WaterAid

WaterAid Mali Equity and Inclusion review report

Abstract: A review of the rights, equity and inclusion work of WaterAid Mali

Lorraine Wapling, March 2015

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Acronyms and abbreviations

AMASBIF	Malian Association for the Family Wellbeing
AMPDR	WAM Partner
BSL	British Sign Language
CAEPHA	Coalition for Poor People Access to Safe Water, Hygiene and Sanitation
CBO	Community Based Organisation
CFA	West African Franc
CN-IAPEC	EWP/WASH National Coalition
CRPD	UN Convention on the Rights of Persons with Disabilities
DNDS	National Social Development Department
FEMAHP	Malian Federation of Associations of People Experiencing Handicaps
HI	Handicap International
IDP	Internally Displaced People
PLWHA	People Living with HIV/AIDs
REIO	Rights, Equity and Inclusion Officer
SanPlat	Sanitation Platform
VI	Visually Impaired
WA	WaterAid
WASH	Water, Sanitation and Hygiene
WAM	WaterAid Mali
WEDC	Water, Engineering and Development Centre (UK)
WHO	World Health Organization

1. Introduction and background

WaterAid believes that access to safe water, improved hygiene and sanitation (WASH) is a human right. These essential services underpin human development and transform lives, enabling people to overcome poverty. In order to realise their vision of a world where everyone everywhere has access to safe water and sanitation, WaterAid has a stated commitment to working with partners to reach those without access to WASH. This includes the poorest and most marginalised. This means WaterAid has stated it must address exclusion from WASH, as it relates to wider inequalities in power relations and in control over water and other resources within the family, community and at institutional levels.

The WaterAid Mali (WAM) review represents phase II of an ongoing analysis of WaterAid's work on equity and inclusion, commissioned by the Programme Support Unit in WaterAid London, which started in July 2014. The primary purpose of the global review is to assess the relevance and effectiveness of how equity and inclusion has been mainstreamed in WaterAid to-date, so the organisation can learn from experience and improve future performance. It has been designed to assess the extent and quality of the application of the principles of equity, inclusion and rights in WaterAid globally, with a specific focus on country programmes, and whether there is any evidence that this is resulting in better access to WASH rights for the most marginalised.

The first phase of the analysis included a review of 29 key WaterAid documents and interviews with 16 staff across the partnership to identify key ideas and issues around the equity and inclusion process. The resulting report identified four emerging key themes:

1. WaterAid staff understanding of the terms 'equity' and 'inclusion' and who the terms apply to determines what they try to achieve practically – further clarification on 'who' would help achieve greater consistency and reach across the organisation.
2. To progress mainstreaming, the leap needs to be made from equity and inclusion work being implemented as a number of actions or an 'add-on' to it becoming part of WaterAid's organisational DNA.
3. WaterAid's partners play a central role in achieving effective equity and inclusion practice.
4. WaterAid needs to further consider how to enable effective participation of marginalised people in practice – initial review shows gaps are evident.[1]

On the basis of the above findings, phase II was designed to investigate the significance of the emerging themes for the practice of equity and inclusion at programme office level. It was also tasked with assisting the programmes to learn from their recent experiences of implementing equity and inclusion with a view to improving practice in the future. Two countries were chosen to host field visits, Mali and Bangladesh – although for operational reasons Bangladesh was later changed

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[1] A copy of the full report from phase one can be found at www.wateraid.org/policy-practice-and-advocacy/equality-and-non-discrimination/resources

to Nepal. The countries visited both had broad-ranging experience of equity and inclusion and were highly motivated to take part in the review.

WaterAid Mali have been carrying out rights, equity and inclusion work for the past six years and were identified for a programme review visit to test out the findings and assumptions from the first phase of the global review. In addition, a Theory of Change process was initiated to assist the programme in developing a more robust strategy for its rights, equity and inclusion work. This report outlines the findings from the review and summarises the results to date, on their equity and inclusion Theory of Change.

1.1. The critical inquiry process

A key feature of this review process has been to assist WaterAid to learn from its recent experience of implementing equity and inclusion, so that improvements can be made. To enhance the possibilities for learning for both WaterAid globally and most specifically for WaterAid Mali, this review used elements of a critical inquiry perspective. Critical inquiry is an open process that allows participants to reflect on information, to question assumptions about the relationships between programme activities and outcomes (Rossman, GB & Rallis SF [2000] Critical Inquiry and Use Action, New Directions for Evaluation, No 88, Winter 2000) and is iterative in nature. In order to help build a Theory of Change it was important that the review was able to gain information about the way rights, equity and inclusion had been implemented (or approached) so far, and to be able to determine what vision of change they wanted to achieve. Several rounds of information gathering and analysis (questioning) were therefore used.

Prior to a field visit WAM were supported to carry out a one-day self-reflection workshop which took place on 13 January 2015 and involved a selection of WAM staff and key partners (AMASBIF, AMPDR, DNDS, FEMAHP, CAEPHA, CN- IAPEC, NGO / JIGI, District III). The self-reflection workshop encouraged WAM to consider their long term objective for equity and inclusion, their main achievements to date, and what specific actions enabled WAM to achieve change. The results of this process were then used to develop areas for critical inquiry by the review team.

Between 9 and 20 February 2015, a small team consisting of Lorraine Wapling (UK international development consultant), Clarisse Baghnyan (Coordinator, Regional Learning Centre, WaterAid West Africa), Moussa Alou (Equity and Inclusion Officer, WaterAid Mali), Oumar Sanogo (French/Bambara-English interpreter) and Pascale Maroney (English-BSL interpreter) supported WAM through a critical inquiry-based process to reflect on their rights, equity and inclusion programme.

During the field visit, a total of seven community visits were conducted (involving representatives from the local partner, technical unit and a range of community members); four focus group meetings with national-level stakeholders were held (DNDS, Sightsavers, FEMAPH, CAEPHA/CN-IAPEC); and seven WAM staff interviews were carried out. In addition a one-day partner workshop was held

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(involving the same participants as the self-reflection workshop) in which initial Theory of Change ideas were discussed.

At the end of the field visit, the review team came together for one day to map out the new WAM equity and inclusion Theory of Change, using the information gathered from the critical inquiry process.

This critical inquiry process overall worked very well and resulted in the successful creation of a Theory of Change for WAM (see figure 1 below) and the identification of some key observations of relevance to improving their equity and inclusion work.

