Making WASH inclusive: Research in Uganda and Zambia

780 million people live without access to safe drinking water and 2.5 billion live without improved sanitation facilities.[1] While progress is being made, those in the lowest wealth quintiles– the poorest, including many older people and those living with chronic illness or disabilities – are simply being left behind

A growing body of evidence indicates that disabled people and their families are more likely to experience economic and social disadvantage (such as unemployment, high medical costs, and inability to attend school for children), compared to those without a disability. Similarly, water insecurity is a major source of stress and often expense for poor older people. Lack of access to safe water and basic sanitary services can exacerbate impairments and poverty for disabled people [2] and for people living with chronic illness.

Approximately 15% of the world's population (some 1 billion people) has a disability: this is the world's largest minority.[3] 34 million people are currently living with HIV[4] and the number of persons aged 60 and over is anticipated to rise from its current 740 million to reach 1 billion by the end of the decade.[5] In spite of the scale of the problem very little is known about the lives of disabled and older populations in low and middle-income countries and the barriers they face in accessing water, sanitation and hygiene (WASH) services The 2011 WHO Report on Disability emphasizes the need for improved data collection and research methodologies.[3]

Small-sample studies have already looked at the effects of pilot projects specifically targeting disabled people in WASH programmes, but none of these studies have systematically compared disabled households with non-disabled households in the same communities.

Moreover, there is no evidence about the benefits of inclusive approaches at scale. We simply do not know enough about what works, what are the benefits and what are the costs of making mainstream WASH programmes inclusive for all.

[1] JMP 2012
[2] Fisher, J. & Jones, H. (2005) Why should the water and sanitation sector consider disabled people?, WELL Briefing note 12. WEDC, Loughborough University: UK
[3] WHO (2011) World Report on Disability
[4] WHO 2011
[5] OHCHR (2011) HUMAN RIGHTS OF OLDER PERSONS: Summary of the Report of the Secretary-General to the General Assembly

Overview of the research

The study aim is to provide evidence of solutions that overcome identified barriers and, as a result, improve access to WASH for people who have difficulties accessing and using standard WASH services. It is a collaborative research effort between three leading sector organisations in water, sanitation and hygiene and disability (WaterAid, LCD and WEDC), running from November 2011 until July 2014 with research partners Appropriate Technology Centre in Uganda, and Institute of Economic and Social Research (INESOR) in Zambia. The study is being carried out in Monze District, Zambia, and Amuria and Katakwi Districts in Uganda, where WaterAid partners are implementing WASH programmes.

The first phase of the research consists of a baseline survey of households in the districts, with a specific questionnaire for household members who are disabled, older or chronically ill, about the barriers they face in using WASH services. The baseline findings are informing plans for the WASH programmes in the study areas.

Phase 2 of the research focuses on monitoring as the WASH programmes are implemented. Data will be gathered on process, cost and outcomes to build a comprehensive understanding of the ways in which the programme components, including hardware, information, training, and consultations, can be designed to become more equitable and inclusive, and how this impacts on affected households.

Phase 3 is planned as a post-intervention end-line study. The baseline survey will be repeated to measure whether or not the intervention has improved access to sanitation and water for people who are disabled, older or chronically ill, and to assess the impact on their lives, and those of their families, of a more inclusive approach.

Mrs Janet Nora Ijan outside her family's latrine.

Preliminary Findings from Uganda

The baseline has been completed in both countries, but at this stage preliminary findings are only available from Uganda.

Socio-demographics

The research sample comprises 372 households across the 2 districts, of which 169 households (45%) have disabled, frail older or chronically ill members. Just over half are male headed households, and the main income is from agricultural or manual labour. The average household size is 6 members.

