



Programmatic Guidance on

Disability Inclusion And Accessibility For The Product:

Latrine Add-on For Children And Adults With
Disabilities In Emergencies

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Cover photo caption:

In a refugee camp in Cox's Bazar, Bangladesh, Hashim, 14, who has an intellectual disability, washes his hands with the help of his mother after using the new disability-accessible latrine.

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CONTENTS

Introduction..... 6

About the Latrine Add-On..... 8

Using the Latrine Add-On in WASH programmes.....10

Incorporating the Latrine Add-On into latrine design..... 15

Incorporating the Latrine Add-on into disability inclusive hygiene19

promotion

Latrine Add-On use and maintenance considerations 21

Monitoring use and satisfaction with the Latrine Add-On23

For more information25





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Latrine Add-On in Cox's Bazar, Bangladesh

Introduction

Definition:

Children and adults with disabilities are those who have long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.¹

Globally, around 15% of the population have a disability - this is approximately 1 billion people with disabilities. Persons with disabilities experience disproportionate risk and vulnerability, which is often exacerbated in emergency settings. However, accessible and inclusive Water, Sanitation and Hygiene (WASH) interventions can create enabling environments for people with disabilities rather than reinforcing barriers to access. UNICEF's commitment to disability inclusion and accessibility is set out in the Executive Directive on accessibility ([CF/EXD/2017-004](#)) and [Charter on Inclusion of Persons with Disabilities in Humanitarian Action](#).

For children and adolescents with visual and/or physical disabilities, moving through areas of open defecation or crawling to use unclean facilities may affect their health, result in injuries, compromise their dignity and increase stigma.² Inaccessible water and sanitation facilities can lead to children and women with disabilities defecating in poorly lit and secluded areas, leading to increased risk of injuries, abuse and exploitation.³

Even when facilities are accessible, children with disabilities and caregivers may be compelled to use toilets or fetch water at different times of the day (such as after dark), for example due to inaccurate fears that they will contaminate the water source.⁴

¹ UN Convention on the Rights of Persons with Disabilities (CRPD).

² WaterAid and WEDC (2014), Frontiers of CLTS: Innovations and Insights.

³ Ibid.

⁴ UNICEF (2013) The State of the World's Children: Children with Disabilities.



Note: The Latrine Add-On for Children and Adults with Disabilities in Emergencies is henceforth referred to as the “Latrine Add-On.”

Purpose

This note is intended to assist UNICEF and implementing partners to:



Integrate the Latrine Add-On into their overall water, sanitation and hygiene humanitarian response programmes.⁵



Meaningfully engage persons with disabilities to ensure their access and use of the Latrine Add-On in a comfortable and dignified way.

Technical specifications of the product can be found [here](#), further details are included in the procurement brief. This guidance note covers the programmatic, operation and maintenance considerations for the Latrine Add-On.

In order to overcome the different barriers that persons with disabilities face accessing WASH, the Latrine Add-On product should be integrated into a WASH response or programme that addresses broader accessibility considerations (beyond just the product) and seeks meaningful inclusion and participation of children and adults with disabilities and their families. This is necessary to ensure context specific and appropriate solutions that create an enabling environment to empower persons with disabilities.

Audience

This guidance is designed for use by [UNICEF staff and WASH implementing partners](#) considering implementing disability inclusive and accessible sanitation programmes. More specifically, the guidance is useful for those that have or are considering procuring the Squatting Plate, Latrine Add-On.

⁵ While the Latrine Add-On was initially designed for humanitarian contexts to fit the squatting plates commonly used in humanitarian response, the product can also be used in development contexts, such as accessible toilets in schools or healthcare facilities.



About the Latrine Add-on

What is the Latrine Add-on?

The Latrine Add-On for Children and Adults with Disabilities in Emergencies is a product that supports persons with disabilities to use a squat latrine when they might not otherwise be able to do so easily or at all. The product is designed to be used with squatting plates, commonly used in humanitarian contexts. Two designs are available for procurement in the Supply Catalogue [[supply catalogue number s0005848](#)]. The two products are shown below. This guidance is designed to be used when procuring either of the products.