The key factors that made this process successful include:

- Commitment from senior level to support the review process;
- A willingness to be challenged and an openness to new ideas from the WAM team;
- The commitment of the Rights, Equity and Inclusion Officer to accompany the review team for the entire process;
- The presence of a WA representative from the region who has experience in rights, equity and inclusion;
- Equity and inclusion work that has been trialled by the programme;
- A basic understanding by partners and community members of the principles behind equity and inclusion.
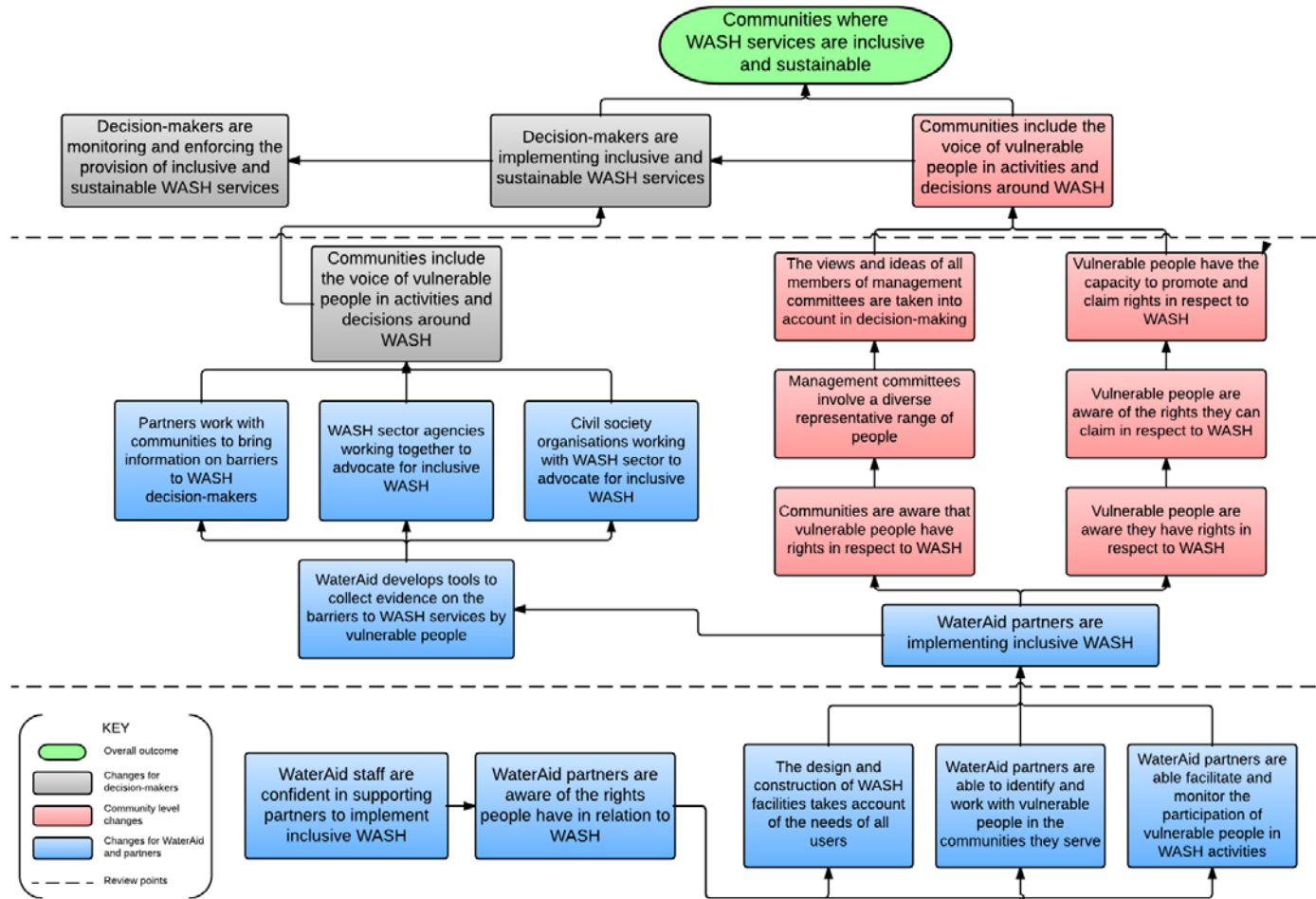
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Figure 1
WaterAid Mali
Theory of
Change

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2. Field visit observations

2.1. Community level

2.1.1. Women are key stakeholders in WASH and should therefore be active participants in activities and decision-making at all levels

It was clear from the field visits that women are extremely supportive of WASH activities and that they are very important stakeholders. There was a great deal of consistency in the experiences expressed by women across all the sites visited. Knowledge around basic hygiene practices, such as handwashing with soap, was readily adopted and shared with children, other family members and neighbours. Being able to access safe water relatively near to their homes resulted in fundamental changes to their daily lives. As one member of the women's group in Nafadji explained:

> "Having these tap-stands has changed my life, our lives completely. Everything has changed."

The biggest change is in terms of time – it can take many hours to collect water, journeys of 3–5km were regularly cited as being typical distances travelled before the construction of tap-stands or waterpumps. That journey may have to be made more than once a day and will also involve having to queue at the water-source itself. Water from wells is often only available first thing in the morning during dry seasons, after being replenished overnight from the ground-source. In Sabalibougou where the community sits at the top of a rocky escarpment, the women described having to travel down towards the river, sometimes late at night, so they could be ready first thing in the morning to collect water.

The installation of tap-stands and waterpumps changes that completely, so women find they now have time available for other activities. But it's not just the time taken to collect water that is saved, the women also described how the health of their families had improved. Children were far less prone to sickness, which also saved them valuable time.

The construction of 'modern latrines' (i.e. using SanPlats) was also described as being beneficial in terms of improving family health and in saving women time. SanPlat latrines are easier to keep clean but they are also more likely to be used. The women in Taliko, for example, described how children (and some adults) were often too scared to use 'traditional' pit-latrines because they seemed unsafe and could become very dirty. Most children therefore would defecate in the open, leaving the mothers with the task of cleaning up after them. It has been easy to train children to use the modern latrines, saving the mothers a little extra time each day.

If women are as important in this sector as this review finds, then their participation and representation at all levels and in all activities should be much more prominent than it is currently.

2.1.2. But, men are stakeholders too…

One issue that should be noted is that men would describe WASH as being largely the domain of women, as though it was not so important for them to engage in the discussions:

> "In our culture, women and water go together."
> Management committee member (male), Sabalibougou

This does support the idea that women are key stakeholders, but there is also an underlying set of assumptions which WAM might want to explore with communities. Are men leaving responsibility for water, hygiene and sanitation entirely to women? What is their role in maintaining and promoting household health through good hygiene practices? And, what is their role in advocating for improved access to WASH services for their families and communities? WAM might want to open up the discussions around gender roles in WASH as part of the equity and inclusion process.

