people) language when talking about people with a disability. For more about this, refer to Appendix A2: How to Talk About Disabilities.
2. Building partnerships	**Work in partnership with local and government leaders, OPDs, community-based organisations, and across sectors to advance disability inclusion sustainably.** WASH helps build a foundation for disability-inclusive mindsets and enabling environments. When we collaborate with other sectors and external partners to support this aim, we embody inclusivity and support community and organisational transformation toward greater inclusivity. Key steps include: • **Engage government leaders:** As duty bearers, they define, fund, and implement policy. Understand how disability inclusion is reflected in national policy and existing mechanisms for implementation. • **Collaborate with disability organisations:** OPDs provide insights on engaging people with disabilities and available resources. They can facilitate connections to entrepreneurs with disabilities. Align with existing efforts and help fill gaps. • **Work across sectors:** Inclusion is strongest if integrated across sectors. For DI-WASH in schools, engage education; for health facilities, engage health. Given the vulnerability of persons with disabilities to abuse, coordinate with child protection for safeguarding.
3. Inclusive community	**Ensure inclusive community engagements by maximising accessibility, timing, communication, power dynamics, and safeguarding.** • **Accessible physical structure:** If you are hosting a planning workshop, people with physical disabilities need to be able to get and enter the facility. Toilet facilities at the venue need to be accessible, and accommodation may need to be made for a caregiver as well. • **Timing engagement:** Engagement of people with disabilities needs to happen at a time of day when they, and potentially their caregivers, are available. It must occur at a time in the programming cycle when inputs can be heeded. • **The means of engagement:** Ensure the meeting language is accessible to all. If not, provide an interpreter. People with intellectual disabilities may require a specialized approach, such as one-on-one engagement. • **Mindset:** Stigma and bias toward people with disabilities is a often a significant barrier to meaningful inclusion. It is essential to understand and address stigmatising attitudes in community engagement.

	• **Inclusive power dynamics:** Ensure all voices, especially the marginalised, are heard and considered. Create a non-threatening environment where people feel safe to speak. This may require subdividing the group. Ensure that community members have a genuine role in decision-making, particularly in decisions that directly affect them. • **Protection and safeguarding:** Ensure safeguards are in place to protect vulnerable or marginalised participants from any potential negative repercussions of their participation. Any disclosures of safeguarding concerns that arise need to be addressed through formal channels.
4. Address systemic issues	**Take a broader view of accessibility, addressing environmental and systemic inclusion.** While World Vision is not the ultimate duty bearer for all aspects of disability inclusion, the accessibility of the whole environment is a critical factor. For example, have we increased or decreased marginalisation when we provide disability-accessible toilets in schools, but have done nothing to help make the rest of the school environment more accessible to children with disabilities? Ensure disability inclusion extends beyond WASH facilities to address broader environmental and systemic accessibility, reducing marginalisation and fostering holistic inclusion.

Processes and tools

- How To Talk About Disabilities – Quick Reference Guide
- Inclusive Community Engagement Checklist

Budgeting

Overview

Budgeting for inclusive WASH services needs careful planning. Integrating inclusive designs from the outset can mitigate higher retrofit costs and enhance overall project efficiency. WaterAid estimates that making a school latrine accessible costs 8% more than standard designs, so the financial burden can be manageable with good planning and prioritisation.[9] Different settings such as schools, communities, and health facilities have varied requirements that must be considered in the budgeting process. Context-specific factors also influence budgets, as regions with prevalent social stigma toward disabilities may need more investment in community engagement and awareness. By addressing these considerations, WASH projects can be designed to be both inclusive and cost-effective. Actual budget amounts vary widely based on project scope, location, and needs, but there are resources that provide rough estimates and guidelines. There is no single standard percentage that is applicable for all activities in all contexts, but they can be as low as 1% of total construction costs if accessibility is planned from the outset.[10] UNICEF gives this guidance for high-level budgeting:[11]

- Allocate 1% to 3% of the total construction cost for accessibility of the infrastructure.
- Allocate 3% to 4% for non-food items and basic assistive devices.
- Or allocate 3% to 7% of the total budget for all disability-inclusion measures.

[10] Steinfeld, E. (2005). Education for All: The Cost of Accessibility. (Education Notes 38864). The World Bank.
[11] This same UNICEF short guide also provides detailed steps for results-based budgeting for disability inclusion.

Budgeting standard	Budget for DI-WASH from the outset.
Component	**Standard**
1. Early planning and consultation	**Integrate inclusivity early in planning stages to maximise engagement and reduce unnecessary costs.** Incorporate inclusive design from the planning stages to avoid higher retrofit costs. This includes engaging with OPDs and community members to ensure that the designs meet actual needs, potentially reducing unnecessary expenditures by minimising overlap between our planned investments and those of other partners.
2. Pilot new approaches	**Test new approaches through pilot projects.** Start with pilot projects to determine cost-effective methods before scaling up.
3. Dedicated funding	**Secure a dedicated funding allocation.** Secure dedicated funding streams for accessibility to ensure these features are not deprioritised due to budget constraints.
4. Be data-informed	**Use data to inform your budgeting.** Ensure disability audits and GEDSI assessment data inform project budgets.
5. Appropriate activities	**Ensure budget allocation for all key activities, including construction/repair and maintenance, community engagement, capacity building, and inclusive monitoring and evaluation.** • Consider costs associated with adding accessibility features like ramps, handrails, and wider doorways, including additional materials and labour. • Include expenses for conducting needs assessments, community consultations, and focus groups; adapting materials and approaches to ensure inclusion;[12] and involving OPDs. • Budget training on inclusive design principles for local stakeholders, including construction workers, project managers, and government officials. • Ensure ongoing costs for monitoring the effectiveness of inclusive designs and making necessary adjustments are budgeted.

Processes and tools

- UNICEF Disability-Inclusive WASH Practices
- UNICEF: Budgeting and Mobilising Resources for Disability Inclusion in Humanitarian Actions
- WaterAid's Inclusive WASH library

Monitoring and evaluation

Overview

Monitoring and evaluation of DI-WASH is essential for identifying barriers, ensuring inclusivity, and assessing the effectiveness of programmes and policies. It ensures persons with disabilities are not excluded from services and that interventions address their specific needs. Monitoring and evaluation also supports accountability, evidence-based decisions, and progress toward disability inclusion, fostering a fairer society.

When designing a DI-WASH programme, consider data already available. It is also important to consider the level at which data are collected—at the household or individual level. Ideally,

[12] This may require use of sign language, Braille, or other adjustments to meet the needs of people with intellectual disabilities, etc.

the monitoring system should include a method to collect data at the individual level. If a WASH programme collects data at the household level, identify households with people with disabilities. Follow up with each of these households for specific disability data, or hold focus group discussions to include people with disabilities from these households.

Monitoring and evaluation standard	Ensure monitoring and evaluation efforts track and uphold access and participation.
Component	**Standard**
1. Disability inclusion point person	**A point person is assigned to the project who has the appropriate competency in assessment and quality assurance of projects using the DI-WASH standards.**
2. Integrate disability inclusion in all stages of monitoring and evaluation	**Disability-inclusive planning is ensured through data collection, gap identification, active consultation, and dedicated budget allocation.** • Data is collected on the barriers, needs, and priorities of persons with disabilities. • If data on the WASH needs and barriers of persons with disabilities is not available, this gap is identified, and actions are taken to address it. • Relevant stakeholders are identified and consulted within government, local and national organisations to inform priorities and prevent overlap. • Persons with disabilities and OPDs are consulted to inform needs, site selection, and plans. • Persons with disabilities, including children and adolescents, have opportunities to engage in WASH data collection, monitoring, and reporting. • Ethical considerations, particularly safeguarding practices for children with disabilities, are prioritised. • Budget is allocated to support the participation of persons with disabilities in the monitoring and evaluation process.
3. Baseline assessment	**Baseline assessments use appropriate disaggregated data on WASH access collected using standardised tools.** • Baseline data on WASH access, use, and quality for people with disabilities is collected, disaggregated by age, sex, and disability. • The accessibility of WASH infrastructure and services is assessed against established disability inclusion standards, including physical, communication, attitudinal, institutional, financial, and access-related barriers. • Approved and standardised tools are used for baseline assessments. • Appropriate disaggregated output and outcome indicators related to persons with disabilities are defined and selected from approved indicator list (see Appendix B1).
4. Monitoring and supervision	**WASH programmes are systematically monitored to ensure accessibility, inclusion, safety, and effective resource use.** • The participation of persons with disabilities in all WASH activities is monitored. • Accessibility features in WASH infrastructure and services are tracked for compliance. • Budget utilisation is assessed for effective allocation of resources. • Disaggregated data on WASH access, use, and quality is collected. • Regular spot checks assess access to WASH facilities for persons with disabilities. • Infrastructure construction is monitored for accessibility compliance.
5. Participant feedback mechanisms	**Continuous participant feedback ensures that WASH services remain accessible, inclusive, and responsive to the needs of persons with disabilities.** • Persons with disabilities participate in WASH infrastructure activities, including community consultations, assessments, accessibility audits, and maintenance. • All processes, information, and reports are made accessible to individuals with different disabilities to promote full participation and equitable access. • Regular feedback from persons with disabilities on their access to use of, and satisfaction with WASH services is collected and used throughout the programme.

	• Assessments continuously track whether women, adolescent girls, and children, including those with disabilities, are able to use WASH facilities safely and comfortably. • Community mechanisms are in place to promptly identify and address barriers to safe and equitable WASH access for people with disabilities.
6. Evaluation	**All WASH programme evaluations should report on disability inclusion, ensuring interventions are effective, accessible, and aligned with DI-WASH standards.[13]** • The effectiveness of DI-WASH interventions is assessed against objectives, outputs, and indicators, and compared to baseline. • The accessibility and usability of WASH facilities and services for persons with disabilities are evaluated through structured assessments and community feedback. • Project evaluations determine the relevance, efficacy, sustainability, and impact of access for people with disabilities. • People with disabilities are involved in evaluation processes, including setting criteria, collecting and analysing data, and making recommendations. • Evaluations capture learnings on wider impact, (e.g. improvements to quality of life resulting from DI-WASH), and sustainability.

Processes and tools

- Examples of Disability-Inclusive WASH Indicators (Appendix B1)
- Focus Groups Discussion Tool: Assessing Disability-Inclusive WASH Needs (Appendix B2)
- WASH Research and Learning Agenda

[13] To achieve universal coverage and leave no one behind, prioritising DI-WASH is key. Full adoption will take time, but gradual integration and continued effort will help make services universally inclusive.

4. DISABILITY-INCLUSIVE WASH STRUCTURAL STANDARDS

WASH structural design specifications

Standards in this section

- WASH Infrastructure Accessibility
- Water Point Accessibility
- Sanitation Accessibility
- Hygiene Facility Accessibility

This section includes World Vision WASH technical specifications and design details for DI-WASH infrastructure and is adapted from the 2010 United States Americans with Disabilities Act (ADA) Standards for Accessible Design). All public infrastructure constructed or rehabilitated by World Vision must be entirely or partially designed to be readily accessible and usable by individuals with disabilities. The requirements outlined below are to be applied during the planning, design, construction, or rehabilitation of infrastructure or buildings as part of World Vision programming. When constructing WASH infrastructure, it also is important to evaluate whether people with disabilities can readily access other buildings and infrastructure within the property boundaries. If other points of access (e.g., entry to school or health clinic) are not disability inclusive, we strongly encourage all World Vision WASH teams to liaise with government stakeholders to address this or directly budget to make the entire property disability inclusive (e.g., ramps and stable pathways to and from school entry). See the budget section of this reference guide for more guidance.

To ensure accessibility in WASH infrastructure, we take these steps:

- **During construction or collaboration:**

  Apply the standard. If World Vision is building or collaborating on construction, ensure that accessibility standards are incorporated into the design and implementation. This includes ensuring surfaces are stable and slip-resistant, and vertical changes are within specified limits. It is critical to closely monitor the construction of inclusive WASH infrastructure by contractors to ensure adherence to standards. See the Appendix D1 for a preconstruction checklist.

- **For existing infrastructure:**

  Assess and inform. If the infrastructure is already in place, assess its accessibility using the checklists in Appendix D2. This helps identify any areas that need improvement or adjustments. Once the assessment is complete, inform relevant stakeholders about the findings and provide recommendations for modifications to ensure the infrastructure meets accessibility standards.

Exceptions for structural impracticability: If the terrain, existing structures, or other constraints prohibit compliance with some or all of these standards, an exception must be approved by the WASH quality assurance and control team (washquality@wvi.org).

WASH infrastructure accessibility standard

Overview

Accessible WASH infrastructure ensures that all individuals, regardless of ability, can safely access WASH facilities. It promotes equity by including vulnerable groups and reducing health risks through safe water and sanitation. Accessibility supports dignity, safety, and human rights, ensuring everyone can use services without fear of injury or exclusion. It also aligns with SDG 6 (clean water and sanitation) and SDG 10 (reduced inequalities). Ultimately, accessible WASH infrastructure fosters dignity and healthier, more inclusive communities.

WASH infrastructure accessibility standard	World Vision projects must ensure accessible, safe paths of travel, including stable, slip-resistant surfaces, proper turning spaces, ramps for vertical changes, handrails for safety, and accessible features within reach for wheelchair users.
Component	**Standard**
1. Floor and ground surfaces	Floor and ground surface installation in World Vision projects—including infrastructure foundations, paths of travel, and adjacent areas—must be stable, slip-resistant, and accessible, with vertical changes under 6.4 mm or ramped as specified.
2. Turning spaces	Wheelchair users must be able to turn within the path of travel or infrastructure using either (a) a circular turning space with a diameter >525 mm or (b) a T-shaped turning space, with arms clear of obstructions by 305 mm and base by 610 mm.
3. Accessible path of travel	Projects must provide accessible, obstruction-free paths with proper slopes, width, clearance, and manoeuvring space, ensuring safe access to facilities.
4. Ramps	Ramps must be provided for vertical changes exceeding 13 mm, with specific slope and landing requirements, nonslip materials, handrails for rises over 150 mm, and provisions for drainage, accessibility, and safety.
5. Stairways	Stairways must be installed if a more direct path of access is required in addition to a more accessible path of travel.
6. Handrails	Handrails are required on stairways, walkways with steep slopes, and ramps with a vertical rise over 150 mm. They must be continuous, unobstructed, and with a gripping surface 865 mm–965 mm from the ground, offering specific clearance, safety features, and extensions at the top and bottom.
7. Accessibility features for wheelchair users	Accessibility features should be within a reachable range, with limits on height and depth for both forward and side approaches, ensuring easy operation without tight gripping or excessive force.

Processes and tools

- WASH Infrastructure: Detailed Structural Specifications
- Disability-Inclusive WASH Preconstruction Checklist
- Disability-Inclusive WASH: Design Quality Checklist Sections 1 through 7
- Disability-Inclusive WASH Pre-commissioning Checklist

Water point accessibility standard

Overview

Ensuring communal water points are accessible to persons with disabilities, older adults, and those who are ill is essential for equitable access to clean water. Features like low tap heights, assistive devices for handling containers, and unobstructed paths reduce barriers and promote independence. Inclusive designs, such as grab bars and handles for limited grip strength, support safe access for those with physical limitations or reduced mobility. Addressing these needs benefits individuals with disabilities, chronic illnesses, or age-related challenges, ensuring everyone can access water without undue hardship.

Water point accessibility standard	Ensure all water projects are accessible, taking into account physical limitations as well as sensory and intellectual disabilities.
Component	**Standard**
1. Piped-water systems	At least one tap at community water points must meet accessibility requirements, including height limits (760 mm for children) and assistive devices for tipping containers where appropriate.
2. Hand pump water points	Hand pump handles must be located within 760 mm of the ground for children, and pump designs should accommodate users with limited strength or grip. Lifting aids for water containers are recommended.
3. General accessibility	Facilities must prioritise inclusive designs, ensuring safe, user-friendly environments, including access paths, for individuals with disabilities. Alternative designs that promote accessibility are allowed.

Processes and tools

- Water point accessibility: Detailed structural specifications
- Disability-Inclusive WASH Preconstruction Checklist
- Disability-Inclusive WASH: Design Quality Checklist Sections 8 and 9
- Disability-Inclusive WASH Pre-commissioning Checklist
- Low-cost household WASH adaptation ideas

Albina from Mandiakuy community testing an adapted pump

Sanitation accessibility standard

Overview

Toilets and latrines must include accessible stalls with paths meeting clearance and manoeuvrability standards, properly positioned grab bars (840-915 mm high), and child-appropriate adjustments where necessary. Disability-accessible latrines are vital to ensure dignity, privacy, and safety for individuals with disabilities, reducing health risks and preventing exclusion. They promote equitable access to essential sanitation facilities for all, including the older adults and those with limited mobility or strength.

Sanitation accessibility standard	Ensure all sanitation projects are accessible, considering physical limitations as well as sensory and intellectual disabilities.
Component	**Standard**
1. Toilets and latrines	Latrines must include accessible stalls with paths meeting clearance and manoeuvrability standards, properly positioned grab bars (840–915 mm high), and child-appropriate adjustments where necessary.
2. Grab bars	Grab bars must be installed and meet size and clearance requirements, be installed horizontally at appropriate heights (455–915 mm) based on user needs, and ensure accessibility for children and adults.
3. Menstrual hygiene	Facilities must provide MHM supplies such as sanitary pads and disposal bags, and ensure privacy for MHM, with a secure and discreet disposal system for menstrual waste.
4. Proximity to handwashing facilities	Handwashing facilities must be located within 5–10 meters of toilets or latrines, provide soap, and meet height and accessibility standards to ensure all users can wash their hands comfortably.
5. Waste disposal	Facilities must include a secure, hygienic, and accessible system for waste disposal, including bins with lids and safe waste management protocols for all users, including those with limited mobility.
6. Training and awareness	Training must be provided for community members, care workers, and users on how to utilize and maintain accessible sanitation facilities, including proper use of MHM supplies and handwashing practices.
7. Consider sensory disabilities	The needs of those with sensory impairments must be considered in facility design (e.g., tactile markings for visually impaired users, visual signage for hearing-impaired users).

Processes and tools

- Sanitation standard: Detailed structural specifications
- Disability-Inclusive WASH Preconstruction Checklist
- Disability-Inclusive WASH: Design Quality Checklist
- Disability-Inclusive WASH Pre-commissioning Checklist
- WASH Checklist for Home Visits: Disability-Inclusive Assessment
- Low-cost household WASH adaptation ideas

A project collaborator regularly visits the community to learn munderstand ore about the needs of persons with disabilities.

CASE STUDY: El Salvador

DISABILITY-INCLUSIVE DESIGN IN WASH

The World Vision WASH team in El Salvador wanted to improve sanitation services for people with physical disabilities in the communities they serve, focusing on those with visual and mobility disabilities. They collaborated with the National Council for Integral Attention to People with Disabilities (CONAIPD) to design toilets that would meet these specific needs. The team worked with CONAIPD to make sure the latrines were suitable, and the people who received the toilets were happy, as it was the first time an organisation had included them in sanitation projects. The partnership with CONAIPD was crucial because it ensured the designs would be effective and respectful of the needs of people with disabilities. World Vision El Salvador recognized the importance of working with local disability-focused organisations to ensure their initiatives were inclusive. This project supported two key areas:

- Access: Providing basic sanitation services to people with disabilities
- Systems: Creating inclusive sanitation spaces designed to meet the needs of people with visual and mobility disabilities

World Vision also learned that being inclusive isn't just about building infrastructure. By paying attention to the needs of people with disabilities in the field, they can gather data to guide future projects and raise awareness.

Figure 3. Examples of latrine seats, water point ramps, and improvised brick handrails from disability project in Mali (see Appendix E1)

Hygiene facility accessibility standard

Overview

Ensuring all World Vision-installed handwashing stations are disability accessible is vital to promote equitable access to hygiene, reduce the risk of disease transmission among vulnerable groups, and support the inclusion of people with disabilities, older adults, and those who are ill. Many facilities currently only consider wheelchair access. Considerations beyond wheelchair access include easy-to-use taps and dispensers that operate with minimal strength and dexterity, tactile and audial aids for users with visual impairments, clear signage for cognitive disabilities, privacy for cultural sensitivity, sturdy features for elderly users, nonslip surfaces, proper drainage, safe and convenient locations, and regular maintenance. Equally, we need to think beyond facilities. Adaptations to education and behaviour change materials and approaches may need to be made to maximize uptake of health behaviours. For instance, a person with an intellectual disability may not benefit from group trainings. Women and girls with sensory disabilities may need adaptations to materials and training approaches to ensure they benefit from the information shared.

Figure 4. Examples of disability-adapted hygiene facilities

Handwashing facility standard	Ensure all handwashing stations are accessible, considering physical limitations as well as sensory and intellectual disabilities.
Component	**Standard**
1. Wheelchair accessible sink heights	Accessible sinks require a minimum knee clearance of 610 mm and maximum height of 865 mm. Ensure they are within reach for seated users and free from obstructions.
2. Easy-to-use taps and dispensers	Install lever-operated or sensor-activated taps and dispensers that require minimal strength or dexterity to operate. Ensure soap dispensers are within 500 mm reach.
3. Tactile and visual aids	Provide raised tactile indicators or Braille on fixtures for visually impaired users. Use high-contrast signage to guide users with low vision or cognitive disabilities.
4. Sturdy features for older adult users	Ensure sinks, taps, and dispensers are durable and can withstand pressure for those needing to steady themselves while using them. Add grab bars nearby for support.
5. Behaviour change communication	Adapt education materials and approaches for reaching people with disabilities to ensure their inclusion and comprehension.

