

# What the Global Report on Disability means for the WASH sector

## Introduction

This briefing note gives an overview of the report *What the Global Report on Disability means for the WASH sector*<sup>1</sup>. It includes a summary of the information relevant to the water, sanitation and hygiene (WASH) sector in the world's first report on disability<sup>2</sup>. It also summarises how WaterAid is addressing the recommendations in the report, as well as where we could develop our approaches further. For a greater level of detail, see the full report at: [www.wateraid.org/globaldisabilityWASHreport](http://www.wateraid.org/globaldisabilityWASHreport).



## Key facts and figures

- 15% of the world's population is disabled<sup>3</sup>.
- Female prevalence is nearly 60% higher than that for males<sup>4</sup>.
- Trachoma affects 84 million people in resource-poor countries<sup>5</sup>.
- High population density and poor sanitation increases the transmission of poliovirus and severely compromises the effectiveness of the polio vaccine<sup>6</sup>.
- The WHO report puts safe water and sanitation at the centre of helping prevent disability and poverty<sup>7</sup>.
- Water and sanitation providers have a key role in reducing barriers for disabled people in the built environment<sup>8</sup>.

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January 2013

This document should be cited as WaterAid (2011) *What the Global Report on Disability means for the WASH sector*. Briefing note

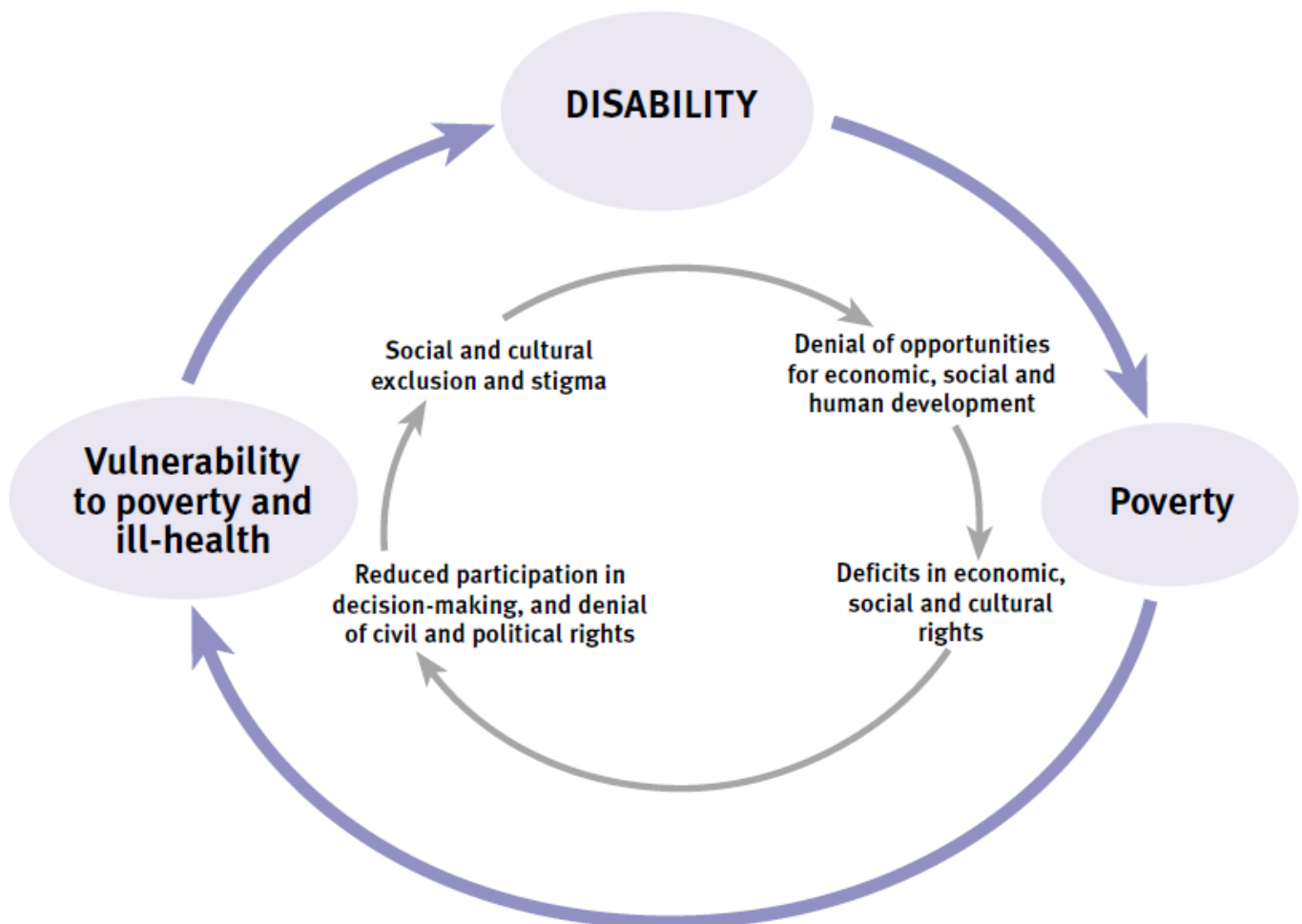
## Disability and development

Disability is a recognised human right. The UN Convention on the Rights of Persons with Disabilities (CRPD) views support and assistance to disabled people as a means to maintain people’s dignity, enable independence and social inclusion.

Disability can increase the risk of poverty, as disabled people and their families are more prone to economic and social disadvantage than those who are not disabled. Conversely, poverty can also increase the risk of disability.

A lack of safe water and sanitation can lead to an increased risk of illness, impairment and greater poverty<sup>9,10,11,12</sup>. With a greater emphasis on issues such as improving nutrition and providing safe water and sanitation, incidences of health conditions that can lead to disability can be reduced<sup>13</sup>.

Figure 1 Disability/poverty cycle<sup>14</sup>



