

WASH SAFETY AND ACCESSIBILITY TOOLKIT

April 2023

Objectives of the WASH Safety and Accessibility Audit Toolkit

This safety and accessibility rapid audit tool is based on visual observation as a means to collect basic information and assess gender-based violence (GBV) risks and accessibility related issues on the route to, while entering and using WASH facilities. It is a structured method for collecting data and information that will support the WASH sector in 1) Assessing GBV risks related to the design, layout, placement of WASH facilities; and 2) Checking if WASH infrastructures are accessible to persons with disabilities in line with the WASH commitments to ensure at least 15% of WASH facilities are accessible.¹

The results of observations can then be compared against standards outlined in the following key resources to prevent and mitigate GBV risks and address barriers that hinder persons with disabilities from accessing WASH programmes and services (see links and additional resources at the end of this document)

- [Inter-Agency Standing Committee \(IASC\) Guidelines for integrating gender-based violence interventions in humanitarian action: reducing risk, promoting resilience, and aiding recovery – Thematic Area Guide for WASH.](#)
- [IASC Guidelines on inclusion of persons with disabilities in humanitarian action – Chapter 18 Water, Sanitation and Hygiene.](#)
- [UNICEF toolkit on accessibility \(Section G “Accessibility checklist”\)](#)
- [Water Aid & WEDC WASH Accessibility and Safety audits](#)

¹ Source World Report on Disability (WHO, World Bank, 2011, World report on disability, Geneva, Switzerland: WHO)

This safety and accessibility rapid audit is structured to target WASH facilities. However, a full and comprehensive safety and accessibility audit would also include other activities and services, such as hygiene messaging and distribution of hygiene kits.

Audience

This toolkit can be used by anyone. Users of this tool do not need to be experts in WASH, Inclusion, GBV or disability to implement this toolkit. However, a preliminary training would be required in basic GBV Risk Mitigation and Disability Inclusion to acquire basic knowledge on the barriers that persons with disabilities and other vulnerable groups might face to access WASH facilities and to understand how to conduct a safety and accessibility rapid audit safely based on observations. An introductory PPT and editable script is available in this toolkit for this purpose ²

If focus group discussions are conducted to complement and validate the observatory findings, special attention must be paid to the guidance provided below to keep all participants safe and ensure that information collected remains confidential.

It is strongly recommended that the rapid audit should be participatory and done with persons with different types of disabilities, or at least, testing the route from the user (e.g., household, shelter, school, etc.) to the targeted WASH facility using successively a wheelchair and accompanied by a person with visual impairment. If the audit team could not find any person with disabilities willing to participate (as recommended above), tips are provided in each checklist to overcome it.

² Note for WASH consult the GBV AoR in country or Disability and Inclusion WG for support with this training