PRODUCT 1



PRODUCT 2

Two design options of the Latrine Add-On

Who will benefit from using the Latrine Add-On?

This product has been developed with a universal design that targets children and adults with disabilities, however it will benefit anyone who has difficulty using squat latrines. In a communal setting, the product may also assist those with a chronic illness, recent injuries, older people or pregnant women.

Is it field tested?

Both products of the Latrine Add-On were field tested in Angola, Bangladesh and Mozambique in emergency settings. Organisations of Persons with Disabilities (OPDs) were engaged in every phase of design, development and testing of Latrine Add-Ons.





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Two design options of the Latrine Add-On

How many Latrine Add-Ons are required?

At least **10%** of all the latrines within a camp or temporary transit location should be accessible for people with a disability.⁶ This refers to toilets in communal latrine blocks as well as in schools and clinics.

Sufficient numbers of the Latrine Add-On should be procured to progressively achieve this target.⁷

It is recommended that a minimum of 10% of prepositioned squatting slabs also have Latrine Add-Ons prepositioned to enable appropriate coverage in emergency response. However, as the product has a universal design a higher rate of coverage can also be encouraged.

⁶ UNICEF (2018) Including Children with Disabilities in Humanitarian Action WASH. Available at: <https://sites.unicef.org/disability/emergencies/wash.html>.

⁷ The 10% minimum is an overall guide for procurement. The proportion in each site will depend on the context, for example where there are multiple latrines in the same location, 10% should be accessible. While in a health post with only one latrine, this should be accessible.



Using the Latrine Add-on in WASH programmes

Everyone has the right to adequate and dignified access to water and sanitation. A disability inclusive approach to WASH programming means designing, planning, implementing and monitoring programmes, which considers the inclusion and accessibility of persons with disabilities.

Cross-sector collaboration and coordination is critical and strong working relationships between WASH and other clusters (including Non-Food Items (NFIs), camp management, shelter, protection, health, and education) can promote installation of the Latrine Add-On in latrines in different settings, e.g. schools, women- or child-friendly spaces and clinics.

Community participation in WASH programmes

Using a disability inclusive approach to WASH programmes means looking beyond access to WASH infrastructure. Equally important is to identify and remove the barriers to participation that people with disabilities face relating to community planning and management decisions. Feedback from people with disabilities on the location, design, privacy, safety and security of latrines is vital to ensure that all community members benefit equally from the WASH services.

Example:

During the field trial in Cox's Bazar Bangladesh, persons with disabilities identified challenges with existing communal latrines due to their location, the uneven terrain within the refugee camp, long queues and the design. In the baseline, 90% reported difficulties in squatting comfortably and moving around the latrine.



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Squat latrine that is not accessible

It is important to engage persons with different disability types, gender and age in the design stage. Their needs and preferences should be taken into consideration when deciding on the design as well as location of superstructure. Community leaders, religious leaders, community influencers, health workers and local Organisations of Persons with Disabilities⁸ can help ensure people with disabilities (of different sex, age, type of disability, level of education and so forth) are able to contribute their skills and experiences to WASH programmes. Smaller group discussions may be required as some people may prefer a safe space to talk, e.g. in a group with those with similar disabilities or just women to discuss menstrual health and hygiene needs.

⁸ The list of regional organizations is available at the web site of International Disability Alliance <https://www.internationaldisabilityalliance.org/content/ida-members>



Six tips for planning and running disability inclusive and accessible meetings and consultations⁹



Identify and specifically invite people with disabilities (considering people with different types of disabilities and gender) and their relatives or caregivers.



Ask the invitees whether they require any assistance or support to enable attendance and active participation in your meeting/event.¹⁰



Ensure promotional and meeting information and materials are in accessible formats (e.g. in both written and audio formats), including easy-read format for persons with intellectual disabilities.



