

WaterAid's response to the International Development Committee Inquiry on Disability and Development

1 Overview

- 1.1. WaterAid transforms lives by improving access to safe water, sanitation and hygiene (WASH) in the world's poorest communities. We work with local partners in 27 countries across Africa, Asia, Central America and the Pacific region, and influence decision-makers to maximise our impact.
- 1.2. WaterAid believes that those responsible for ensuring the delivery of WASH services have a key role in removing societal barriers (access in the built environment, negative attitudes and a lack of consultation and involvement). No one should be discriminated against due to an impairment.
- 1.3. Globally, 2.5 billion people lack access to adequate sanitation, and over 768 million lack access to safe water¹. This crisis particularly affects disabled people living in poverty. Disparities are even larger when disability combines with more than one form of exclusion, such as gender, remoteness, ethnicity, chronic illness and ageing².
- 1.4. Disabled people in poor communities often lack WASH services because 1) facilities are not inclusive, 2) there is a serious lack of accessible information available on low-cost, low-tech adaptations for WASH facilities, 3) negative attitudes lead to exclusion, and 4) they are rarely meaningfully consulted or involved in decisions about WASH policy and programmes.
- 1.5. More research is needed to better demonstrate how a lack of WASH affects disabled people living in poverty and their families, as well as the benefits of inclusive WASH approaches at scale. To help fill this knowledge gap, WaterAid, the Water Engineering Development Centre (WEDC) and Leonard Cheshire Disability (LCD) are collaborating on the *Undoing Inequity* project. This is a DFID funded project through the Sanitation and Hygiene Applied Research for Equity (SHARE) consortium³. The project aims to understand the barriers and opportunities that disabled people, older persons and those with a chronic illness face in accessing WASH services in one ward in Zambia and two districts in Uganda.
- 1.6. WaterAid's response to this inquiry will draw on our knowledge of developing and delivering 'inclusive WASH' that meets the needs of everyone throughout their life. This submission explains the barriers that disabled people face when accessing WASH services, how these can be addressed and recommendations for DFID.

2 What are the barriers that disabled people living in poverty face when accessing WASH services?

Lack of access

- 2.1. Inaccessible WASH designs can mean physically disabled people are forced to crawl on the floor to use a toilet or defecate in the open. These difficulties are compounded when disabled women and girls have no facilities to manage menstruation.
- 2.2. In the *Undoing Inequity* project, over 40% of vulnerable household members in Uganda and Zambia said they wait for help to 'go to the toilet'⁴. In some cases, disabled people soil themselves while waiting. This heightens the risks of loss of dignity and self respect, increased stigmatisation, and intensified burden on carers. To reduce the need to relieve themselves, many disabled people limit their consumption of food and water. These issues have implications for their health and safety, and negatively affect their self esteem.
- 2.3. If water sources are too far away or inaccessibly designed, or water containers in the household are not accessible, disabled people rely on others to collect water for them. 26% of respondents from the *Undoing Inequity* research in Uganda said they do not have enough to drink because there is no one to help them access water⁵.

Stigma and discrimination

- 2.4. Stigma and discrimination lead to exclusion from WASH services. For instance, in Uganda, the *Undoing Inequity* project revealed that 19% of disabled people were told by non-disabled people not to touch water because they were 'dirty'⁶. Many disabled people had been jeered at when attempting to use a public toilet⁷.

Lack of consultation and involvement

- 2.5. Disabled people's needs are largely absent from WASH policies and standards. Existing information is rarely accessible, so they may be unaware of their rights and feel unable to raise complaints.
- 2.6. A lack of accessible information on low cost, low tech adaptations for WASH facilities is a major barrier to WASH for disabled people⁸. Materials used and methods applied to mobilise communities are rarely accessible for people with sensory impairments, so they do not receive the same information as non-disabled people.
- 2.7. Disabled people are often excluded from decision-making processes that can directly affect their lives, and are rarely consulted or involved in WASH programmes. In Uganda, where adaptations to household toilets were made to make them more accessible, only 50% of disabled people were consulted⁹. This can lead to inappropriate design, meaning that disabled people remain un-served.