2.1.3. Where women are visibly active in WASH management and decision-making there is potential for sustainability and wider community development

Since women are important stakeholders in WASH their role in the management of services is central to long-term success. WAM have been encouraging partners to engage women in the management of services by promoting their inclusion in water committees. During the field visits it was encouraging to see examples of where women were managing services, or were well represented on committees.

The most obvious example comes from Nafadji. Here, the introduction of WASH activities in 2004 prompted the creation of a local women's association. This association now manages the water services for the community (currently 17 tap-stands) and has taken part in small projects to introduce SanPlat latrines and soak-aways. WAM engage this association through Jigi, a local CBO that is also focused on improving women's lives. Since the community facilitator is also a woman, there is a strong component of women's empowerment and it is a very good example of women's participation in management and decision-making.

The group have been very successful in managing the money generated from the tap-stand user fees. They have been able to construct two tap-stands of their own from the revenues generated early on. It's become a little more difficult for them to save money now, however, because with the increase in tap-stands has come an increase in water bills, tax and maintenance. Nevertheless they are more than able to maintain the current 17 tap-stands, suggesting these services are sustainable over the immediate term.

Interestingly, when the women came together to form their association they also gained a new and important support network. The women expressed how difficult it can be when you first move into a new area. With no family to support you, it can be very lonely. The association not only supports its members to learn about good

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hygiene practices, but it has also created a dynamic forum in which to discuss wider community issues. They have set up their own savings group and are now able to help members to start small businesses (or provide emergency support to those in need). They learned how to make soap so that they could continue to practise safe hygiene without having to spend too much of the household budget. And every Sunday a selection of members will move around the community cleaning up the rubbish.

> "Improvements to the health and wellbeing of our community have led to greater social cohesion. We are now much more together and aware of those who need most help."
> Women's association member

Although this review was only very brief, it highlights that women are able to utilise improved WASH in ways that bring benefits to the wider community.

2.1.4. User fees are not necessarily a barrier to WASH services and are important for promoting sustainability

This review visited three communities and one school compound that were benefiting from either waterpumps or tap-stands, and one market community that now has a public latrine. In nearly all cases, the facilities were being maintained via user fees – the exception being the school compound (in Tioribougou) which doesn't charge for use.

Water charges varied slightly, with the lowest being 5CFA per 20lts in Sabalibougou, up to 10CFA per 20lts in Nafadji. In all cases the rates were set after management committee discussions and at a level which was considered affordable by the majority of households. There is general awareness, however, that even at these rates some people cannot pay cash for water. Those least likely to be able to pay were cited as being households run by older people, extremely poor people or sometimes households headed by women or disabled people. All committees (and facilities operators) had systems to deal with this. In Nafadji, for example, they reduce the user fee to 5CFA per 20lts for those who are very poor and in Sabalibougou those who cannot pay are noted down in the records.

Everyone said that no one with a genuine need is turned away. Generally people are aware who the most vulnerable community members are and will not hesitate to provide them with water. Since this is not a regular occurrence, so far all committees have been able to absorb the cost without affecting their ability to pay the water bills, taxes or operator fees.

The user fees are important because they ensure the facilities can be maintained. The money generated is needed to pay for water charges, local taxes, general maintenance and to pay the operators a small incentive. Each tap-stand (or public latrine) is overseen by an operator or caretaker who takes responsibility for maintaining the facility, for collecting user fees and for keeping it safe from theft/damage. All management committees in this review were kept up to date on the

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money collected via monthly meetings, and in the case of Nafadji at least, this information was also available to the association members. Overall this system seems to be working very well, and given even the most vulnerable have access, user fees are not a threat to achieving equity and inclusion.

2.1.5. However, women may be taking a higher share of the cost than men for WASH services

Another equity and inclusion issue that WAM might want to explore is the extent to which the economic burden for utilising WASH services falls to women. This review was not focused on economic issues, but a few discussions highlighted how women may be bearing more of the costs than men.

Most of the tap-stand operators were women and generally people agreed this was appropriate and desirable since water is mainly the concern of women. Putting aside the cultural assumptions, it does raise a few questions. Discussions highlighted that most men could not afford to become tap-stand operators because the money earned was not enough to provide them with an income. There were only a couple of examples given of men being hired – one was a disabled man, the other left after a short while. Certainly, the women expressed that they sometimes found it a difficult position to maintain because they were not free to move around to generate income. In Sabalibougou this is especially tough when the water supply is cut off (which happens regularly and without warning). At these times they are not able to collect any user fees, but neither are they free to leave to seek alternative income. So, being a tap-stand operator is not necessarily economically sustainable for individuals. If most tap stand operators are women, does this mean their ability to generate income is being affected? A question that warrants some investigation.

Another observation arose from the visit to the public latrine WAM constructed in Niamkoro market. Here, people are charged 25CFA per visit to use the latrine (which is the same price as the existing latrines). A caretaker collects the fees, whilst also ensuring it is clean and protected. According to the caretaker, between 50 to 60 visits are made every day, but around 60% of those are from women. It is not surprising that in a place where women are working all day, they would be more regular users of the latrines. It's not so easy for women to urinate discreetly in public, but also at times during their monthly menstrual cycle they need access to facilities in order to keep clean, and during pregnancy can need to urinate more frequently.

Interestingly, the management committee for this facility only had two women representatives (with 11 men) and discussions revealed the men had little awareness over the differing needs of women stall-holders. With a per visit fee, women are potentially having to spend more, as would anyone who has a health condition that necessitated regular visits to the latrine. In the context of a programme promoting equity and inclusion, different payment methods should be designed so that the needs of all groups of people are taken fully into account.

2.1.6. The WASH in schools initiative appears to be yielding benefits that go beyond the school compound

Discussions with teachers, management committee members, canteen staff and local traders revealed that the WASH in schools initiative had benefited not just the children, but also their families and the community. Generally, with improved latrine facilities and better hygiene practices, the children have become much healthier. That means they are more likely to stay in class for the whole day, are able to concentrate better and are less likely to take time off through sickness. But they have also played an important role in taking their knowledge of good hygiene back to their families, which is contributing to improving the health and wellbeing of the local community. The canteen staff and local traders explained how they now know not to allow flies to settle on the food they have prepared and are more likely to explain to others how important it is to cover food. This is a clear indication that by working with children and school staff on hygiene practices the messages can reach well beyond the school community.