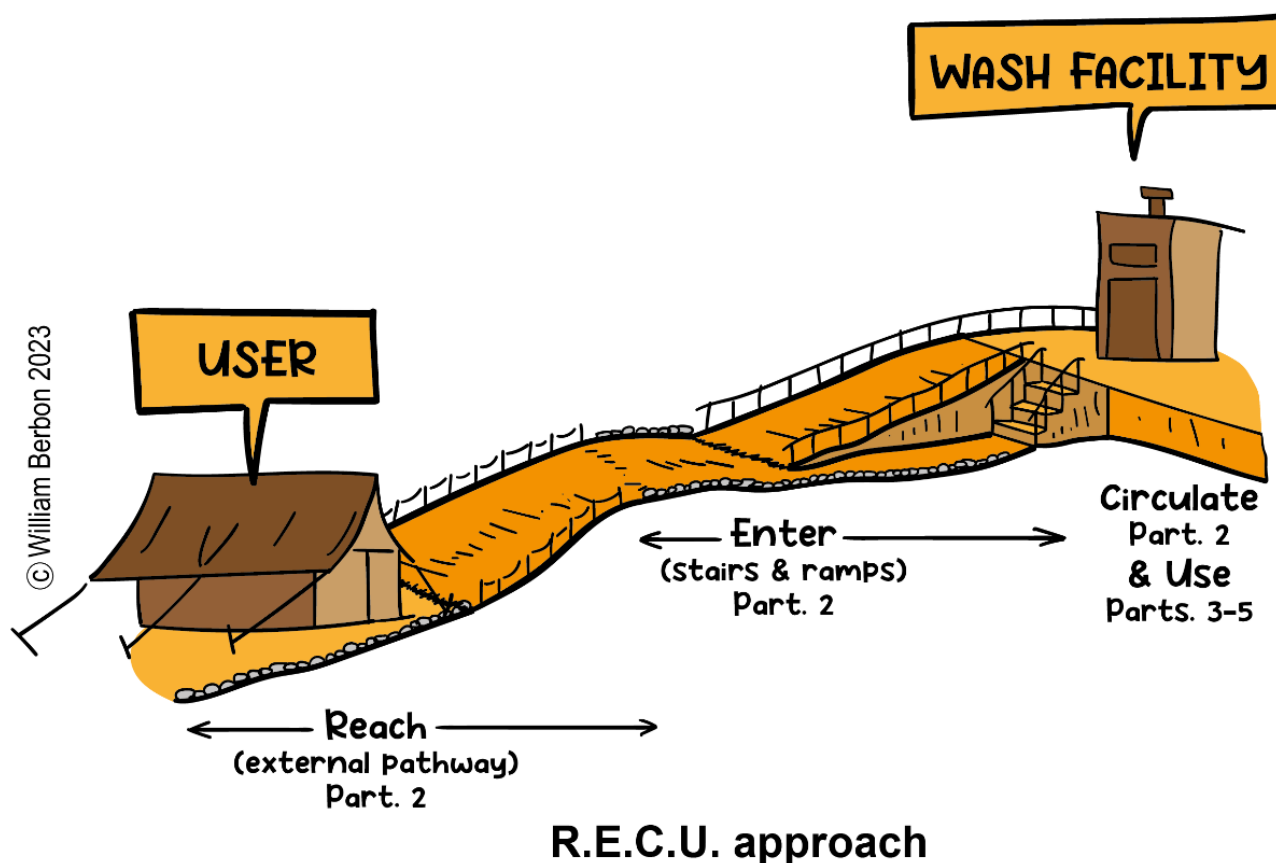
Contents of the Safety and Accessibility Audit Toolkit

- [Part. 1: Guideline](#): introduction to the toolbox and how to use it (this document). To be read before each audit.
- [Part. 2: Common Core of the audit](#): observation checklists applicable to any WASH facility (water points, latrines and bathing facilities) on reaching, entering and circulating in the WASH facility. To be filled for each audit.
- [Part. 3: Audit of the use of a single water point](#) (+ suggested discussion questions for focus group discussions)
- [Part. 4: Audit of the use of one latrine](#) (+ suggested discussion questions for focus group discussions)
- [Part. 5: Audit of the use of one bathing facility](#) (+ suggested discussion questions for focus group discussions)

Parts 1 (guideline) and 2 (common core) must be undertaken systematically for rapid audit of any WASH facility. The team undertaking the safety and accessibility audit will select the specific observation checklist for the targeted WASH facility amongst parts 3 through 5 (water points, latrines or bathing facilities). Each observation checklist is designed for a single WASH facility, however a selection of facilities can be audited, and several water points, latrines or bathing facilities might be studied in each location, so as to understand the overall picture. An [excel version](#) is also available for easy adaptation.

Methodology

This toolkit uses a **R.E.C.U Approach** (Reach, Enter, Circulate and Use) to examine vulnerable people's experiences at different stages of using WASH facilities (see definition of terms at the end of this document for a full definition)



Audits may use a combination of different data collection techniques. This toolkit is focused on visual observations that can be complemented with focus group discussions with persons with disabilities, women and girls, and/or key informant interviews with local women-led/women's rights organizations (WLO/WROs), and organizations of persons with disabilities (OPDs). Through local organizations, the audit team may also safely gather perceptions and feedback from lesbian, gay, bisexual, transgender, inter sex, queer, and other (LGBTIQ+) individuals with diverse sexual orientation, gender identity or expression, and sex characteristics.