Processes and tools

- Hygiene accessibility standard: Detailed structural specifications
- Disability-Inclusive WASH Preconstruction Checklist
- Disability-Inclusive WASH: Design Quality Checklist
- Disability-Inclusive WASH Pre-commissioning Checklist
- WASH Checklist for Home Visits: Disability-Inclusive Assessment
- Low-cost household WASH adaptation ideas

5. DISABILITY-INCLUSIVE WASH STANDARDS FOR SPECIALISED GROUPS

Standards for inclusion of people with intellectual disabilities

Overview

Ensuring accessibility, affordability, and inclusion for people with intellectual disabilities in WASH projects is crucial for upholding their dignity, health, and human r condition characterised by limitations in cognitive functioning and adaptive behaviours, affecting everyday social and practical skills. People with intellectual disabilities often face unique barriers, such as difficulty understanding complex instructions or navigating traditional facilities. Inclusive WASH initiatives not only improve their access to safe water, sanitation, and hygiene but also foster independence, reduce reliance on caregivers, and promote equitable participation in community life. By addressing their specific needs, we create environments that are safer, healthier, and more inclusive for everyone. The following are recommendations from Special Olympics International to ensure inclusion of people with intellectual disabilities.[14]

Standards in this section

- Intellectual Disabilities
- Sensory Disabilities
- Menstrual Health and Hygiene
- Home-based Care Provision

[14] This list is from "Towards Disability-Inclusive WASH: A Spotlight on People with Intellectual Disabilities," a guide created by Special Olympics Health.

Standards for inclusion of people with intellectual disabilities	WASH projects must ensure accessibility, affordability, and inclusion for people with intellectual disabilities through tailored education, user-friendly facilities, financial support, and targeted initiatives informed by their needs.
Component	**Standard**
1. WASH education is accessible	**Design WASH campaigns to be inclusive by using simple, visual, and practical materials, engaging caregivers, targeting familiar locations, and addressing the specific needs of girls and women with intellectual disabilities.** • Ensure WASH campaigns target people with intellectual disabilities and their caregivers. For example, meet familiar places like special schools and include pictures of people with intellectual disabilities in printed materials. • Design campaign messages that are short and in simple language. • Illustrate printed materials with pictures to help overcome reading difficulties. • Make campaigns/activities interactive and practical to help people with intellectual disabilities overcome difficulties processing abstract information. • Invite caregiver participation or design complementary education for caregivers to reinforce learning and promote behaviour change for people with intellectual disabilities. • Include girls and women with intellectual disabilities and their caregivers in menstrual hygiene education, with adaptation and supplemental instruction as necessary.
2. Identifiable facilities	**WASH facilities are private, easily identifiable, user-friendly, and located in safe, accessible areas.** • Site WASH facilities in safe, accessible locations, prioritising those that are likely to be familiar to people with intellectual disabilities (e.g., special schools). • Incorporate signage in the community to aid navigation to WASH facilities • Include words and pictures on WASH facility signage. • Plan an easily identifiable and accessible place to store keys to public toilets that must be locked when not in use. • Design WASH facilities that accommodate the presence of a caregiver.
3. Affordable	**WASH services/facilities are affordable for people with intellectual disabilities** • Use planning and evaluation phases to identify financial barriers that might prevent people with intellectual disabilities from accessing WASH services. • Explore diverse structures and waivers for service user fees.
4. Inclusive	**WASH projects are inclusive of people with intellectual disabilities** • Consult people with intellectual disabilities and their caregivers and incorporate their views and needs, observing accessibility considerations in the consultation process. • Develop targeted initiatives, particularly needs and barriers assessments. • Consider and address stigmatised needs, including those associated with incontinence and menstrual hygiene management. • Ensure project indicators and metrics explicitly address disability (e.g., monitoring reports reflect the rate of WASH access by people with intellectual disabilities).

Processes and tools

- Definition of Intellectual Disability. AAIDD (2021)
- Centers for Disease Control and Prevention. (2022). Developmental Disabilities Factsheet
- Personal hygiene education materials written in Easy Read (NHS, UK)[15]

[15] Easy Read is a way to show written information for people with intellectual disabilities, using shorter sentences, images, and simple language.

Working with local OPDs and community volunteers to promote inclusive MHM for women and girls with intellectual disability

CASE STUDY: Vanuatu

THE VEIVANUA CAMPAIGN, VANUATU

Vanuatu is a country made up of over 80 islands in the Pacific, and it faces problems from natural disasters like cyclones, exacerbated by climate change. The country's plan for 2030 is to be more sustainable and inclusive, making sure everyone, including people with disabilities, is supported. One issue is not having access to menstrual hygiene products during emergencies. The Veivanua campaign focused on improving menstrual health and hygiene for women with intellectual disabilities, who are often left out of regular programmes that support menstrual health during emergencies. In partnership with the London School of Hygiene and Tropical Medicine, World Vision adapted the Bishesta campaign from Nepal to fit the local needs in Vanuatu. The campaign provided participants with "period packs" containing reusable menstrual products and a doll for practicing hygiene behaviours. Caregivers were trained on menstrual care support and cycle tracking. The project reported participants felt better prepared for emergencies, and caregivers felt greater confidence in their ability to provide support. This was the first campaign to include individuals with intellectual disabilities, and it was successful despite the COVID-19 pandemic and cyclones.

Standard for inclusion of people with sensory disabilities

Overview

Inclusive WASH facilities empower people with sensory disabilities by enabling independent use, reducing reliance on caregivers, and fostering equitable participation in hygiene and sanitation practices.

Inclusion of people with sensory disabilities standard	WASH projects must ensure accessibility, safety, and inclusion for people with sensory disabilities by incorporating sensory-friendly designs, communication tools, and infrastructure adjustments that meet their needs and uphold dignity and rights.
Component	**Standard**
1. Accessibility for hearing impairments	**Use visual aids and tactile communication tools. Include visual or vibrating emergency alerts in facilities.** • Provide visual aids like posters, diagrams, or video tutorials with captions. Use sign language interpreters or written content for community engagement and training. Ensure emergency alerts include visual signals, such as flashing lights, or vibrating devices. • Using basic sign language to engage deaf communities during design or to provide training. Train WASH facilitators to use basic sign language, identify sign language interpreters, or use alternative communication techniques.

2. Accessibility for vision impairments	**Incorporate tactile paving, Braille signage, and raised markers for navigation. Maintain consistent lighting and use contrasting colours for visibility.** • Install tactile paving or textured ground markers to guide people to water points, latrines, and handwashing stations. Use raised symbols or Braille on signage for toilets, taps, and soap dispensers. Ensure consistent and well-maintained lighting in facilities for those with low vision. • In sanitation and hygiene facilities, provide audio instructions for proper handwashing and hygiene practices. Include features like raised edges around basins or soap holders to help tactile navigation.
3. Behaviour change communication	**Provide hygiene promotion materials in audio, visual, and tactile formats. Avoid reliance on one medium to ensure inclusivity for all sensory disabilities.** Tailor materials to be sensory-friendly (e.g., audio, tactile, and visual formats) and avoid relying on one form of communication. Train staff on communication methods such as basic sign language, and/or partner with specialist organisations.
4. Feedback mechanisms	**Track the usage and satisfaction of WASH facilities among individuals with sensory disabilities.** Establish accessible channels for people with sensory disabilities to report issues or provide suggestions, such as Braille comment boxes or SMS-based systems.

Processes and tools

- CBM Inclusive WASH Guide: Focuses on various disabilities, including sensory impairments
- Health promotion materials for people with disabilities (CDC)

Ensuring accessible menstrual hygiene management

Overview

Menstrual health and hygiene (MHH) is crucial for the dignity, safety, and well-being of women and girls with disabilities. However, they face significant challenges, including inaccessible sanitation infrastructure, limited access to menstrual products, dependence on caregivers, inadequate education, and heightened social stigma. These barriers increase vulnerabilities to infections, violence, and exclusion. In all efforts to adapt for inclusion, we must be cautious not to inadvertently isolate. Because specialized approaches are sometimes needed to address the specific needs of people with disabilities, we must be careful to ensure strong community connection and support so that efforts to differentiate do not inadvertently isolate.

Menstrual health and hygiene	Ensure all facilities and education materials related to MHH are accessible and adapted to the needs of persons with physical, sensory and/or intellectual disabilities, and their caregivers.
Component	**Standard**
1. MHH education	**Ensure education materials are accessible to persons with disabilities and their caregivers.** Adaptations to education and behaviour change materials and approaches may need to be made to maximise uptake of health behaviours. For instance, a person with an intellectual disability may not benefit from group training. Women and girls with sensory disabilities may need adaptations to materials and training approaches to ensure they benefit from the information shared.

2. Resources	**Ensure caregivers have access to resources to support MHH needs.** Include caregivers in MHH training, so they can sufficiently and safely support the women and girls in their care. Refer them to local community health workers and OPDs for additional support.
3. Accessible facilities	**Ensure fully accessible sanitation facilities in schools and healthcare facilities.** When applying the standards for accessibility for people with disabilities, ensure these are applied in toilets identified for MHH. Keep in mind that people with certain disabilities may need to be assisted by a caregiver, so considerations for adequate space are especially important.
4. MHM supplies	**Ensure access to MHM materials usable by persons with various disabilities.** Sanitary pads, menstrual cups, and other supplies need to be usable to people with disabilities. This is highly variable depending on the needs of the individual. World Vision has a facilitation role, providing connections to suppliers, healthcare workers, and OPDs to help provide support with supplies.
5. Advocacy	**Advocate for disability inclusion in all government policies related to MHM.** Policies related to menstrual health may exist under a variety of ministries, including WASH, health, and education, making it difficult to ensure policies are sufficiently inclusive and implemented as intended. World Vision, together with peer organisations, can play a strong advocacy role. As we review policies, we can make sure that any policy relevant to MHH explicitly notes the concerns and needs of women and girls with disabilities.

Processes and tools

- MHM in emergencies toolkit – especially chapter 10: MHM and vulnerable populations
- UNICEF Guidance Note: Menstrual Health and Hygiene for Girls and Women with Disabilities
- WaterAid accessibility and safety audit-MHM

Supporting individuals with WASH home-based care needs

Overview

Individuals with certain types of disabilities may need support to meet their personal WASH needs at home. In low- and middle-income countries, provisions for home-based support or reablement services are very limited. WASH projects can provide support by identifying persons with home-based care needs, equippinig caregivers with training and tools, and facilitating access to adapted facilities, hygiene resources, and support systems. Programmes should prioritize accessibility, dignity, and sustainability for individuals with severe disability, especially children, while respecting culture, privacy, and gender norms. Also consider that caregivers of persons with disabilities can experience burnout, requiring support and rest days. By addressing these needs, WASH programmes can promote health, dignity, and resilience for some of the most vulnerable community members.

Disclaimer: The standards here are ideal scenarios to be applied contextually, considering local resources and project budgets. Some efforts can be achieved through advocacy, so conducting an assessment of needs can be a valuable advocacy tool for engaging public sector and partners.

Supporting home-based care provision	WASH projects must identify people with disabilities in need of home-based care and support access to WASH by providing training and tools for caregivers and facilitating access to adapted facilities, hygiene resources, and support systems.
Component	**Standard**
1. Identification and tracking	**Map and identify people with disabilities in need of home-based care, assess their household WASH standards, and establish monitoring mechanisms.** Work with WASH committees, disability support groups, and Community Health Workers (CHWs) to map households with people who have severe disability. Use standardized checklists to assess WASH conditions, including hygiene and care conditions. Establish monitoring and referral systems to support caregivers.
2. Caregiver training and support	**Provide capacity building for caregivers and CHWs to support the WASH needs of persons with severe disabilities.** Ensure CHWs are trained on home-based care standards, patient-centred care, and communication for behavioural change. Ensure caregivers in the home are trained on appropriate care standards and methods, (e.g. incontinence care and safe use of assistive devices). Develop or enhance local support systems for care providers.
3. Use of community resources	**Leverage community resources and support for families.** Partner with local artisans to produce affordable adaptive devices, such as commode chairs and modified taps. Mobilise community groups to assist with physical tasks like building ramps or accessible latrines, and to provide back up support systems for when caregivers are away from home.
4. Adequate water access	**Every household must have reliable access to a minimum of 20 litres of safe water per person per day within 100 meters of the home.** Support families to install water storage systems with accessible taps, use portable water containers with spouts for limited mobility, and establish community-based water delivery for immobile members.
5. Hygiene practices	**Caregivers and individuals with disabilities must have the means and knowledge to maintain personal hygiene and prevent infections.** Train caregivers in improved hygiene practices for home-based care. Support families to create accessible handwashing stations, (e.g., tippy taps or pedal-operated taps). Distribute hygiene kits with soap, sanitizers, and menstrual hygiene supplies.
6. Sanitation access	**Sanitation must be accessible, private, and safe for people with mobility challenges.** Retrofit latrines with ramps, support rails, raised seats, or commode chairs where possible. Support people with mobility challenges to access portable commodes, bedpans or bottles for those who cannot mobilise. Support households with access to incontinence and MHM supplies, such as waterproof sheeting and sanitary pads.
7. Waste and incontinence care	**Excreta, solid waste, and medical waste must be safely managed.** Support households and communities in proper waste disposal, including handling diapers, bedpans, and soiled cloths (i.e. in a latrine or washed with disinfectant solution). Facilitate regular collection or composting for biodegradable waste.
8. Emergency preparedness	**Households of persons with home-based care needs should have contingency plans for emergencies or caregiver absences.** Support families to make evacuation plans for severely disabled members. Prioritise WASH emergency kits for families of people with severe disabilities. Mobilise community support networks for emergency caregiving when needed.

Processes and tools

- Low-Cost Household WASH Adaptation Ideas
- Simplified WASH Functional Impairment Checklist for CHWs and Careworkers
- WASH Checklist for Home Visits: Disability-Inclusive Assessment

CASE STUDY: Kyangwali, Uganda

Accessible water points in Kyangwali refugee camp provide clean drinking water for all.

WORLD VISION UGANDA'S INCLUSIVE WASH PROJECT

World Vision in Uganda implemented an inclusive WASH project aimed at improving access for people with disabilities. Key interventions included:

1. Accessible latrines: Three new latrine blocks were built in schools, designed with ramps, spacious stalls, and handrails, with latrine seats and knee pads provided.

2. Inclusive boreholes and water points: Boreholes were designed with ramps and seating areas, and accommodations were made for visually impaired individuals to access water safely.

3. Assistive devices: By distributing customized wheelchairs, latrine seats, and other tools, the project has supported mobility and independence. Local artisans were trained to make and repair these devices, to ensure sustainable access.

4. Community engagement and advocacy: An inclusive drama group composed of 90% people with disabilities was formed to promote awareness on sanitation and hygiene. Government authorities were urged to integrate disability-inclusive policies into future WASH initiatives.

The project has transformed the lives of people with disabilities in Kyangwali refugee settlement, who now have safe, dignified access to clean water and sanitation. Accessible latrines help children with disabilities stay in school, while assistive devices and accessible water points support greater independence. Key learnings from the project were that since refugee settlements often change, WASH infrastructure must be adaptable. Sustainability relies on local ownership, with trained artisans and community members helping to maintain services. Watch the video on YouTube here.

6. CONSIDERATIONS FOR HUMANITARIAN SETTINGS

Humanitarian settings, especially in the early days of an emergency response, require quick action to help restore safety and meet basic needs. The rapid nature of emergency response can affect how DI-WASH is carried out while simultaneously increasing the need for it. This is primarily because 1) people with disabilities are even more vulnerable in emergency situations, and 2) emergencies can cause injury leading to disability. The infrastructure standards laid out in this document are predominantly applicable in emergency settings. However, certain considerations must be emphasized and adjusted based on the nature of the emergency. For instance, in emergencies, it is important to emphasize the Sphere Standard of Accessibility: "The technical option chosen should respect the right of all people, including people with disabilities, to safely access sanitation facilities. Accessible toilets, or additions to existing toilets, may need to be constructed, adapted or bought for children, older people and people with disabilities or incontinence. As a guide, single-access gender-neutral toilets with ramps or level entries, with enhanced accessibility inside the superstructure, should also be made available at a minimum ratio of 1 per 250 people" (See page 117 in The Sphere Standards Handbook). This ratio is very important and often not adhered to in emergencies. Below is a summary of key considerations for disability inclusion in emergencies.

Twin-track approach:

Projects should aim to take a twin-track approach whenever possible, planning for both mainstream and targeted interventions in support of people with disabilities. Both approaches work together to create truly inclusive services.

Inclusive mainstream programming: WASH interventions should be designed for the entire population, including people with disabilities. This includes providing accessible information (e.g., in multiple formats), making distribution sites physically accessible, and ensuring people with disabilities and their families receive hygiene kits and understand their use.

Targeted interventions: Specific measures should address the unique needs of people with disabilities, such as providing assistive devices or accessible transportation. This requires that those with disabilities are properly identified and supported.

Participation:

People with disabilities and their representative organisations should be involved in WASH decision-making, including identifying barriers, planning, and evaluating interventions. This ensures their voices are heard in how services like water distribution or sanitation facilities are implemented.

Removing barriers:

Humanitarian actors must identify and mitigate any environmental, attitudinal, or institutional barriers preventing access to WASH services. Solutions may include accessible designs for sanitation facilities or reasonable accommodations tailored to individual needs.

Capacity building:

Ensure WASH programme staff are trained on the rights and needs of people with disabilities, with specific reference to humanitarian contexts. Ensure OPDs are engaged and empowered to lead efforts to advocate for DI-WASH services in humanitarian settings. More detailed information can be found in the Inter-Agency Standing Committee's Guidelines for the Inclusion of Persons with Disabilities in Humanitarian Action.[16] The U.N. Refugee Agency (UNHCR) also has a WASH manual with additional inclusive WASH designs for emergency response.

Hassansham IDP camp in Iraq

CASE STUDY: Iraq

INCLUSIVE WASH SERVICES FOR IDPS IN IRAQ

Prolonged conflict in Iraq has displaced over 3.2 million people, with people with disabilities facing heightened risks due to inaccessible facilities in camps. Temporary shelters often lacked consideration for disabilities, leaving many unable to access essential WASH services. World Vision, supported by the Government of Finland, implemented DI-WASH interventions in IDP camps like Hasansham U2 and U3, east of Mosul. Collaborating with beneficiaries, Handicap International, and local organisations, they designed accessible latrines and bathing facilities. Key outcomes for the project included:

- Improved accessibility: Facilities addressed needs of persons with disabilities.
- Community involvement: Beneficiary input ensured relevant and effective designs.
- Sustainability: Durable, maintainable solutions enhanced long-term usability.

World Vision's inclusive approach improved quality of life for displaced persons with disabilities, setting a standard for equitable humanitarian interventions. Watch the video on YouTube here.

[16] Inter-Agency Standing Committee (2019). Guidelines for Inclusion of Persons with Disabilities in Humanitarian Action.

APPENDICES

APPENDIX A: VALUES, PRINCIPLES, AND LANGUAGE

A1: Disability inclusion in the Bible

This section is informed by World Vision's GESI and WASH Reference Guide and by Rev. Steve Bundy, senior vice president of Joni and Friends.

The Bible is extensive, yet if one were to summarize the message of the entire Bible from Genesis to Revelation, it would be this: God loves people. This includes persons with impairments. Scriptures say a great deal about the dignity of all human beings and give God's followers instructions for how to treat those living with a disability. Perhaps the most powerful statement in Scripture is not a command, but the example of Jesus, who loved those with physical, psychosocial, and intellectual impairments.

God created people in His image. The Bible tells us that God made human beings "in his own image" (Genesis 1:27). This means people are made to look a lot like God, to reflect His perfect character—things like His love, His goodness, and His compassion. As God's image bearers, our task is to demonstrate to the world what God is like. This is true of all people, regardless of gender, ethnicity, age, impairment, or any other social factor. Each person has tremendous dignity and value that cannot be taken away and should never be minimised.

God instructed His people to treat persons with disabilities justly. In the laws that God gave to His people in the Old Testament, He included instructions that reveal His great love and concern for people living with impairments. For example, Leviticus 19:14 says, "You shall not curse the deaf or put a stumbling block before the blind, but you shall fear your God: I am the LORD." Deuteronomy 27:18 states, "Cursed be anyone who misleads a blind man on the road." These verses tell us that God is concerned about persons with disabilities and expects His people to share that concern. To harm or fail to demonstrate concern for persons with disabilities disregards God's concern.

Jesus demonstrated God's love for persons with disabilities. Jesus once said, "Whoever has seen me has seen the Father" (John 14:9), so if we want to understand God's heart toward people with disabilities, we should look to Jesus' own ministry. Knowing what we do about God's love for the world, it should come as no surprise to find the Gospels are filled with stories that highlight Jesus' compassion for people with impairments. Jesus' disciples once asked Him about a man born blind: "Rabbi, who sinned, this man or his parents that he was born blind?" (John 9:2). Jesus' answer shattered their expectations. He said that God had allowed the man to be blind so that God's works might be put on display for everyone to see (verse 3). Jesus loved the man and healed him. This scenario contradicts the myth that disability is brought about by personal sin, family sin, or a curse. Instead, it reveals the value and dignity of this man and how God wanted him to be welcomed into society and friendship with others.

Another time, Jesus spoke to religious leaders and told them to invite people with disabilities into their houses and to their tables (Luke 14:12–14). In that culture, like most today, to invite someone to eat at your table was a sign of acceptance and friendship. Following Jesus and obeying Him means welcoming and fully including people with impairments, just as you would your closest friends. God created all people to live with dignity and hope for the future, and He commands those who love Him to reject stigmas surrounding disability. God desires us to reflect His good heart by seeking justice for and inclusion of those who are vulnerable. This means we need to understand and address the various attitudinal, institutional, and environmental barriers persons with disabilities face.