- 2.8.** The World Health Organisation/Unicef Joint Monitoring Project (JMP) household surveys hide disparities within the household. SHARE-funded research in Uganda and Zambia clearly demonstrates this¹⁰. When asked if ‘everyone uses the same household toilet’ in Uganda, 88% of household heads answered positively. This compared to 73% when disabled people, older persons and those with a chronic illness were asked. In Zambia the positive response dropped from 96% to 84%. To understand the situation fully, data must be disaggregated and disabled people within the household need to participate in surveys.

3 What are the solutions to address the barriers that poor disabled people face when accessing WASH services?

Improving accessibility

- 3.1.** The most cost-effective way to improve accessibility for disabled people is to involve them in the design process and incorporate inclusive technology from the outset, rather than making expensive changes later. WEDC research shows that the additional cost of making a new school latrine accessible is less than 3% of the overall cost of the latrine¹¹.
- 3.2.** WaterAid and WEDC are developing low tech, low cost inclusive WASH adaptations and designs for the household and public places (eg schools, market places, health centres) to ensure people with disabilities are able to access them. These include safe and secure toilets with ramps, wider entrances, room inside to allow a wheelchair user and a carer to enter and turn with ease, simple handrails, and movable wooden toilet seats that can be placed over pit latrines. Simple adaptations to water points include clearing the path to the water apron, putting in ramps, allowing room for a wheelchair user to turn easily, incorporating a water container resting stand, and fitting a t-handle bar to the handpump.
- 3.3.** Installing rainwater harvesting jars near disabled people’s homes can reduce reliance on others to collect water from handpumps that are far away. The rainwater can be used for washing, supplementing drinking water collected from protected wells.

Challenging stigma and discrimination

- 3.4.** Too often WaterAid hears ‘there are no disabled people in our community’ or ‘there are no disabled children in the school’. This demonstrates that disabled people and children are being excluded and we challenge this.
- 3.5.** By working with disabled people’s organisations (DPOs) and assisting disabled people to realise their rights, discrimination and stigma can be overcome.

- 3.6. Accessible information on inclusive WASH designs, including information on menstrual hygiene management, and running awareness-raising campaigns to highlight the issue of disability in relation to WASH and human rights is critical.
- 3.7. WaterAid encourages the local partner organisations we invest in to work with disabled people's organisations, and to include disabled people in decision making. We promote participatory community mobilisation and monitoring and evaluation to enable different groups to take part, including those with less power. In the *Undoing Inequity* project, more meaningful participation has led to increased social interactions between disabled and non-disabled people in Zambia¹². This in turn has challenged stigma and improved disabled people's self esteem and dignity¹³.

Improving consultation and involvement

- 3.8. Ensuring services can be used by all requires carrying out accessibility audits with a range of people, including disabled people, to evaluate the accessibility of existing WASH facilities and identify possible changes or improvements during planning and construction¹⁴.
- 3.9. Inclusive WASH designs should be shared in accessible formats (pictures for people who cannot hear or read and audio for people who cannot see) and local languages, so that everyone has access to relevant information about WASH technology options¹⁵.
- 3.10. Developing the capacity of practitioners to design inclusive WASH interventions can be improved over several stages. Awareness-raising can be carried out using mechanisms such as participatory 'barrier analyses' including disabled people and DPOs at the community, district and national levels. This also increases people's awareness about the requirements and rights of disabled people¹⁶. Technical training is then given to address these barriers. Results show that disability 'specialists' do not need to be employed to mainstream inclusive WASH in development¹⁷.
- 3.11. Multi-sectoral collaboration between disability, education, WASH and health stakeholders can help ensure that disability is mainstreamed within development. If this is not done, we risk duplicating efforts and continuing to develop WASH solutions that are not accessible for all.
- 3.12. Through the *Undoing Inequity* project we are working with the disability sector to generate rigorous evidence about how a lack of WASH affects poor disabled people and their families. DPOs and disability service providers are providing specialist advice and guidance to ensure we encourage meaningful participation of disabled people in the total project cycle so that services are fully inclusive. DPOs are also helping us recognise the political actors and understand the structures in the disability sector, so we can collectively lobby for the realisation of disabled people's rights, including the right to water and sanitation.

- 3.13.** Through the *Undoing Inequity* project, we are developing data collection tools to gather information on WASH disaggregated by impairment (using the Washington Group categories of disability). Our household surveys identify family members with additional access requirements, and ask whether or not everyone in the household can use the public and private WASH facilities in their area.