Choose a meeting or consultation venue that is free of obstacles and accessible with ramps and accessible toilets.¹¹



During the event, where possible provide sign language and/or captioning, and remember to describe any visual elements for attendees that are blind.



Facilitate active participation of all attendees during the meeting/event.

For more information, see [UNICEF Quick Guide for making events accessible](#)

Working with representative organisations

Organisations of Persons with Disabilities (OPDs) or organisations already working with people with disabilities, women, youth, elderly, can be consulted and asked for feedback at assessment, design, monitoring and evaluation stages for WASH. These are often small organisations, run by volunteers and so should be paid for their time and expertise.

Ways that representative groups can be engaged

1. OPDs, disability-focused organisations and informal disability groups can assist in identifying people with disabilities.
2. Asked for review or advice on accessibility issues.

⁹ Based on CBM Australia – *Six tips for planning and running inclusive meetings and events*: <http://www.cswashfund.org/shared-resources/references/six-tips-planning-and-running-inclusive-meetings-and-events/>

¹⁰ This may include support for transport to the venue, sign language interpretation, an assistant to accompany them, etc.

¹¹ If you aren't sure if a venue is accessible, a local disability organization may be able to recommend an accessible venue or conduct an accessibility audit.



3. Support the development of disability inclusive WASH programme /guidelines / strategies.
4. Provide training for UNICEF and implementing partners on disability inclusive and accessible WASH.
5. Support the identification of barriers to WASH, facilitation of community engagement, etc.
6. Provide support or recommendations on accessibility and inclusive communication e.g. sign language interpretation, Braille translation or accessible workshop venues.
7. Consulted during assessment and evaluation of WASH programme.

Identifying/locating people with disabilities

Children and adults with disabilities are often less visible within their households.

Myth: “There are no people with disabilities in this camp or community.”

Parents or caregivers may not want to identify that their child has a disability or hide them in the household due to stigma. Therefore, it is critical to locate people with disabilities and facilitate their consultation and participation in activities.

Disability-focused organisations, OPDs, informal disability groups, parents’ group, and refugee registration data can assist in locating people with disabilities. WASH response baseline assessments should be inclusive. Door-to-door sensitization by hygiene promoters can be used to increase uptake of the Latrine Add-On and address stigmatisation with its use. Promotion of the Latrine Add-On may also be targeted to people who don’t consider themselves to have a disability (for instance older people may feel that difficulties in walking/squatting/seeing to use a latrine are a natural part of the aging process).

Example:

During the field trial in Cox’s Bazar, monthly community engagement meetings were held. During the meetings, community members expressed appreciation for the provision of the accessible latrines and no disharmony was expressed.



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Building in refugee camp in Cox’s Bazar, Bangladesh



Do no harm

Mitigate stigma, jealousy and the creation of divisions within communities that may result from the introduction of new latrines for a specific target group (persons with disabilities) through community engagement and community behaviour change. For example, hold open-discussion meetings within local communities and host populations to explain the accessible latrines. This can also be incorporated as part of the regular hygiene promotion events. In small communal settings be clear that the latrines are available for all members of the family.

Ensure that WASH programmes do not contribute to further isolation and stigmatisation of people with disabilities. Ensure anonymous and accessible feedback mechanisms are also available (see below).

The terminology used to address persons with disabilities or talk about them in materials can either empower or further stigmatize them. Use respectful language when identifying persons with disabilities and promoting the use of the Latrine Add-On. Use respectful language when identifying persons with disabilities and promoting the use of the Latrine Add-On. If unsure of the appropriate terminology in a local language, consult an OPD or disability-focused organisation.