2.2. Partner level

2.2.1. Building accessible facilities for physically disabled people is often what partners perceive to be equity and inclusion, rather than participation in WASH activities

Partners and communities often described 'equity and inclusion' as disabled people having access to latrines or water points. Although there was also general awareness that some people are more vulnerable, or are poorer than others, the idea of people participating in decision-making was not an issue that was raised. Even when prompted, the partner (and management committee) in Sabalibougou found it hard to conceive that in their very poor community there could be those that are more vulnerable than others and that their access to WASH services might be compromised as a result. The participation of disabled people, older people or those living in difficult circumstances is not expected. That's because these kinds of issues are commonly dealt with in the family.

For example, when asked about whether people with epilepsy were able to use the water facilities without being subject to discrimination or exclusion, people responded by saying they would be 'allowed' but in any case they don't collect water because their families don't let them leave the compound. This happens partly through shame or stigma, but also through a desire to keep them safe. There are a lot of assumptions underpinning attitudes like this that WAM should be exploring. This could be an indication that people do not have access to the medical assistance which could control their condition, perhaps because of a lack of understanding over what causes epilepsy. But beyond this, the idea that vulnerability is a family issue, not a community one, is something that partners may need help in challenging.

There is also a tendency to believe that people can be represented by others – for example, it's okay for men to speak on behalf of women at meetings to discuss water issues. Families can represent the needs of disabled or older members, so their participation in meetings is not significant. If WAM wants to move beyond the construction of accessible facilities to improving the participation of vulnerable

people in WASH activities, then it will have to start by enabling partners to challenge some of these deep-rooted beliefs and attitudes. More hands-on capacity building training with partners on how to work with vulnerable people to increase participation is needed, as well as engagement with a wider selection of organisations that have expertise in these areas.

2.2.2. The lack of participation by vulnerable people in WASH activities is highlighted by the limited application of 'accessibility'

WAM have committed to ensuring that all public facilities are constructed in a way that takes account of all potential users. In practice, however, that has become quite a standardised process that really means latrine blocks are built with wheelchair ramps and one cubicle has a raised movable or static toilet seat. In schools, this also means ensuring there are separate blocks for girls and boys, although that does not yet apply to public latrines. Waterpumps are also being constructed with wheelchair access in mind.

These are very good standards to have and there is no doubt that just by building such facilities WAM and their partners are both increasing access and raising awareness about the needs of physically disabled people. The fact that WAM are ensuring that all their public facilities are being built with physical access needs considered is a significant accomplishment. But some unintended negative consequences have been that partners have not been so motivated to actually involve vulnerable people in the process, and as a consequence access is not always maintained and perhaps not always known about by those who could benefit most.

During the field visit there were problems identified with the accessible facilities. One of the accessible waterpumps at the Tioribougou school compound, for example, had a poorly constructed ramp (very uneven slope) which had no guide/safety rail, making it quite hazardous for wheelchair users. The accessible cubicles had raised movable or static toilet seats but no support bars. And, although this is not the remit of WAM, none of the classrooms had ramps to them either, which raises the question about just how much ownership the partner and school community were taking over disabled access.

The accessible latrine block in Niamkoro market was certainly well constructed from a physical access perspective, but it would not have been possible for a wheelchair user to have actually used it whilst we were visiting because the access ramp had been blocked by a wooden bench (used for sitting on by the caretaker) and an oil drum (used for storing water to keep the facility clean). The surrounding area would also have been a challenge to negotiate, although no more so than the rest of the market. Again, this suggested that disabled people were not regular users of this facility (were they aware of the facility?), nor were they participants in its management. The partner, management committee and technical officer were all unaware there were any access problems.

Access, however, is more than ramps and raised movable or static toilet seats. Physically, access should also take account of those with visual impairments and should ensure that handwashing facilities are also easy to locate and use. But there is more to access than this. The needs of women were never raised as an access issue, but there were examples of where consultation with women might have resulted in different facilities being constructed. Niamkoro market was a very good example of poor engagement with women. A single latrine block had been built with no separation for male and female users. The caretaker was a man and, although there were functional locks on the inside of each cubicle, the relative privacy of the cubicles could leave women or children at increased risk of abuse.

The specific needs of women during menstruation were not taken into account either in construction or in the payment system, and nor were the needs of young children. The management committee confirmed that mothers often worked in the market with their babies and young children, but were unaware of how their toileting was managed. They assumed that the mothers would just deal with it and admitted that open defecation was still practised by children.

The WASH in schools programme is piloting the construction of latrines which incorporate facilities promoting menstrual hygiene, but this review did not visit the facility. Hopefully it will prove successful and the construction of more 'women-friendly' latrines will take place soon.

These examples highlight some important issues around access. The concept of access needs to be broadened out, particularly in relation to women and children. Partners need to develop their capacity around the concept of accessibility so it becomes something they can take ownership over, and they need more support to mobilise vulnerable people to actively participate. These are areas which WAM needs to focus on in preparing partners to work on the new equity and inclusion Theory of Change.

2.2.3. Partners need a lot more support to identify and engage with vulnerable people at household level

The standard inclusive designs for latrines and water facilities WAM is using are helping to improve physical access in public places. However, at household level ideas around access are far less developed. In Tienfala WAM worked in collaboration with a Sightsavers project to provide an accessible well for an allotment site that had been allocated for use particularly by visually impaired (VI) people. In this village there were also eight household latrines that had been constructed via the efforts of the local partner, AMPDR, to make it easier for VI people to use them independently. The local partner had obviously gained awareness of the needs of VI people, although the idea for the allotment originally came from a prominent local person who suggested that VI people in the community needed a way to generate income. Sightsavers helped support the development of the allotment but then requested the help of WAM to provide WASH facilities. In this example, the needs of VI people were considered at both community and household level, although there has been no further progress on WASH facilities since the original intervention (and

indeed, few VI people now actually work in the allotment – most have either died and passed on the plot to family members or are too old to work it themselves).

In Sabalibougou, however, the needs of all household members were not considered in the construction of a latrine block just three months ago. The compound consisted of a large extended family with one room rented to an older woman and her physically disabled daughter. Initially, although a large number of family members and the older tenant gathered for our discussions, the disabled woman was not present. I noticed a wheelchair in the compound and asked if any disabled people lived there. Since the latrine did not have a raised movable or static toilet seat I assumed that perhaps it was someone visiting or that the chair was here to be repaired. Soon after my question was raised the disabled woman was retrieved from her room and permitted to join the discussions. The disabled woman and the two older occupants all described how difficult it was for them to use the new latrine – despite being very happy that it had been built. The partner, AMASBIF, reprimanded the family for not telling them that there were disabled people in the compound and that accessible facilities could have been built. The family responded that they 'forgot' and now regret that some of their members cannot easily use the new latrine.

