

Undoing Inequity

WASH programmes that deliver for all in Uganda and Zambia

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The crisis

- 768 million people don't have safe water (WHO/UNICEF, 2013)
- 2.5 billion people don't have improved sanitation (WHO/UNICEF, 2013)
- Over 1 billion people have an impairment (WHO/World Bank, 2011)
- 600 million people are over 60 years (OHCHR, 2012)
- An estimated 34 million people live with HIV and AIDS (HAI, 2013)



Joyce Apiny (13 years old, with a physical impairment), is now able to wash with ease in her accessible wash room, Katakwi district, Uganda.

Project overview

The Undoing Inequity project is a collaboration between WaterAid, WEDC and LCD, with funding from SHARE. Working in Amuria and Katakwi districts in Uganda, and the Mwanza West ward in Zambia, the Undoing Inequity project aims to:

1. Understand the barriers disabled people, older people and people living with a chronic illness face in relation to WASH (**baseline survey**)
2. Develop and test an Inclusive WASH approach (**intervention**)
3. Understand the impact of this approach on the lives of the target population in Uganda and Zambia (**evaluation**)

This poster presents findings from the baseline survey to demonstrate how a lack of WASH impacts on the lives of these vulnerable people.

Baseline

- Nine data collection tools developed and applied
- Disability awareness and baseline data collection training provided to research partners
- Systematic sampling approach across 175 households with a vulnerable member and an equal number of control households
- Data collection methods: a quantitative household survey, in depth semi-structured individual interviews, focus group discussions, key informant interviews; latrine and water-point observation, school and household checklists

Jan 2012
Baseline surveys

May 2014
Mid-term review

May 2016
Evaluation

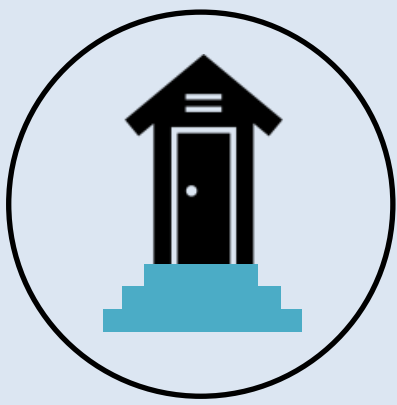
2012 2013 2014 2015 2016

March 2013 to April 2014
Development and testing of
Inclusive WASH approach



Barriers to WASH access

Disabled people, older people and people with a chronic illness often lack WASH services because of:



Environmental barriers:
facilities are not inclusive



Attitudinal barriers:
negative attitudes lead to exclusion



Institutional barriers:
lack of consultation or involvement in decision making on WASH policy

Little is known about:

- How a lack of WASH impacts on the lives of these people and their families
- How to address the barriers so everyone can have access to WASH
- The benefits of improved access to WASH on these people's lives

The Undoing Inequity project aims to fill these knowledge and practice gaps.

Results



Inaccessible WASH designs force people with physical impairments to crawl on the floor to use a toilet or defecate in the open.



WaterAid/Jane Wilbur

“ I used to go to the bush with a child who leads me, but they would lead me to the thorns and I would get cut on my ankles and legs. Sometimes the child would not see a ditch and I would fall in. I used to be scared that people would see me as I didn't know if I was near the road or covered, but with time I got used to it; it became normal. (Esther Cheelo, an older, visually impaired woman in Zambia).



40% of vulnerable household members wait for help to 'go to the toilet'; some soil themselves waiting. Many vulnerable people limit their consumption of food and water to reduce the need to relieve themselves.

“ There are times you ask somebody to help you and the person refuses, so you have nothing to do but just have to endure. (Older woman, Uganda).

“ The disabled person is not practical in life. He cannot do anything that requires water, so his need for water is decreased. (Older, disabled man, Uganda).



In Uganda, 19% of disabled people were stopped touching water because they were 'dirty'.

“If a disabled person has entered [a toilet], they won't enter because they know they will not sit like everyone else does. They find it unhygienic. (Zambia focus group discussion).

In Zambia, disability is also considered to be contagious.

“They refused me to enter a toilet. I have started being embarrassed of my disability. (Young disabled man, Zambia).



When asked about adaptations to make toilets more accessible, many vulnerable people said they had 'never thought about it'. In Zambia, 38% of respondents thought it would be too expensive. With a lack of accessible information, people simply do not know what is possible.