! For information of the appropriate terminology to use: see the [link](#)

Tools to promote inclusive WASH:

1. [Barrier analysis](#) will help in understanding what barriers (environmental, institutional and attitudinal) prevent people with different types of disabilities from accessing WASH programmes, services and participating fully in their communities.
2. [WASH checklists, accessibility and safety audits](#) should be routinely conducted when siting the construction of new WASH facilities and after the constructions of such facilities as part of the quality control i.e.
<https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/general.html>.

Accessible WASH promotion materials (e.g. pictorial, audio and visual)

Routinely include images of people with disabilities alongside other community members in Information Education Communication (IEC) or Communication for Development (C4D) promotional material.



Producing WASH information in accessible formats and appropriate language will ensure that everyone – including people who are blind/low vision, deaf/hard of hearing, intellectual disabilities and physical disabilities- can access the same information. Technology can be used in communication and promotion, for instance smart phones, tablets and computers may have a text-to-speech function that can convert written information into audio for people who are blind.

Tips on inclusive communication¹²



Talk directly to people with disabilities rather than people who might be assisting them (e.g. interpreters, family members, personal assistants)



Ask people with disabilities how they prefer to communicate, where they prefer to meet, when to meet, where they prefer to sit in meetings, etc.



Try to sit or stand so that you are talking at eye level (rather than looking down at someone).



When communicating with a whole community or a group of people with different types of disabilities, use more than one type of communication – both written and audio/verbal.



Budget for Braille, sign language and language translation.



Be inclusive and respectful in all communications (not just those related to disability).

Promoting awareness and acceptance of the Latrine Add-On

Access to the Latrine Add-On should be clearly communicated to the community (i.e. who is entitled to a household accessible latrine and who has priority for accessible communal latrines). Community meetings, C4D interventions or information campaigns may be needed to counter perceptions that some people are getting preferential treatment or using superior sanitation facilities.

Community leaders, religious leaders, local agencies, hygiene promoters, latrine attendants and outreach/health workers can all help to promote acceptance and use of the Latrine Add-On. Attendants or regular inspections by cleaning staff can play a role in deterring vandalism, misuse and inappropriate behaviour.

¹² Source: CBM Australia – Tips for inclusive communication with people with disabilities.





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Mohammad, 14, who has an intellectual disability, is assisted by his father to use the disability-accessible latrine next to their home in the Balukhali refugee camp in Cox's Bazar, Bangladesh

Incorporating the Latrine Add-on into latrine design

Incorporating the Latrine Add-On into latrine design requires attention to the following:¹³

Location



Household:

Household latrines with the Latrine Add-On should be located close to or within the household of persons with disabilities. Persons with disabilities (male and female) should be consulted about their individual needs and preferences.



Communal:

Latrines with a Latrine Add-On should be in a central and accessible location. Mapping out the location of persons with disabilities within a camp can assist in choosing locations. Community buildings such as schools, child-friendly spaces, health facilities should be prioritized.



Distance to water source:

Latrines should be located in close proximity to a water source to support anal cleansing, cleaning and handwashing.

¹³ Adapted from presentation by Hazel Jones (2011) 'WASH and People with Disabilities: Improving Access for All', WEDC, Loughborough University.



Example:

A review of the field trial in Cox's Bazar found that 83% of persons with disabilities engaged in the trial could reach the accessible latrines within five minutes.



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Installing a Latrine Add-On

Getting to the latrine**Household:**

Ensure that the household member with a disability can access the latrine with the Latrine Add-On easily, without any difficulties. Depending on the type of disability, this may require constructing pathways and ramps.

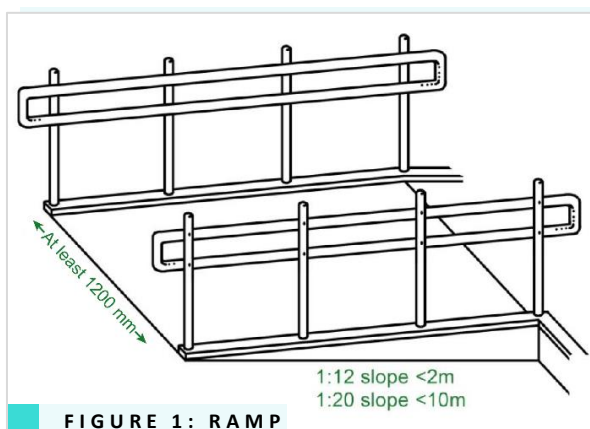


FIGURE 1: RAMP

Ramps¹⁴

Ramps should have a minimum width of 1200 mm with handrails recommended.