## Disabling barriers

The WHO report adopts the social model of disability that recognises that people are disabled by society rather than their impairment. It also recognises the importance of rehabilitation or corrective devices where necessary. Disability refers to challenges faced due to a person's impairment, activities (ie walking or eating) and through discrimination faced in life (ie stigma and facing discrimination in access to information, employment or infrastructure). These are 'disabling barriers'.

Categories of disabling barriers are:

- **Lack of accessibility:** Inadequate services force some physically disabled people to crawl on the floor to use a toilet or defecate in the open<sup>15</sup>. This has implications for health and safety and negatively affects their self esteem. A lack of accessible information on options and services available for disabled people is common. This leads to disempowerment and an inability or unwillingness to express their needs.
- **Inadequate policies and standards:** Policies and standards are often not enforced, or do not include the needs of disabled people.
- **Negative attitudes:** A lack of information about the cause of disability leads to stigma and discrimination which limits disabled people's ability to participate fully in society.
- **Lack of consultation and involvement:** Disabled people are often excluded from decision-making processes that can directly affect their lives. Existing information on inclusive WASH options is rarely accessible for disabled people, so they are often unaware of the options available<sup>16</sup>.

The CRDP emphasises the importance of improving access for disabled people within the environment, including buildings, transport, information and communication. WASH infrastructure, promotional materials and communication fall under this umbrella.

## Enabling environments

Accessible toilets enable disabled people to become less dependent on others<sup>17</sup>. Benefits of accessible designs are also felt by non-disabled people: older people, sick people, children and pregnant women are more able to use toilets with rails for support in the cubicle and where a toilet seat is an option. Similarly, information in plain language helps people who are less literate, or people who are communicating in a second language.

The majority of standards concentrate on the needs of people with mobility impairments. These include ramps, accessible entrances, accessible paths, access to public amenities such as toilets and space for a wheelchair user and caregiver to turn freely inside a toilet. To ensure access for people with sensory impairments, contrasting signs, Braille signs and tactile paving can be applied. Accessibility rarely tailors solutions for people with cognitive impairments or mental health conditions.