Main steps to implement the WASH Safety and Accessibility Audit:

1. Select the audit team, use the introductory PPT to introduce the toolkit and main approaches and give each team member a copy of the toolkit. Safety & Accessibility Audits are most effective when carried out as a team involving users – persons with disabilities, older people, women, or children as appropriate.
2. Depending on which type of facility to be audited – latrine/toilet, water point, or bathing facility, select part 2 of this toolkit (common core) and the relevant checklist (see parts 3,4 and 5).
3. Allocate suitable tasks to each team member, including note taker, photographer, interviewer, etc.
4. Ask team members firstly to get to (successively walk to, wheel to and accompanied by a person with visual impairment) the facility, identifying any problems or obstacles that prevent them or make it difficult. They should also note anything that affects the safety of the user, including privacy, presence of armed groups or areas where large groups gather. Following the observation checklists questions, write these down, take photographs and eventually draw a diagram to illustrate.

*Note that, in areas of insecurity, the organizations gathering the information should not fill in the questionnaire while walking around the site/community; instead, it is recommended to take mental notes of questions and observations and fill in the form later, after leaving the site/community.

5. Go through each section of the checklists, filling in the relevant sections as you go around
6. When the audit has been implemented, identify what could be done to eliminate or reduce the observed problems/issues and write these down in the relevant observation checklists.
7. If time and safety allow, organize focus group discussions with women, girls and persons with disabilities to get more detailed qualitative information (examples of discussion questions at the end of Parts 3, 4 and 5). Use the information collected through the checklists and consultations to inform corrective actions to increase safety and accessibility in WASH facilities audited, share relevant concerns reported in the consultations in WASH coordination meetings.

Focus Group Discussions (FGDs)

Focus Group Discussions (FGDs) are dialogues between 6-10 people, guided by a facilitator.

FGDs can be helpful as GBV and the safety and accessibility of WASH facilities can be sensitive topics, and many accessibility barriers may not be visible. These issues can be introduced and discussed in women and girl only groups, including with women and girls with disabilities.

When conducting FGDs, it is very important to always keep the safety and confidentiality of the participants as your main priority. Ensure that staff who will be facilitating the FGDs have been trained on how to safely receive disclosures of GBV and have up-to-date information about available lifesaving GBV services in the area, which they can get from GBV and/or Child Protection coordinators.

Do not ask about any experiences of GBV among the participants, only general questions about risks and consult the accompanying intro presentation to this toolkit on what to do in case of GBV disclosure.

Before you start, introduce yourself, your organization and explain the purpose of the consultation and how the information will be used. Keep questions simple, relevant to the audit objectives and straightforward.

More information about FGD with women and girls is available [here](#) - Example tool [here](#).
More information about consultations with people with disabilities [here](#).

Tips for inclusive communication for Focus Group Discussions

The number one key is to always ask how people prefer to participate and how we can facilitate their communication. Traditional FGDs may not be effective for all groups as more marginalized individuals or those needing support to communicate (e.g., people with intellectual disabilities) may have a better opportunity to participate through an outreach visit. Some people (e.g., deaf persons who do not use sign language) may feel more comfortable using writing or drawing. For children, use child friendly approaches, for example puppets, pictures, talking mats. Allow children with disabilities the same opportunity to take risks and to learn than other children; and use age-appropriate language and tone of voice, regardless of the type of disability (e.g., do not treat an adolescent with a disability like they are a small child).

- Engage OPDs for support with consideration for gender, language and other diversity factors
- Depending on the socio-cultural context, it may be necessary to speak with community leaders and/or seek permission of guardians, male relatives or husbands in order for women, girls, and persons with disabilities to participate in the FGD
- Use a variety of consultation mechanisms, including child friendly mechanisms for children
- Ensure accessibility of information about the consultation processes (e.g., written, pictorial and audio)
- Be mindful of having representation across all aspects of diversity including age, gender, impairment type
- Ensure physical accessibility and accessible and respectful communication (e.g., allow more time for people with intellectual disabilities or those who use communication supports, ensure age-appropriate communication)
- Provide reasonable accommodation where needed (e.g., transport support)
- Remember accessibility of mechanisms for feeding back to communities

Communicating with People with Disabilities

General tips:

- Speak directly and make eye contact with the individual.
- Ask the individual if they need help, offer to assist, and then ask for instructions on how to assist.
- Avoid potentially offensive terms by asking the individual what the preferable terminology for the disability is.