4 Recommendations for DFID in order to mainstream inclusive WASH

- 4.1.** Use the findings from the DFID-funded *Undoing Inequity* project to mainstream inclusive WASH within DFID's policy and practice, and encourage others to do the same. This means to:
- 4.1.1.** Promote low cost, low tech accessible WASH designs, including menstrual hygiene management facilities. These must be part of school and hospital design.
 - 4.1.2.** Ensure that investment in WASH through bilateral or multilateral aid or NGOs stipulates that inclusive practice and design is a core component of the work.
 - 4.1.3.** Ensure information on inclusive WASH is communicated in an accessible way and community mobilisation methods can be understood by everyone.
 - 4.1.4.** Run accessible awareness-raising campaigns to highlight the issues of disability and WASH, facts about menstrual hygiene management, the rights of disabled people, including the right to water and sanitation, as well as mechanisms for those claiming rights.
 - 4.1.5.** Ensure meaningful participation of disabled people throughout the total programme cycle. Methods include carrying out accessibility audits in partnership with disability groups and end users, and conducting participatory barrier analyses at different levels.
 - 4.1.6.** Develop the capacity of governments, the private sector and practitioners to design inclusive WASH interventions, raising awareness through mechanisms such as participatory barrier analyses and proving technical training.
 - 4.1.7.** Encourage multi-sectoral collaboration between disability, education, WASH and health stakeholders so that disability is mainstreamed within development, and ensure that funding and other resource commitments reinforce this.
 - 4.1.8.** Ensure data collection methodologies on WASH access are designed to assess intra-household inequalities, due to gender, age and disability, and measure the accessibility and acceptability of WASH facilities outside the home for disabled people, including for menstrual hygiene management.

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Endnotes

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- ¹ WHO/UNICEF (2013) *Joint Monitoring Programme report 2013 update*. Available at: <http://bit.ly/1iZSwcm>
- ² World Bank (2012) *World development report – Gender equality and development*. Available at: <http://bit.ly/Jaj1vl>
- ³ SHARE is a five year initiative (2010-15) funded by the UK Department for International Development. It comprises five organisations (London School of Hygiene and Tropical Medicine, the International Centre for Diarrhoeal Disease Control, Bangladesh, the International Institute for Environment and Development, Shack/Slum Dwellers International and WaterAid) that have come together to generate rigorous and relevant research for use in the field of sanitation and hygiene. www.sharesearch.org
- ⁴ LCD, WaterAid and WEDC (in print) *Undoing inequity: water, sanitation and hygiene programmes that deliver for all in Uganda and Zambia*
- ⁵ Ibid
- ⁶ Ibid
- ⁷ Ibid
- ⁸ Ibid
- ⁹ Ibid
- ¹⁰ Ibid
- ¹¹ Jones H (2011) *Inclusive designs of school latrines – how much does it cost and who does it benefit?* WEDC. Available at: <http://bit.ly/1gs79TS>
- ¹² Wilbur J (2013) *Undoing inequity: most significant change stories* (grey literature)
- ¹³ Ibid
- ¹⁴ Wilbur J (2013) *Undoing inequity: water, sanitation and hygiene programmes that deliver for all in Uganda and Zambia, trip report, Zambia*; WaterAid (2010) *WaterAid Madagascar Country Strategy 2010-15*; WaterAid (2010) *WaterAid Mali Country Strategy 2010-15*; WaterAid (2010) *WaterAid Nigeria Country Strategy 2010-15*. Available at www.wateraid.org
- ¹⁵ Wilbur J, Jones H, Gosling L, Groce N, Challenger E (2013) *Undoing inequity: inclusive water, sanitation and hygiene programmes that deliver for all in Uganda and Zambia*, 336th WEDC International Conference. Available at: <http://bit.ly/JidZ0j>
- ¹⁶ For more information, see Wilbur J, Jones H, Gosling L, Groce N, Challenger E (2013) *Undoing inequity: inclusive water, sanitation and hygiene programmes that deliver for all in Uganda and Zambia*, 336th WEDC International Conference. Available at: <http://wedc.lboro.ac.uk/resources/conference/36/Wilbur-1803.pdf>
- ¹⁷ Wilbur J, Jones H, Gosling L, Groce N, Challenger E (2013) *Undoing inequity: inclusive water, sanitation and hygiene programmes that deliver for all in Uganda and Zambia*, 336th WEDC International Conference. Available at: <http://wedc.lboro.ac.uk/resources/conference/36/Wilbur-1803.pdf>