(see Figure 1)

Communal:

All communal latrines with the Latrine Add-On should be accessible to all, regardless of the type of disability. This includes provision of ramps and stairs to address the needs of all persons with disabilities. For example, while a school may not currently have a child that uses a wheelchair attending, constructing stairs and no ramps will create barriers for any future students that use wheelchairs.

Clear pathways:

Outside pathways should have an even and firm surface and width of at least 1800 mm wide. Where possible and based on consultation, tactile markings on the edge of pathways can assist people with visual impairments.

¹⁴ Source: UNICEF (2017) Guidance, Including children with disabilities in humanitarian action: WASH.





Signage:

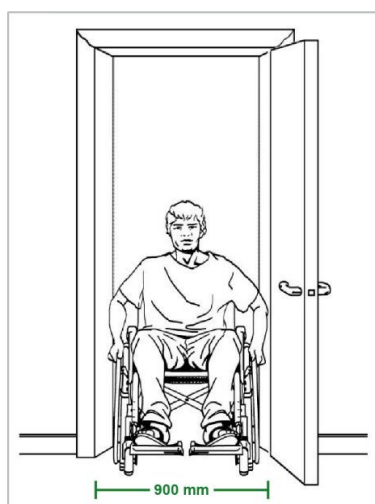
Accessible latrines should be clearly marked using symbols for accessibility. Using colour contrast will ensure it can be easily seen and understood.

Getting into the superstructure¹⁵

Entrances and doorways:



Ramps and handrails should be used at entrances (see above). Doors should be at least 900 mm wide (see Figure 2). This allows entry for users with wheelchairs. Doors should open outwards. Door handles and closing mechanisms should be at an easy-to-reach height of 800-1000 mm. Locks should be on the inside of the toilet. The handle on the inside of the door (or a grab bar) should be the full width of the door to allow a person in a wheelchair to grab the open door and close it from inside the cubicle.



Doorway¹⁶

Doors should be at least 900 mm wide

FIGURE 2: DOOR WIDTHS



Floor finish:

Floors need to be smooth enough to be washed and swept, but not so smooth that they are slippery when wet. Floors should be level (minimal or no difference) between outside and inside.

Lighting:



Adequate lighting is needed to enhance safety, particularly for use at night. People who have low vision may also have specific additional lighting requirements. Light switches should be at a height of 800-1100 mm. Provision of lighting in latrines especially in camp settings will require advocacy and coordination with relevant authorities and organisations.

¹⁵ The superstructure in Supply Catalogue should meet accessibility standards

¹⁶ Source: UNICEF (2017) Guidance, Including children with disabilities in humanitarian action: WASH

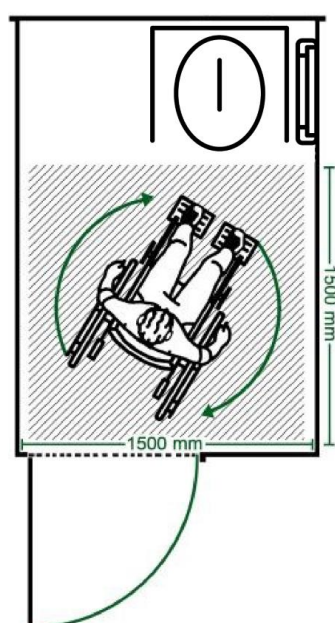


Alternatively, if space allows a small shelf at 800 mm height can be used to place a light when using the latrine. Colour and contrast may be needed to help people locate doors and their handles, stairs, steps, switches.