A2: How to talk about disabilities: Quick reference guide

GENERAL PRINCIPLES

- **Respect and dignity** – Use language that upholds the dignity and humanity of all people, all genders, and those with disabilities.
- **Person-first approach** – Emphasize the person rather than a characteristic or condition unless an individual prefers otherwise.
- **Clarity and accuracy** – Use precise and neutral terms that describe people without exaggeration or diminishment.
- **Cultural sensitivity** – Recognize that language preferences vary across contexts.
- **Avoid assumptions** – Do not assume a person's needs, abilities, gender identity, or preferences; when in doubt, ask.
- **Avoid stereotypes and pity** – Refrain from using language that portrays people as victims, as extraordinary simply for existing, or in ways that reinforce traditional gender roles.
- **Avoid gendered assumptions** – Avoid assuming certain roles based on gender when talking about someone's disability and needs.

DO

- ✓ **Use person-centred language** – Say "people with disabilities" or "persons with disabilities" rather than "disabled people" to emphasize the person before the disability.
- ✓ **Respect individual preferences** – Ask individuals how they prefer to be described.
- ✓ **Use neutral and accurate descriptions** – For example, "a person who is blind or has low vision" rather than 'the blind.'
- ✓ **Acknowledge context and culture** – Language preferences may vary based on culture, disability type, or regional norms.
- ✓ **Follow appropriate style guides** – Use "people with disabilities" in general communications and 'persons with disabilities' in formal or technical contexts if required by donors or reports. Both terms are used throughout this guide.
- ✓ **Focus on abilities and dignity** – Use language that respects the individual rather than emphasizing limitations.
- ✓ **Use accurate medical terms when necessary** – Say "has cancer" or "has ADHD" instead of "suffers from cancer" or "is afflicted with ADHD."

DON'T

- ✗ **Use euphemisms** – Avoid terms like "handi-capable," "differently abled," or "physically challenged."
- ✗ **Use outdated or offensive terms** – Don't say "handicap" or "handicapped" to refer to a person or disability.
- ✗ **Use "special needs"** – This can imply that disabled people are burdensome. Instead, recognize that they have the same fundamental needs as everyone.
- ✗ **Use language that implies pity** – Avoid phrases like "battling," "suffers from," or "overcame her disability." Instead, use neutral descriptions.
- ✗ **Use dehumanizing mass terms** – Avoid "the disabled," "the blind," or "the mentally ill." Instead, use "people with disabilities," "people who are blind," etc.
- ✗ **Use "normal" to contrast with disability** – Instead of "normal person," say "nondisabled person" or "person without a disability."
- ✗ **Use negative or restrictive language** – Avoid "wheelchair-bound" or "Alzheimer's victim." Instead, say "uses a wheelchair" or "person with Alzheimer's disease."

A3: Additional resources

1. World Vision's Gender Equality and Social Inclusion (GESI) Approach
2. World Vision's Commitment to Children with Disabilities
3. Guidelines on Inclusion of Persons with Disabilities
4. Promising Practices - Including Children with Disabilities
5. Extracts From World Vision International – Disability Definitions and Position Paper
6. Extracts From World Vision International – Guidelines Addressing Disability
7. World Vision International Disability Working Group Position Paper on Wheelchair Distribution
8. Practical Lessons from Four Projects on Disability-Inclusive Development Programming
9. Communications Case Studies Guidelines – Disabled People
10. How Do We Get from Here to There? Practical Guidelines on Disability-Inclusive Programming
11. Which Way In? How To Host Accessible Events

APPENDIX B: DISABILITY-INCLUSIVE WASH MONITORING

B1: Examples of disability-inclusive WASH indicators (extracted from the World Vision WASH Core Project Model)

The following are examples of disability-relevant and disability-specific indicators and relevant disaggregation if collected at the household or individual level.

RECOMMENDED STANDARD INDICATORS	HORIZON CODE	DISAGGREGATION	LIKELY DATA COLLECTION METHOD
Goal: Contribute to improved health, nutrition, and education outcomes for child well-being			
Prevalence of diarrhoea in children under 5	C1B.0087	Sex, age, MVC, registered children, and children with disabilities	Caregiver Survey; SMART Survey
Prevalence of wasting in children under 5	C1B.0018		
Prevalence of stunting in children under 5	C1A.0008		
Proportion of children currently enrolled in and attending a structured learning institution	C2D.0295	Sex, age, MVC, registered children and children with disabilities	School Environment Survey
Outcome: Universal access to safe and clean drinking water services			
The proportion of the households using basic drinking water services	C3B.027688	Accessibility*	Care giver Survey
Proportion of the households using safely managed drinking water services	C1B.26011		
Output: Access to basic drinking water services increased in communities			
Number of people gaining access to basic drinking water services	C3B.027586	Sex, age, and people with disabilities	WASH Output Monitoring Tools; Horizon/ GIS
Number of people gaining access to safely managed drinking water services	C1B.25971		
Output: Education facilities have increased access to basic drinking water services			
Number of children gaining access to basic drinking water services at education facilities	C4A.027650	Sex, age, MVC, registered children, and children with disabilities	WASH in Schools monitoring tool
Outcome: Universal access to safe and clean drinking water services			
The proportion of the households using basic sanitation services	C3B.027689	Accessibility*	Caregiver Survey *(use interim household WASH survey module)*
The proportion of households using safely managed sanitation services	C3B.026353	Sex, age, and people with disabilities	

Output: Households have increased access to basic sanitation services			
Number of people gaining access to basic sanitation facilities	C3B.027587	Sex, age, and people with disabilities	WASH output monitoring tools
Number of people gaining access to safely managed sanitation facilities	C3B.026350		
Number of people gaining access to limited sanitation services	C3B.026351		
Number of people gaining access to unimproved sanitation services	C3B.026352		
Output: Education facilities have increased access to basic sanitation services			
Number of children gaining access to basic sanitation services at education facilities with an appropriate student-to-latrine ratio	C4A.027652	Sex, age, MVC, registered children, children with disabilities	WASH in Schools monitoring tool
Number of education facilities with at least one improved sanitation facility that meets the needs of those with limited mobility, built or subsidised by World Vision	C2D.22823	Accessibility*	
Number of education facilities with menstrual hygiene and management facilities in place *(usable at time of visit, at least one toilet for women/girls to manage menstrual hygiene needs, one toilet separate for staff, one for people w/limited mobility)*	C2D.19352		
Outcome: Universal access to basic hand and menstrual hygiene services			
The proportion of the households with basic handwashing services	C1B.23136	*Accessibility	Caregiver Survey
The proportion of parents or caregivers who report practicing appropriate handwashing behaviour at critical times	C1B.0128	Sex, age, persons with disabilities	
The proportion of women aged 19–49 who report being able to participate in all desired activities during the last menstrual period	C5A.25980		
The proportion of women aged 19–49 that report being able to use hygiene management materials during the last menstrual period	C5A.25979		
The proportion of adolescents who participated in all desired activities during their menstrual period	C4B.25852	Age, MVC, registered children, children with disabilities	WASH in Schools Evaluation Survey
The proportion of adolescents who report using appropriate hygiene materials during their last menstrual period	C4B.25854		WASH in Schools Evaluation Survey
Output: Access to handwashing facilities increased in communities			
Number of people gaining access to a handwashing station	C3B.026228	Sex, age, persons with disabilities	Monitoring tool/ Horizon
Output: Access to basic handwashing services in education facilities increased			
Number of education facilities with at least one basic handwashing facility, constructed or subsidised by World Vision, that meets the needs of people with limited mobility	C2D.26003	Accessibility*	WASH in schools monitoring tool
Number of children gaining access to basic handwashing services at education facilities	C4A.027651	Sex, age, MVC, registered children, children with disability	
Number of children enrolled in structured learning who have participated in hygiene behaviour change programming	C3B.027653		WASH in schools monitoring tool

Outcome: WASH systems and services are maintained			
Output: Capacity to advocate for improved water, sanitation, and hygiene services increased in communities.			
Number of faith leaders trained as champions in a dedicated WASH training programme	C3C.19363	Sex, age, disability	Training records
Number of faith leaders active in WASH promotion	C1B.25996	Sex, age, faith leaders,disability	Project records
Output: Capacity for integrated water resources management strengthened			
The number of people benefiting from the adoption and implementation of measures to improve water resources management	C1B.25972	Sex, age, and persons with disabilities	Annual reports, Evaluation report

*Note: The indicator detailed tools are available on the WV central WASH DME site, also on Our Impact Our Story Level 1 and Level 2 OIOS indicators catalogues *Additional questions will be available for the caregiver survey on accessibility assessment.*

B2: Focus group tool: Assessing disability-inclusive WASH needs

Target participants: Persons with disabilities and OPDs, to include a broad mix of genders, ages, and types of disabilities.

Objective: To assess WASH needs, challenges, and accessibility of WASH within the community.

1. Introduction

Welcome participants, introduce facilitators, and explain the purpose of the discussion. Emphasize confidentiality and respect for all opinions. Gather information on the age and gender of participants, and types of disability experienced.

2. General access to WASH services

- Availability: Do you have access to WASH services in homes, community, school, and public places?
- Barriers: What access challenges do you face (e.g., distance, design, cost, safety)?
- Safety: Do you feel safe in WASH facilities in public places, schools, and communities? Why/why not?
- Gender: Are there additional challenges faced by women, girls, or gender-diverse persons with disabilities?

3. WASH in homes

- Water access: How do you collect and store water? Is it accessible and safe?
- Sanitation: Do households have accessible WASH facilities? If not, what challenges do you face?
- Hygiene: Can you easily access handwashing stations, soap, and hygiene materials (e.g., menstrual hygiene products or incontinence supplies)?
- Support: What roles do CHWs or social workers play in supporting the WASH needs of persons with disabilities at home?

4. WASH in communities

- Community water points: Are water points accessible for persons with disabilities? If not, what is needed?
- Public toilets: Are community toilets accessible? What challenges do you face using them?
- Community inclusion: Are persons with disabilities involved in WASH planning, decision-making, and management?

5. WASH in schools

- Water access: Are water points in schools accessible for students with disabilities?
- Toilet accessibility: Are toilets accessible to students with disabilities?
- Privacy and safety: Do you feel comfortable and safe using school WASH facilities?
- Hygiene education: Are materials accessible (e.g., Braille, sign language, picture guides)?

6. WASH in public gathering places (markets, religious centres, transport hubs)

- Public toilets: Are public toilets in markets, places of worship, or transport hubs accessible?
- Handwashing facilities: Are handwashing stations and hygiene resources easy to use for persons with disabilities?
- Navigation: Are pathways to WASH facilities clear, well-lit, and free of obstacles?

7. Access to assistive devices for WASH

- Availability: Do you have access to assistive devices (e.g., adapted toilet seats or long-handled taps)?
- Affordability: Are these assistive devices affordable? If not, what financial barriers exist?
- Information: Are you aware of where to get assistive devices for WASH needs?

8. Recommendations and solutions

- Improvements: What changes would make WASH facilities more accessible and inclusive?
- Participation: How can persons with disabilities be more involved in WASH planning and decision-making?
- Advocacy: What support is needed to improve DI-WASH, and from whom (e.g. government, NGOs)?

9. Closing and next steps

Summarize key points discussed. Inform participants how their feedback will be used. Thank them for their time and contributions.

B3: Checklist on disability inclusion and accessibility in WASH programmes

A checklist can be used to assess if a WASH programme has been designed and implemented to be inclusive of and accessible to with persons with disabilities. This assessment helps identify gaps and areas for strengthening the programme to have a greater impact on persons with disabilities. A programme is considered disability-inclusive and accessible if it responds "yes" to at least 80% of the questions below.

PROGRAMME STAGE	DISABILITY INCLUSION CONSIDERATIONS	RESPONSE (Y/N)	COMMENT
All stages	Do you have a disability inclusion focal point for the programme?		
Situation analysis	Has data been collected/or planned to be collected during situation analyses and programme planning on the barriers, needs, and priorities of people with disabilities?		
	If data is not available on the WASH needs and barriers of people 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?		
	Has budget been allocated to cover the participation of persons with disabilities in situation analysis and planning?		
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 people with disabilities?		
	Have you defined approaches for reaching persons with disabilities (such as accessible infrastructure or inclusive hygiene messages)?		
	Do the identified DI-WASH interventions address the identified WASH needs and barriers?		
Implementation	Were persons with disabilities involved 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 partnership agreement or contract with an organisation/ consultant specialising in disability inclusion and accessibility?		
	Has budget been allocated for disability-inclusion activities?		
	Have you facilitated participation of persons with disabilities (men and women) in management committees and positions of responsibility to support functioning of water committees, systems, and hygiene promotion?		
	Are obstacles to safe and equitable access to WASH 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 people 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 construction of infrastructure to ensure it meets accessibility standards?		

B4: Inclusive community engagement checklist

Use this checklist to ensure community engagement events are inclusive, accessible, and empower all participants.

Representation

- **Assessment:** Have you conducted a GEDSI assessment to identify underrepresented groups in the community?
- **Identifying barriers:** Have you identified and addressed barriers to participation, such as social norms or stigmas?
- **Understanding concerns:** Have you identified and addressed to community members' reservations about World Vision, projects, or their ability to effect change?

Accessibility

- **Physical structure:** Is the meeting location accessible to people of all abilities?
- **Schedule:** Can underrepresented groups attend at the selected time? Are work or caregiving barriers addressed (e.g., childcare support)?
- **Language:** Is the meeting conducted in an accessible language? Are translation, sign language, or alternative formats available for participants with disabilities?
- **Education level:** Are materials and activities adapted for participants with lower literacy levels?

Inclusive Decision-Making

- **Safe spaces:** Have you created a non-threatening environment where all participants feel comfortable sharing? Consider sub-dividing groups if necessary.
- **Shared decision-making:** Are community members meaningfully involved in decisions that affect them?
- **Protection of participants:** Are safeguards in place to prevent negative repercussions for marginalised or vulnerable participants?

APPENDIX C: WASH STRUCTURAL STANDARD ILLUSTRATIONS

Except for World Vision-specific details, all figures are copied directly from the 2010 United States ADA Standards for Accessible Design.

C1: WASH infrastructure: Detailed structural specifications

1. Floor and ground surfaces: The floor and ground surface in installation projects—including infrastructure foundations, paths of travel, and adjacent areas—must be stable, slip-resistant, accessible, and with vertical changes under 6.4 mm or ramped as specified.

1.1. These requirements apply to all floor or ground surfaces impacted by a World Vision project including infrastructure foundations, paths of travel, and adjacent surfaces.

1.2. Floor and ground surfaces shall be stable, firm, and slip-resistant. This requirement applies to the floor of infrastructure (e.g., latrine slab, water point foundation) and the path of travel to and from gathering areas and constructed infrastructure.

1.3. Vertical changes less than 6.4 mm maximum are permitted on floor and ground surfaces.

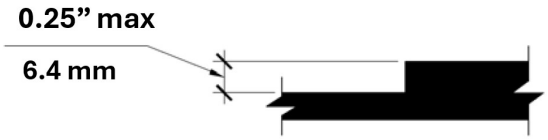


Figure C1_1.3_1: Vertical change in level

2. Turning spaces are required for wheelchair users to turn within the path of travel or infrastructure using either (a) a circular turning space with a diameter >525 mm or (b) a T-shaped turning space, with arms clear of obstructions by 305 mm and base by 610 mm.

2.1. Turning spaces are required when a person with a disability is required to make a turn within the path of travel or within constructed infrastructure. One of the following turning spaces shall be provided:

- A circular turning space with a diameter greater than 1,525 mm.
- A T-shaped turning space meeting the dimensions shown in the detail below. Each arm of the T-shape shall be clear of obstructions 305 mm minimum in each direction, and the base shall be clear of obstructions 610 mm minimum as shown. Doors are permitted to swing into turning spaces

Figure C1_2.1_1: Circular turning space

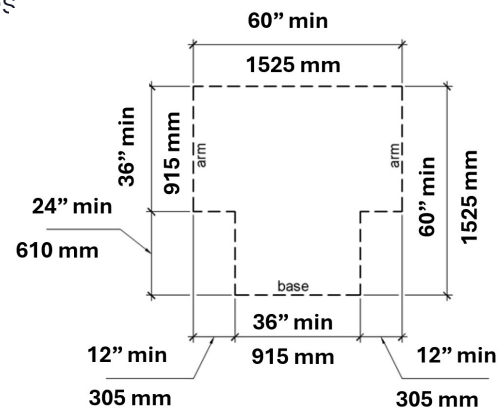


Figure C1_2.1_2: T-shaped turning space

3. Accessible path of travel: Projects must provide accessible, obstruction-free paths with proper slopes, width, clearance, and manoeuvring space, ensuring safe access to facilities.

3.1. When building infrastructure, the project should cover the area from the facility (like a latrine or water point) to the edge of the property and consider the path people will travel across the property. The path of travel (like a walkway or road) within the property must also be accessible for people with disabilities. All World Vision projects must include the following:

- Evaluate and ensure accessibility along all potential paths of travel to and from common gathering points (e.g., parking areas, roadways, kiosks, businesses, schools) to the constructed infrastructure.
- Accessible paths of travel should not interfere with existing paths of travel already established but should be integrated into the common walking patterns when feasible.
- Accessible paths of travel should be safe and easy to use. They should be as direct as possible, avoiding long detours that could be difficult for people with walking impairments or older adults. Paths should also be clear of hazards such as cliff edges, dense vegetation, or other unsafe areas. Security barriers, fences, or similar may not obstruct the paths of travel.
- Provide paths of travel accessible to people who are blind or have low vision: Any protruding objects (e.g., lights on side of building, fences within the pathway) between 685 mm and 2,030 mm above ground level, must not protrude more than 100 mm into the path of travel.
- **Exception:** Handrails may protrude 115 mm maximum into the path of travel.

3.2. Freestanding objects on posts (e.g., control panels or signs) must not protrude more than 305 mm over the path of travel if they are between 685 mm and 2,030 mm above the ground. If the object is between posts and protrudes more than 305 mm, the bottom edge must be no lower than 685 mm or at least 2,030 mm above the ground.

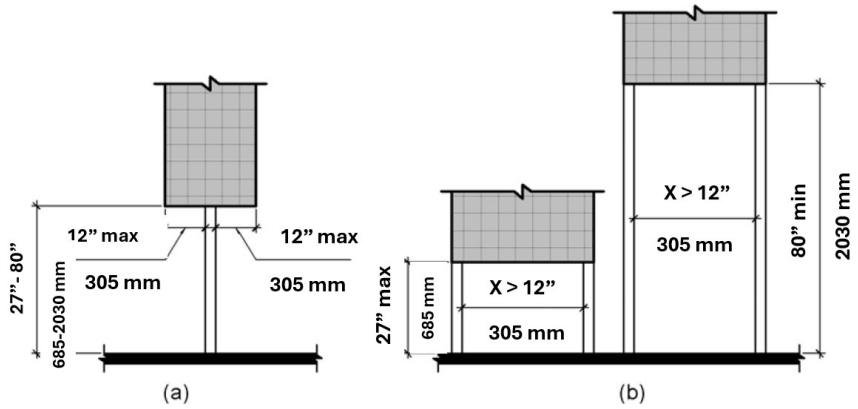


Figure C1_3.2_1: Post-mounted protruding objects

3.3. The vertical clearance space under any structure along the path of travel must have a minimum height of 2,030 mm. If the clearance is less than 2,030 mm, guardrails must be installed at a height of no more than 685 mm above the ground or floor.

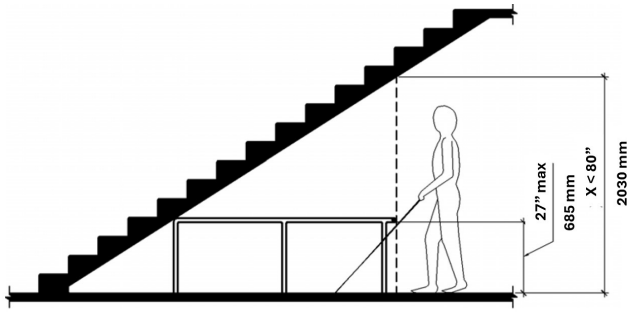


Figure C1_3.3_1: Vertical clearance

3.4. Accessible path of travel must have a slope of 1:20 (travel) and 1:48 (cross-slope), be at least 915 mm wide, and allow for appropriate width at turns, ensuring that:

- The slope of the accessible path of travel is not steeper than 1:20 in the direction of travel and not steeper than 1:48 along the cross-slope perpendicular to travel.

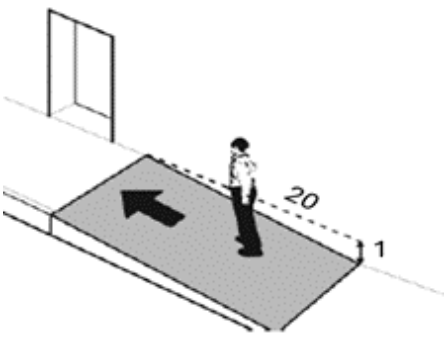


Figure C1_3.4_1: Slope along the path 1:20

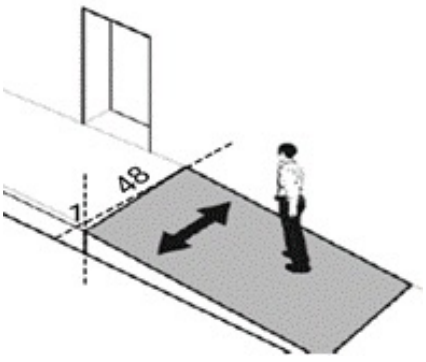


Figure C1_3.4_2: Slope perpendicular to travel 1:48

- The clear width of the path should be a minimum of 915 mm.