There is growing evidence of low-cost options for WASH facilities in resource-poor countries. WaterAid has contributed valuable experience on the issue that is facilitating progress. Examples in this briefing note are drawn from WaterAid's publications; they were not included in the WHO Global Disability Report.

### WaterAid Nepal

Following research into the environmental barriers that disabled people face in relation to sanitation, WaterAid’s partner organisation in Nepal – Nepal Water for Health (NEWAH) – implemented the ‘Sanitation Access for Disabled People’s Project’. This was conducted in collaboration with Gaja Youth Club which is experienced in addressing disability issues in the district.

The programme included training and awareness-raising on disability issues at community and district levels, support for households to construct accessible toilets, and hygiene promotion for disabled people and their families. As a result, a District Disabled Support Committee was formed under the leadership of the District Development Committee to provide institutional support for programmes targeting disabled people.



### Developing effective policies

Pockets of voluntary accessibility will not remove barriers; mandatory minimum standards are needed.

In resource-poor countries, where governments have limited resources and are working to realise numerous human rights, developing a strategic plan with priorities that can be staged is more realistic. This is called the ‘progressive realisation’ of rights.

### Related costs

The WHO report states that it costs only 1% more to make new constructions fully accessible<sup>18</sup>. This is an assessment of housing in America so cannot automatically be transferred to constructing accessible WASH in resource-poor countries. Recent research carried out by the Water, Engineering and Development Center (WEDC) in Ethiopia presents evidence that it costs less than 3% of the overall cost of a latrine to make a school latrine accessible<sup>19</sup>.

Hari Bahadur Sapkota (left), 52, is disabled. He has been married three times but his wives left him because they felt he was unclean crawling to the toilet. With this accessible toilet he doesn’t have to touch the floor and can sit more comfortably. People no longer think he is dirty and he can cook the family meals. As a result, the family has more time to earn an income.

## WaterAid Madagascar

In Madagascar, Handicap International trained WaterAid and its implementing partner organisation staff on issues faced by disabled people. This led WaterAid and its partners to construct accessible water and sanitation facilities.

An accessibility audit with disabled people from the community was conducted after construction that highlighted a number of necessary design improvements. These have since been modified to improve access.



## Recommendations

The WHO Global Disability Report makes nine recommendations and suggests activities for separate groups to take forward<sup>20</sup>. The section on the following page summarises the recommendations section of the full report<sup>21</sup>.

This water facility pictured (left) was rehabilitated so that the gates open inwards, the ramp was widened and the gradient made less steep. Wheel guidance was introduced on the ramp and the edges were raised to assist wheelchair users and visually impaired people.