Latrine cubicle dimensions:



Recommended cubicle dimensions should be at least 2200 mm by 1700 mm. There should be enough space in front of the latrine for a wheelchair to enter, shut the door, and turn around inside (at least 1500 mm by 1500 mm) as well as 90-degree wheelchair-to-latrine transfers. Additional space may be needed for a carer, if the individual needs assistance inside the cubicle.



Circulation space¹⁷

Recommended cubicle dimensions should be at least 2200 mm by 1700 mm with a turnaround inside of at least 1500 mm by 1500 mm

FIGURE 3: CIRCULATION SPACE IN LATRINE

Getting on/using the latrine

Latrine slab:



The appropriate latrine slab in the Supply Catalogue is S5007335. It is a plastic squatting plate, without pan, 120 x 80 cm. The Latrine Add-Ons are fixed to the latrine slab and incorporates handrail supports within the design which are important for transferring to the latrine as well as supporting while using.

Additionally, people who are unstable or unable to walk, squat or stand unaided might benefit from: grab rails (at a height of 700 – 780 mm for adults or 510 – 635 mm for children), shelves and clothes hooks placed at appropriate heights.

¹⁷ Adapted from Handicap International (2008) How to Build an Accessible Environment in Developing Countries



Incorporating the Latrine Add-on into disability inclusive hygiene promotion

Anal Cleansing



Ensure that anal cleansing material (toilet paper and/or a container of water) is available within the cubicle and accessible while seated on the Latrine Add-On, at a height of 600mm to 700mm above the floor. First-time users may need advice on how to clean themselves whilst seated on the Latrine Add-On. Additional water may be required for cleaning the raised seat after use (see cleaning considerations below).

Handwashing with soap



Handwashing station (with water and soap) must be within easy reach of the latrine facility and usable from a seated or standing position. Accessible handwashing stations and soap are even more critical with the COVID-19 crisis, see [technical paper](#) for accessible handwashing designs. If Tippy Taps are provided, make sure that they can be operated with hands as well as feet. Design handwashing facilities so that even the very youngest child can use them.

Example:

Evaluations conducted during the field trial in Cox's Bazar showed a positive impact on handwashing. During the baseline (before the introduction of the Latrine Add-On), only 61% of persons with disabilities involved in the trial washed their hands after defecation and 32% reported being unable to do so due to inaccessible hand washing stations. A review found that after the Latrine Add-On was introduced (including handwashing), 100% washed their hands after using the latrine.



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Hasmin washing his hands in Cox's Bazar, Bangladesh

Menstrual hygiene:



Women and girls with disabilities may need additional support with self-care activities such as to change absorbent materials (or wash themselves) whilst seated on the Latrine Add-On. Suitable accessories including rail, clothes hooks, and a mirror will also support women and adolescent girls to manage their menstruation.



Single use materials (available in the Hygiene and Dignity Kits) should be disposed of directly into a waste bin, which must be within easy reach while seated on the Latrine Add-On. Designated people must be made responsible for emptying these bins on a daily basis. A solid waste disposal system for paper and sanitary materials must be established, with arrangements for collection, transport and disposal.

If menstrual materials are provided, consult with women with different types of disabilities to identify preferred materials – these may vary depending on the type of disability. Refer to the [UNICEF Menstrual Health and Hygiene Guidance](#) for specific advice on dealing with menstrual waste, further guidance for menstruators with disabilities and associated health concerns, taboos and other considerations related to safety, security and dignity.

Children and adults with incontinence



In addition to the Latrine Add-On, other products are required to support children or adults with incontinence. For instance, buckets, commodes or pans, disposable or reusable pads/absorbent materials and additional soap for bathing and laundry. Such products may be procured locally and should be selected based on consultation with the beneficiaries or their carers.