Figure C1_3.4_3: Route wide

- If an accessible path has a 180-degree turn around an element less than 1,220 mm wide (e.g., ramp turnaround), the path should be at least 1,065 mm wide before and after the turn, and at least 1,220 mm wide at the turn itself. If the path is wider than 1,525 mm, the entrance and exit of the turn can be 915 mm wide.

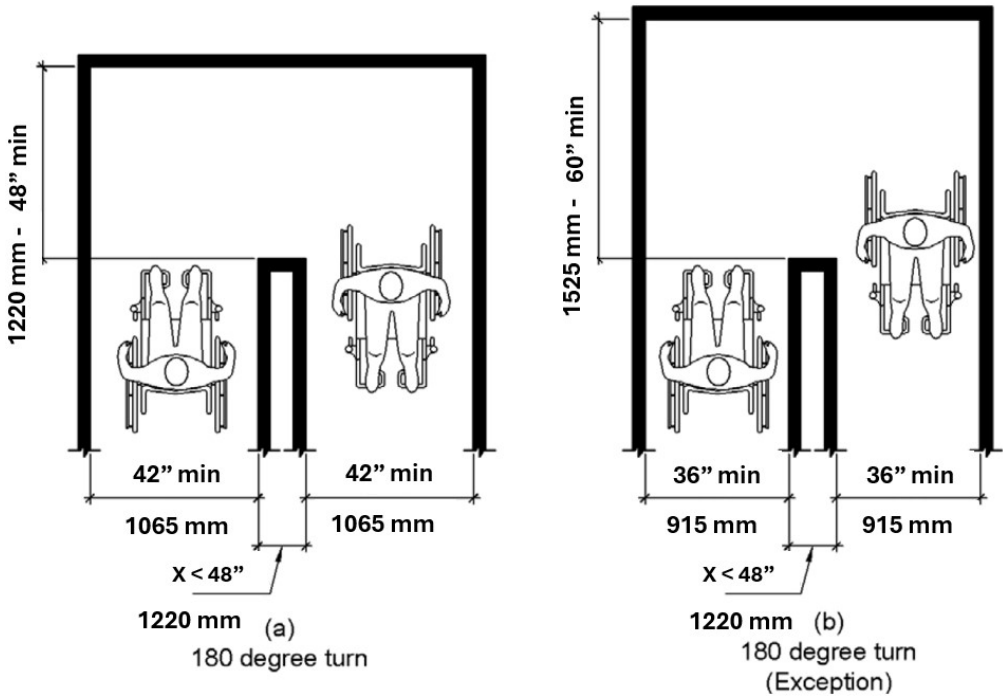


Figure C1_3.4_4: Clear width at turn

3.5. Door openings along accessible paths should provide a minimum clear opening of 915 mm measured from the face of the door to the door stop when the door is fully open. There shall be no projections in the clear width that would prohibit passing through.

Depending on the approach to the door and if the individual will be pulling or pushing to open, the following manoeuvring clearances apply to provide sufficient turning area prior to entering the doorway:

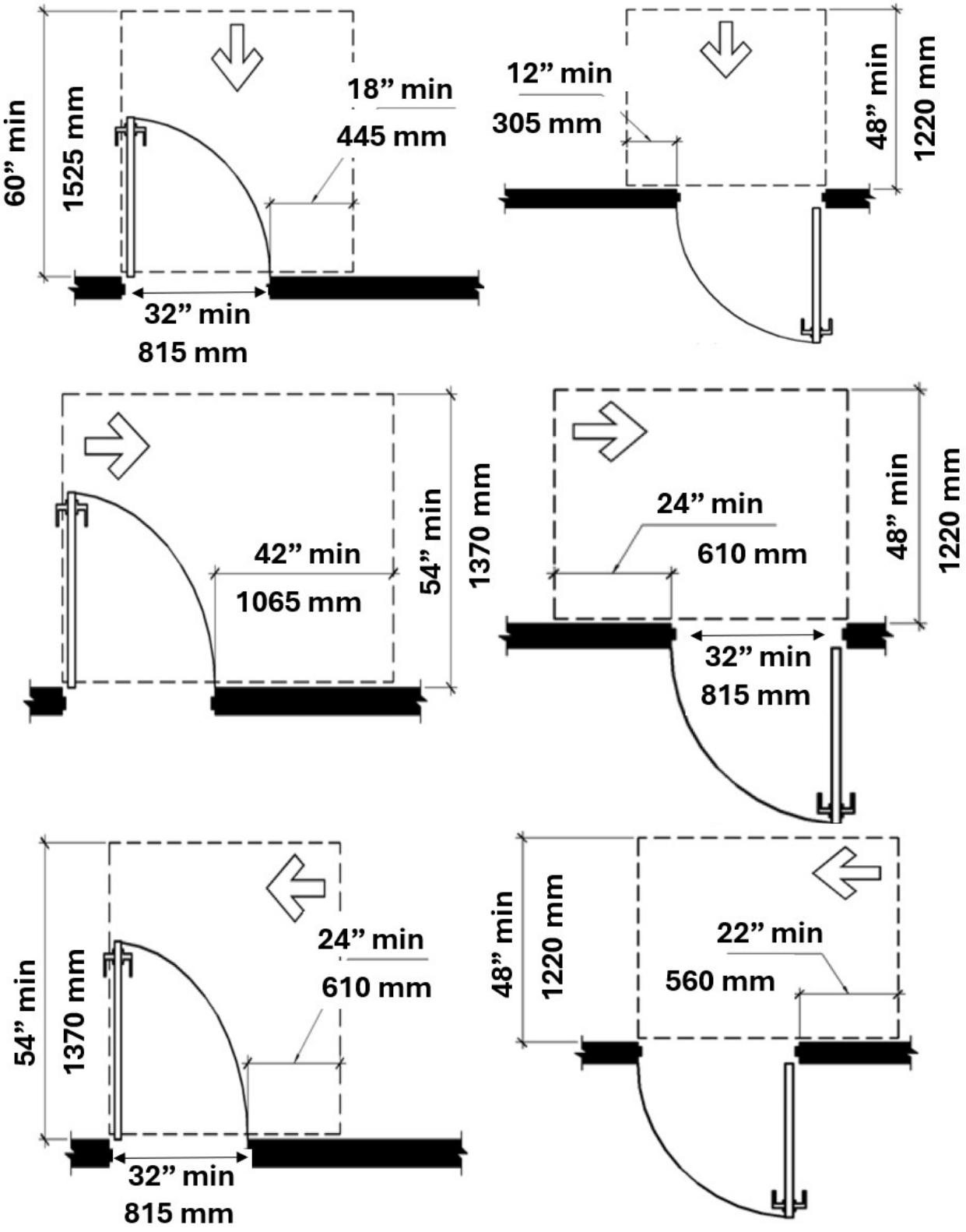


Figure C1_3.5_1: Manoeuvring clearances at manual swinging doors and gates

3.6. If the doorway does not have a door, the following manoeuvring clearances apply:

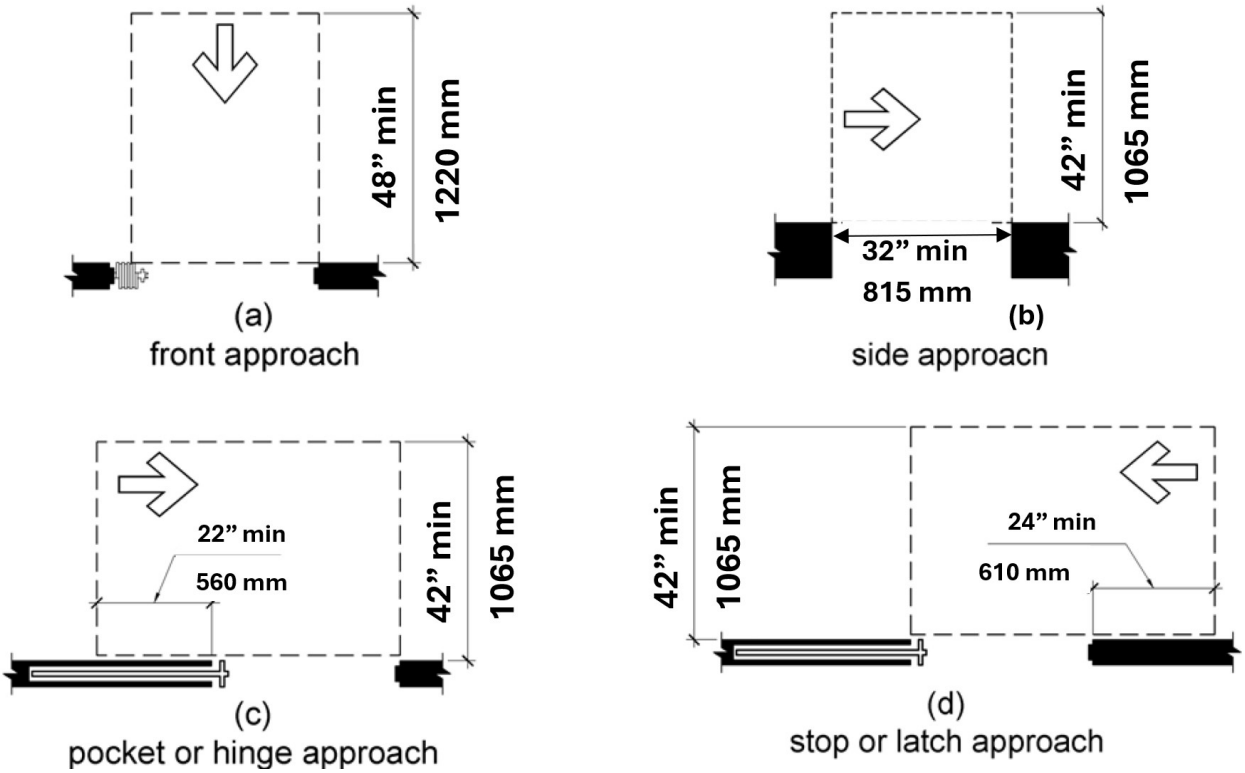


Figure C1_3.6_1: Manoeuvring clearances at doorways without doors

4. Ramps: Ramps must be provided for vertical changes exceeding 13 mm, with specific slope and landing requirements, nonslip materials, handrails for rises over 150 mm, and provisions for drainage, accessibility, and safety.

If the vertical change exceeds 13 mm, a ramp must be provided according to the specifications below.

4.1. Ramp slopes should not be steeper than 1:12 in the direction of travel, and ramp cross-slopes should not be steeper than 1:48 in the direction perpendicular to travel.

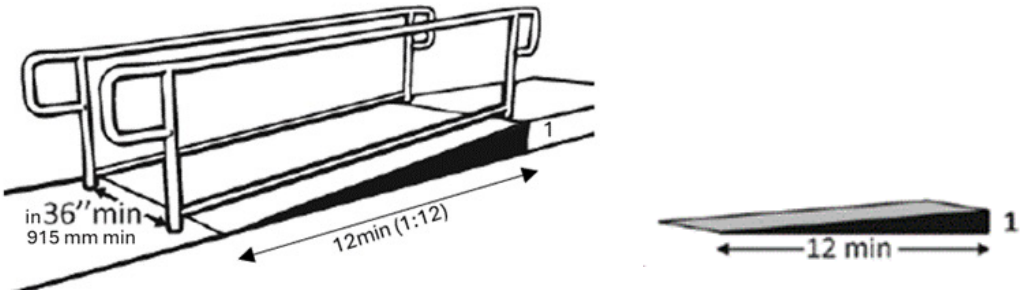


Figure C1_4.1_1: Ramp slope not steeper than 1:12

4.2. The vertical rise for any ramp section shall be less than 760 mm. For vertical changes greater than 760 mm, a ramp landing with a vertical rise of less than 760 mm must be provided before the next ramp section.

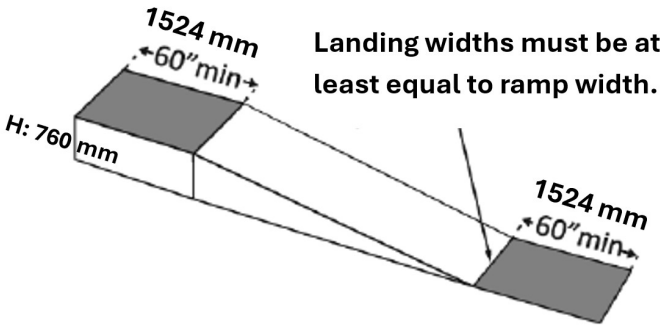


Figure C1_4.2_1: Ramp landing for every 760 mm vertical rise

4.3. A landing is required at the beginning and end of every ramp section (see detail below).

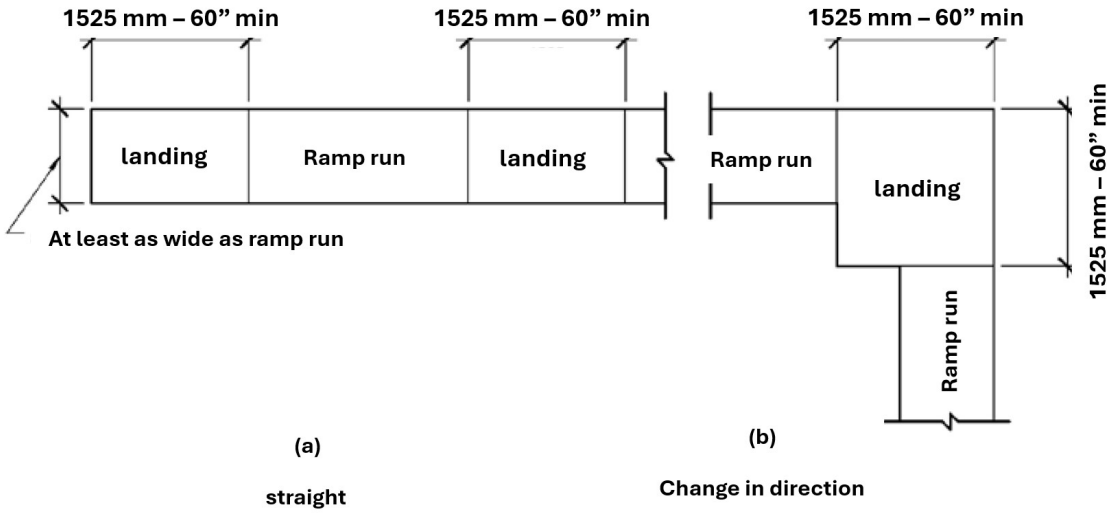


Figure C1_4.3_1: Ramp landings

4.4. Where the ramp changes direction, a landing is required that is at least 1,525 x 1,525 mm.

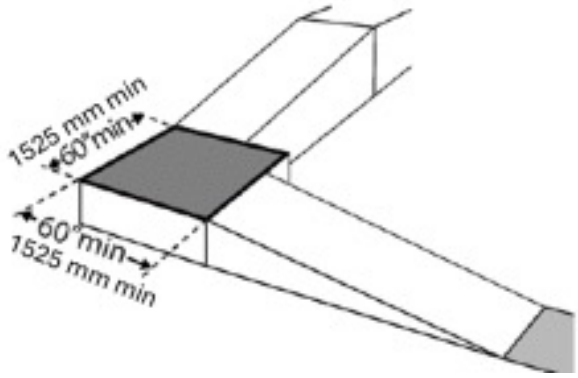


Figure C1_4.4_1: Landing where the ramp changes direction

4.5. Handrails shall be installed on ramps with a vertical rise greater than 150 mm (see No. 9 for handrail guidance).

4.6. When possible, also provide stairs or a more direct path for individuals with limited stamina, such as older adults.
4.7. The floor or ground surface of the ramp shall extend a minimum of 305 mm beyond the inside face of the installed handrail (see detail below). Alternatively, install a kerb or barrier that prevents the passage of a 100-mm diameter sphere (e.g., blocking wheelchair tires).

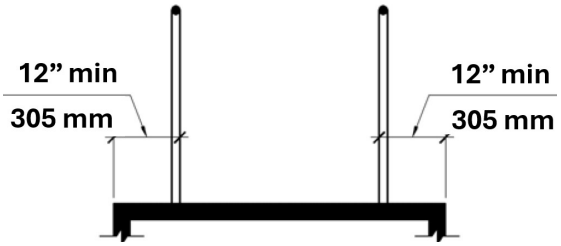


Figure C1_4.7_1: Extended floor or ground surface edge protection

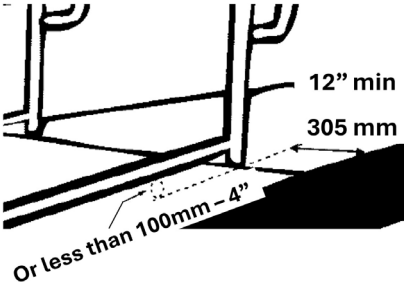


Figure C1_4.7_2: Kerb or barrier protection

4.8. If the landing or ramp is subject to wet conditions, design the surface so that water does not accumulate and drains off-site into a soakaway pit or other managed recharge area.
4.9. The ramp shall be stable and constructed from nonslip materials.

5. Stairways: Install stairways if a more direct path of access is required in addition to a more accessible path of travel.

5.1. Stairways shall be installed so that they do not interfere with other accessible paths of travel.
5.2. All steps on stairs shall have a uniform riser height between 100 mm and 180 mm. The tread also shall be uniform and be a minimum of 280 mm deep.

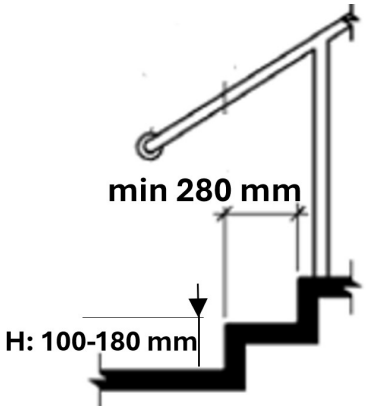


Figure C1_5.2_1: Stairways riser height and tread

5.3. All stairs must have handrails installed (see No. 6 for handrail guidance).
5.4. If the stairs are subject to wet conditions, design the surface so that water does not accumulate and drains off-site into a soakaway pit or other managed recharge area. In addition, the stairs shall have nonslip material on the front edge or strips of contrasting colour/texture.

6. Handrails: Handrails are required on ramps with a vertical rise over 150 mm, stairways, and walkways with steep slopes. They must be continuous, unobstructed, with a gripping surface between 865 mm and 965 mm from the ground, offering specific clearance, safety features, and extensions at the top and bottom. These can be locally made with local materials if needed.

6.1. Handrails are required on:

- Ramp sections with a vertical rise greater than 150 mm
- Stairways
- Walking surfaces with slopes steeper than 1:20

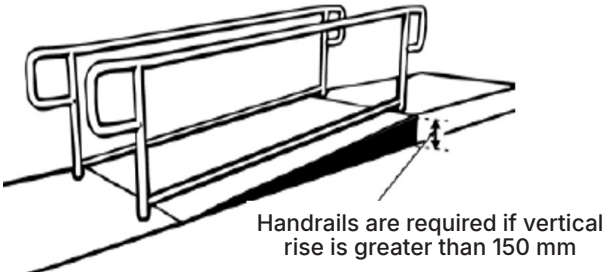


Figure C1_6.1_1: Handrails on ramp sections

6.2. Handrails shall be provided on both sides of stairs, ramps, and walkways.

6.3. Handrails shall be continuous and unobstructed along the top or sides the full length of the stair flight, ramp section, or walkway.

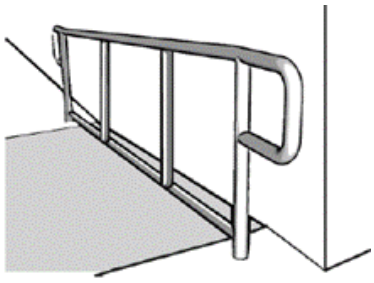


Figure C1_6.3_1: Handrail gripping surface not obstructed

6.4. Handrail gripping surfaces and adjacent surfaces shall be free of sharp or abrasive elements and have rounded edges.

6.5. The top gripping surface of the handrail must be located between 865 mm and 965 mm from the ground or floor surface.

- In locations where children will be accessing services, a second handrail gripping surface should be provided less than 710 mm from the floor or ground surface.
- Vertical clearance between the upper and lower handrail should be a minimum of 230 mm to prevent entrapment.

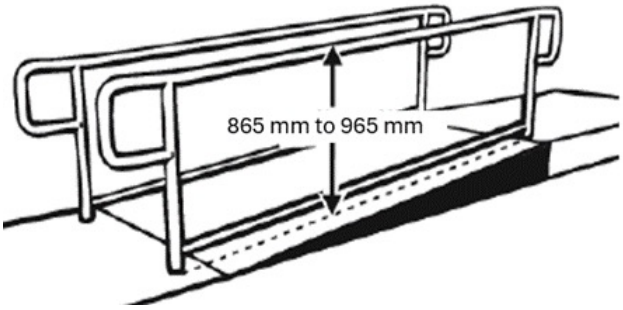


Figure C1_6.5_1: Handrails gripping surface 865 mm to 965 mm

6.6. The clearance between the handrail gripping surface and the adjacent surface shall be a minimum of 38 mm as shown below, and handrail gripping surface shall be continuous and unobstructed along the top and sides.