This experience highlights a very important issue around the challenges partners have in discussing equity and inclusion issues at household level. Families deal with vulnerability issues and do not readily seek help for things they believe are their responsibility. Partners are not confident at being able to probe or question at intrahousehold level. As long as these behaviours persist, equity and inclusion will not move much beyond the construction of physically accessible public facilities. WAM need to be more proactive in identifying, training and supporting partners to be able to identify and mobilise vulnerable people who are currently 'protected' by their families.

3. Key learning for WaterAid Mali

3.1. Good strategic, enabling environment within WAM for their rights, equity and inclusion work

WAM made a strong commitment to working on equity and inclusion in their country strategy (2010–15). The first aim is focused on promoting inclusive WASH services and they attempted to analyse some of the key issues facing vulnerable people. There is also some level of disaggregation in reporting on progress (by gender, disability and age). WAM have a full-time Rights, Equity and Inclusion Officer (REIO) who is responsible for planning equity and inclusion work, for building the capacity of staff and partners, and for assisting the research and advocacy work. There is an equity and inclusion strategy, although this was inherited by the current REIO and has been in draft form for well over a year.

Staff show a high level of consistency in describing equity and inclusion as a fundamental principle guiding their work and believe very strongly that WASH services should be available to everyone.

WAM engages with a variety of different organisations that promote disability inclusive development (such as Sightsavers, HI) and have established some tentative links with the Malian Federation of Associations of People Experiencing Handicaps (FEMAPH). The government's National Social Development Department (DNDS), which focuses on supporting disabled people (mostly through its CBR programme), is also a key stakeholder and has provided WAM with a good national-level advocacy platform for equity and inclusion (see the highly successful Forum on Equity and Inclusion).

WAM also has a commitment to improve the diversity of its own human resources. Equity and inclusion are built into recruitment and retention processes with some level of success. They have two disabled staff and three older staff members, and recently had an intern working with them who was visually impaired. WAM, however, are fully aware that in reality their office space is not physically accessible (there is no accessible toilet at all) and their communications do not take account of the needs of different people. And in terms of gender, currently there are only two women from a total staff of 20. They hope to be able to address many of these issues by moving office (they are looking for more accessible accommodation at the moment) but there are still issues to overcome in terms of gender and communications.

In addition, WAM incorporates a statement on equity and inclusion in their standard job descriptions, although as a result of this critical inquiry process they will review this to make it more robust.

3.2. WAM doesn't yet have a rights, equity and inclusion approach although the phrase is widely used

One of the key findings from the critical inquiry process has been to understand that although WAM staff and partners consistently refer to their equity and inclusion 'approach', in fact what they describe is a principle. There is a very strong commitment to the principle of equity and inclusion and this is shared with partners. However, the activities required to bring about equity and inclusion on a practical level were not defined (even with the draft equity and inclusion strategy they would struggle to implement equity and inclusion).

This inadvertently led to a situation where the bulk of the practical work has been handed to the REIO, who in reality has limited resources and support for implementation. The most important reflection the programme achieved during the review was the realisation that to achieve equity and inclusion there needs to be a systematic approach developed. This made the Theory of Change particularly relevant and helpful, because for the first time WAM now has an appreciation of the activities it needs to implement to bring about the equity and inclusion principles it is so motivated to achieve.

3.3. The lack of a defined approach has meant that in reality, most staff view equity and inclusion as the construction of physically accessible facilities and/or as an advocacy issue

On a practical level, WAM have been implementing equity and inclusion in the form of the construction of physically accessible facilities and via some of their advocacy activities.

One very positive step they have taken in this regard is to standardise their accessible facilities and ensure that all new or rehabilitated public facilities are built using accessibility guidelines. These have recently been updated and now include adaptions for ensuring school latrines take account of girls' menstrual hygiene needs.

An unintended consequence of this standardised approach, however, has been to reinforce the view both within WAM and at community level that equity and inclusion can be achieved by constructing physically accessible facilities. Programme staff do not readily see what their role is in promoting participation and inclusion (access) – for example, in ensuring meetings accommodate the needs of different people, or that communication materials are accessible.

This has also resulted in the REIO being relied on for 'implementing equity and inclusion' rather than it being seen as integral to all programme work.

By defining an equity and inclusion approach WAM should find that it can move beyond its current practice of building physically accessible facilities. The Theory of Change they have developed has the potential to introduce new and innovative ways of engaging partners and communities because it focuses much more on participation. The key will be to ensure that all staff become familiar with the Theory of Change and associated concepts, and are supported to develop the tools needed to put it into practice with partners.

3.4. The lack of a defined approach has also resulted in an under-investment in equity and inclusion activities

Another consequence of the lack of a defined approach is that funding for equity and inclusion activities has been relatively limited. Assumptions were made that equity and inclusion would mainly be achieved through advocacy, so the current resources are taken from the advocacy cost centre; equity and inclusion has no cost centre of its own and very little for proactive implementation.

WAM has made a substantial resource commitment in the appointment of a full-time REIO which has enabled the programme to advance as far as it has in its equity and inclusion work. However, the post is at officer level and the current post-holder has no authority over spending or strategic decisions. This means he relies on the support of senior staff for approval for both activities and resources, leaving him with no authority to hold programme staff accountable for equity and inclusion. Yet, he has been given responsibility for promoting equity and inclusion within WAM so there is a degree of role conflict at work here.

In addition WAM needs greater access to the tools and training that would help the REIO, and other staff, to progress their thinking and experience around implementation of equity and inclusion. Similarly, partners would benefit from such tools and learning. The new Theory of Change emphasises the need for WAM to work first with partners to build their capacity and knowledge around rights, equity and inclusion before change can be supported at community level.

3.5. Some key terms, such as disability, vulnerability, access and inclusion, have not been defined by WAM which has led to different interpretations amongst staff and partners

A key finding from the review has been to see that WAM staff are not confident about defining some key terms that are important for the implementation of an equity and inclusion approach. A lack of formal definitions for terms such as disability, vulnerability or inclusion, for example, will leave these concepts open to individual interpretation which will in turn impact on how they are implemented. In this situation a change of staff or partners could result in a change in approach.

3.5.1. The case of disability

The term disability was not initially described by the REIO in social model terms. Currently the predominant understanding is that disability is a physical/mobility issue, that may also include visual impairment, and is 'obvious' from the person's appearance. Although people understand that the environment makes it difficult for people with mobility issues to access WASH, there is not the same level of confidence in defining how participation is impacted by disability. Nor is there an appreciation that other impairments (those that are not visible, or affect mobility) could be of relevance when it comes to inclusion.