WHO recommendations in relation to WaterAid and our partner organisations' work

| Recommendations <sup>22</sup>  | Activities  | What WaterAid and partners are doing  | What we could do more of  |
|--|---|---|---|
| <p>Enable access to all mainstream policies, systems and services.</p> | <p>Exchange information and coordinate actions to agree on initiatives to learn lessons and reduce duplication of effort.</p>                                   | <p>Numerous workshops and learning exchanges with external organisations. Partnerships with specialist organisations to develop more accessible programmes of work<sup>23</sup> in country at global level<sup>24</sup>.</p>  | <p>Continue to critically analyse, document and disseminate our experiences, apply learning in our work and influence others to also apply that learning.</p>   |
|  | <p>Provide technical assistance to countries to build capacity and strengthen existing policies, systems and services – share good and promising practices.</p> | <p>WaterAid's <i>Equity and inclusion framework</i><sup>25</sup> guided implementation of the equity and inclusion policy, and established a common set of standards and indicators. WaterAid country programmes have completed training on inclusive WASH and share good practice and influence standard design of WASH facilities<sup>26</sup>.</p> | <p>Support national governments to incorporate inclusive toilets into design standards. Develop partnerships or alliances with disability advocacy groups, jointly identify key gaps in policy and legislation, and provide tools and funding for advocacy to address these gaps.</p> |
|  | <p>Carry out access audits, in partnership with disability groups, to identify physical and information barriers that may exclude disabled people.</p>          | <p>Numerous access audits conducted that include disabled people and specialist organisations<sup>27</sup>. Findings are incorporated into new interventions.</p>   | <p>Mainstream access audits in all of our projects.</p>   |
|  | <p>Ensure that disabled people are informed of their rights and mechanisms for complaints.</p>  | <p>Collaboration with disabled people's organisations and networks has raised awareness of the right to water and sanitation<sup>28</sup>.</p>  | <p>Incorporate the CRDP into our work on the right to water and sanitation.</p>   |
| <p>Invest in specific programmes and services for disabled people.</p> | <p>Include disability in development programmes using a twin track approach (mainstreaming and targeted).</p>   | <p>Fifteen country programmes have a specific focus on disability within their strategies<sup>29</sup>. We work to ensure programmes are accessible for everyone, regardless of physical ability.</p>   | <p>Track the impact of our inclusive programmes on the lives of disabled people, their families and stigma surrounding disability.</p>  |

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|  | Develop individual plans in consultation with disabled people and, where necessary, their families.   | Improving inclusive WASH through consultation with disabled people and their families. Accessible designs are promoted through social marketing, and shared as options for design in Community-led Total Sanitation programmes.                  | Make information accessible so that disabled people are more aware of their options. Promote a wider range of design options at household level.   |
| Adopt a national disability strategy and plan of action. | Provide technical assistance to countries to build capacity and strengthen existing policies, systems and services – for example, by sharing good and promising practice. | Supporting governments to incorporate inclusive toilets into design standards <sup>30</sup> . Collaboration with national disability organisations and networks to mainstream inclusive WASH within their programmes <sup>31</sup> .             | Institutionalise disability within the WASH sector, such as sector performance monitoring frameworks.  |
| Involve disabled people.                                 | Carry out access audits, in partnership with local disability groups, to identify physical and information barriers that may exclude disabled people.                     | Involvement of disabled people in the design, monitoring and evaluation of programmes <sup>32</sup> .  | Conduct strategic participation across the horizontal and vertical power relations of target groups. Ensure effective dialogue with disabled people. Conduct project evaluations with a cross section of society, including disabled people. Assess our ability to facilitate effective participation. |
| Improve human resource capacity.                         | Ensure that staff are adequately trained about disability, implementing training as required and including service users in developing and delivering training.           | Disability awareness-raising and technical training on equity and inclusion provided for WaterAid staff and partners. Training provided by disabled people in WaterAid country programmes to raise staff awareness of the issues <sup>33</sup> . | All staff to take part in online technical training as part of their induction programme.  |

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| <p>Provide adequate funding and improve affordability.</p>        |   | <p>This is a minimum standard in WaterAid’s <i>Equity and inclusion framework</i>. It has been factored into budgets by some country programmes<sup>34</sup>.</p>   | <p>Incorporate accessibility into our messages on financing the WASH sector. Factor in costs to make our work inclusive during planning stages. Work with service providers to ensure that services such as tariff information and complaints procedures are accessible, assess whether tariffs are applied equitably.</p> |
| <p>Increase public awareness and understanding of disability.</p> | <p>Implement communication campaigns to increase public knowledge and understanding of disability.</p>                                    | <p>Integrating disability within information, education and communication (IEC) materials<sup>35</sup>.</p>   | <p>Use the media to raise public awareness of disability issues and the effects of social discrimination. Integrate disability issues within IEC materials to increase understanding of the cause of impairments. Generate more evidence on the benefits of improving WASH for disabled people.</p>                        |
| <p>Improve disability data collection.</p>                        | <p>Regularly include relevant disability data in publications.</p>  | <p>Baseline data on disability is collected by WaterAid<sup>36</sup>. Disability is a key theme within our wider equity and inclusion work so our publications incorporate disability data where possible.</p>                  | <p>Undertake in-depth quantitative and qualitative research with disabled people, their families and communities in two countries to understand if some challenges can be considered universal<sup>37</sup>.</p>   |
| <p>Strengthen and support research on disability.</p>             | <p>Contribute to the development of internationally comparable research methodologies for analysing data relating to disabled people.</p> | <p>Several countries have carried out small scale research into disability and WASH<sup>38</sup>. Some have developed survey instruments for baseline and evaluation use that specifically look at disability<sup>39</sup>.</p> | <p>Use findings to influence policy- and decision-makers to mainstream accessible designs and approaches in their WASH programmes.</p>   |