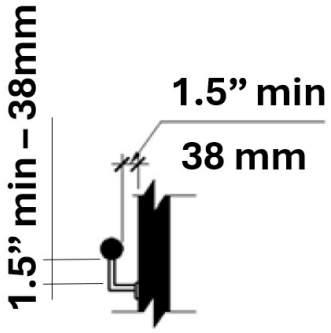


Figure C1_6.6_1: Handrail clearance

6.7. Handrail gripping surfaces shall include a circular cross section with an outside diameter between 32 mm and 51 mm or a noncircular cross section as shown in the detail below.

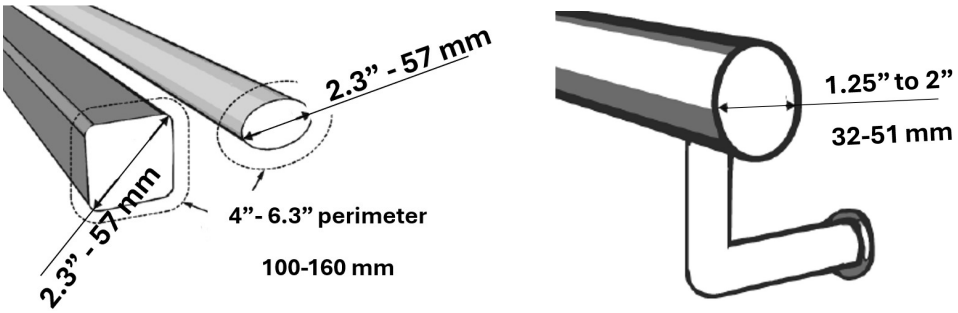
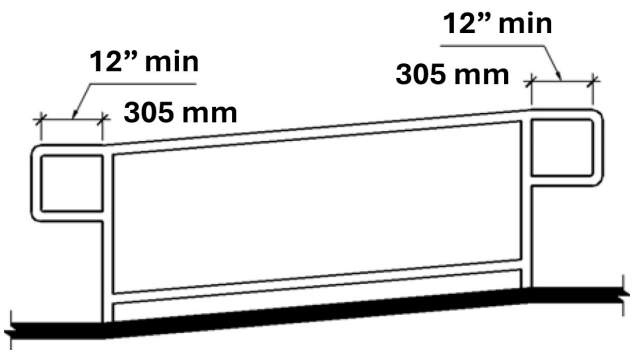


Figure C1_6.7_1: Handrail cross section

6.8. Ramp top and bottom handrail extensions shall extend horizontally for a minimum of 305 mm beyond the ramp section top or bottom as shown below.



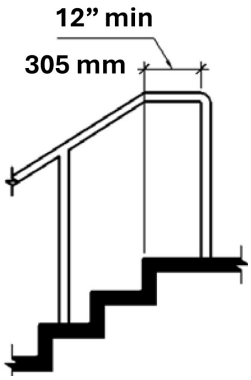


Figure C1_6.8_1: Top and bottom handrail extension at ramps *Figure C1_6.8_2: Top handrail extension at stairs*

6.9. The bottom stairway extension shall extend horizontally for a minimum of one tread depth from the bottom of the stairway. See details below.

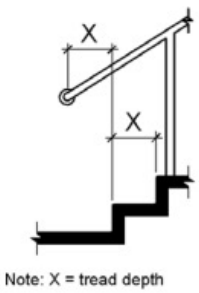


Figure C1_6.9_1: Bottom handrail extension at stairs

7. Accessible features for wheelchair users: Accessible features should be within a reachable range, with limits on height and depth for both forward and side approaches, ensuring easy operation without tight gripping or excessive force.

This section provides requirements for the placement of accessible features (e.g., taps or door handles) and gives minimum and maximum placement locations based on expected reaches of people who use a wheelchair for transportation.

7.1. If a forward reach is unobstructed, the high forward reach shall be a maximum of 1,220 mm and the low forward reach shall be a minimum of 380 mm above the ground or floor surface (see detail below).

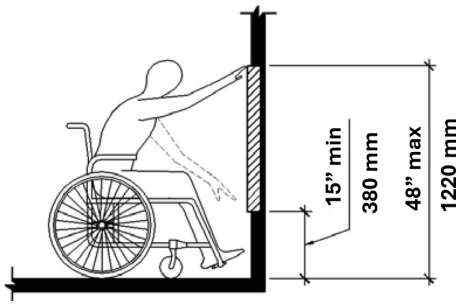


Figure C1_7.1_1: Unobstructed forward reach

7.2. Obstructed reaches are not recommended, but if required due to construction constraints, the high forward reach shall be a maximum of 1,220 mm with a maximum reach depth of 510 mm. If the reach depth exceeds 510 mm, the high forward reach shall be a maximum of 1,120 mm, and the reach depth shall not exceed 635 mm (see details below).

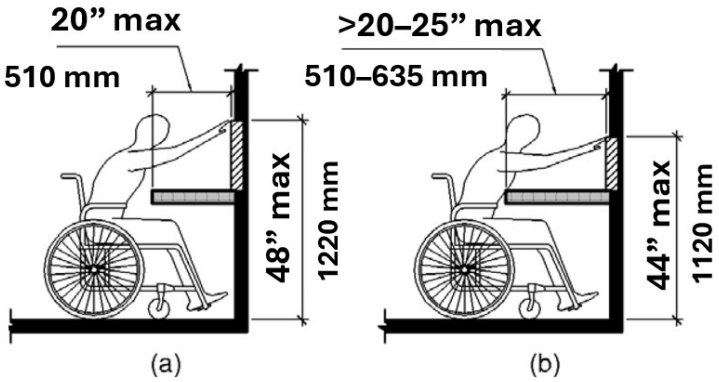


Figure C1_7.2_1: Obstructed high forward reach

7.3. If a parallel approach to an element (e.g., water tap) is provided unobstructed, the high reach shall be a maximum of 1,220 mm and the low reach shall be a minimum of 380 mm above the ground or floor surface. If the obstruction is less than 255 mm maximum depth, then it may be permitted. See detail below for clarity.

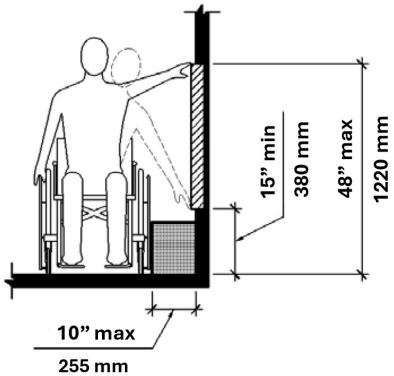


Figure C1_7.3_1: Unobstructed side reach

7.4. If a parallel approach to an element (e.g., water tap) is provided with an obstruction, the height of the obstruction shall be a maximum of 865 mm, and the depth of the obstruction shall be a maximum of 610 mm. The high side reach shall be a maximum of 1,220 mm for a reach depth of 255 mm maximum. If the reach depth exceeds 255 mm, the high side reach shall be a maximum of 1,170 mm with a maximum reach depth of 610 mm (see details below).

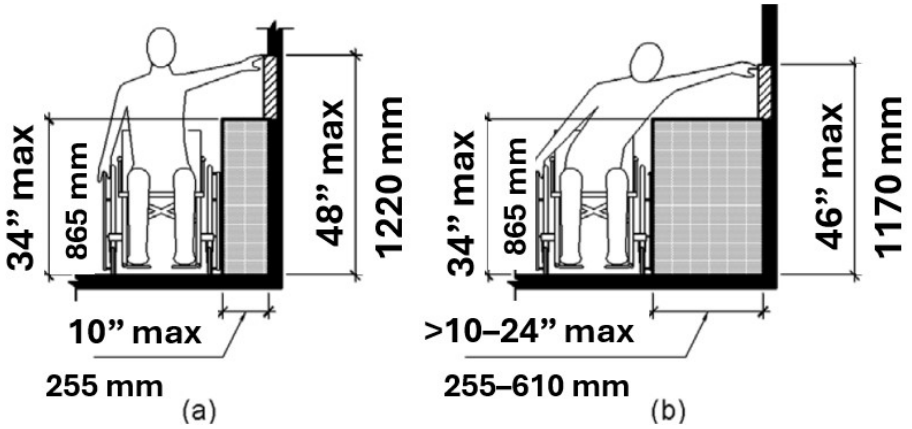


Figure C1_7.4_1: Obstructed high side reach

7.5. Operable parts (e.g., water taps or door handles) shall be operable with one hand; not require tight grasping, pinching, or twisting of the wrist; and should require less than 5 pounds of force to operate.

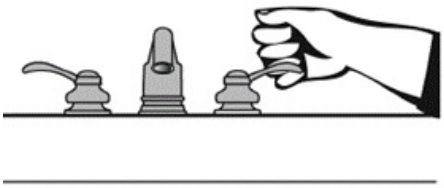


Figure C1_7.5_1: Operation of water taps using one hand

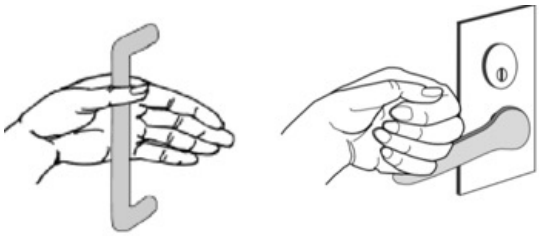


Figure C1_7.5_2: Accessible door handles

C2. Water point accessibility: Detailed structural specifications

8. Piped-water system community water points: At least one tap at community water points must meet accessibility requirements, including height limits (760 mm for children) and assistive devices for tipping containers where appropriate.

8.1. For piped-water systems, each community water point must include a minimum of one tap that adheres to these requirements. If possible, it is recommended that 50% of the number of taps adhere to these requirements (i.e., two of the four taps).
8.2. No. 8 above applies to the location of water taps depending on the approach of the individual (forward or parallel).
8.3. The water tap shall be located less than 760 mm above the ground or floor surface if children are expected to operate the water point.
8.4. Assistive devices for use in tipping buckets and jerrycans shall be provided when appropriate. The figures below provide options for these devices.

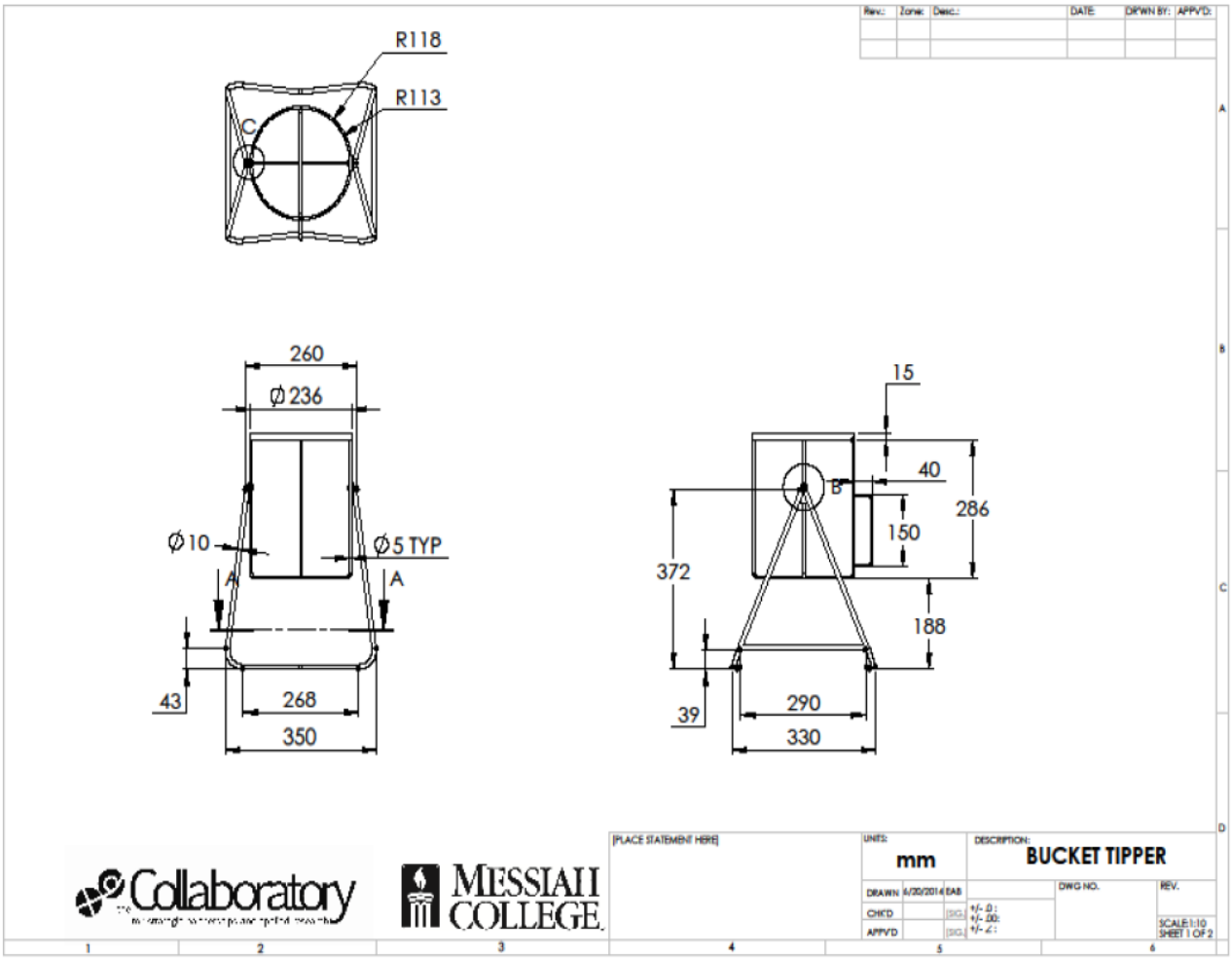


Figure C2_8.4_1: Bucket tipper assistive device[17]

[17] Messiah College and The Collaboratory. Africa WASH and Disability Study. (2014). *Inclusive WASH Development Strategies and Lessons.*

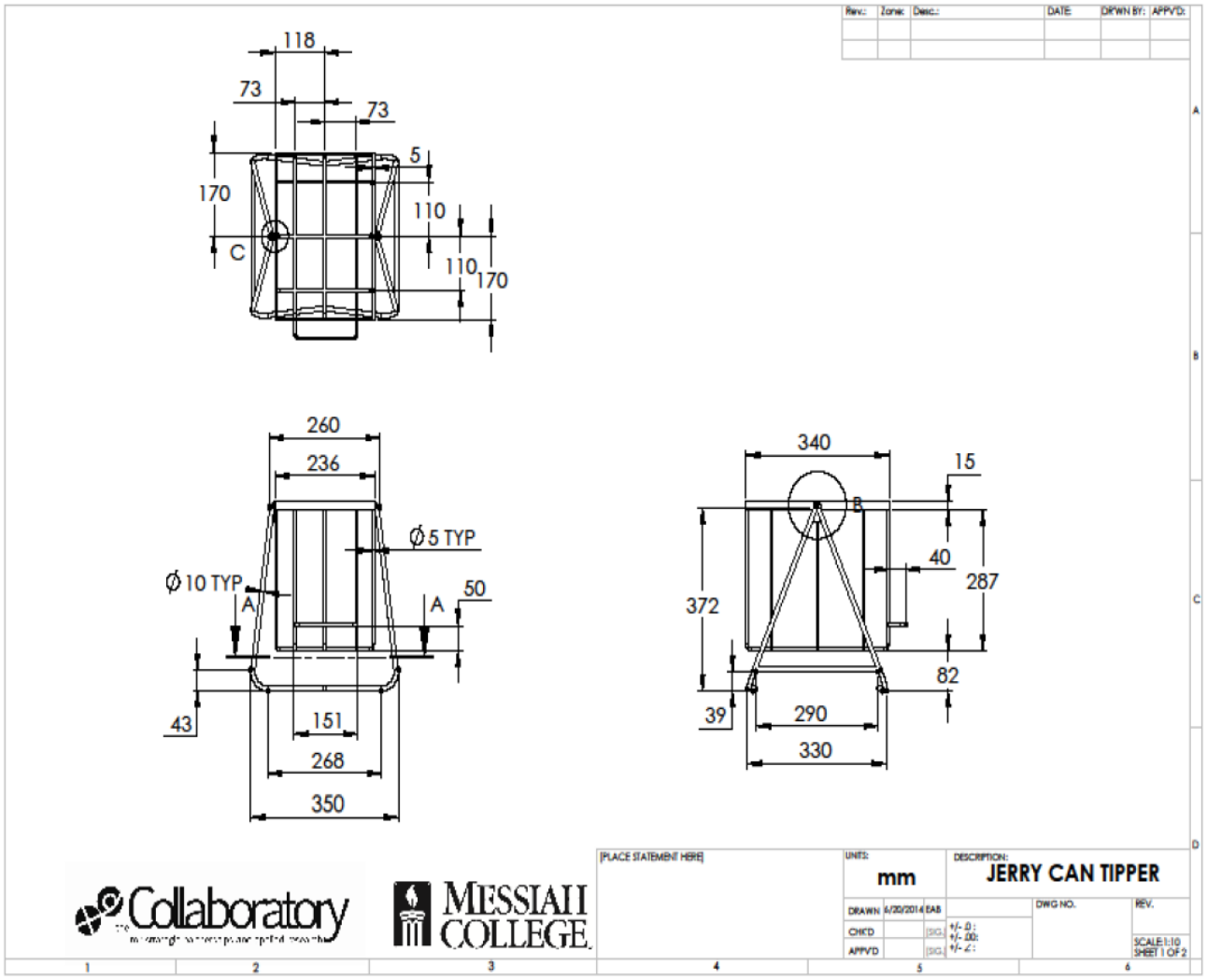


Figure C2_8.4_2: Jerrycan tipper assistive device[18]

Example designs complying with the accessibility requirements outlined above are provided. These are not standard designs, but examples. Alternative designs are acceptable if they meet the specifications outlined in this document.

9. Hand pump water points: Hand pump handles must be located within 760 mm of the ground for children, and pump designs should accommodate users with limited strength or grip; lifting aids for water containers are recommended.

9.1. Standard 9 applies to the location of the hand pump handle depending on the approach of the individual (forward or parallel).

9.2. The hand pump handle shall be located less than 760 mm above the ground or floor surface if children are expected to operate the water point.

[18] Ibid.

9.3. Modified pump handles must be suitable for users with limited strength or grip (Example model: Messiah College/Ray Norman and WaterAid/Jane Wilbur).

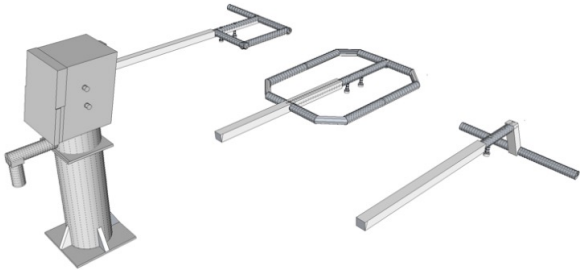
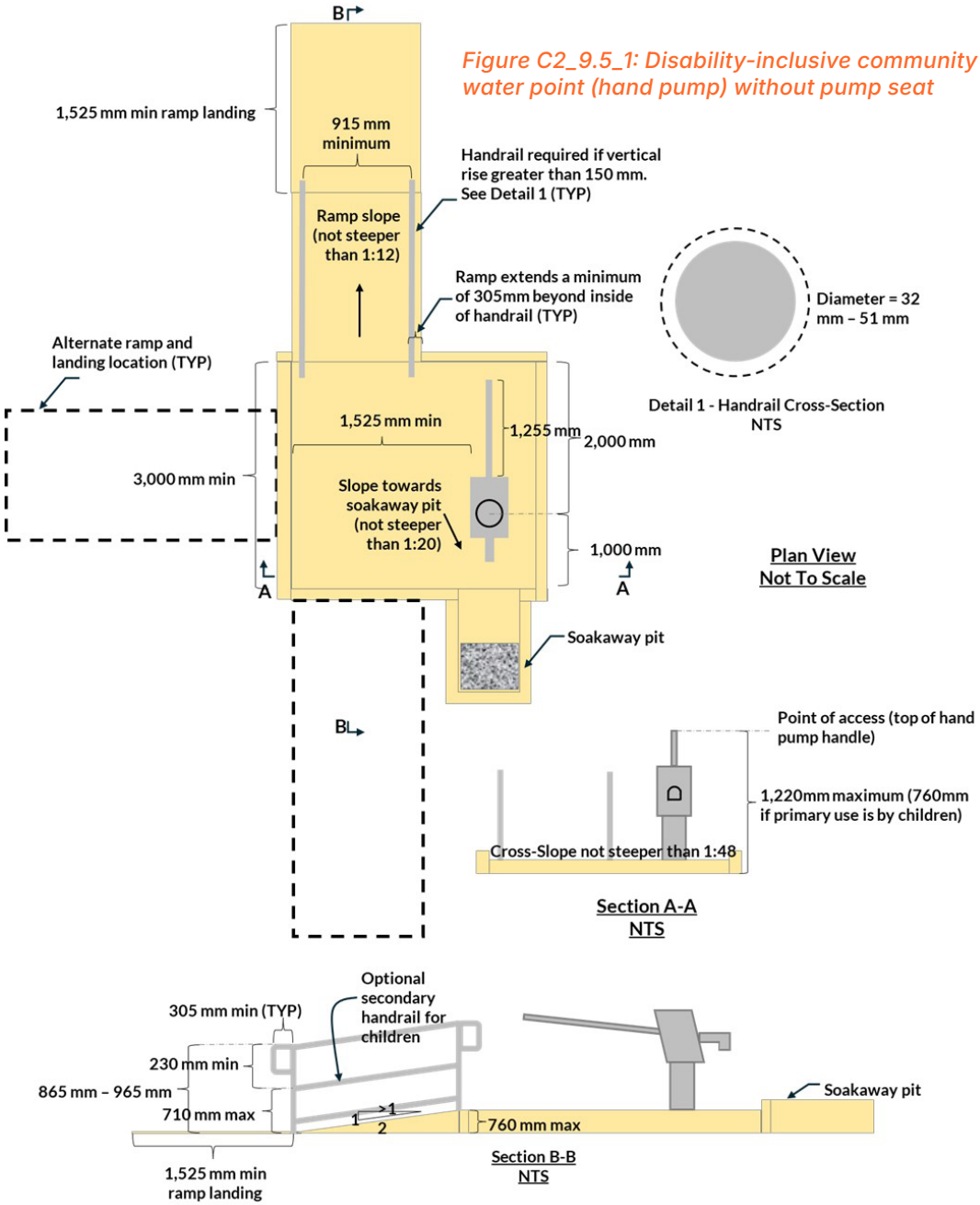


Figure C2_9.3_1: Example of pump handles

9.4. Consider adding lifting water containers on site to help users with limited strength, difficulty balancing, or difficulty grasping a container.