The way disability is defined does impact on how it's approached as an issue. Partners and staff are focusing on the environmental barriers faced by people with mobility impairments and as a result the equity and inclusion approach they have is mostly reflected in the construction of physically accessible facilities. It has paid much less attention to the other barriers that often restrict participation (attitudes and policies, for example) resulting in a relatively narrow set of equity and inclusion achievements at community level (accessible facilities). This partly explains why they are struggling with partners and communities to move them from thinking equity and inclusion is about physically accessible facilities.

This issue will also affect the quality of data collected during research or regular monitoring activities. Where the definition of disability is limited to mobility or obvious physical impairments during data collection or mobilisation activities, then the numbers identified will be very small and will not provide a reflection of the actual levels of disability in communities. It will also miss those with impairments who are less visible but still of relevance in terms of participation.

WAM needs a social model definition of disability which it can use to communicate more effectively with partners, communities and government stakeholders. Using the CRPD as a starting point, WAM should define how disability impacts on participation

in WASH activities, and how, by addressing common barriers, increased numbers of people will be able to benefit.

It's worth noting that although WA has some very good training materials and guidance available in relation to disability and inclusion (see WEDC training materials) the recent high staff turnover has meant that WAM staff haven't necessarily benefited. Training on key issues like disability may need to be provided on a more regular basis, partly to compensate for staff turnover but also because these concepts are often not easily understood or adopted.

Although disability is not the focus of WA's equity and inclusion approach, it is a key concept and it is worth investing time and attention to ensuring that it is widely understood. A solid, social model understanding of disability will provide people with a good grounding for considering a range of vulnerability issues – the concepts are highly transferable and relevant. As long as people understand disability is not the primary focus, they should be able to use social model concepts quite easily within equity and inclusion.

3.5.2. The case of access

Another key concept in equity and inclusion is access. Currently access is primarily addressed through the construction of facilities that are 'wheelchair friendly' (ramps and wider public latrine cubicles) and have raised movable or static toilet seats with grab-bars. This is because on a practical level access is being conceptualised as a problem faced by people with limited mobility (mostly physically disabled people).

WAM also refer to access as an issue they are addressing in their work with people living in difficult circumstances (remote communities, IDPs, prisoners). But in this case, it's used as a strategic factor influencing their choice of programme location.

Finally, access is used in their advocacy work as a focus for government lobbying on issues such as WASH coverage (and increasingly, on the inclusion of physically disabled people).

So although the term access is widely used, its meaning varies considerably and that can leave staff like programme officers unclear about their role in its application. Partners are influenced in their thinking by programme staff, since this concept is relatively new, so any lack of clarity at WAM level impacts on their ability to put it into practice (see section 2.2.2 on the application of accessibility).

In reality, access is a broad concept, although highly applicable to equity and inclusion. The human rights to water and sanitation emphasise the importance of physical accessibility and include within that a need to consider:

- Time and distance;
- Physical security;
- Design of facilities.

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WAM in practice have adopted a relatively narrow understanding of access which doesn't yet really encompass the broad range of issues for which it would be useful. Access for women, children and PLWHA, for example, should be considered alongside people with mobility impairments when siting and constructing public facilities. And access should be a consideration when facilitating meetings, promoting inclusion in decision-making or communicating with stakeholders. A broad but consistent definition of access could really help WAM staff and partners to make a step-change in increasing the participation of community members in WASH activities and it is recommended that WAM use the human rights to water and sanitation as a starting point.

3.6. WAM is most likely under-reporting its impact in regards to vulnerable people because its current monitoring processes only focus on gender, disability (physical/visual impairment) and age

During the visits with partners to the communities in Tienfala, Nafadji, Taliko and Sabalibougou it was encouraging to see a variety of different vulnerable people taking part in discussions. In all cases there were older men and women, disabled people, widows and female heads of household, and had we been able to investigate people's backgrounds in more detail, most likely other vulnerabilities would have been uncovered (such as long-term health issues). Currently WAM reports on users disaggregated by gender, disability and age, but there is no analysis done on the impact of vulnerability on participation and no mention of the involvement of people who have other vulnerabilities. Further, the definitions of gender, age and disability are not included in the report so it is very hard to actually understand how accurate these figures are likely to be.

In the last WAM annual report it simply reports:

> People experiencing disability are supported to the number 283 for water or 1%; 358 or 0.5% for sanitation; and 308 or 0.4% for hygiene.

Discussions with WAM revealed that disability is not clearly defined and that it relies on those doing the data collection to observe for physical impairments (or relying on others mentioning their existence). The very low numbers reported on in the above example are likely to be the result of a very narrow definition of disability and not a reflection of the actual numbers of disabled people benefiting from activities (another factor is likely to be a reluctance for families to disclose the presence of disabled people in the family, as this review experienced in Sabalibougou). There could be a much more significant number of people with learning disabilities or psychosocial or sensory impairments, for example, who have also benefited but who would not be picked up via current methodology.

Similarly, vulnerable people such as widows, female heads of households, people with HIV/AIDs and orphans (children-headed households) are not identified at all.

What this means is that WAM is most likely under-reporting the numbers of highly vulnerable people that are benefiting from their activities. There is a difference

between targeting groups or types of people for specific interventions, and reporting on actual beneficiaries. WAM have an intention to target women, disabled and older people and this data is obviously important (although as mentioned above, collecting it needs to be improved). But in doing so, it is likely that a much wider range of vulnerable people are actually benefiting because the work is more sensitive to diverse needs. WAM need to conduct more thorough user surveys in the future which seek to identify a wider range of vulnerabilities from amongst the communities they are reaching.

To assist with the collection of data about disability WAM should make use of the Washington Group Short Set of Questions on Disability. These questions have been designed specifically to make the collection of data on disability easier to carry out and are now recommended for use in national censuses as well as for local activities (for more information see: Washington Group on disability statistics: short set of questions).

4. Recommendations from the observations and learning

The following recommendations have been drawn from the experiences in Mali but they are also consistent with many of the findings from phase I. Therefore, although they relate mostly to activities happening in Mali, there is every reason to anticipate they would be broadly applicable across the partnership. The most recent global strategy now has an aim on reducing inequalities in access to WASH, making the significance of these recommendations of relevance to all programmes.