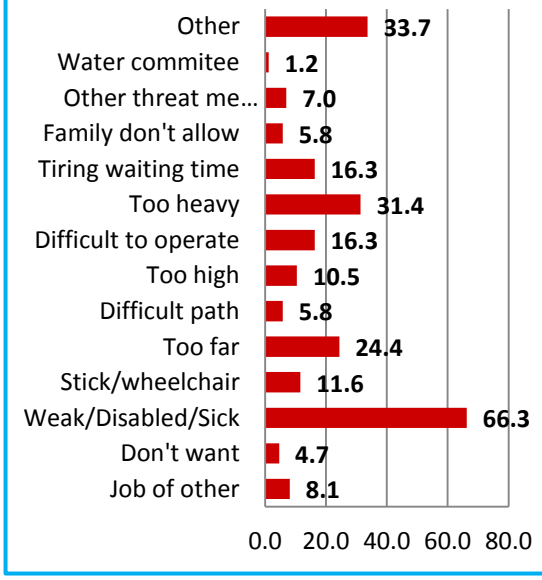
The disabled, chronically ill and older household members in the sample experience a range of impairments including difficulties walking (66%), seeing (34%), hearing (28%), remembering (13%), communicating (17%), and difficulty with self-care (43%).

Access to water

Only 39% of disabled, chronically ill or older respondents in the sample help fetch water for their household, of whom 73% state that they have difficulties. These difficulties include long distances, difficulties using heavy pump handles, and carrying heavy water containers over long distances.

Moreover, disabled and older people often face discrimination in collecting water and sometimes have to resort to unclean sources. Some of the respondents have been told not to touch a water source by other people or can't access drinking water at home due to personal limitations & discrimination.

Figure 1. Reasons for not fetching water



Access to sanitation

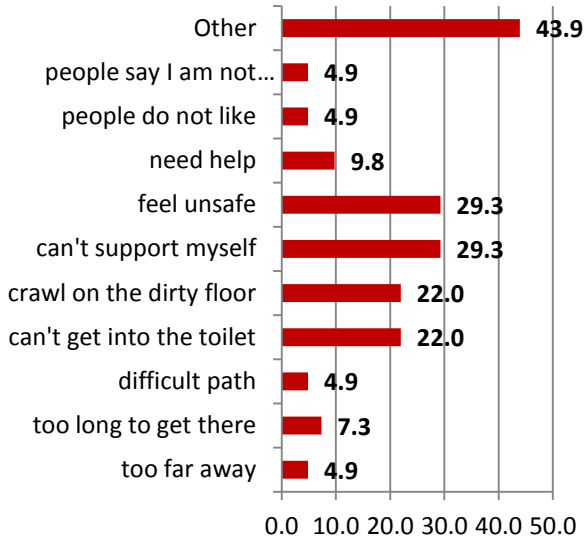
24% of respondents who are disabled, older or chronically ill do not use the same toilet as the rest of their family, for a range of reasons (see Figure 2). Interviews reveal a range of barriers in accessing toilet facilities.

- Physical barriers (such as steps and narrow doors) that can result in loss of dignity, as explained by a respondent: *"I am a councillor for the disabled, but I*

was one time in a meeting but I couldn't go to the latrine yet I had gotten an urgent call, I tried enduring but ended up urinating on myself, I felt so humiliated that I have never gone back for a single meeting."

- Attitudinal barriers (prejudicial attitudes from the community and service providers) : *"People don't let us share latrine – they think we are dirty"*
- Institutional barriers (such as a lack of information from authorities and exclusion from consultative procedures).

Figure 2. Reasons for not using the same latrine



Research into use

WaterAid and partners will attempt to address these barriers in the way they implement WASH programmes in the study areas, documenting the process to provide evidence of how to make standard WASH programmes more inclusive as a guide for practitioners.

Information is power - disabled people need information about the different latrine design options available.

This evidence will be used in advocacy with policy-makers to promote mainstreaming disability in WASH, and highlight what information, capacity and procedures are required for service providers to deliver inclusive WASH services. Disabled people can use the evidence about solutions that are available for them or for their caregivers.

The study methodology can be used for further research and for monitoring and evaluating the impact of inclusive WASH programmes.

For more information on the research please contact

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