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Fatima, 20, stands near a disability accessible toilet, installed by UNICEF at the Ndjenja Resettlement camp, Mozambique, after two major cyclones in one season



Latrine Add-On use and maintenance considerations

Use of the Latrine Add-On

Make sure that anyone who would benefit from the Latrine Add-On feels able to use it. Work with representative organisations and C4D colleagues to find ways to reduce any social stigma or embarrassment associated with use; and train the latrine attendants to make sure people feel comfortable to use it (see section above on promoting awareness and acceptance of the Latrine Add-On).

The aim of the Latrine Add-On is to provide as much ‘independent access’ as possible - this means a person can use it without help, or with minimum help. However, also consider whether people with poor balance or strength may need support (additional to the handrail supports) to avoid falling or losing balance when sitting on the Latrine Add-On or standing up.

“My husband does not have to assist me to use the latrine anymore, and this has improved my self-esteem. Now [I] am able to use the latrine anytime during the day and night. Even my family members are happy that because of me they also have access to a private and new latrine. They now give me a lot of respect and now am being consulted for household decisions as well.”

Person with disability in Cox’s Bazar, Bangladesh

Demonstrations

Do not expect that people will intuitively know how to use and clean the Latrine Add-On. Where required, provide demonstrations and practical advice to increase the users’ confidence and ability to use the Latrine Add-On. Pictorials on the use and cleaning the Latrine Add-On can be produced and placed inside the latrine.

Cleaning considerations

Shared latrines that are poorly maintained and dirty pose a health risk, and when latrines are dirty, people do not want to use them. The Latrine Add-On is washable, easy to clean and capable of withstanding disinfection and other cleaning processes. Develop an inspection schedule and set of cleaning instructions for the Latrine Add-On.

The Latrine Add-On should be cleaned and disinfected at least twice a day, or ideally after each use. For communal facilities consider paying latrine attendant(s) or creating a voluntary hygiene committee, ensuring it is not only women who are made responsible for this role. Train latrine cleaning attendants to thoroughly clean the seat, bars and bowl after each use to minimize build up /accumulation of fecal matter.



Provide attendants with the cleaning supplies (brush, 0.1% chlorine solution for disinfection, bucket) and protective clothing/equipment (e.g. masks, overalls, gloves and boots) for cleaning. Sufficient water should always be available for cleaning. Continuous hygiene promotion can also improve sanitation standards by informing communities on the benefits of using latrines and keeping them clean.

Cleaning Supplies

Cleaning supplies and protective equipment should be procured and supplied to households, schools, healthcare facilities or communities with Latrine Add-Ons as part of the humanitarian response or WASH programme.

Similar training is required when the Latrine Add-On is installed at household level. The household should be given instructions on cleaning and provided with the necessary cleaning supplies and protective equipment.

"[I] have been using the standard communal latrine while standing up due to the problem with my legs. I was not able to clean myself properly. I used to make that latrine dirty and was not able to clean the floor properly. This made the other people in the community who used the same latrine to be angry with me. Now when I go to the latrine am able to sit down and with water available from the tank placed in the latrine, am able to clean myself properly. I now feel clean and hygienic while consuming food...and when saying my prayers."

Person with disability in Cox's Bazar, Bangladesh

Repair and servicing

See the Latrine Add-On Installation Guides (which comes with the product) for instructions on assembly that may assist with repair and servicing of the Latrine Add-On. Allocate responsibility for maintenance to periodically monitor and repair as necessary.



Monitoring use and satisfaction with the Latrine Add-On

Observed use

A simple monitoring form can be created to record sex, age and disability disaggregated information on the number of times the Latrine Add-On is used (i.e. each day) and who is using it (e.g. adults or children with disabilities, older people, pregnant women, etc.).¹⁸ The peak times of day for use and queuing time should be monitored as well as cases of vandalism, theft or mis-use of the Latrine Add-On. This anonymous information can be used to assess whether the needs of all are being met equally and whether the number of Latrine Add-Ons are sufficient to meet peak demands for use. Monitoring the use of the communal Latrine Add-Ons should be incorporated in the training of designated latrine attendants and cleaners. For households, prioritized use for persons with disabilities should be highlighted in the orientation and training for users and carers.