All of these recommendations, if they are applied, should enable WAM to make a step-change along the mainstreaming continuum. That is, to help it move from Stage B – developing institutional approaches to inclusion – to Stage C – establishing institutional commitment and practice.
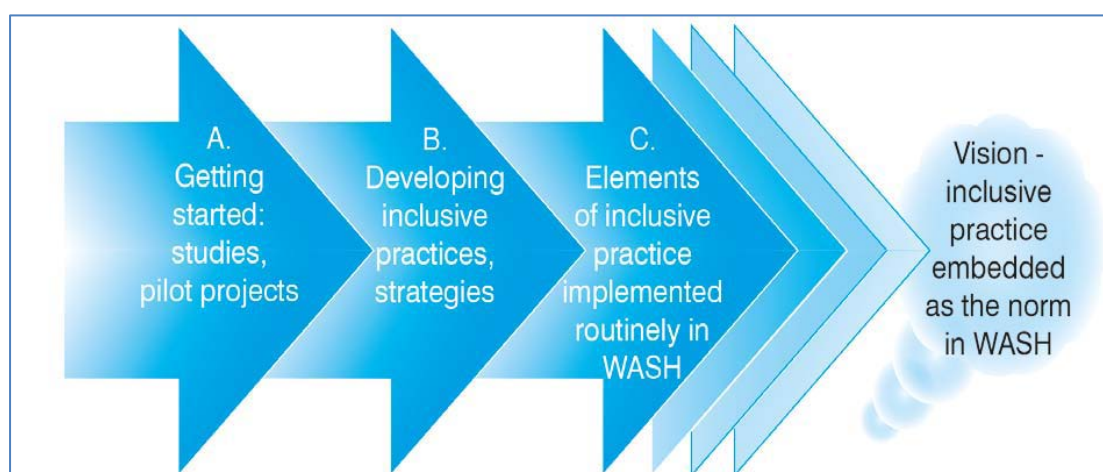

Figure 2 Stages on a continuum towards mainstreaming disability and ageing (WEDC 2013)

Stage A – getting started – is characterised by studies and situation analyses, small pilot projects and advocacy documents.

Stage B – developing institutional approaches to inclusion – is characterised by strategic planning/roadmaps, awareness-raising/advocacy activities, training materials, advice and guidance about mainstreaming in WASH services, piloting inclusive WASH activities within a wider WASH programme and developing inclusively designed facilities.

Stage C – establishing institutional commitment and practice – a range of inclusive practice elements are routinely implemented as the norm in the work and the organisation itself. A 'routine' mind-set for inclusive principles and practice to address inequity issues is applied in a range of areas, including staff recruitment, staff induction, analysis, capacity building (with partners and in communities), implementation of fully accessible WASH designs and services, consultation procedures in countries/communities and establishing partnerships with a range of groups of marginalised people. The organisation routinely understands the short- and long-term implications of each and every step in policies, processes, procedures and practices, and their outcomes/impacts.

Long-term goal: Embedding inclusive practices – all policies, practices and procedures are embedded as standard in all aspects of WASH programmes and services. NB There is no evidence this has yet been achieved by any WASH implementers, anywhere in the world.

Programme level

Strategy and resourcing

1. WAM refine the current Theory of Change developed during the review process so that it accurately defines the process by which the programme will approach its rights, equity and inclusion work. The finished Theory of Change should be shared and discussed widely with partners so that they can adopt their own strategies for its implementation. This Theory of Change should replace the current draft equity and inclusion strategy and be fully incorporated within the new country strategy. The key will be to ensure that all staff become familiar with the Theory of Change and associated concepts, and are supported to develop the tools needed to put it into practice with partners. Recommendation one from Phase I is particularly relevant here – to adopt as a minimum standard the UNICEF-WHO Joint Monitoring Programme (JMP) Equality Checklist. This checklist will help to define key factors of vulnerability and ensure everyone is thinking about who needs to be included.

2. To support implementation of the new Theory of Change, monitoring tools will need to be developed that can track changes in levels of participation. WAM should trial the Participation Ladder, the Partner Equity and Inclusion Capacity

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Assessment and the Inclusive WASH Checklist tools developed during the Undoing Inequalities project in Zambia and Uganda[2].

3. WAM should ring-fence a more substantial amount of resources to enable their rights, equity and inclusion work to be implemented. Although a single cost centre may not be possible to achieve (and indeed may in fact work against the concept of mainstreaming), nevertheless the REIO needs resources over which he has authority. These need to be substantial enough to allow for programme-level activities as well as advocacy, training and awareness-raising.

Programming

4. Key terms, such as disability, access and vulnerability, need to be clearly defined by WAM and communicated in a way that all stakeholders can relate to. Staff should be regularly updated on the tools and learning that are available in the area of rights, equity and inclusion.

5. The gender dimensions of WASH activities need to be explored in more depth with partners and communities. Women are key stakeholders in WASH but their actual participation and influence over activities is not as high as might be anticipated and needs to be more actively encouraged. The role of men in WASH should also be explored, since any changes in the role of women will impact on men.

6. Improve data collection methods to encompass the full range of vulnerability and make sure those tasked with collecting data understand the definitions and sensitivity needed to acquire more robust information. Disability data should be collected using the Washington Group Short Set of Questions on Disability.

7. WAM can reduce some of the constraints imposed by user numbers by considering how to make its work with vulnerable people more visible in reporting. Reaching vulnerable people often requires more resources (money and time) and that cost should be analysed and built into activity budgets. Being open about how much it costs to reach vulnerable people will help the programme to justify lower user numbers in relation to activities that are not inclusive.

Organisational practices and human resources

8. Resources should be made available to ensure that accessibility can be achieved for any meetings, tools or communications facilitated by WAM. Staff need to be sensitised to proactively seek information from stakeholders about access needs. With an increased profile as a champion of inclusive

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[2] http://www.wateraid.org/uk/what-we-do/policy-practice-and-advocacy/research-and-publications/view-publication?id=25633f29-8f85-4f0e-9a54-ffe2ca085fce

development, WAM runs a serious reputational risk if it is challenged over events or publications which are inaccessible to their stakeholders.

Partnerships

9. Partners should be held accountable for ensuring the activities they are implementing with the support of WAM are inclusive. As outlined in Recommendation 20 of Phase I, WAM will need to review its current partners to assess their willingness and capacity to implement inclusive activities. To assist in the process, a revised partnership agreement should be developed which increases WAM's expectations of partners that they will work inclusively. There is a reputational risk facing WAM, so it is very important that facilities and activities that are conducted with their support are inclusive.

10. Partners need to be supported to develop their capacity around the concept of accessibility so it becomes something they can take ownership over, and they need more support to mobilise vulnerable people to actively participate. If WAM wants to move beyond the construction of accessible facilities to improving the participation of vulnerable people in WASH activities, then it will have to start by enabling partners to challenge some of these deep-rooted beliefs and attitudes. In line with Recommendations 18 and 21 of Phase I, more hands-on capacity building training should be offered to partners on how to work with vulnerable people to increase participation. To assist in this, WAM should try to engage with a wide selection of organisations that have expertise in these areas.