## Endnotes

- <sup>1</sup> WaterAid (2011) *What the Global Report on Disability means for the WASH sector*
- <sup>2</sup> World Health Organisation and the World Bank (2011) *World Report on Disability*, WHO Library Cataloguing-in-Publication Data. Available at: [whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf) (accessed 10 July 2011)
- <sup>3</sup> World Health Organisation and the World Bank (2011) *World report on disability*, WHO Library Cataloguing-in-Publication Data. [whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf) (accessed 10 July 2011)
- <sup>4</sup> Ibid
- <sup>5</sup> Ibid
- <sup>6</sup> Grassly N C et al (2006) New strategies for the elimination of polio from India, *Science*, p3, Vol 314, No 1150
- <sup>7</sup> World Health Organisation and the World Bank (2011) *World report on disability*, WHO Library Cataloguing-in-Publication Data. [whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf) (accessed 10 July 2011)
- <sup>8</sup> World Health Organisation and the World Bank (2011) *World report on disability*, WHO Library Cataloguing-in-Publication Data. [whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf) (accessed 10 July 2011)
- <sup>9</sup> World Health Organisation (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health*, Commission on Social Determinants of Health, Geneva
- <sup>10</sup> Emerson E et al (2006) Socio-economic position, household composition, health status and indicators of the well-being of mothers of children with and without intellectual disabilities, *Journal of Intellectual Disability Research: JIDR*, pp 862-873, Vol 50, doi:10.1111/j.1365-2788.2006.00900.x, PMID:17100947
- <sup>11</sup> Emerson E and Hatton C (2007) The socio-economic circumstances of children at risk of disability in Britain, *Disability & Society*, pp 563-580, Vol 22, doi:10.1080/09687590701560154
- <sup>12</sup> Rauh V A, Landrigan P J and Claudio L (2008) Housing and health: intersection of poverty and environmental exposures, *Annals of the New York Academy of Sciences*, pp 276-288, Vol 1136, doi:10.1196/annals.1425.032 PMID:18579887
- <sup>13</sup> Caulfield L E et al (2006) *Stunting, wasting and micronutrient deficiency disorders*, in Jamison D T et al (eds) (2006) *Disease control priorities in developing countries*, Washington, Oxford University Press and World Bank, pp 551–567
- <sup>14</sup> Department for International Development (2000) *Disability, poverty and development*. London/East Kilbride: DFID.
- <sup>15</sup> Wilbur J (2010) *Principles and practices for the inclusion of disabled people in safe sanitation*, WaterAid, UK. [www.wateraid.org/documents/plugin\\_documents/full\\_report\\_principles\\_and\\_practices\\_for\\_inclusive\\_sanitation\\_1.pdf](http://www.wateraid.org/documents/plugin_documents/full_report_principles_and_practices_for_inclusive_sanitation_1.pdf) (accessed 1 August 2011)
- <sup>16</sup> Collender G, Gosling L, Wilbur J, Groce, N (2011) *Including disabled people in sanitation and hygiene services*, SHARE, WaterAid and the Leonard Cheshire Disability and Inclusive Development Centre. [www.wateraid.org/international/what\\_we\\_do/how\\_we\\_work/equity\\_and\\_inclusion/8352.asp](http://www.wateraid.org/international/what_we_do/how_we_work/equity_and_inclusion/8352.asp) (accessed July 2011)
- <sup>17</sup> Meyers A R et al (2002) Barriers, facilitators, and access for wheelchair users: Substantive and methodologic lessons from a pilot study of environmental effects, *Social Science & Medicine*, pp 1435-1446, Vol 55, doi:10.1016/S0277-9536(01)00269-6 PMID:12231020
- <sup>18</sup> Steven Winter Associates (1993) *Cost of accessible housing*, United States Department of Housing and Urban Development, Washington
- <sup>19</sup> Jones H (2011) *Inclusive design of school latrines – how much does it cost and who benefits*, briefing note 1, WEDC. [wedc.lboro.ac.uk/knowledge/know.html](http://wedc.lboro.ac.uk/knowledge/know.html)
- <sup>20</sup> Stakeholders include UN agencies and development organisations, disabled people’s organisations, service providers, academic institutions, the private sector, communities and disabled people and their families.