9.5. Example designs that comply with the accessibility requirements outlined above are provided in the pages below. These are not standard designs, but examples. Alternative designs are acceptable if they meet the specifications outlined in this document.

Figure C2_9.5_1: Disability-inclusive community water point (hand pump) without pump seat



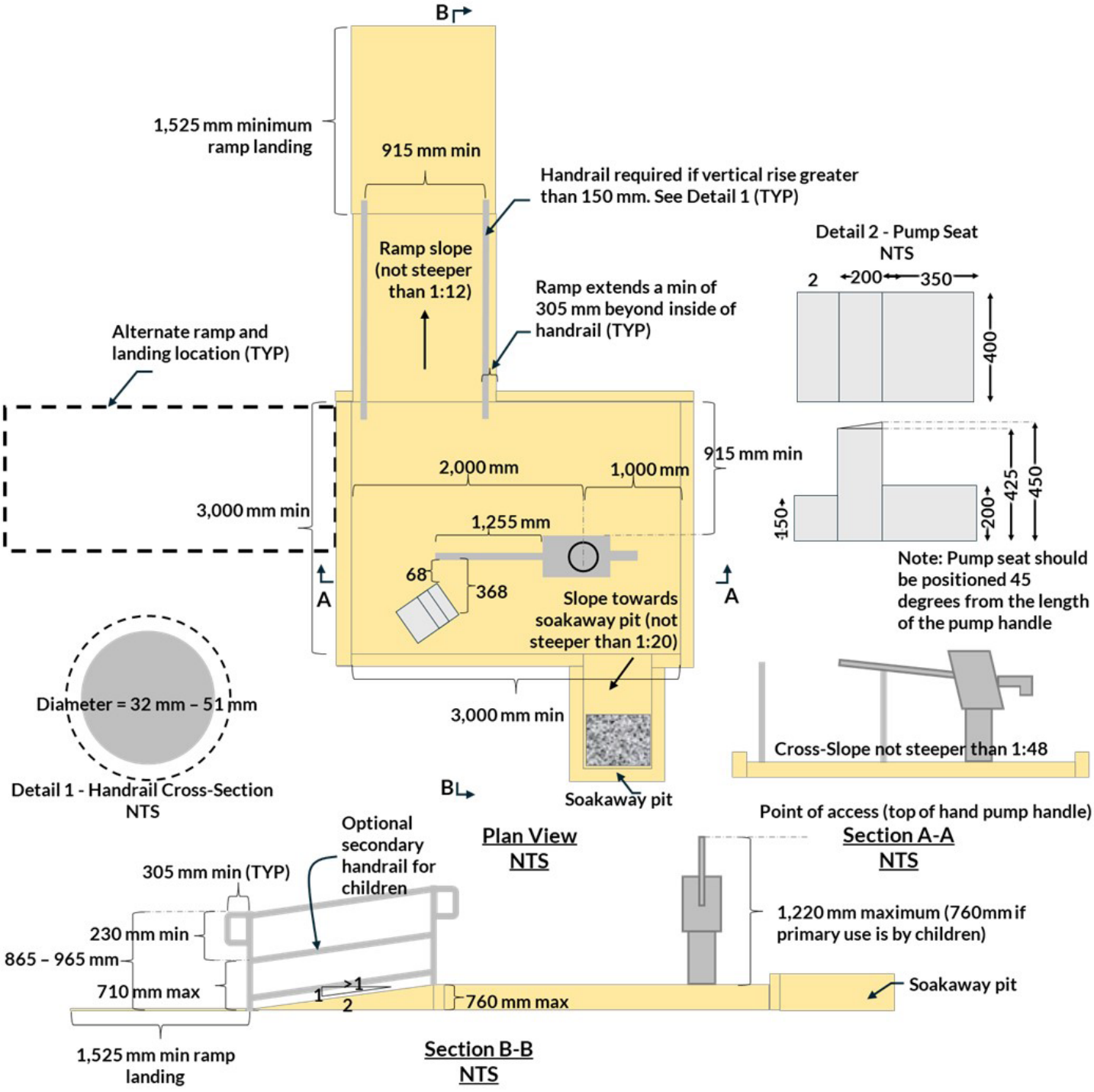


Figure C2_9.5_2: Disability-inclusive community water point (hand pump) with pump seat

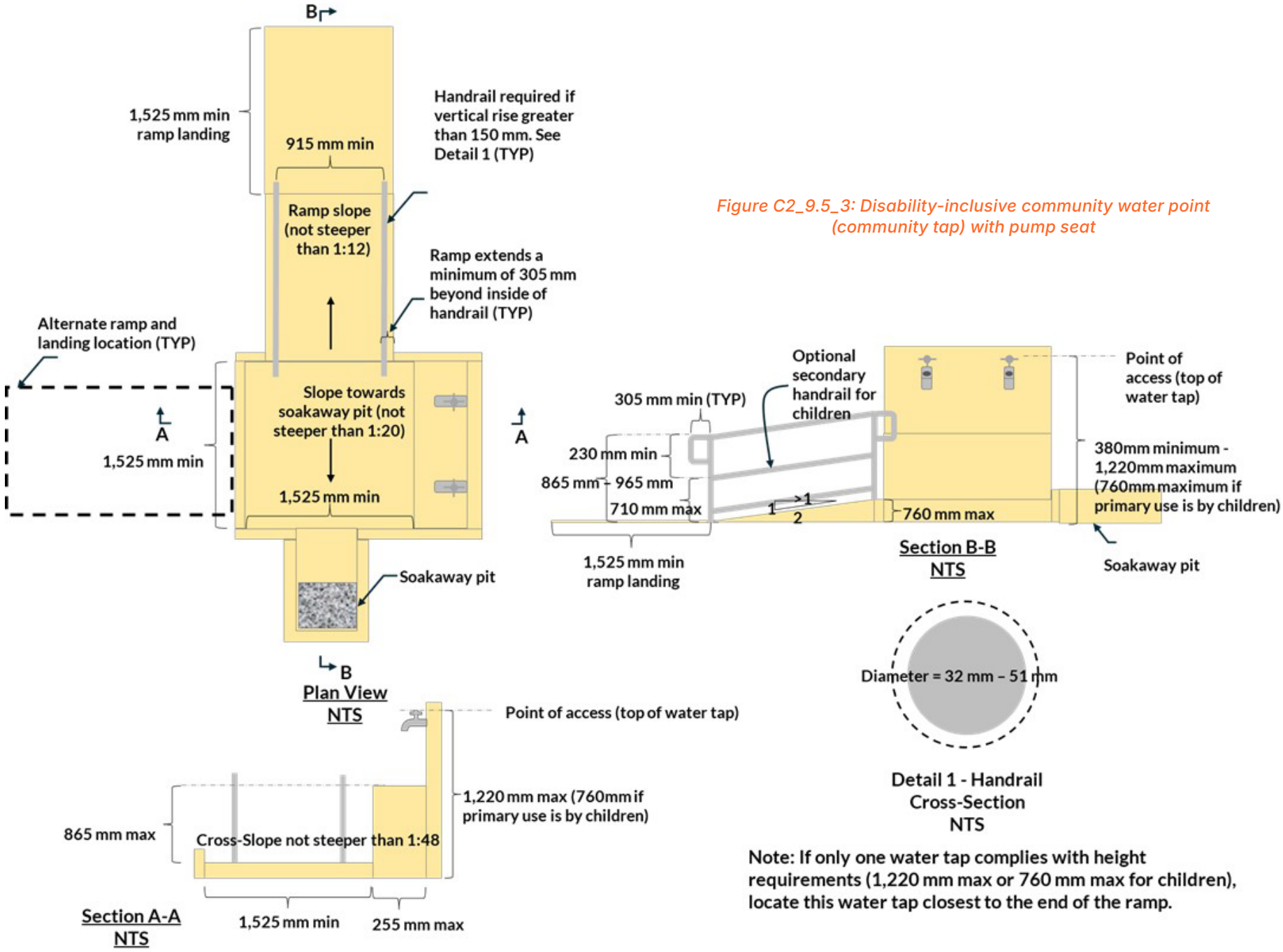


Figure C2_9.5_3: Disability-inclusive community water point (community tap) with pump seat

Note: If only one water tap complies with height requirements (1,220 mm max or 760 mm max for children), locate this water tap closest to the end of the ramp.

10. Grab bars: Grab bars must be installed and meet size and clearance requirements, be installed horizontally at appropriate heights (455–915 mm) based on user needs, and ensure accessibility for children and adults. These can be locally made with local materials if needed.

10.1. Grab bar types include:

- Circular grab bars must have a minimum outer diameter of 32 mm and maximum outer diameter of 51 mm.
- Noncircular grab bars should meet one of the specifications detailed below.

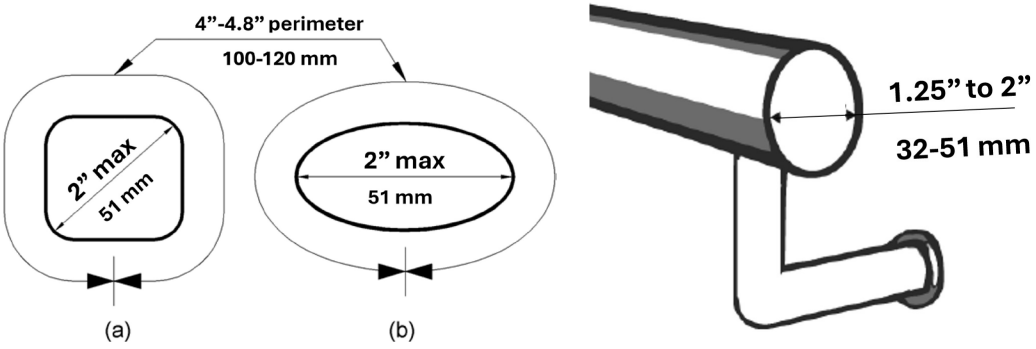


Figure C2_10.1_1: Grab bar noncircular cross section

10.2. Grab bars shall be installed so there is a space of 38 mm between the bar and the wall. A minimum of 38 mm should be provided around the grab bar to allow for easy access to and use of the bar.

10.3. Grab bars shall be installed in a horizontal position, between 840 mm and 915 mm above the finish floor or ground surface measured to the top of the gripping surface. If the facility is only for children's use, the grab bars shall be installed in a horizontal position, between 455 mm and 685 mm above the finish floor or ground surface measured to the top of the gripping surface.

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C3: Sanitation accessibility standard: Detailed structural specifications

11. Toilets and latrines: Latrines must include accessible stalls with paths meeting clearance and manoeuvrability standards, properly positioned grab bars (840–915 mm high), and child-appropriate adjustments where necessary.

11.1. Each latrine must include a minimum of one stall that adheres to these requirements.

11.2. Ensure that there is an accessible path from the entry to the property all the way to the accessible latrine stall. See No. 3 for accessible paths of travel requirements.

11.3. No. 7 above applies to the location of the latrine depending on the approach (forward or parallel).

11.4. The toilet or pit opening centreline shall be between 405 mm and 455 mm from the adjacent side wall.

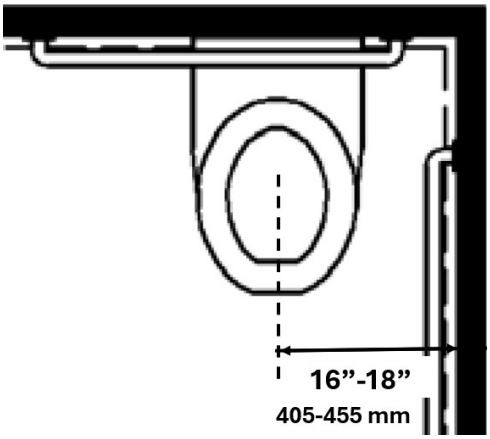

Figure C3_11.4_1: Size of wheelchair-accessible latrine stall

11.5. The clearance around the toilet or pit opening shall be a minimum of 1,525 mm measured perpendicular from the side wall and a minimum of 1,500 mm measured perpendicular from the rear wall.

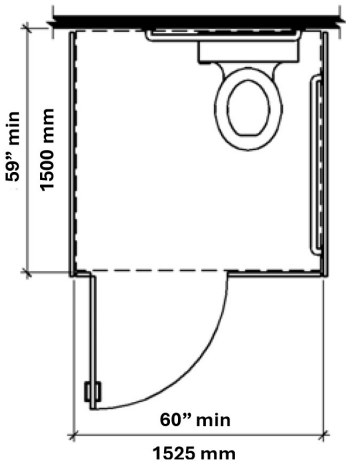

Figure C3_11.5_1: Clearance around the toilet or pit

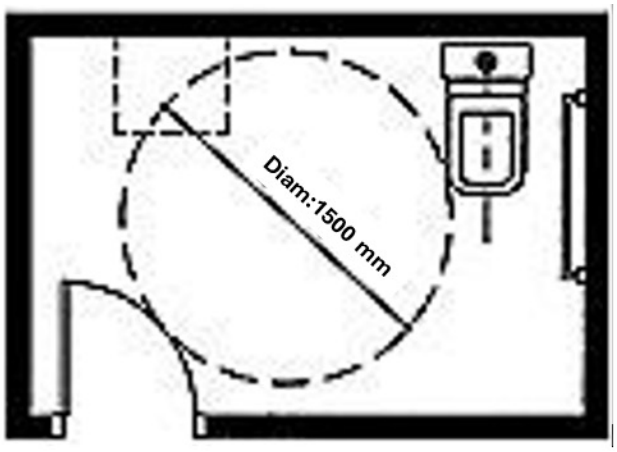

Figure C3_11.5_2: Door openings inside, full manoeuvring space

11.6. Side wall grab bars shall be provided for a minimum length of 1,065 mm, located a maximum of 305 mm from the rear wall and extending a minimum of 1,370 mm from the rear wall.

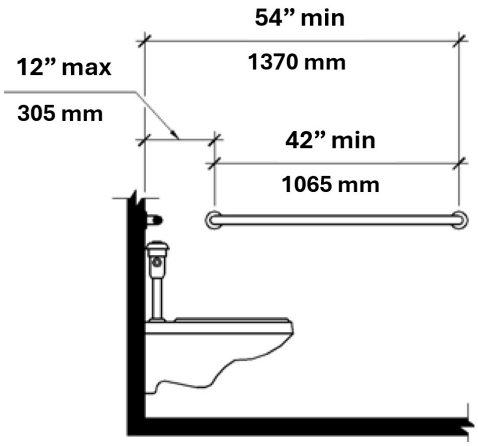

Figure C3_11.5_1: Clearance around the toilet or pit

11.7. Rear wall grab bars shall be provided for a minimum length of 915 mm and extend from the centreline of the toilet or pit opening a minimum of 305 mm on one side and a minimum of 610 mm on the other side.

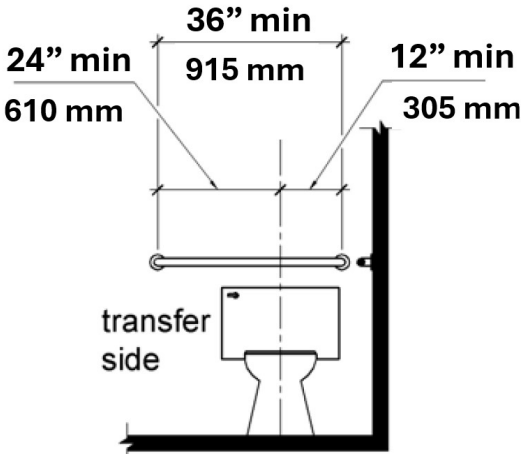

Figure C3_11.7_1: Rear wall grab bar in latrine stall

11.8. Side and rear wall grab bars shall be installed between 840 mm and 915 mm above the floor or ground surface measured to the top of the gripping surface, except for No. 11.9 below.

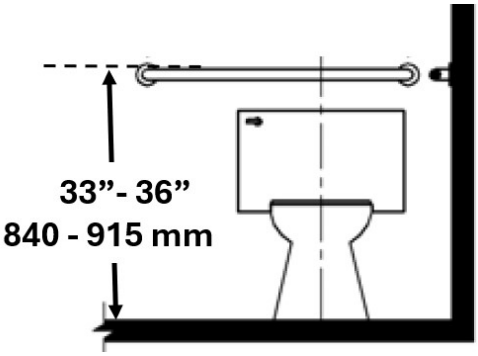

Figure C3_11.8_1: Height side and rear grab bars

11.9. For locations primarily serving children, the grab bar heights shall be installed according to the table below (based on expected children present).

Advisory Specifications for Water Closets Serving Children Ages 3 through 12			
	Ages 3 and 4	**Ages 5 through 8**	**Ages 9 through 12**
Water Closet Centerline	12 inches (305 mm)	12 to 15 inches (305 to 380 mm)	15 to 18 inches (380 to 455 mm)
Toilet Seat Height	11 to 12 inches (280 to 305 mm)	12 to 15 inches (305 to 380 mm)	15 to 17 inches (380 to 430 mm)
Grab Bar Height	18 to 20 inches (455 to 510 mm)	20 to 25 inches (510 to 635 mm)	25 to 27 inches (635 to 685 mm)
Dispenser Height	14 inches (355 mm)	14 to 17 inches (355 to 430 mm)	17 to 19 inches (430 to 485 mm)

Figure C3_11.9_1: Grab bar heights and specifications in latrine stalls for children

11.10. Latrine doors must comply with the requirements noted in No. 3 above. If the approach to the latrine door is as shown below, the door side of the compartment and any obstruction shall be a minimum of 1,065 mm wide. And the door opening width is at least 815 mm clear.

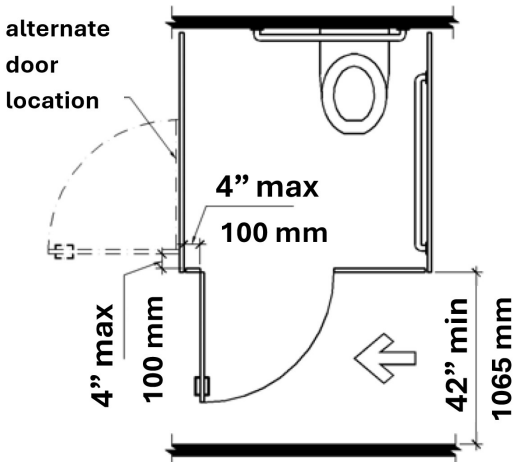

Figure C3_11.10_1: Wheelchair-accessible latrine stall doors

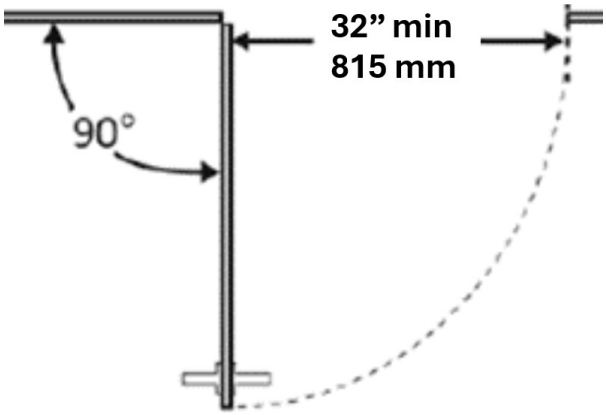

Figure C3_11.10_2: Door opening width is at least 815 mm clear

11.11. Operable parts of the door hardware are mounted between 864 mm and 1,219 mm from the ground or floor.

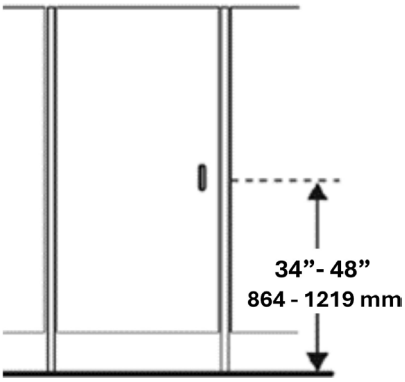

Figure C3_11.11_1: Operable parts of the door hardware

11.12. Latrines shall be equipped with a cement latrine seat or a typical slab if equipped with an assistive device. The figures below provide examples of acceptable latrine seats or devices.