Regional level

11. To support WAM (and other programmes) to further embed rights, equity and inclusion into their work, a set of 'Minimum Commitments' should be drawn up at regional level for National Directors to sign. Along the lines of the current human resources commitments, such a document would commit the programme to progressively realise the implementation of rights, equity and inclusion in all its work. National Directors would have to report on progress annually, thus increasing the mandate directors have for prioritising this work.

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12. The opportunity costs of not providing accessible facilities or WASH activities should be investigated and the evidence used as a lobbying tool for promoting inclusion. A key issue facing any agency (government or NGO) is that when inclusion is factored into activities, the costs inevitably rise. This reinforces the rather negative belief that inclusive activities are 'more expensive'. But the reality is that most development to date has been carried out without consideration for what resources are needed to ensure everyone can participate. It has also paid little attention to the costs of exclusion, in terms of reduced economic contributions and increased dependency. It is important

that WA is open about what it costs to include everyone so that donors become more aware of the resources that are realistically needed.

5. Appendices

Appendix 1: WAM Theory of Change narrative

WaterAid Mali Theory of Change on the rights-based approach to the provision of inclusive and sustainable WASH

Narrative
WaterAid Mali believes that equity and inclusion are central to the promotion of sustainable WASH services. All members of the community should have access to safe water, hygiene and sanitation regardless of where they live or what their status is in society. Women, children, older people, people with disabilities, people living with long-term ill-health or those living in difficult circumstances (such as in prison or in refugee camps) can all experience barriers to WASH services.

A lack of access to safe water, hygiene and sanitation causes persistent ill-health (especially among children), increases the time it takes to carry out basic tasks like cooking and contributes to the degradation of the environment.

By ensuring that all members of the community are aware of their rights to access and benefit from WASH services, and by supporting them to build and maintain accessible facilities, WaterAid Mali will contribute to the economic and social development of communities.

Vision
Communities where WASH services are inclusive and sustainable

Pathways to success
To succeed in this vision requires that the rights holders (community members) and the duty bearers (WASH service decision-makers at national and local level) are aware of the rights frameworks that govern the provision of WASH services in Mali, and have an understanding that some members of society face greater barriers to accessing services than others.

That means working with communities and vulnerable people to increase their capacity to claim rights, whilst at the same time assisting duty bearers to understand their obligations in the provision of inclusive WASH services. Ultimately, communities should be able to identify who is most vulnerable and facilitate their inclusion in WASH activities. Key decision-making forums such as water management committees should be made up of a wide representation of people who face varying degrees of barriers in accessing WASH. That will ensure that decisions around WASH services take into account the needs of different people. Those who are vulnerable should be aware that they have rights to access WASH services and that they can work with communities to ensure they are fulfilled.

It also requires working with duty bearers – with local and national level WASH sector representatives. Firstly to ensure they are aware of their responsibilities towards the provision of accessible WASH services; and secondly to support them to

develop the necessary policy, implementation and monitoring strategies needed to bring about inclusive WASH services.

In support of these changes WaterAid will focus its activities in two key areas:

1. Strengthening partners' capacity to work with communities to implement inclusive WASH:

- Partners will be supported to develop their understanding and knowledge of the rights frameworks that govern WASH services through training. With initial support from WaterAid Mali, partners will gain the language/concepts, tools and resources to be able to identify and work with vulnerable people, to design and construct accessible facilities and to monitor the level of participation of vulnerable people in meetings and decision-making forums.
- Once partners have identified and are engaged with vulnerable people, they will work with them and the local communities to design and construct appropriate facilities.

2. Promoting evidence-based advocacy at local and national level amongst WASH stakeholders:

- WaterAid will develop its capacity to collect and monitor data around barriers to WASH services faced by vulnerable people in supported communities.
- WaterAid will support partners to work with communities to use the evidence collected to advocate for inclusive WASH facilities with local level WASH sector representatives.
- WaterAid will work with other WASH sector agencies to bring evidence to national level representatives of the need for inclusive WASH.
- WaterAid will encourage other civil society organisations, such as those representing people with disabilities, women, children, etc, to join in advocating for inclusive WASH.

Appendix 2: Sample monitoring tools

Mali Theory of Change Stakeholder analysis

Who is involved? Who has a stake in inclusive WASH?

WaterAid Mali
Rights, Equity and Inclusion Officer
Research and Documentation Officer
Advocacy Officer
Head of Programs and Advocacy
Monitoring and Evaluation Officer
Finance Office
Partnerships Officer

WaterAid West Africa Regional Learning Centre

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The National Assembly

Partners
Implementing partners
Advocacy partners
Collaborating WASH sector agencies (UNICEF, World Vision, Plan, Sightsavers, Oxfam, Save the Children)
CAEPHA
CN-IAPEC

Community level
Management committees
Town council/municipality
Teachers/heads of schools
CBOs
Community leaders/religious leaders/chiefs

Vulnerable groups
Women
Children
Disabled people
Older people
People with chronic illness
Geographically remote communities
Prisoners
Internally displaced people
Pastoralists
Travellers

Appendix 3: Field visit timetable

Barriers

I.   Environmental barriers
- Women have problems collecting water if the source is next to a mosque (a forbidden area)
- Muddy water source (increases time)
- Narrow entrance (door) of latrines
- Water collection point far away
- Wells need person to bend over to pull up water
- Latrines hard to use for pregnant women
- Women don't have access to facilities during menstruation
- Open wells (not safe)

Solution: Build accessible facilities (water points/latrines)

II.   Institutional barriers
- WASH in schools design = Unicef; not government

- NGOs working with communities don't take the time to consult with women and people with disabilities
- Lack of national standard design of latrines and water points
- Each WASH sector organisation has its own design/standards for constructing water points and latrines
- No government regulation for borehole and latrine construction
- No clear national policy on disability and rights
- National WATSAN policy and strategy not inclusive (PWD, …)
- No universal access design standard available in Mali
- No oversight or monitoring of access

Solution: promoting the rights to access WASH facilities

III.   Attitudinal barriers
- Men don't see it as normal to seek the views of women in community activities
- It is not normal/necessary for the views of PWDs to be sought in community decisions
- Disability is a 'family issue' (not community issue)
  - Non-disabled family members can represent PWDs
  - PWDs not expected to be independent (don't need to be)
- Women are expected to defer to men (not challenge); women's role is within the home
- Men represent the views of women when they talk/make decisions
- Disability is a 'punishment' (broke community rules)/people are put aside
- Women and girls can't/not allowed to bath late after dark (idea of 'devil spirit children', PWDs)
- Idea that you can 'catch' epilepsy from being near (contamination)

During menstruation, women not allowed to use household latrine/ excluded from household and community activities

Solution: awareness raising

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