Sharing content:

- Using a tailored approach to address specific needs (e.g., providing visual content for those that are hearing impaired).
- Provide copies of the information being presented.
- Always have a sequence and orient the individual to the information (e.g., "First, we will discuss this...").
- Periodically confirm that individual is understanding the information.
- Give the individual time to retain the information and ask questions.

For persons with visual impairments:

- Speak to the individual as you approach.
- Introduce yourself at the beginning of the interaction and indicate when you are leaving the conversation.
- Be descriptive about the information being presented.
- Offer to read any written information.
- Ask the individual if they need guidance with mobility.

For persons with hearing impairments:

- Face and speak directly to the individual.
- Use drawings, writing, and gestures to assist communication.
- Ask short and clear questions.
- If there is an interpreter present, face the individual with the hearing impairment, not the interpreter.

For persons with mobility impairments:

- If the individual uses a wheelchair, speak at eye level whenever possible.

For persons with intellectual disabilities:

- If you do not understand that was said, ask the individual to repeat or consider using writing as an alternative means of communicating.
- Ask short and clear questions.
- Be patient; take time to communicate effectively with the individual.

Time and Location

Are meeting times and locations safe and convenient?

- It is worth understanding what meaning the locations may have to the community and ensuring they are accessible to all groups.
- Consider what locations and times of day are safest and most appropriate for individuals to participate in based on school schedule, household chores, travel requirements, etc.
- Registration: Map the needs for reasonable accommodation (E.g., Sign language, support of personal care assistants, etc.).

Is information available in an appropriate format for participants?

- Information should be in local languages and accessible formats, with pictures for people who cannot read or hear and verbally or in an audio format for people who cannot see. Everyone should have access to the relevant information.



Gender-Based Violence (GBV)

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. Women and girls face heightened vulnerability to GBV due to systematic gender discrimination and inequality.

GBV risk mitigation

Process of ensuring that a program (1) does not cause or increase the likelihood of GBV; (2) proactively seeks to identify and takes action to mitigate GBV risks in the environment and in program design and implementation; and (3) conducts ongoing monitoring of access and barriers to services. GBV risk mitigation is the responsibility of everyone working in humanitarian response, cutting across all programmatic sectors. It is distinct from, but complementary to, GBV-specialized programming.

Persons with Disabilities

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Convention on the Rights of Persons with Disabilities).

Accessibility

According to the Convention of the Rights of Persons with Disabilities (CRPD), accessibility affirms the right of persons with disabilities to enjoy "access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas". Accessibility is a precondition of inclusion: in its absence, persons with disabilities cannot be included.

Accessibility continuum- RECU (Reach Enter Circulate Use) Approach

RECU is a concept that describes the experience of children, adults with disabilities and older persons departing from their homes, using pathways, crossing roads and taking transportation to **reach** and **enter** facilities, **circulate** (move around inside), and finally to **use** those services and facilities. A continuous route means that circulating through it is safe, unrestricted and possible using a wheelchair, a walking frame or a service dog, with no obstacles or barriers blocking the way. Such a route must be continuous because, like in a chain, if one link is broken, the chain is compromised. Four steps ensure the accessibility continuum: reaching a facility; entering a facility; moving around a facility; and using specific features of a facility. These align with the RECU methodology that stipulates that accessible facilities should be easy to reach, enter, circulate and use.

References

- [IASC Guidelines for integrating gender-based violence interventions in humanitarian action: reducing risk, promoting resilience, and aiding recovery](#)
- [IASC Guidelines on inclusion of persons with disabilities in humanitarian action](#)
- [UNDIS guideline on consultation of persons with disabilities](#)
- [UNHCR "Accessible communication for persons with disabilities"](#)
- [UNICEF toolkit on accessibility \(Section G "Accessibility checklist"\)](#)
- [UNICEF Guideline on how engaging children with disabilities](#)
- [Water Aid & WEDC WASH Accessibility and Safety audits](#)

Acknowledgements

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