- <sup>21</sup> WaterAid (2011) *What the Global Report on Disability means for the WASH sector*
- <sup>22</sup> For more detail on the recommendations, see chapter 9 of the WHO report.
- <sup>23</sup> For example, WaterAid Madagascar, Mali, Ethiopia, Uganda, Tanzania and India.
- <sup>24</sup> WEDC, Leonard Cheshire Disability and Inclusive Development Centre, WSSCC and UNICEF
- <sup>25</sup> Gosling L (2009) *Equity and inclusion framework*, WaterAid. Available at: [www.wateraid.org](http://www.wateraid.org) (accessed 5 June 2010)
- <sup>26</sup> For example, WaterAid Mali, Ethiopia and Tanzania
- <sup>27</sup> For example, WaterAid Mali, Zambia and Madagascar
- <sup>28</sup> For example, WaterAid Ghana.  
[www.wateraid.org/documents/plugin\\_documents/mainstreaming\\_disability\\_issues\\_in\\_wash\\_ghana.pdf](http://www.wateraid.org/documents/plugin_documents/mainstreaming_disability_issues_in_wash_ghana.pdf)
- <sup>29</sup> WaterAid Ethiopia, Uganda, Pakistan, Bangladesh, Burkina Faso, Nigeria, Tanzania, Rwanda, Zambia, Ghana, India, Madagascar, Malawi, Mali and Nepal
- <sup>30</sup> For example, WaterAid Nigeria, Madagascar and Ethiopia
- <sup>31</sup> For example, WaterAid Ghana  
[www.wateraid.org/documents/plugin\\_documents/mainstreaming\\_disability\\_issues\\_in\\_wash\\_ghana.pdf](http://www.wateraid.org/documents/plugin_documents/mainstreaming_disability_issues_in_wash_ghana.pdf)
- <sup>32</sup> For example, WaterAid Madagascar, Ethiopia, Nepal, Mali, Burkina Faso
- <sup>33</sup> For Example, WaterAid Ethiopia
- <sup>34</sup> For example, WaterAid Ethiopia
- <sup>35</sup> WaterAid Burkina Faso, Madagascar, Uganda, Nigeria and Ethiopia
- <sup>36</sup> WaterAid (2011) *Strategic performance indicators – country programme guidance for monitoring, reporting and establishing baselines for the new strategic period*
- <sup>37</sup> Collender G, Gosling L, Wilbur J (2011) *Including disabled people in sanitation and hygiene services*, SHARE, WaterAid and the Leonard Cheshire Disability and Inclusive Development Centre.  
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- <sup>38</sup> For example, WaterAid Madagascar, Ethiopia, Nepal, Mali and Bangladesh
- <sup>39</sup> For example, WaterAid Madagascar, Ethiopia and Nepal



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

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