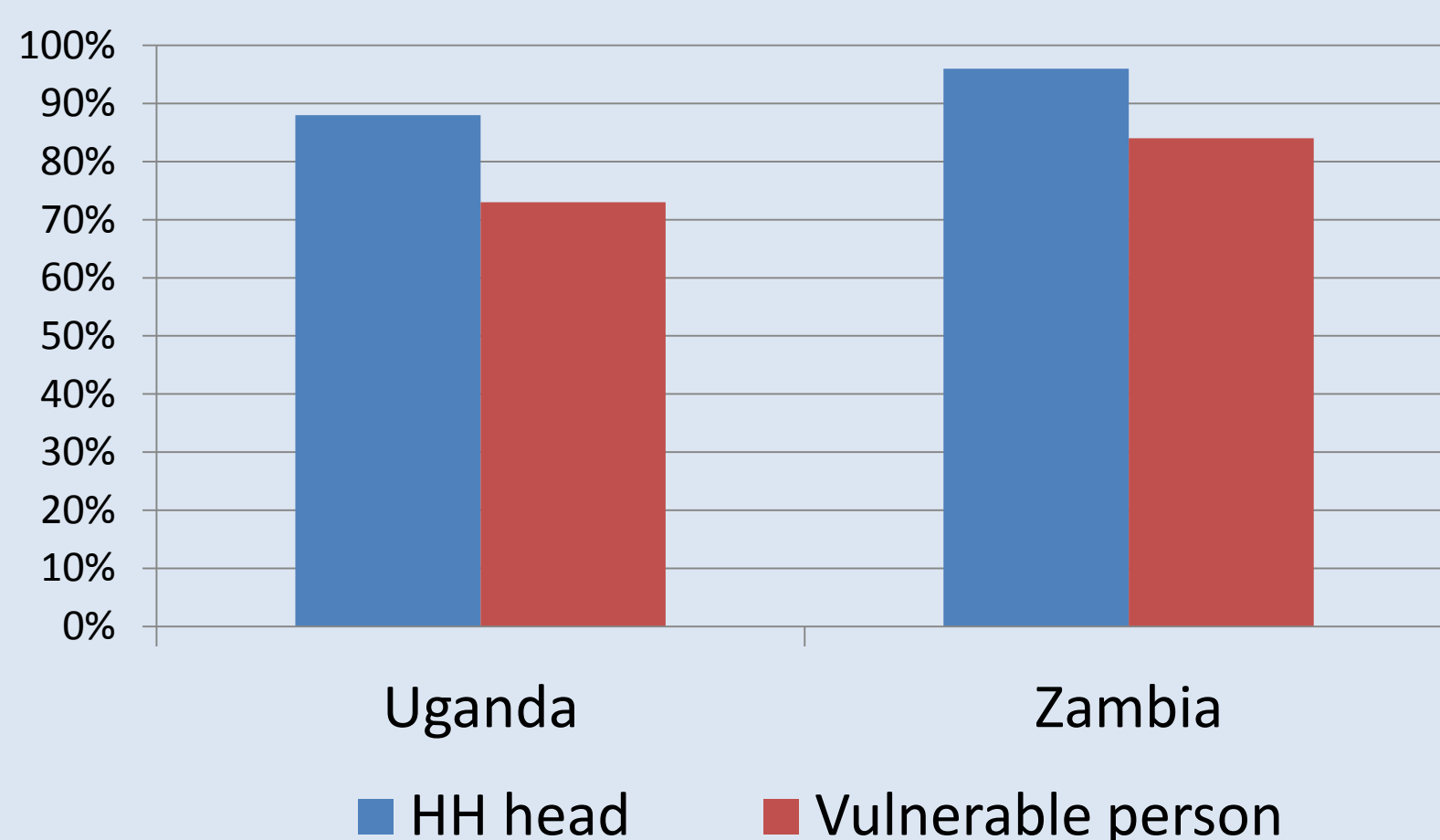
In Uganda, where household toilets were made more accessible, only 50% of vulnerable people were consulted. This compared to 47% in Zambia. This lack of consultation and participation can lead to inappropriate design, meaning that access is not improved.



Household data collection surveys hide intra-household disparities when the household heads are the only informants.

Collecting data directly from vulnerable people is vital.

% of positive responses when asked whether everyone uses the same toilet



Clearly vulnerable individuals face additional barriers to WASH access. These barriers can negatively affect their self esteem, dignity and self respect, meaning they are less likely to know or assert their rights.

The assumed benefits of addressing all barriers are greater autonomy, productivity and civic engagement for vulnerable people, as well as a reduction in time, energy and resources for carers. These assumptions will be tested in the project evaluation, but early indications show that a provision of inclusive WASH can increase vulnerable people's self esteem and social interactions. Ester Cheelo explains:

“Before they brought water, I could bathe once a month. Now I can bathe two to three times a day. People never used to eat with me because I was dirty and smelling. Now everyone can eat together as I am no longer dirty.

Conclusions