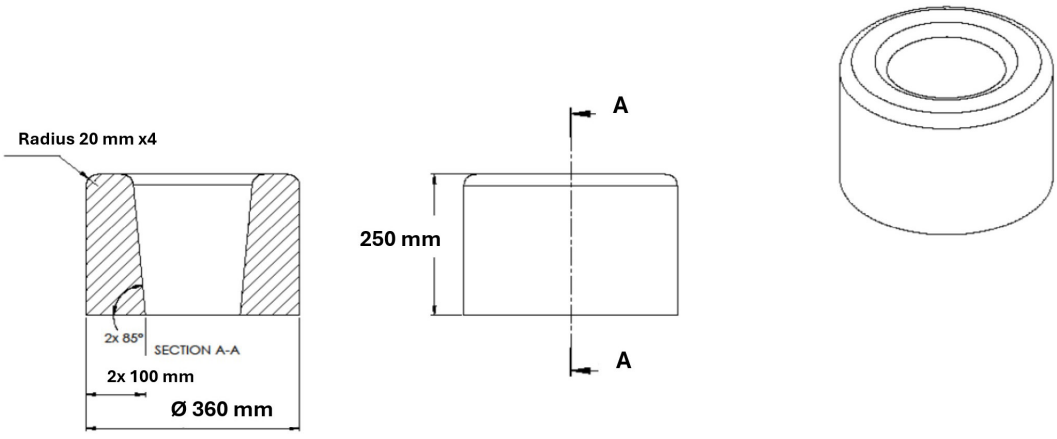

Figure C3_11.12_1: Cement latrine seat[19]

[19] Ibid.

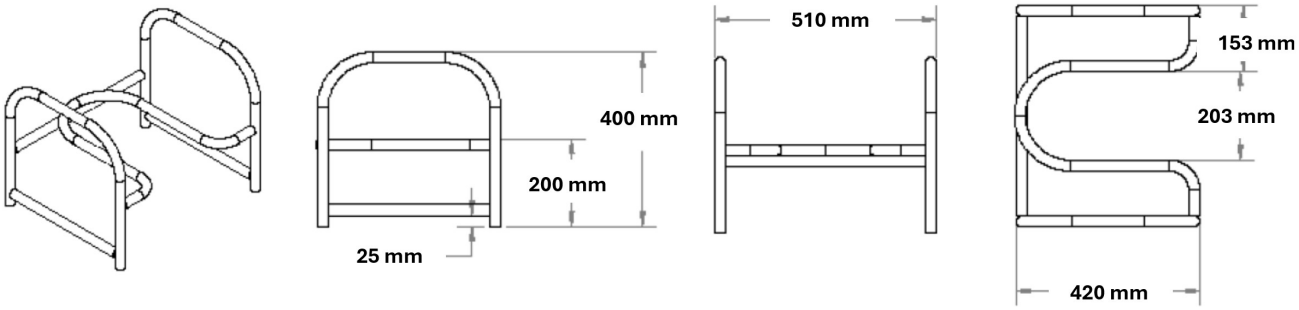

Figure C3_11.12_2: Metal latrine chair assistive device[20]

Notes

1. All diameters of wood pieces are 20 mm unless otherwise noted.
2. Seat height can be positioned according to the needs of the individual and requirements of the space.
3. Appropriate seat width ranges from 15–25 cm.
4. Cross brace supports should be below the seat level to allow the seat to be used for either front or back cleaning.
5. Handles should extend approximately twice the height of the seat (typically 400–500 mm). Seat handle heaight can be adjusted according to the needs of the user. Chair handles used to assist with walking should be 650–700 mm high.
6. When binding seat together, cut grooves in wood before binding takes place. Binding is embedded in pre-cut grooves to provide a smoother seat surface. Cut ends of wood should be rounded to create more comfortable edges.

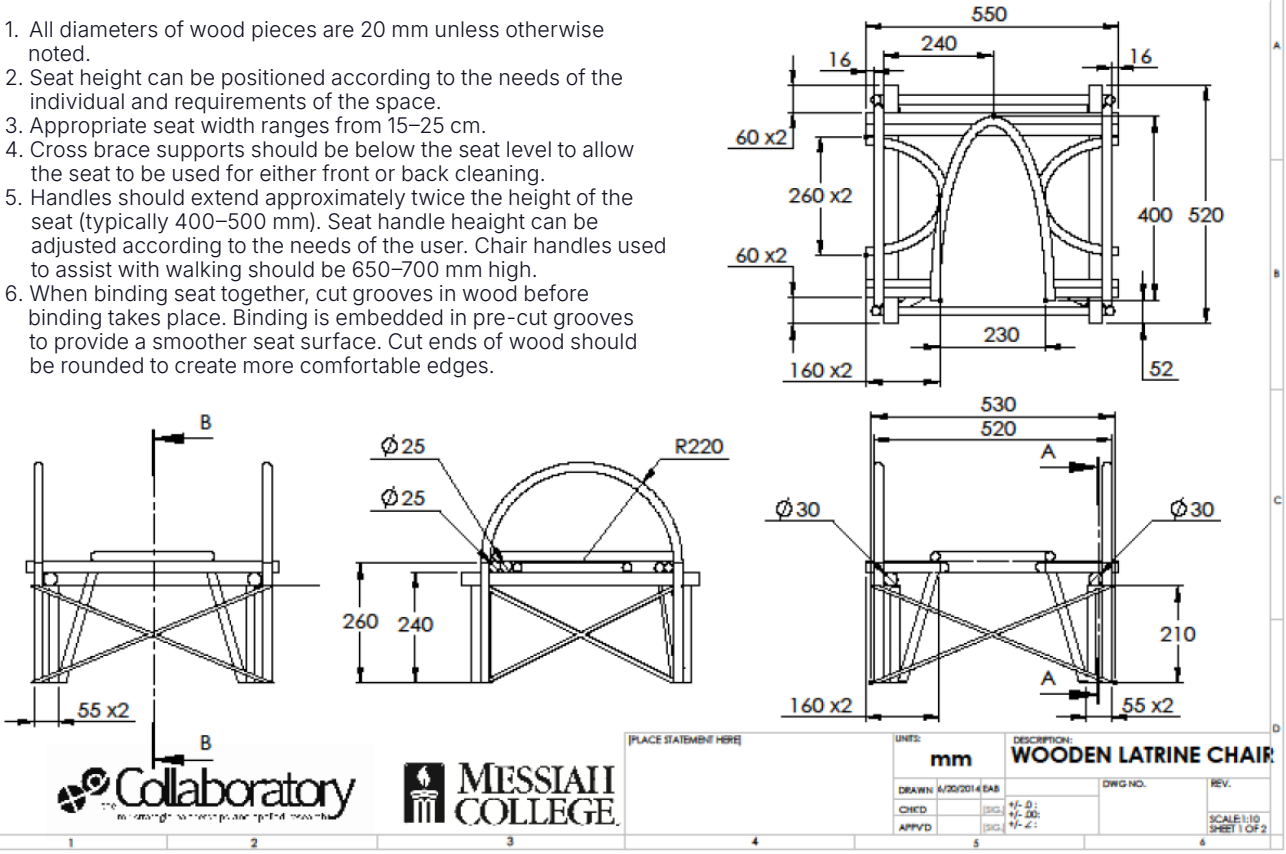

Figure C3_11.12_3: Wooden latrine chair assistive device[21]

[20] Ibid.
[21] Ibid.

11.13. Example designs complying with the accessibility requirements outlined above are provided below. These are not standard designs, but examples. Alternative designs are acceptable if they meet the specifications outlined in this document.

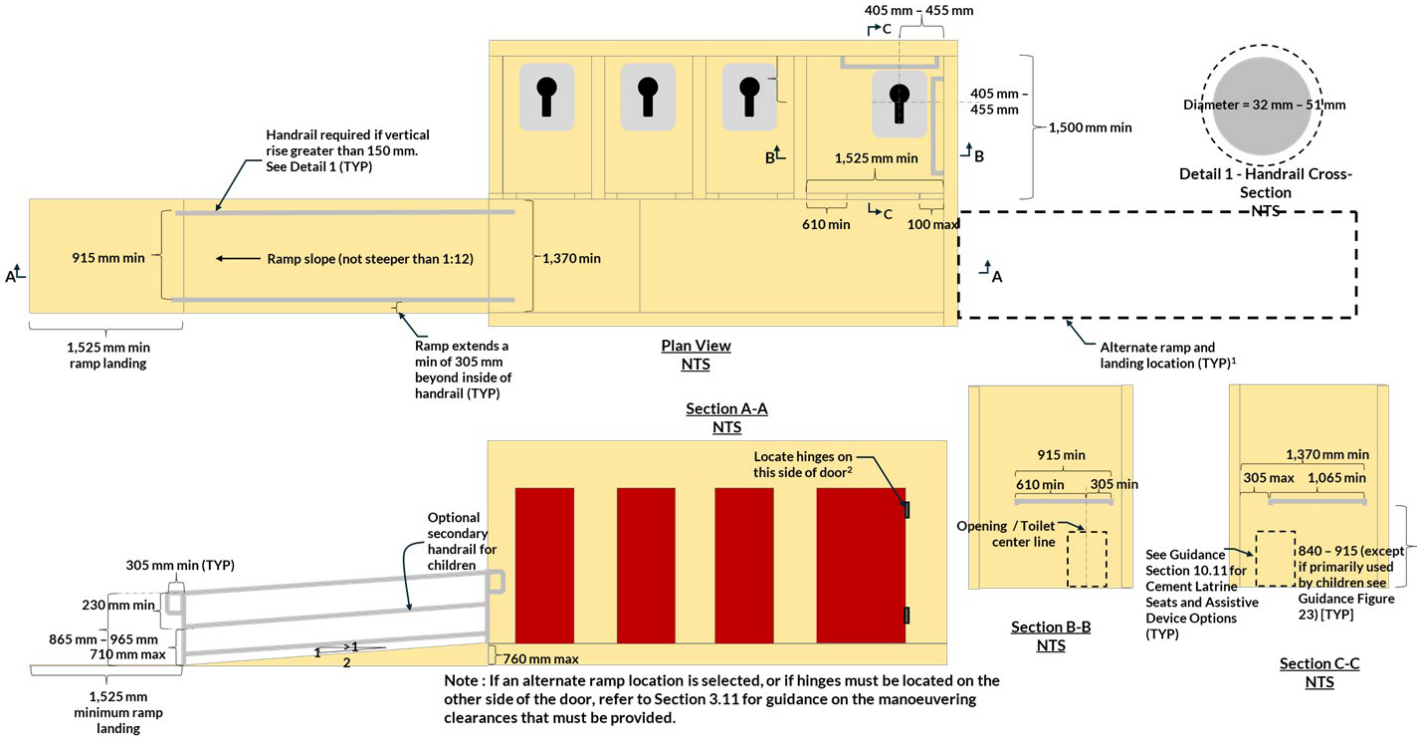

Figure C3_11.13_1: Disability-inclusive community latrine #1

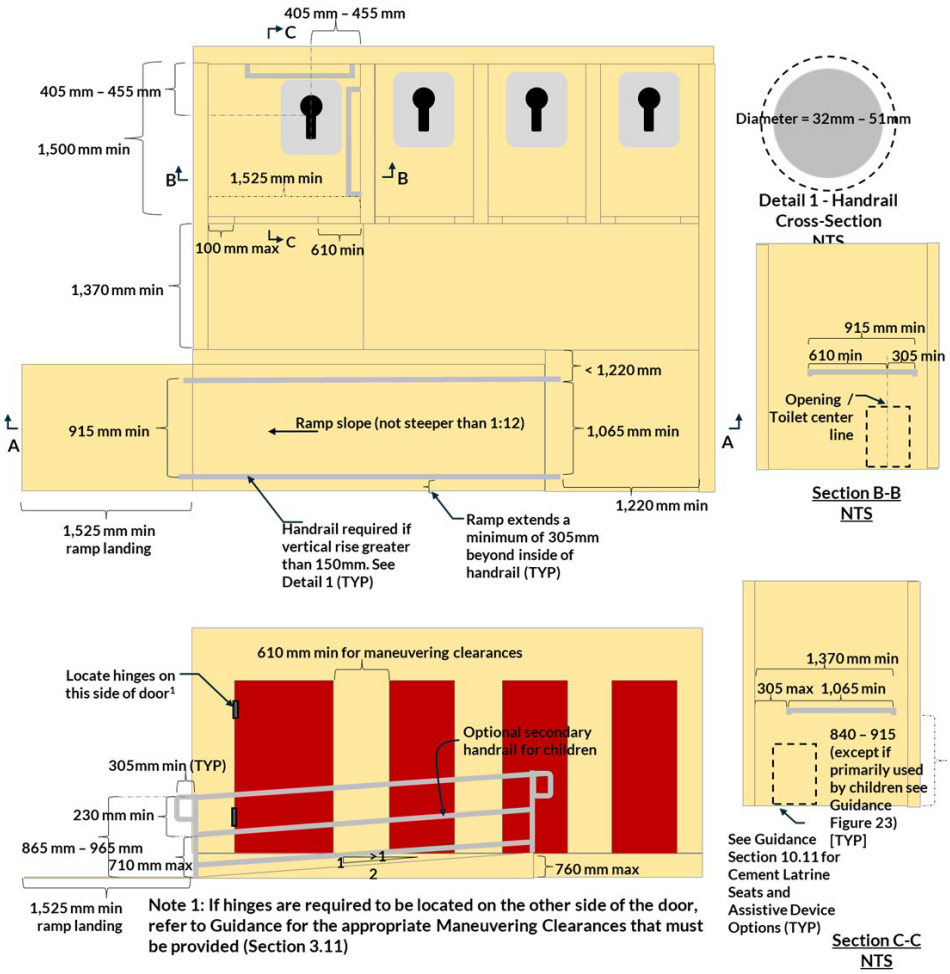

Figure C3_11.13_2: Disability-inclusive community latrine #2

C4: Hygiene accessibility standard: Detailed structural specifications

12. Accessible handwashing locations: Accessible sinks require a minimum knee clearance of 610 mm and maximum height of 865 mm to ensure they are reachable.

12.1. Sinks for handwashing should provide a minimum knee clearance of 610 mm from the finished floor or ground to the sink top, if used primarily by children.

12.2. Accessible sinks shall be installed with the point of access a maximum 865 mm above the finished floor or ground surface.

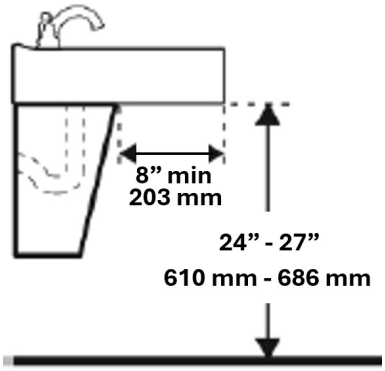

Figure C4_12.2_1: Knee clearance space

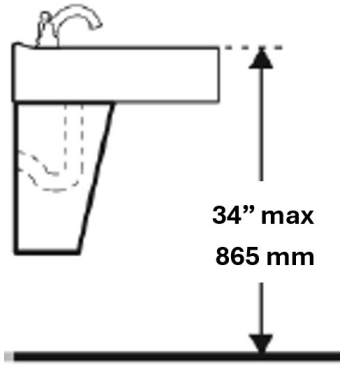

Figure C4_12.2_2: Points of access for sinks

13. Accessible shower compartments: Shower stalls that are 1,525 mm wide and have no kerb may increase the usability of a bathroom because the shower area provides additional manoeuvring space.

13.1 Standard roll-in type shower compartments shall be 760 mm wide minimum by 1,525 mm deep minimum clearance (inside dimensions), and another 760 mm wide minimum by 1,525 mm long minimum clearance shall be provided adjacent to the open face of the shower compartment. A lavatory shall be permitted in the clearance space.

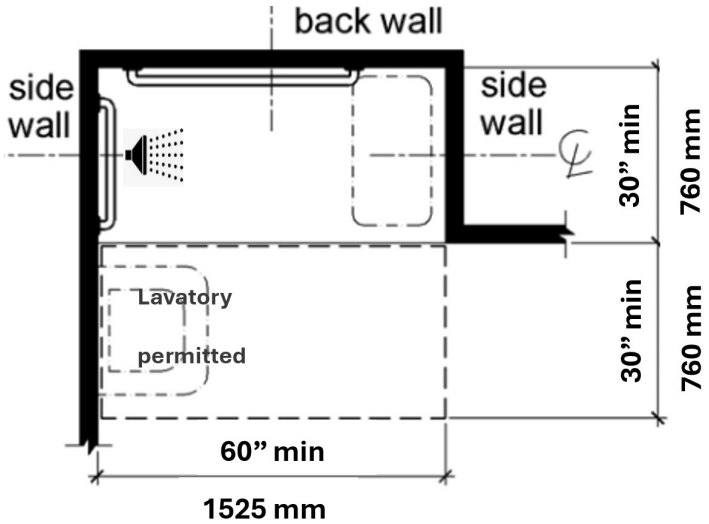

Figure C4_13.1_1: Shower space

APPENDIX D: QUALITY ASSURANCE CHECKLISTS

D1: Preconstruction checklist

This checklist is intended to ensure that disability-inclusive considerations are made prior to the beginning of any construction project. This checklist is general in nature and is therefore not comprehensive or contextualised. If you have suggestions on improvements or additions to this checklist, please reach out to the WASH quality assurance team: washquality@wvi.org.

QUESTION	YES	NO
1. Has a GEDSI assessment been completed prior to design?		
2. If yes to Question 1, is the contractor familiar with the learnings from that assessment and the implications for construction?		
3. Have people with disabilities been actively consulted in the design of infrastructure?		
4. Have local OPDs been consulted in the design?		
5. Do the designs align to required standards for disability inclusion where standards exist?		
6. Have a variety of disabilities (mobility, vision, hearing, cognitive, etc.) been considered in the design?		
7. Is the infrastructure located in an accessible area, both from a physical accessibility standpoint and a safety standpoint? How have you confirmed this?		
8. Are the specific requirements for disability inclusion specified in all relevant contractor agreements?		
9. Are the contractor and relevant staff trained in disability inclusion?		
10. Is sufficient budget allocated for necessary adaptations for disability inclusion?		
11. Is there a mechanism in place to receive feedback on the facilities from people with disabilities?		

D2: Disability-inclusive WASH: Design quality check

This section covers the World Vision WASH Technical Specifications and Design Checklist for Disability-Inclusive WASH Infrastructure (adapted from the 2010 United States Americans with Disabilities Act Standards for Accessible Design) and ADA Checklist for Existing Facilities. This checklist and associated standards are most applicable in institutional settings where facilities are being provided for a large group of people. Not all standards can be applied to a household. Appendix E1 includes a list of adaptations that are more affordable and applicable to household disability access.

The checklist refers to the 12 key areas listed below. Details of each area can be found in Appendix C.

1. Floor and ground surfaces
2. Turning spaces
3. Accessible paths of travel
4. Ramps
5. Stairways
6. Handrails
7. Reachability for people who use wheelchairs
8. Piped-water system community water points
9. Hand pump water points
10. Grab bars
11. Toilets and latrines
12. Hygiene—handwashing locations
13. Hygiene—accessible shower compartments

This checklist focuses on the design of accessible WASH infrastructure and can be used to ensure accessibility is incorporated into all aspects of infrastructure design. Accessible infrastructure must be paired with inclusive approaches, including (but not limited to) ensuring the input of people with disabilities is sought and incorporated into all phases of the design process, and modeling and reinforcing inclusive mindsets and social norms in the community. See the separate checklist provided in Appendix B4 to help ensure essential inclusivity in community engagement approaches. Please note, many countries have other design considerations. Normal standards are easy to incorporate, but custom-made ones—especially for schools and healthcare facilities—may require more technical expertise.