Collect feedback

Collect feedback of the users, caregivers and latrine attendants on use and satisfaction:

People with disabilities can be asked directly about their acceptance and use of the Latrine Add On. Collect feedback from users on:



Barriers accessing the latrine



What specific modifications could be made to improve accessibility



Difficulty in using the Latrine Add-On without assistance from another person



The reasons why people do not want to use it



How comfortable and safe the Latrine Add-On feels to use

Ask children with disabilities (rather than parents) about their own feedback on the Latrine Add-On, while applying [UNICEF's safeguarding principles](#). Also ask caregivers whether their role has been supported or reduced through the Latrine Add-On. Feedback from latrine attendants and cleaners can reveal specific issues with use and cleaning the Latrine Add-On.

¹⁸ The UNICEF/Washington Group Module on Child Functioning is the recommended tool for collection of data on children with disabilities, see the [UNICEF child disability data website](#). For data collection on adults with disabilities, the [Washington Group Short Set](#) on questions is recommended.



This information can be collected by interviews, household visits, focus group discussions or short surveys. It can be collected by and shared with implementing partners, community-based organisations, OPDs and relevant committees to review and adjust approaches. Where relevant establish WASH programme feedback mechanisms to obtain this information.

“...before the construction of the accessible latrine, I used to support my mother in-law to access the latrine during the day far away by the swamp within the camp to defecate. It was very challenging for me. Now the accessible latrine has made the problem solved.”

Caregiver of a person with a disability in Cox’s Bazar, Bangladesh

Complaint mechanisms

Ensure that girls, boys, women, and men, including older people and those with disabilities, have access to a simple (and anonymous) mechanism to raise concerns about the Latrine Add-On or its Operation and Maintenance (O&M). Consider the accessibility of complaint mechanisms by using at least two means of gathering feedback such as written and verbal. Mechanisms might include complaint sheets or boxes; text message complaints; raising feedback directly with programme staff or through representatives; community feedback logs; open meetings; child feedback committees or cluster coordination platforms. Take immediate corrective actions to address specific needs/concerns as well as improve the safety and dignity of users.

Evaluations

Baseline, mid-term review and end of response or programme evaluations can be used to monitor the acceptance, satisfaction and use of the Latrine Add-On. Evaluations can also be used to assess any other barriers that may prevent persons with disabilities from accessing WASH facilities, such as stigma.

Example:

The baseline evaluation during the field trial in Cox’s Bazar found that 51% of respondents restricted their use of latrines to once per day due to location, queues and the discomfort of using standard latrines.



© UNICEF/Modola

Inaccessible latrine superstructure



Documenting use of the Latrine Add-On

Case studies, human interest stories, [photo stories](#), tweets or UNICEF WASH Practice Notes are recommended ways to share good practice and lessons on the Latrine Add-On with others. [See examples from the field trial in Bangladesh.](#)

For more information

Key reference documents:

- ADCAP programme (2018) [Humanitarian inclusion standards for older people and people with disabilities](#). CBM International, HelpAge International, and Handicap International.
- UNICEF (2018) [Guidance: Including Children with Disabilities in Humanitarian Action WASH](#).
- UNICEF (2017) [Target Product Profiles](#).
- UNICEF (2013) [Take Us Seriously! Engaging Children with Disabilities in Decisions Affecting their Lives](#) (participation guide).
- UNICEF Accessibility toolkit (forthcoming).
- CBM [Humanitarian Hands-on Tool](#).
- UNICEF [Supply Catalogue](#).
- UNICEF [Inclusive Communication Module](#).
- IASC [Guidelines, Including of Persons with Disabilities in Humanitarian Action](#)

For technical details

See specifications in the Latrine Add-On Assembly Guidance available from [Supply Division](#).

Contact

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