N	DISABILITY-INCLUSIVE WASH: DESIGN QUALITY CHECKLIST	Y/N	STANDARD	POSSIBLE SOLUTIONS
1	**Floor and ground surfaces**			
1.1	Are all floor and ground surfaces stable, firm, and slip-resistant (including accessible paths of travel)?	Y☐ N☐		· Compacting · Fill small bumps · Replace with stable surface
1.2	Except if stairs are present, are all vertical changes in flat surfaces less than 6.4 mm?	Y☐ N☐		· Add running slope
1.3	For vertical floor changes that exceed 13 mm, has a slope/ramp been provided?	Y☐ N☐	Fig C1_1.3_1	· Add running slope

2	**Turning spaces**			
2.1	Along all routes and pathways, does the turning space have a diameter greater than 1,525 mm or T-shaped dimensions in the reference?	Y☐ N☐	Fig C1_2.2_1 Fig C1_2.3_1	· Move or remove partitions, fixtures, or objects such as trash cans, furniture, etc.
3	**Accessible paths of travel**			
3.1	Is there at least one route from common arrival points to all major infrastructure that does not require stairs?	Y☐ N☐		· Add a ramp · Regrade to 1:12 maximum slope
3.2	Is the accessible path included in the design?	Y☐ N☐		
3.3–3.6	Is the accessible path free from any obstruction, interference, or safety issues?	Y☐ N☐		· Change or move any obstruction
3.7	Are freestanding objects mounted on posts (signs) at least 305 mm over the path, and between 685–2,030 mm above the ground?	Y☐ N☐	Fig C1_3.7_1	· Relocate or modify the object
3.8	Is vertical clearance below any structure along the path of travel a minimum of 2 meters high?	Y☐ N☐	Fig C1_3.8_1	· Provide guardrails located a maximum of 685 mm above the ground
3.9	Is the running slope along the path of travel not steeper than 1:20 in the direction of travel (i.e., for every 10 mm of height change there is at least 200 mm of horizontal change)?	Y☐ N☐	Fig C1_3.9_1	· Regrade to 1:20 maximum
3.9	Is the cross slope perpendicular to travel not steeper than 1:48?	Y☐ N☐	Fig C1_3.9_2	· Regrade to 1:48 maximum
3.9	Is the route at least 915 mm wide?	Y☐ N☐	Fig C1_3.9_3	· Change or move landscaping, furnishings, or other items
3.9	Do accessible paths making a 180-degree turn meet the specifications in Section C1_3.9?	Y☐ N☐	Fig C1_3.9_4	· Widen route for turning path
3.10	Measuring from the face of the door to the doorstop when the door is fully open, is there a clear, unobstructed opening wider than at least 915 mm?	Y☐ N☐	Fig C1_3.10_1	· Reverse door swing · Alter compartment · Alter path
3.10	Are the door-manoeuvring clearances applied to provide sufficient turning area prior to entering the doorway? Does the door open outward to prevent encroaching on the turning space inside and the possibility of a person inside being struck by the door?	Y☐ N☐	Fig C1_3.10_1	· Adjust the door clearance
3.11	For any doorway without a door, do the standard manoeuvring clearances apply?	Y☐ N☐	Fig C1_3.11_1	

4	**Ramps** If any portion of the accessible route is steeper than 1:20, it should be treated as a ramp.			
4.1	Is the ramp slope not steeper than 1:12 in the direction of travel (i.e., for every 10 mm of height change there is at least 120 mm of horizontal change)?	Y☐ N☐	Fig C1_4.1_1	· Relocate ramp · Lengthen ramp to decrease slope
4.2	Is there a ramp landing between each ramp section if the maximum vertical rise exceeds 760 mm?	Y☐ N☐	Fig C1_4.2_1	· Alter ramp · Relocate ramp · Add landing space
4.3	Is there a landing at the beginning and end of every ramp and is it at least 1,525 mm to allow a wheelchair and caregiver?	Y☐ N☐	Fig C1_4.3_1	· Alter ramp · Relocate ramp · Add landing space
4.4	Is there a level landing where the ramp changes direction that is at least 1,525 mm by 1,525 mm?	Y☐ N☐	Fig C1_4.4_1	· Alter ramp · Increase landing size
4.5	Are there handrails installed on ramps with a vertical rise greater than 150 mm?	Y☐ N☐		· Add handrails
4.7	To prevent wheelchair casters and crutch tips from falling off: · Does the surface of the ramp extend at least 305 mm beyond the inside face of the handrail? · Or is there a kerb or barrier that prevents the passage of a 100-mm diameter sphere?	Y☐ N☐	Fig C1_4.7_1 Fig C1_4.7_2	· Add kerb · Add barrier · Extend ramp width
4.9	Is the ramp stable and constructed of nonslip materials?	Y☐ N☐		· Reinforce stability · Use nonslip materials
5	**Stairways**			
5.2	Is the riser height between 100 mm and 180 mm?	Y☐ N☐	Fig C1_5.2_1	· Adjust stairways
5.2	Is the tread uniform and a minimum width of 280 mm?	Y☐ N☐		· Adjust stairways
5.3	Are there handrails on all stairs?	Y☐ N☐		· Add handrails
5.4	Do the stairs have nonslip material on the front edge or strips of contrasting colour/ texture?	Y☐ N☐		· Add nonslip material on the edge (colour different than stairs)

6	Handrails			
6.1	Is the ramp slope not steeper than 1:12 in the direction of travel (i.e., for every 10 mm of height change there are at least 120 mm of horizontal change)?	Y☐ N☐	Fig C1_6.1_1	· Add handrails
6.2	Are there handrails provided on both sides of stairs, ramps, and walkways?	Y☐ N☐		· Add handrail
6.3	Are handrails continuous and unobstructed along the top and sides along the full length of the stair flight, ramp section, or walkway?	Y☐ N☐	Fig C1_6.3_1	· Reconfigure or replace handrails
6.4	Are handrails' top gripping surfaces free of sharp or abrasive elements, and do they have rounded edges?	Y☐ N☐		· Adjust handrail
6.5	Is the top of the handrail gripping surface no lower than 865 mm and no higher than 965 mm above the ramp surface?	Y☐ N☐	Fig C1_6.5_1	· Reconfigure or replace handrails · Adjust handrail height
6.5b	In locations accessed by children, is a second handrail gripping surface provided (maximum height of 710 mm)?	Y☐ N☐		· Modify handrails
6.6	Is the clearance between the handrail gripping surface and the adjacent wall surface more than 38 mm?	Y☐ N☐	Fig C1_6.6_1	· Modify handrails
6.7	Do the handrail gripping dimensions comply with: · Circular cross section, outside diameter 32 mm to 51 mm · Noncircular cross section, maximum of 57 mm?	Y☐ N☐	Fig C1_6.7_1	· Replace handrails
6.8	Is the ramp/stairway top and ramp bottom handrail extended along the flat surface a minimum of 305 mm? Is there a rail at the mid-point for safety?	Y☐ N☐	Fig C1_6.8_1	· Modify handrails
6.9	Is the bottom stairway extension at least the dimension of one tread?	Y☐ N☐	Fig C1_6.9_1	· Modify handrails
6.10	Are floors or walls solid enough for the handrail to be installed and present no risk for users?	Y☐ N☐		· Reinforce the floor or wall · Alternatively fix on solid wall or floor
7	**Reachability for people who use a wheelchair** This section provides requirements for the placement of accessible features (e.g., taps, door handles) and gives minimum and maximum placement locations based on the anticipated reach of people who use a wheelchair for transportation.			
7.1	If a forward reach is unobstructed, do the accessible features meet the specifications between 380 mm and 1,220 mm?	Y☐ N☐	Fig C1_7.1_1	· Move the element

7.2	If obstructed reaches are required due to construction constraints, do the accessible features meet the specifications in Section C1_7.2_1?	Y☐ N☐	Fig C1_7.2_1	· Adjust obstruction · Move the element
7.3	If a parallel approach to an element is unobstructed, do the accessible features meet the specifications in Section C1_7.3_1?	Y☐ N☐	Fig C1_7.3_1	· Adjust obstruction · Move element
7.4	If a parallel approach to an element is obstructed, do the accessible features meet the specifications in Section C1_7.4_1?	Y☐ N☐	Fig C1_7.4_1	· Adjust obstruction · Move element
7.5	Are parts (e.g., water taps, door handles) operable with one hand, and do they require less than 5 pounds of force to operate?	Y☐ N☐	Fig C1_7.5_1 Fig C1_7.5_2	· Replace object
8	**Piped-water system community water points**			
8.1	Is there at least one tap that adheres to the disability-inclusive design?	Y☐ N☐		· Add accessible tap
8.2	Are the specifications for reachability for people who use wheelchairs above applied to the location of water taps depending on the approach of the individual (forward or parallel)?	Y☐ N☐		· Adjust components
8.3	If children are expected to use the water point, is a water tap located less than 760 mm above floor surface?	Y☐ N☐		· Add accessible tap
8.4	When appropriate, are there assistive devices for use in tipping buckets and jerrycans?	Y☐ N☐	Fig C2_8.4_1 Fig C2_8.4_2	
8.5	Do all components of the water point design comply with the design guidance in Section C1, including ramps, handrails, grab bars, etc.?	Y☐ N☐		· Adjust components
8.5	Is there a safe, accessible path from the entry to the property all the way to the accessible water point?	Y☐ N☐		· Make access direct and safe
9	**Hand pump water points**			
9.1	Are the principles in Reachability for People Who Use a Wheelchair above applied to the location of the hand pump handle depending on the approach of the individual (forward or parallel)?	Y☐ N☐		· Adjust components
9.2	Is the hand pump handle located less than 760 mm above the ground or floor if children are expected to operate the water point?	Y☐ N☐		· Adjust components
9.3	Does the pump handle meet the specifications in Section C2_9.3?	Y☐ N☐	Fig C2_9.3_1	
9.4	Are the hand pump water points compliant with the example designs that show accessibility requirements?	Y☐ N☐	Fig C2_9.5_1 Fig C2_9.5_2 Fig C2_9.5_3	

10	**Grab bars**			
10.1	Do grab bars comply with the dimensions in Section 3: · Round: Diameter is between 32 mm and 51 mm. · Non-round: Widest section is no more than 51 mm and corners are rounded?	Y☐ N☐	Fig C2_10.1_1	· Replace handrails
10.2	Is the clearance between grab bars and the adjacent wall surface more than 38 mm?	Y☐ N☐	Fig C1_6.6_1	· Modify grab bars
10.3	Are grab bars installed between 840 mm and 915 mm above the floor?	Y☐ N☐		· Adjust bars
10.4	Are walls solid enough for the grab bars to be installed and present no risk for use?	Y☐ N☐		· Reinforce the wall · Alternatively, affix grab bars to a more solid wall
11	**Toilets and latrines**			
11.1	Is there at least one latrine stall that complies with disability-inclusive requirements?	Y☐ N☐		· Add accessible toilets or latrines
11.2	Is there a safe, accessible path from the entry to the property all the way to the accessible latrine stall?	Y☐ N☐		· Make access
11.3	Does the latrine comply with the requirements in Section C3_11.3?	Y☐ N☐		· Widen access
11.4	Is the toilet or pit opening centreline between 405 mm and 455 mm from the adjacent side wall?	Y☐ N☐	Fig C3_11.4_1	· Move toilet · Replace toilet · Move partition
11.5	Is the clearance around the toilet or pit opening a minimum of 1,525 mm from the side and 1,500 mm from the rear?	Y☐ N☐	Fig C3_11.5_1 Fig C3_11.5_2	· Adjust clearance
11.6	Do the side wall grab bars have a minimum length of 1,065 mm, and extend at least 1,370 mm from the rear wall?	Y☐ N☐	Fig C3_11.6_1	· Adjust bars
11.7	Do the rear wall grab bars meet the guidelines in Section C3_11.7? Is the side wall solid enough for grab bars to be installed? Alternatively, can the bars be affixed to the rear wall or floor?	Y☐ N☐	Fig C3_11.7_1	· Adjust bars
11.8	Are the side and rear wall grab bars installed between 840 mm and 915 mm above the floor?	Y☐ N☐	Fig C3_11.8_1	· Adjust bars
11.9	For locations primarily serving children, are the grab bar heights installed according to Figure C3_11.9?	Y☐ N☐	Fig C3_11.9_1	· Adjust bars
11.10	Do latrine doors comply with the requirements in Section C3_11.10?	Y☐ N☐	FigC3_11.10_1 FigC3_11.10_2	· Adjust the access

11.11	Are operable parts of the door hardware mounted between 864 mm and 1,219 mm?	Y☐ N☐	FigC3_11.11_1	
11.12	Are accessible latrines equipped with a latrine seat or an assistive device?	Y☐ N☐	FigC3_11.12_1 FigC3_11.12_2	
11.13	Do the toilets (latrines) comply with the example designs that meet accessibility requirements?	Y☐ N☐	FigC3_11.13_1 FigC3_11.13_2	
12	**Hygiene—handwashing locations**			
12.1	In lavatories, does the knee clearance space from the floor meet the height 610 to 686 mm, depth 203 mm?	Y☐ N☐	FigC3_12.12_1	· Alter lavatory · Adjust lavatory
12.2	Are points of access for sinks installed a maximum of 865 mm above the floor? Is there a single lever tap for ease of use?	Y☐ N☐	FigC3_12.12_2	· Alter lavatory · Adjust lavatory
13	**Hygiene—accessible shower compartments**			
13.1	Do roll-in compartments have minimum 760 mm–1525 mm and have another adjacent clearance minimum 760 mm–1525 mm	Y☐ N☐	FigC3_13.1_1	· Adjust the space · Adjust lavatory

D3: Pre-commissioning checklist

The following checklist can be used by staff and users of services for final review of WASH infrastructure projects prior to approval or commissioning. As with the other checklists in this guide, this one is general and neither comprehensive nor contextualized. If you have suggestions on improvements or additions to this checklist, please reach out to the WASH quality assurance team: washquality@wvi.org.

PHYSICAL ACCESS	YES	NO
Pathways and entrances		
Are there smooth, firm, and obstacle-free pathways leading to the facility?		
Are pathways wide enough (minimum 90 cm) for wheelchair access?		
Are ramps available instead of stairs, and do they have a slope no greater than 1:12?		
Do ramps have handrails on both sides at an appropriate height?		
Are there no barriers or obstructions at the entrance of the facility?		
Doorways and gates		
Are doorways wide enough for wheelchair access?		
Are doors easy to open with a lever handle or push mechanism that requires minimal force?		
Is there adequate clearance space on both sides of doors for easy manoeuvrability?		

WATER POINTS	YES	NO
Reachable height		
Are water points (taps, hand pumps, etc.) installed at a height accessible to people using wheelchairs or those who cannot stand for long periods?		
Ease of use		
Are taps or hand pumps designed for ease of use with minimal effort (e.g., lever handles or push-button systems)?		
Is there space for users to position themselves in front of the water point, especially for wheelchair users or those using mobility aids?		
Drainage		
Is the drainage system adequate to prevent water pooling around the water point, thereby reducing the risk of slips?		
SANITATION	**YES**	**NO**
Toilet entrance		
Are toilet cubicles large enough for wheelchair manoeuvring?		
Do the doors open outward or have sliding mechanisms to prevent blocking the interior space?		
Support and stability		
Are grab bars installed on both sides of the toilet at the correct height?		
Are the grab bars securely fastened to support users as they transfer from a wheelchair or stand up?		
Toilet seat		
Is the toilet seat height appropriate for people with disabilities or mobility impairments?		
Is there enough space to accommodate caregivers, if needed?		
Privacy and safety		
Does the facility ensure privacy for people with disabilities, especially those who may require assistance?		
Is the floor surface slip-resistant to prevent falls?		
HANDWASHING FACILITIES	**YES**	**NO**
Accessibility		
Are handwashing stations located near the toilet facilities and within reach of all users?		
Are basins at a height that can be easily reached by wheelchair users?		
Ease of operation		
Do taps require minimal effort to operate (e.g., lever-operated or sensor-activated)?		
Is soap easily accessible and within reach for people with limited mobility?		

INFORMATION AND SIGNAGE	YES	NO
Clear signage		
Are signs for toilets, water points, and handwashing facilities clearly visible and easy to understand?		
Are symbols, pictograms, or Braille used where appropriate to ensure people with visual or cognitive impairments can navigate the facility?		
Auditory and tactile cues		
Are there auditory cues or tactile indicators (such as textured surfaces) that guide people with visual impairments?		
SAFETY AND SECURITY	**YES**	**NO**
Lighting		
Is there adequate lighting around the facility, especially in areas used after dark?		
Surfaces		
Are nonslip materials used for floors, especially in areas that may get wet?		
Are sharp edges or protrusions removed to prevent accidents?		
CONSULTATION AND FEEDBACK MECHANISMS	**YES**	**NO**
Has feedback been gathered from people with disabilities or their caregivers to ensure the facility meets their needs?		
If the former is not possible, has there been an alternative test of accessibility? If appropriate to the context, this could include staff or a volunteer trying to navigate the environment with a blindfold, in a wheelchair, or on crutches.		
Are there mechanisms in place for users to report accessibility issues or suggest improvements post-construction?		
Are the materials used durable and low-maintenance, ensuring long-term accessibility?		
Is there a plan for regular maintenance of ramps, handrails, taps, and accessible toilets to ensure they remain functional?		

APPENDIX E: SUPPORTING DISABILITY-INCLUSIVE WASH IN HOUSEHOLDS

E1: Low-cost household WASH adaptation ideas

In many contexts where World Vision works, we do not directly construct sanitation and hygiene facilities in households. However, people with disabilities still need support in developing low-cost and locally available adaptations to household WASH facilities that enable them to use WASH facilities hygienically, with dignity, and as independently as possible. Below is a list of suggestions and ideas that have been used in other national offices. This is not an exhaustive list, and not all suggestions will work in all contexts. This list is meant to provide suggestions and spark ideas for adaptations that can be considered in a particular local context.

As in all cases of DI-WASH, adaptive approaches and devices should be developed and tested collaboratively with programme participants to ensure that whatever approach is selected suits the needs, preferences, and means of the participant.

You can also reference the Compendium of Accessible WASH Technologies (Water, Engineering, and Development Centre; WaterAid; Share), which includes a variety of low-cost suggestions and ideas to make WASH more accessible.

TYPE OF DISABILITY	SUGGESTIONS AND IDEAS
Low vision or blind	• Extend a string from the doorway of the household to the sanitation facility and from the sanitation facility to the handwashing facility. • Ensure pathways to WASH facilities are clear of tripping hazards and debris. • Suspend a string from the ceiling of the sanitation facility through the latrine hole to enable the person to find the hole without touching surfaces. • Turn some of the wall bricks sideways in the superstructure to provide more hygienic handholds into the latrine.
Limited physical mobility	• Turn bricks sideways in the walls of the sanitation facility to provide handholds for bracing. • Remove the bottom of a sturdy, locally made chair with armrests to provide an elevated toilet seat. (It is important to consider how the chair is attached or braced, so that a person can safely lift themselves onto the seat.) • Figure C3_11.12_3 in Section C3 includes instructions on how to build a wooden latrine chair. • Using Figure C2_8.4_2 in Section C2, we can support families with a bucket tipper to help people with disabilities pour water more easily. • See Figure 3 for images of some of these adaptations.

E2: Simplified WASH functional impairment checklist for community health workers and care providers (based on Washington Group questions)

This checklist is designed for use by CHWs and care providers to assess functional impairments related to WASH needs in individuals. The team can use this checklist during home visits or community engagement activities to identify and address the specific WASH-related challenges faced by individuals with disabilities.

Client information:

Name:

Date of first visit:

1. Mobility:

- ☐ Do you/the client have difficulty walking or climbing steps?
- ☐ Do you/the client need help to move around your home?

2. Self-care:

- ☐ Do you/the client have difficulty bathing or showering?
- ☐ Do you/the client need help with dressing?
- ☐ Do you/the client need assistance with toileting?

3. Communication:

- ☐ Do you/the client have difficulty speaking or making yourself understood?
- ☐ Do you/the client have difficulty hearing or understanding others?

4. Cognitive function:

- ☐ Do you/the client have difficulty remembering or concentrating on tasks?
- ☐ Do you/the client have difficulty making decisions regarding daily activities?

5. Vision:

- ☐ Do you/the client have difficulty seeing, even with glasses or contacts?
- ☐ Do you/the client need assistance reading or recognising people or objects?

6. Environmental accessibility:

- ☐ Are there any barriers in your home that make it difficult for you/the client to access basic facilities (e.g., toilet, water, shower)?

E3. WASH checklist for home visits: Disability-inclusive assessment

CLIENT INFORMATION	
Name	
Age	
Type of disability	
Functional impairments	
Name of caregiver/community health worker	
1. Water access	
Is there a reliable water source (e.g., piped water, well, etc.)?	
Is the water source easily accessible? Can they do this independently? Are there physical barriers?	
Are there assistive devices or modifications to aid water access? (e.g., lower taps, water-fetching aids)	
Is the water clean and safe for consumption (e.g., purified, improved source)?	
2. Sanitation and toilets	
Is the toilet accessible and user-friendly for the individual's needs?	
Type of toilet (flush, pit latrine, composting, etc.)	
Are there ramps or steps to access the toilet?	
Check for the following: ☐ Accessible width and space ☐ Grab bars or handrails ☐ Suitable seat height and positioning ☐ Good lighting ☐ Privacy and dignity when using the toilet	☐ Toilet door secure and lockable ☐ Safe space to store mobility aids (if applicable) ☐ Facilities for menstrual hygiene management if needed ☐ Safe disposal bins for sanitary pads or other materials ☐ Clean water and soap is available
3. Hygiene and handwashing	
Are handwashing facilities available and accessible?	
Type of handwashing facility (sink, tap, basin, etc.):	

Is the height accessible for the person's needs (e.g., seated or standing)?	
Check for the following: ☐ Soap and water consistently available ☐ Visible reminders for handwashing (e.g., signage) ☐ Drying facilities (e.g., towels, hand dryers)	☐ Facilities kept clean and hygienic ☐ Adequate waste disposal near the handwashing station
4. Personal hygiene	
Are there appropriate hygiene products available for the person?	☐ Soap/shampoo ☐ Towels ☐ Disposable or washable wipes ☐ Dental hygiene materials ☐ MHM materials if appropriate
Is there a suitable and private space for personal hygiene routines (e.g., bathing, grooming)?	
Are the bathing or shower facilities accessible?	
Are there any mobility aids available (e.g., shower chair, bath grab bars)?	
Is there a routine in place for regular hygiene checks?	
Are caregivers able to assist personal hygiene as needed?	
Are privacy and dignity maintained during hygiene tasks?	
5. Waste disposal and environmental cleanliness	
Is there an accessible and hygienic waste disposal system in place?	
Are waste bins easy to use for the person (e.g., foot-operated, close by)?	
Is the home environment clean and free from hazards?	
Are there any obstacles that may pose risks for mobility or hygiene (e.g., clutter, slippery floors)?	

Is the area around the toilet and water source free of contamination or standing water?	
6. Caregiver support and training	
Has the caregiver received training on supporting WASH needs for the person with a disability?	
Does the caregiver have the knowledge to manage any specific hygiene challenges (e.g., incontinence, hygiene for specific disabilities)?	
Are there any barriers or difficulties the caregiver faces in providing adequate support for WASH needs?	
7. Incontinence care (IF REQUIRED)	
Is there a safe, hygienic method for managing incontinence?	
Are incontinence pads or other absorbent materials provided?	
Are there designated areas for safe disposal of soiled materials?	
8. Recommendations for improvement	
Water access	
Sanitation/toilets	
Handwashing and hygiene	
Personal hygiene	
Waste disposal	
Caregiver support	
9. Follow-up actions and needs	
Additional support needs and referrals (e.g., to specialist organisations, social protection, healthcare)	
Modifications needed (e.g., toilet ramp, grab bars, assistive devices)	
Next visit date	

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